HEALTHY SLEEP HABITS, HAPPY CHILD

A Step-by-Step Program for a Good Night's Sleep

Marc Weissbluth, M.D.

ALSO BY MARC WEISSBLUTH

Crybabies

Sweet Baby: How to Soothe Your Newborn

Your Fussy Baby

Healthy Sleep Habits, Happy Child

A STEP-BY-STEP PROGRAM FOR A GOOD NIGHT'S SLEEP

MARC WEISSBLUTH, M.D.

This book is dedicated to Linda Weissbluth.

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Foreword

A friend recommended this book to me when my first child, Presley, was seven months old. I was still nursing, but getting ready to stop, and definitely ready to stop the 4:00 A.M. feeding. Also, we had let Presley get into the bad habit of only wanting to nap *on* someone. This was great when I needed an excuse for a nap, but not so convenient on busy days.

I devoured the book in a matter of hours and put the principles into practice immediately—with instant results. I especially liked how Dr. Weissbluth taught me to watch out for my child's sleepy signs and then encouraged me to get him to bed before he's overtired. I was also very comforted by Dr. Weissbluth's explanation of sleep as one of your child's basic needs. You offer healthy food to your child when she's hungry. You must also offer healthy sleep when your child is tired—even if she doesn't know it or thinks she doesn't want it (just like my kids won't usually choose the vegetable!).

As a correspondent for *Good Morning America*, I was able to contact and interview Dr. Weissbluth as part of my series Baby's First Year. I feel tremendously lucky to have Dr. Weissbluth as a resource in my life (yes, there are some perks!). Dr. Weissbluth has become a trusted advisor not only on the topic of sleep, but also on potty training and discipline.

Dr. Weissbluth, thank you for being a mentor and friend. I wish I could say my kids never wake up at night or always go to sleep without a power struggle. We have our ups and downs—I guess that's parenthood. But what I do have is a structure for sleep, which we're always trying to get back to after traveling or a cold. It really helps to have that and to know it works—especially when *you* are bleary-eyed at 2:00 A.M. I love Dr. Weissbluth's philosophy that the most important thing to have is a well-rested *family*. And fortunately, thanks to *Healthy Sleep Habits*, *Happy Child*, most days (and nights) we do!

How to Use This Book

If you are still pregnant, it is important for both parents, not just the mother-to-be, to read the Introduction and Chapters 1, 2, 4, and 5. Try to read all of this before your baby is born because no matter how tired you may feel now, you will be even more tired once your baby has arrived. Trying to read anything then is difficult, to say the least. In these chapters you will gain an understanding as to why healthy sleep is valuable, how to satisfy your baby's need to sleep, how to cope with fussiness or crying in the evening, and how to prevent sleep problems.

If you have already delivered your baby, it is likely that you are exhausted, feeling a little lost, or both. Shortly after the birth, you may have "baby brain" and be unable to concentrate, focus, or develop a plan of action because you are so sleep-deprived. And if you are breastfeeding, it is possible that you feel physically drained. It is absolutely necessary for husbands, who never have "baby brain," to read portions of this book and to act as a coach for their wives. First, even if your baby was not very fussy or crying much in the evenings, please read Chapter 4, because all babies have some fussiness. Then go to the sleep problems discussed in Chapter 3; first read about the problem and then consult the Action Plan for Exhausted Parents. Finally, read the Action Plan for Exhausted Parents in the chapters before and after the chapter for your child's age, because chronological age is only a rough guide both for sleep problems and their solutions. If your child has snoring or mouth breathing during sleep or has very dry and itchy skin, read the appropriate sections in Chapter 10 or 11.

Introduction

Why won't my child sleep better? Where does he get all his energy? He really never seems tired; he just goes and goes and goes until he crashes. I'm burned out and I know he must be exhausted. Of course, he never slept well, even when he was a baby. He was up at all hours during the night, every night. Naps'? Forget them. Sure, he took catnaps, but only in my arms or in the car. I just thought it was normal because no baby wants to sleep with so many interesting things going on around him. Anyway, I didn't want to hear all that crying when he didn't want to sleep. But now he's two, and I'm getting tired of those constant bedtime battles. There are times when I wish he would simply just settle down and be less wild.

