

DEVELOPING HEALTHY SLEEP HABITS

- **Sleep and Associations**
- **Infancy: Hunger vs. Habit**
- **Bedtime Rituals**
- **Daily Schedules and Their Effects On Sleep**
- **Sleep Hygiene**
- **When to Get Professional help**

Sleep and Associations

We all awaken several times a night. We rely on certain conditions to fall asleep. Children do the same, and expect that the same conditions be present at 2am as they were at 7pm bedtime. When they are not, they have difficulty falling back asleep.

1. When you put your child to bed, make sure the conditions you provide at bedtime are ones you would not mind providing at 2am, 4am or whenever your child awakens at night.
2. Do not rock or lay with your child until asleep. Put him or her down, or leave the room while still awake. If you do this, then ***YOU*** become the condition necessary for your child to fall back asleep.

Infancy: Hunger vs. Habit

Not all cries are hunger cries. To help develop good sleep habits parents need to tolerate some crying or find ways to soothe their baby other than feeding. Babies will often stop crying if they are rocked, stroked or walked for a while and sometimes go off to sleep without feeding. Tired parents often opt for the short-term solution--to try feeding first at nighttime. This reinforces the long-term problem of baby waking every night.

Bedtime Rituals

Bedtime can be one of the best times of the day. Set aside ten to thirty minutes to spend with your child each night before bed. Once the “chores” of bedtime are done (ex: pj’s, brush teeth, set out clothes) do something special like read, play a quiet game, or have a discussion. Many parents use this time to review the day, talk about what made them happy or sad, proud or excited, or just talk with their child about something interesting.

Bedtime also means separation, which may be difficult for some children. The clearer the routine, the easier the separation will be.

1. Allow your child to help develop the routine. This often occurs naturally as you follow your child’s cues.
2. There needs to be consistency to the routine. The comfort to your child comes from the predictability. If you change the limits, your child will not know what to expect, and with this uncertainty arguments and tension will surely arise. The boundaries should be clear and respected by all.

Rituals help ease the transition from wakefulness to sleep

3. The ritual needs to be calming and reassuring (save the wrestling for another time).
4. The routine should be long enough to ease the transition, not to get your child to sleep.
5. Rituals should not be set in stone, but change as the child grows and his/her needs change.

Daily Schedules and their Effects on Sleep

Sleep patterns are continually changing because any of the things that affect a child during the day can also affect his/her sleep (teething, illness, and stresses such as a new sibling, beginning school, vacation, moving, divorce or death of a loved one).

Children function better when their daily schedules are fairly consistent. When your child’s daily routine is disrupted, it will have an effect on their sleep. This includes changes in mealtime, bedtime, and activity level. Often children who experience nightmares and night terrors do so more frequently when there has been a disruption in their schedule.

Sleep Hygiene

1. Create an environment with low light and little noise. If noise level difficult to control use a “white noise” device or quiet, calming music or sounds.
2. Crib or bed should be a positive place. Avoid using it for punishment. One of the most important things you can do to help promote good sleep habits for your child is to instill positive feelings about his/her bed and bedroom.
3. Use of a special toy or object for comfort to fall asleep with instead of mom or dad.
4. Avoid doing homework or other busy things in bed, as it changes the cues associated with relaxation and sleep.

When to Get Professional Help

Almost more than any other behavior, sleep is an indicator of problems, both in a child and in a family. If your child is too fearful to fall asleep and frequently has nightmares, these may be signs of emotional distress. If your child does not seem unusually fearful but you are having difficulty getting him/her to sleep through the night, you may need some outside help in getting a handle on the problem.

It is much easier to prevent a problem than to solve it. What constitutes a problem depends on your values and goals.

VALUES: As a family, what values do you hold, what expectations do you have and what fits your lifestyle.
Parents who are frequently out in the evening value their child's ability to get to sleep smoothly and on her own.
Parents who work late and enjoy spending time with the kids when they get home appreciate late bedtimes.

GOALS: Values clarify your goals. If you value everyone sleeping together then your goal is to arrange for a family bed where everyone is comfortable and teaching independent sleep will not be an issue. If you value independent sleep, then you will not take your child into your bed under normal circumstances

Lori Rappaport, Ph.D. is a Licensed Clinical Psychologist specializing in child and family issues.
Dr. Rappaport has over 30 years of experience working with children and families experiencing chronic and life threatening illness.
Dr. Rappaport has a private practice in Del Mar, CA.
(858) 481-2188.
www.lorirappaportphd.com