APPRENDRE À DORMIR

What are the bedtime methods to help my child fall asleep and go back to sleep without reporting nighttime awakenings? One step at a time towards sleep autonomy.



Picture of Calle Macarone from Unsplash

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Here is a three-part look at **falling asleep** and bedtime methods with heartfelt scientific evidence to help you make informed decisions about your child's sleep.

Please note that this is for parents of children, not parents of infants – see the section on ideal timing below for more details.

First, let's look at how research helps us answer these questions:

- What is a sleep method?
- Why use a method? And does it work?
- Is it the right time? When is it appropriate?

- Is it safe? In the short and long term?
- What to do then?

Next, let's listen to Évelyne Touchette and Olivier Bernard, Le Pharmachien, give an update on his episode on baby's sleep.

And to finish this dive into the science of bedtime methods, we share with you 3 links to short complementary readings…because there is so much to say on this subject (and especially a lot to do on the research side, we are working on it!).

What is a sleep method?

In research and practice, **sleep methods are divided into three broad categories.** The categories are not meant to distinguish between practices that work better or worse, they are simply used to organize methods according to **schools of thought in psychology**.

At home, these categories have little influence on our parenting choices, hence our parenting approach is often a mixture of a little of all of these depending on the needs of the child and the family (which is fine) and what our heart dictates.

Here is a little bit of the theory and research data to sharpen your critical thinking about the various techniques:

The main categories of sleep methods:

- **Behavioral bedtime methods.** They advocate reducing the emotional and physical involvement of the parent and using gradual delays in response to falling asleep or waking at night. The goal is to give the child the opportunity to self-soothe and learn to fall asleep on their own. There are several variations and adaptations such as **standard extinction**, like the **5-10-15 technique**, extinction with a **parental presence** like the **chair technique** and **gradual extinction**.
- **Cognitive-behavioral sleep methods.** They suggest methods that intervene with the **parent-child relationship.** For example, these techniques work on **the parents' sleep expectations, beliefs and perceptions,** and when the child is older, components are added, such as relaxation techniques, modification of

thhttps://naitreetgrandir.com/fr/chroniques/sommeil-efficace-controverse-methode-5-10-15/https://plus.lapresse.ca/screens/0386eb46-0353-4ee9-9bd8-4c83eb67ae00%7C~nohJ6lT.J6i.htmle child's anxious thoughts, positive imagery techniques and others.

- **Methods that integrate attachment notions.** They are those that introduce a **"transitional" object** such as a blanket, a "doudou". **A safe object is chosen by the parent** when the child is young and is presented, used, cuddled, etc. routinely at bedtime, day and night. As the child becomes emotionally invested in the item, he or she will become more and more attached to it, thus transferring some of the parental comfort to it. This attachment to the cuddly item helps to make the transition to **self-soothing**, a favorable condition for falling asleep independently.

Why use a method? And does it work?

Bedtime methods are a parental choice first and foremost. There are many different reasons why a parent might want to adopt a sleep method.

Having realistic expectations about falling asleep and sleep autonomy (being able to fall asleep on your own) is very important, because you can't **"**make**"** someone fall asleep and there are no magic tricks.

Studies conclude that using one method or another **modestly improves** the quality and duration of sleep for both the child and the mother (fathers have not yet been studied much). The **"modestly" here means that for some families it works better than for others**, therefore on average we see effects … that are not magical. This is true for any method.

It is good to remember that **sleep develops over time** (brain maturation), but that sometimes, like when we're on a plane, the safest thing to do for the good of all is to **put your oxygen mask on first.**

Bedtime methods are **one of the ways** to try to put in place favorable conditions for the entire family's sleep to be restful and sufficient.

Every child is different, every family is different. But the fact remains that the need for **sleep is vital** for both children and parents.

Is it the right time? When is it appropriate?

After 6 months of age, there is no specific age to start or change sleep methods, as each child has his own rhythm, but there are certain **guidelines** surrounding **behavioral bedtime methods (especially those with extinction).** In general, we **do not recommend these types of methods**:

- If the child is **less than 6 months** old because the brain is not mature enough to self-soothe.
- If the child still **needs to feed** during the night.
- If the child is **underweight** on the growth chart or their development requires special attention.
- If the child has a **physical condition** that disrupts the sleep maturation rhythm.
- If the child is experiencing **anxiety and stress or needs closeness** or other emotional needs to be met during the night. For example, it may be wise to use other methods **when the attachment with the parents is more anxious,** either because of the **separation anxiety phase around 8 months** or because the child **has an anxious temperament** or is experiencing **separation anxiety** (after 3 years of age), for example.

Here are some **sample questions to ask yourself** to assess whether it's the **ideal time** to start or change sleep methods :

Is this the right time for the child?