Sound familiar?

All kids occasionally are firecrackers when things are not going their way. But why do some kids have much shorter fuses than others?

Healthy Sleep Habits, Happy Child will explain how fatigue caused by poor-quality sleep makes some children pop off more often or explode with more force than others. It will also explain how chronic fatigue can reduce your child's ability to succeed in school. This book will show how you can nurture, enhance, and maintain calm and alert behavior in your child by instilling good sleep habits.

I will lead you on a tour through the shadows of your child's night and shine my flashlight on the most frustrating nocturnal problems that can disrupt sleep. The first leg of our journey covers terrain that may not be familiar even to experienced parents. Part I, "How Children Sleep," describes healthy sleep, disturbed sleep, sleep problems, and common myths about sleeping. It also covers some sad territory that has not been explored previously: the harmful effects of disturbed sleep when everyone in the family suffers from fatigue. The second part of our journey, "How Parents Can Help Their Children Establish Healthy Sleep

Habits," is an age-specific guide to understanding sleep patterns and solving common sleep problems in your child. Finally, in Part III, we explore "Other Sleep Disturbances and Concerns." When we finish our tour, you will be able to direct your own child toward healthy sleep habits.

SLEEP DEPRIVATION HARMS CHILDREN

Sleep deprivation can be prevented and treated.

What do I mean by healthy sleep?

Do you know how to get a good night's sleep and feel rested? I think I do. But sometimes I go to bed too early, sometimes too late—and I'm supposed to know a lot about sleeping! The truth is that no one really knows exactly how to program good sleep so that we always feel rested. In fact, we're really in the dark ages when it comes to understanding how sleep works. Interestingly enough, adult volunteers in early sleep studies were kept in deep, dark caves. This was done to eliminate dayand nighttime cues so that researchers could study how sleep affects our body and our feelings. Of course, sleep researchers now use specifically designed laboratories and trick clocks that run faster or slower than "real" time to figure out how our biological rhythms, or "internal clocks," work when external time cues are removed. Studies also have been performed on shift workers and Air Force pilots who often cross time zones and suffer from jet-lag syndrome to observe how time differences affect sleep patterns.

But children's sleep habits have not been studied in such detail. Obviously, it's a bigger problem if a bomber crew carrying nuclear weapons is inattentive because of a lack of sleep or jet-lag syndrome than if a child has fatigue-driven temper tantrums. But if it's your child, you might not agree!

I have studied both healthy and disturbed sleep in thousands of children as founder of the original Sleep Disorders Center at Children's Memorial Hospital in Chicago. I have helped hundreds of families understand how their children's sleep habits are directly connected to how they behave and how they will do in school. Based on this research, my general pediatric practice spanning more than thirty years, and life with my own four sons and four grandchildren, I have discovered that there is hope for bleary-eyed parents. In fact, both you and your child can benefit from this knowledge. I personally benefited from my sleep research: I used to think naps were a waste of time. I wanted to spend time with my boys, and I had all those chores to do. The result? I was combative and irritable from accumulated sleeplessness. Now I think my whole family benefits when I take the naps I need.

Prevention and treatment of unhealthy sleep habits in infants and young children are important because if they are uncorrected, they will persist. There is no automatic correction. Children do not simply outgrow these problems. The good news is that the harmful effects of unhealthy sleep are reversible when parents provide treatment. The younger the child, the more successful you will be in reversing the ill effects of unhealthy sleep.

Preventing the development of unhealthy sleep patterns is something all parents can do. But it requires that they start early, paying attention to their baby's evolving natural sleep rhythms and to synchronize their soothing-to-sleep behavior with the time when the sleep process first begins. Perfect timing produces no crying. This book is designed to educate parents as to how they can accomplish perfect timing and prevent sleep problems in their child. But to achieve perfect timing requires practice, so it is possible, especially if this is your first child, that there may be a little crying when your baby becomes overtired.

