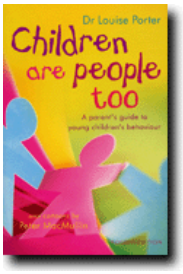
SLEEPING DIFFICULTIES IN CHILDREN

an extract from
Porter, L. (2006). *Children are people too*,
(4th ed.) Adelaide, East Street.



Western societies are about the only cultures that expect babies to sleep on their own and for all night. We might actually be expecting too much, given that half of one-year-olds still do not sleep through the night. This means that you might have to teach your baby how to do so. How you do this will depend on his or her age and on your own tolerance for sleepless nights.

As everyone wakes at regular intervals throughout the night, if children do not know how to get to sleep by themselves at the beginning of the night, they also won't know how to get back to sleep independently and therefore will need your help in the middle of the night.

Preparation

A predictable bedtime routine – such as, two stories before sleep, a music box playing, and dim lights – prior to settling children to bed can them prepare themselves for switching off. You can also signal that sleep time is impending by giving young children a particular toy or rug only at sleep time, so that they associate this with sleep. If they go to child care, give them the same toy there.

Cold turkey: Controlled crying

The controlled crying program involves leaving babies alone to cry for up to ten minutes. Then you soothe them (without fussing) and, once they are calm again, return them to bed. Next you leave them for five minutes longer than you did the first time, return to soothe them (matter-of-factly), and repeat the process (Green 2001). The program was designed for 18-month-olds and was never intended to be used for babies who are trying to signal that they are distressed. Nevertheless, I feel that the system is risky at any age: you might be teaching babies and infants that you will not help them when they need you.

Variation 1: Reducing your time in the room

Instead of leaving the children alone for progressively longer times, a variation of controlled crying involves staying with the children for progressively shorter periods of time. You might start by staying with them until they are asleep and on the next occasion withdrawing just as they are getting sleepy, and then withdrawing a minute earlier each time. You can judge how quickly to increase the time you spend out of the room by noting whether they can stay calm once you depart. In this way, instead of denying them your support 'cold turkey', you gradually teach them to rely on their own ability to get to sleep.

Variation 2: Reducing your physical proximity

Instead of giving help for shorter and shorter periods while the children are alone for longer and longer periods, an alternative approach is to cary the distance from which you offer support by sitting beside their bed for three nights, then moving your chair one-third of the way to the door for three more nights, then two-thirds of the way to the door for three more nights and, finally, outside the door for three nights. (This approach was first suggested to me by Adelaide family therapist, Malcolm Robinson.)

GUIDELINES FOR SUCCESS

- Whatever approach you select, you will have to use it both when putting the children to bed for the first time and when they wake in the middle of the night.
- Remember that your goal is that the children stay in bed, not that they go to sleep, as you cannot make children sleep.
- The approaches are time consuming and can deprive you of sleep, so holidays and long weekends are probably the best times to begin.
- Tell the children that you believe in them, that you know they can go to sleep by themselves. Be soothing and convey confidence that they can learn this.
- You might tell children that, although they have grown up on the outside, their brain is having trouble learning how to shut down all night. They can think about ways to teach it how to shut down: you don't know how, because it's not your brain. (See chapter 8 for a fuller description of this approach.)

A pattern of uncooperative behaviour

If the sleeping problem is just an extension of uncooperative behaviour during the day, it will be easier to work on the daytime problem first, as you are at least awake then. If you can teach your children to take you seriously during the day, it will be easier to convince them that you mean business when you tell them it's time to be in bed. Even if you still need to use a formal sleeping program, that will work more quickly when the children know that you expect to be taken seriously.

Night fears

If your children get frightened in the night, you might suggest that their toys could scare off any monsters, or you can read children's books about how to overcome night fears. The two of you could search the room for monsters before turning out the light. For sensitive children, it is also wise to avoid scary stories and violent TV programs. You might also have to teach them self-control over their fears, in ways recommended later in this chapter.

Early waking

If your children's early waking bothers you, it might be that they are at that awkward age of still needing an afternoon nap but then not needing as much sleep at night. Every parent gets through these months somehow: the problem will resolve itself when you can abandon the afternoon nap.

If the children understand numbers, you could try giving them a digital clock and teaching them that they are not allowed out of their room in the morning until the first number is a six, say. They are to entertain themselves quietly in their room if they wake before this time.

Children, however, do not all need the same amount of sleep, so you will have to temper your approach with the knowledge that children's sleeping patterns will not always be convenient for the adults who live with them.

UNWELL CHILDREN

One group of children with sleeping problems are those whose nervous systems can't seem to switch off. In my experience, these children fall into three categories:

- those who have been stressed, either presently or in the past;
- those with sleeping difficulties who are also unwell, with illnesses such as asthma, eczema, irritable bowel syndrome, or chronic fatigue;
- children whose nervous systems are irritated (perhaps by food intolerances), which is signalled by morbid thinking, being highly emotional, and having behavioural outbursts.

For these children, the normal recommendations for settling them to sleep do not seem to work. I conclude that this is because their sleeping difficulties have a physical cause that sheer willpower cannot overcome. I find that these children benefit from a treatment known as bioresonance, which uses a computer to detect what is irritating their nervous systems, and to rebalance their neurotransmitter and stress hormone levels as necessary.

Bioresonance treatment is based on biophysics, rather than biochemistry, which is the basis of traditional medicine. Biophysics picks up on the signals between cells – such as the signals to bronchial cells to swell up upon contact with pollens – and shuts down those signals that are not healthy. This line of thought and the treatment may seem unorthodox; however, I have found that little else works.

FURTHER READING

Porter, L. (2006). *Children are people too: A parent's guide to young children's behaviour.* (4th ed.) Adelaide, SA: East Street Publications.

www.bioresonance.net.au