Treatment of sleep problems is more difficult than prevention for the simple reason that both the child and the parents are stressed from being overtired. Overtired children are fatigued, and the body's natural response is to fight the fatigue by producing a stimulating chemical. This response was important for survival, as primitive man had to flee, fight, or continue hunting even when overtired. This "second wind" of stimulating energy causes a hyperalert or hypervigilant state, which prevents easy entry into sleep or sleeping for long periods. That's why overtired children appear "wired," unable to fall asleep easily or stay asleep. But why the crying?

First, severe fatigue itself can be painful. Second, changing established habits is very disturbing. After the first few months of life children can protest changes in routine by crying; they would rather play with their parents than sleep.

No parent wants her child to cry. The truth is that encouraging healthy sleep habits will prevent a lot of crying in the long run. It is possible that the treatment of unhealthy sleep habits may *initially* increase crying around sleep times, but subsequently it will eliminate crying altogether. Some treatments will involve no crying.

How is a parent able to trust what they read in books, magazines, or on the Internet? When you compare advice on sleeping and crying from different writers, ask yourself on what are they basing their advice. Besides practicing general pediatrics since 1973, conducting and publishing original research, and lecturing on crying and sleeping problems in children since 1981, I have helped my wife raise our four sons.

These experiences have led me to the conclusion that sleeping patterns, temperament, and infant fussing or crying are all connected. And in young babies, these features are mostly biologically determined. Other studies have confirmed these observations, so I am reasonably confident that children are born with a package of interrelated initial predispositions or tendencies.

In the same way that we know how much calcium your baby needs for his bones to grow stronger, we know how important healthy sleep is for the growing brain. Calcium deficiency in childhood harms bone development, but the problems of osteoporosis may not show up until much later in adult life. So if your child eats a calcium deficient diet, the problem is "hidden" because there are no immediately apparent ill effects. Likewise, sleep deficiency in childhood may harm neurological development; the problems remain "hidden," not showing up until later. I think it is possible that unhealthy sleep habits contribute to school-related problems such as attention deficit hyperactivity disorder (ADHD) and learning disabilities. I also suspect chronically tired children become chronically tired adults who suffer in ways we can't measure: less resiliency, less ability to cope with life's stress, less curiosity, less

empathy, less playfulness. The message here is simple: Sleep is a powerful modifier of mood, behavior, performance, and personality.

WARNING

If your child does not learn to sleep well, he may become an incurable adult insomniac, chronically disabled from sleepiness and dependent on sleeping pills.

One of the world's foremost researchers in sleep, William C. Dement, taught me at Stanford University Medical School in 1967 that we exist in three distinctly different biological domains: awake, REM sleep, and non-REM sleep. Although all three domains interact with one another, there are specific problems that can occur within each domain.

According to Dr. Dement, traditional medical science focused on only the first domain, wakefulness. His major point was that we are fundamentally different when we are asleep than when we are awake. The body's clock knows when we should be asleep and adjusts our brain, our temperature, and our hormone levels to the sleep mode. In sleep mode, we do not respond, think, or feel as we do when awake. If you do not believe this, ask any mother of a six-week-old infant how she is when she is up at night soothing her baby!

There has been much misunderstanding about "insecurity" and "crying to sleep" because of a failure to make the distinction between (1) the importance of sleeping well when we are in a biological sleep mode and (2) the importance of security of attachment when we are in a biological awake mode. This failure is understandable, because most child psychologists and child psychiatrists have not had the opportunity to do research or to receive training regarding the benefits of healthy sleep. They do not understand that the sleeping brain is different from the awake brain. Even today, very little teaching regarding sleep (only about five hours) takes place during the three-year pediatric residency program. Sadly, "expert" advice in popular magazines or books often reflects this lack of knowledge.

Because there is a basic difference between the sleeping brain and the awake brain, different types of problems can develop. When the brain enters the biologic domain of sleep, problems such as night terrors might appear. Night terrors and other sleep problems simply do not occur when the brain shifts to the awake domain.

Similarly, we are fundamentally different when we are awake.

When our children are awake, we worry about problems such as temper tantrums, fighting, not sharing, or not eating well. Also, we sometimes wonder if we are making the appropriate emotional connection. Are our children getting enough love? Are they happy? Are they securely attached, or do they feel insecure? How we interact with our children while we feed them, bathe them, dress them, and play with them is very important. Insecurity of attachment as a concept makes no sense when the brain shifts to the sleep domain.

BE PATIENT

It takes time for your child to develop strength, coordination, balance, and confidence to "learn" to walk.

It takes time for your baby to develop night sleep consolidation, regular and long naps, and self-soothing skills to "learn" to sleep well.

We know that the process of falling asleep and staying asleep is learned behavior, and that the learning will occur naturally, just like learning how to walk, if parents do not interfere. Difficulties in learning how to walk used to occur when walkers were popular, because they interfered with the natural evolution of a normal gait. Difficulties in learning how to sleep occur when parents do not respect and protect the child's natural, periodic need to sleep. With practice, all parents will clearly see that perfect timing produces no crying!

New parents need to practice before they achieve perfection, and they need to be patient. Because of new parents' inexperience and the baby's shifting sleep rhythms, there will be incidents when the timing will be off and the baby will become painfully overtired. Then there may be some crying. This book will provide a guide to help coach you to catch the rising wave of sleepiness before the child crashes into an overtired state. *Making children cry is* not *the way to help them learn to sleep*.

Helping babies and children sleep well is not just mothers' work; fathers also play an important role in helping to establish healthy sleeping. Traditionally, mothers have suffered the burden of sleep deprivation because they were doing night duty alone. They were on call day and night much more than the fathers were, and when there were problems occurring on the night shift, guess who was expected to handle it? When babies do not sleep well, guess who gets the blame? I have tried to correct this situation by discussing how important it is—for the sake of the child, the marriage, and the family—to get the father actively involved.

In this new edition of *Healthy Sleep Habits, Happy Child*, you will learn in detail how to prevent and treat sleeping problems. The discussion of prevention includes a detailed map to help you decide whether the path of breast-feeding or the family bed will be important on your journey to prevent sleep problems. The discussion of treatment has been expanded to include a comparison of different treatment strategies: extinction (ignoring), graduated extinction (controlled crying, check and console), scheduled awakenings, bedtime routines, day correction of bedtime problems, relaxation, and white noise. To make this book easier to use, Action Plans for Exhausted Parents have been included at the end of every chapter for handy reference and guidance.

New Introduction to First Hardcover Edition

Imagine a family where both parents are actively involved in parenting and agree on how to care for their child. They have a strong marriage, there are no baby blues or postpartum depression, they have only one child, breast-feeding is easy, there are no medical problems in the family, they have extra bedrooms, relatives and friends are available and want to help, they can afford housekeeping and childcare help, and they are under no financial pressure to return to work soon. Of course, most of us are not so fortunate to have such an ideal soothing support system.

Still, the greater your resources to soothe your baby during the first few months, and the better attuned you become to your baby's changing sleep needs, the more likely that he will sleep well during the first four months. And if your baby is sleeping well, as the pages that follow will explain, it is more likely that you will prevent sleep problems from developing after four months. The emphasis is on the word *prevent*. If you don't have a good soothing support system in place, however, your baby might become irritable, fussy, and cry more during the first few months because, despite your best efforts, he becomes overtired.

In the long run, when infants do not learn self-soothing, they often develop sleep problems. Or, if you have a colicky infant who appears to have less ability to soothe himself, he is likely to be come a mostly parent-soothed baby. Simply stated, the more resources you have to soothe your baby, the likelier that your baby will sleep more and cry less and, after four months, begin to learn how to independently fall asleep and stay asleep. This acquired ability to self-soothe goes a long way in preventing sleep problems from emerging.

IMPORTANT POINT

The over-tired infant is less likely to soothe himself to sleep and becomes more dependent on parents to be soothed to sleep.

This book is full of tools for you to use to soothe your baby and help her sleep. Dig deep into this toolbox and get all the help you can get. Some of the tools will turn out to be more useful to some families than to others because of differences in family circumstances and the temperament of the child. You should recognize, however, that families differ in their ability to use these tools. I list these abilities on page 74 as resources for soothing. So, some tools are easier to use for some families because of different resources. Don't compare what's going on in your family with another family, because families are all different.

There is no instruction manual that applies to all families, and parenting is the hardest work there is. This is also true because once you figure out how to handle something, your child changes and you have to start the learning process all over again. When your baby sleeps well, you sleep well. When that happens, you can figure out a parenting plan that will be good for your family, and you are more adaptable to make changes in your plan as your baby changes. Let me help you get started.

A Simple Four-Step Plan to Prevent Sleep Problems

 Weeks one through four: Your baby becomes less portable and more sensitive to being stimulated. Attempt to put your child to sleep in a reasonably dark and quiet place within one to two hours of wakefulness. Do whatever works to maximize sleep and minimize crying. If possible, put your baby down when she is drowsy but awake. Both parents should be involved in soothing and putting the baby to sleep.

- 2. Weeks four through eight: Focus on the one-to two-hour rule of wakefulness during the day, but plan to deal with increasing fussiness and wakefulness, especially in the evening at six weeks. Parents should anticipate peak fussiness and wakefulness in the evening; therefore, the working parent should plan to come home from work early or take a few days off when the baby is around six weeks. Get as much help in the evening as you can. Remember that putting your baby down when she's drowsy but awake might work during the day but not in the evening. That's okay. Again, do whatever works to maximize sleep and minimize crying.
- 3. Weeks eight through twelve: Remember the one-to two-hour rule during the day. Watch for drowsy signs at night. Move the bedtime earlier, around 6:00 to 7:00 P.M.
- 4. Weeks twelve through sixteen: First, organize your schedule to fit in a morning nap, around 9:00 A.M., for your baby. Second, organize your schedule to have your baby take a second midday nap around 1:00 P.M. A third nap in the afternoon is more variable.

PREVENTION

Realistically evaluate your resources for soothing your baby to help her sleep. Plan to maximize sleep and minimize crying during the first few months to *prevent* sleep problems from developing later.

In addition to preventing sleep problems, there is the issue of **treatment** of existing sleep problems. As parents, we are all different regarding how easy or difficult it is for us to change our behavior so that our child can sleep better. Naturally, the items listed on page 74 under "Resources for Parents' Ability to Soothe" are important when trying to change our parenting practices in order to correct our child's sleep problems. Some parents have difficulty executing a treatment tip or treatment plan because other things get in the way (see Chapter 12). This new edition addresses for the first time some additional reasons why parents have difficulty fixing their child's sleep problems. These barriers to treatment could include sensitive or highly personal issues

that get in the way of your ability to do what is best for your child—and make the hard work of parenting even harder.

Barriers to Treatment

Child psychologists and child psychiatrists deal with barriers to treatment every day in their attempts to help struggling parents deal with older children. But these same barriers often interfere with executing a treatment plan to help a much younger child sleep well. Perhaps they are only speed bumps that slow down the process of helping your child. If, however, these barriers are major roadblocks preventing you from treating your child's sleep problem, then consider getting professional counseling to overcome them before working on your child's sleep problem.

1. Parents lack information or tools.

Your child does not come with a parenting manual. Starting in a child's infancy or early childhood, parents may have unrealistic expectations or misunderstandings regarding age-appropriate sleep needs and sleep schedules. Or parents may not appreciate the benefits of healthy sleep or recognize the harm from sleep deprivation in their children. Parents may be misguided or unaware regarding how to set limits, or how to discipline or socialize their children. They have the right attitude but they lack the techniques or tools, so they become paralyzed. Dr. John Lavigne, chief psychologist at Children's Memorial Hospital in Chicago, strongly believes that most of the parents he sees are psychologically healthy but simply misguided or lacking skills to solve some of the common parenting problems.

2. Working-parents' guilt, exhaustion, or absence.

Parents feel guilty because they are not available or because they do not want to be available to their child. So they give in to whatever their child wants. Or, selfishly, the parents feel that their child has to adapt to their schedule and stay up late at night. Alternatively, as child psychologist Dr. Diane Rosenbaum explains, a parent might truly believe that the time a child spends late at night with Mother or Father is more important than sleep. This may be more common with a parent who works outside the home, because (s)he does not see the child's overtired behavior during the day. Or perhaps it is not guilt but sheer exhaustion from the demands of work that prevents the parent from being persistent and consistent. Too often, the parent simply surrenders whenever the child cries. Sometimes it is neither guilt nor exhaustion but absence. Many modern parents do not do a lot of parenting. Because they spend so much time at work, they rely heavily on daycare or nannies. This absence can render the parents powerless to resist the demands of their child. Dr. Vicki Lavigne, a child psychologist, commonly sees fathers who are absent from the home so much that they do not recognize or appreciate the seriousness of the problem and are often in denial. These fathers tend to say, "He'll outgrow it," or "It's not a big deal, not to worry."

3. Bad Marriage.

A bad marriage can lead to a variety of issues that affect a parent's effectiveness. One possible issue resulting from a troubled relationship is that one parent becomes overly permissive in order to keep the child allied with him or her for support and love. This alliance maintains the parent's self-esteem. In extreme cases, a parent becomes deliberately overly permissive in order to provoke the spouse. A second possible issue is that of control. A parent arrogantly asserts that (s)he is right no matter what; (s)he knows best, end of story. A third issue may be a lack of communication. The parents can't communicate effectively with each other to develop a practical plan that can be consistently implemented.

4. Parents have abandonment issues.

Because the parents had bad relationships with their own parents, some new parents might desperately want to be liked by their child. New parents might feel that their parents were not in tune with their feelings as children, so they want to be sensitive and always address

their own child's feelings. They want to be their child's best friend. They do not want their child to feel hurt, as they had felt hurt as children. Or the parents do not want to break their child's spirit or damage his self-esteem. This might lead to giving in to their child's every demand. Another possibility is that parents who had bad relations with their parents might become inept in general at parenting their own children. For example, they may not recognize that overindulgence is harmful to their child.

5. Parents have authority issues.

Some parents do not feel comfortable with rules and authority. It goes against their grain because perhaps they were raised without rules or authority. They are not comfortable telling anyone what to do; they would rather ask for help. They might have a "live and let live" philosophy. Or they behave irresponsibly and cannot say no to themselves, so they cannot say no to their child. In extreme cases, a parent wants to but cannot be rebellious, and so the parent gets gratification from seeing the child rebel.

6. Family stress issues.

Because the parents are stressed out worrying about money, jobs, family issues such as the illness of a relative, or the frequent absence of a parent, they do not have the energy to establish routines, plan events, or create schedules such as sleep times. They live from crisis to crisis, and family life is chaotic. The parents are reactive instead of proactive: They react emotionally instead of thoughtfully. The parents are not necessarily overindulgent, but they are overly inconsistent. Dr. Robert Daniels, a child psychologist, points out that "You can still be an A parent if you are 90 percent consistent; nobody is 100 percent consistent." Some of these parents, however, have Attention Deficit Hyperactivity Disorder (ADHD; see below).

7. Parents have undiagnosed depression, ADHD, bipolar disorder, or other mental health problem.

These are uncommon, but depression occurs in 5 percent of American adults, ADHD in 4 percent, and bipolar disorder in 1 percent. Education and coaching will often fail if the parent has significant untreated mental health issues. Many times the diagnoses are not recognized, especially with ADHD, which occurs equally in mothers and fathers. But problems regarding parenting are especially prominent if the mother is affected, because she is the one who is usually expected to organize schedules and routines such as regular bedtimes and naps.

8. Therapist failure.

Sometimes a therapist does not listen to or understand what has failed before, so the parents do not want to try again something similar. Perhaps a therapist fails to make it clear that the parents have to work *every day* to permanently prevent the problem from resurfacing. I see this time and time again. For example, after working hard to successfully correct a sleep problem caused by a bedtime that was too late, and everyone was sleeping better, the parent came and asked if he could start keeping his child up later at night!

Successful therapists such as Dr. Karen Pierce, a child psychiatrist, often start by asking a fundamental question: There are many barriers to change. Is it the child, the parent, the couple, the larger family, or outside stress issues? She emphasizes the importance of locating the barrier that prevents parents from changing in order to solve the problems. After all, the failure tolocate the barrier makes it difficult to concentrate energy on the solution to the problem.

Dr. Robert Daniels often starts with questions such as: What is the desired behavior you want from your child? What is the desired outcome? What is the endpoint of treatment? What would you like to see happen? Both parents need to agree on what the goal is and how to achieve it before beginning a treatment plan. The failure to agree on a goal makes it difficult for parents to cooperate with each other to achieve success. Dr. Daniels observes that most parents agree on the goal but not necessarily on the path to accomplish it.

BARRIERS TO TREATMENT

Consider and deal with issues that might interfere with successfully completing a permanent *treatment* plan for a sleep problem. Ignoring these issues might prevent having a well-rested child and a well-rested family.

Dr. Vicki Lavigne emphasizes that parents have to see the connection between what they do and the behavior of the child. Parents have to be more focused on their behavior than on worrying about whether their child has a problem or a peculiar trait. For example, they must try not to focus on a child's will, declaring "She has a strong will;" instead, they should pay attention to how their own behavior interferes with success.

Parents need to focus all their energy on soothing their baby and helping him sleep during the first few months. But, as discussed, issues such as bad marriage or family stress may affect their ability to soothe their infant during the first few months to **prevent** sleep problems and may also impact their ability to **treat** the resulting sleeping problems after a few months of age.

Therefore, it is important for parents to figure out a way to separate their marriage issues from bedtime issues, compartimentalize other barriers, restructure their priorities, or seek professional counseling in order to invest heavily in soothing their newborn during the first few months. By gathering up all their resources for soothing during the first few months, parents are more likely to **prevent** sleep problems in the future.

THE MOST IMPORTANT POINT

If you see in yourself or your family barriers to treatment, and therefore know that treatment of sleep problems will be difficult for you, then work extra hard with the resources available for soothing during the first four months to prevent sleep problems from ever arising in the first place.

Author's Note: Throughout the book, I use the terms *husbands, wives, marriage, or marital problems* merely for convenience, but I wish to embrace all partner and parent-child relationships.

—April 25, 2005

How Children Sleep

Why Healthy Sleep Is So Important

Infants and children who are still offender age [may be] attacked by ... wakefulness at night.

—AULUS CORNELIUS CELSUS, A.D. 130

Sleeplessness in children and worrying about sleeplessness have been around for a long time.

Healthy sleep appears to come so easily and naturally to newborn babies. Effortlessly, they fall asleep and stay asleep. Their sleep patterns, however, shift and evolve as the brain matures during the first few weeks and months. Such changes may result in "day/night confusion"—long sleep periods during the day and long wakeful periods at night. This is bothersome, but it is only a problem of timing. The young infant still does not have any difficulty falling asleep or staying asleep. After several weeks of age, though, parents can shape natural sleep rhythms and patterns into sleep habits.

It comes as a surprise to many parents that healthy sleep habits do *not* develop automatically. In fact, parents can and do help or hinder the development of healthy sleep habits. Of course, children will spontaneously fall asleep when totally exhausted—"crashing" is a biological necessity! But this is un healthy, because extreme fatigue (often identified by "wired" behavior immediately preceding the crash) interferes with normal social interactions and even learning. You should not assume that it is "natural" for all children to