- Does my child need to be **fed at night**? Is my child following his **growth curve**? It is in fact important to respect child's physiological needs.
- Does my child have **a cold?**
- **Do we agree that our child is ready** to be guided in learning to sleep independently? (preferably before the child is put in a big bed to ease this transition).
- Does my child have **separation anxiety**?

Is this the right time for their parents?

- Do we **have the energy or are we too stressed** to gently and patiently deal with resistance and other challenges related to falling asleep (e.g. crying)? For example, it may be important not to wait until we are too tired or exhausted, it is better to try to act before we are at wits end.
- Is this a **good time to absorb possible parental sleep debt** during this learning process? Since there is an average 3-5 day transition, choosing the right time for parents is also important. If learning seems to take longer than a week or so, it is best to re-evaluate if it's the ideal time.
- Do **both parents agree**, are both parents comfortable with the steps to take? Are we ready to support each other through the learning process? Do we have a game **plan**? These are questions to be asked with a clear head, as much as possible, because two heads are better than one.

Is it safe? In the short and long term?

Many families hesitate to use these techniques as they wonder if they will have **negative consequences** on sleep, the development of their child or on their bond with their child. This is a **legitimate concern.**

Studies, although not numerous enough to allow for a scientific consensus, are of good quality (controlled and randomized studies, longitudinal design, etc.) and show that this is not the case. **No study to date has been able to demonstrate a negative impact** on the health or child development or even on the attachment bond. **It should be noted that the majority of the studies were conducted with families who had secure attachments with their children.** To date, we cannot conclude on the impact of one or another of the sleep methods in family contexts affected by an insecure environment.

Scientists still have many grey areas to clarify before they can offer clear answers to parents and professionals. We are working on it!

What to do then ?

Remember that learning to sleep is like learning to walk.

The brain will eventually get it right (thanks to maturation) and the only thing parents control are the conditions surrounding the development of this learning.

Parents can and should c**onfidently and consistently adapt** sleep methods to their children's needs, but also to their sleep needs.

Parents can draw on any or all of these categories of methods to put **favorable conditions** in place when they feel it is the **ideal time** for their child to learn to fall asleep on their own.

We need to knit together, science says so.

To continue this reflection, here is a short video.

During her appearance on Olivier Bernard's show, **Les aventures du Pharmachien**, on the subject of baby sleep, Évelyne was able to discuss a number of topics with him. In this video, Olivier shares with us the fruit of **his reflection on sleep intervention methods** after having studied the scientific literature on toddler sleep for his show. **It includes up to date and nuanced comments that will appease many.**

Évelyne reminds us that when parents live together, they have to keep in mind when it comes to bedtime to knit *together*. **For this to work**, one thing is certain, it's that we should avoid: ***« one person knitting to one side and the other, to the other ».*** The important thing is to have **ONE clear message** to give to the child.

Parental conflict does not help little ones sleep (or parents sleep).

You have to be in **agreement and comfortable** with what you choose in order to **trust** yourself and each other.

You have to **agree with each other**, to **be aligned**, to knit in the same direction.

Because there is so much to say

To conclude our dive into the state of scientific knowledge on sleep methods, here are some suggestions for further reading:

- **"Parental Management of sleep debt in 4 steps"** describes 4 steps to ask yourself the right questions to determine ***Who Needs to Sleep?***" and try to get a clearer picture of how **to get your sleep back**.
- We contributed to **Naître et Grandir** with a text on possible solutions, day and night, **"Le sommeil: aider son enfant à s'endormir"** which could also be of interest to you in order **to see sleep in a more global or holistic way** as some would say.
- The **testimony of a mother doctor** where expectations, science, practice and her reality are intertwined in relation to her daughter's sleep and her own.

Inspiration and scientific sources:

- Bastille-Denis, Emmanuelle (2019) **Gestion des pleurs au dodo: que faire?** Tiré du site web du Centre de traitement de l'insomnie. Publish September 10th, 2019. http://www.ctinsomnie.ca/341-2/
    - Popularized article presenting the **behavioral methods** with the points to consider.

- Dubois-Comtois, K., Pennestri, M. H., Bernier, A., Cyr, C., & Godbout, R. (2019). **Family environment and preschoolers' sleep: the complementary role of both parents.** Sleep medicine, 58, 114–122. https://doi.org/10.1016/j.sleep.2019.03.002

- Immerscience and Naitre et Grandir (2022) Le sommeil: aider son enfant à s'endormir. Website Naitre et Grandir – section 1-3ans – Soins et bien-être.

- Field T. (2017). **Infant sleep problems and interventions: A review.** Infant behavior & development, 47, 40–53. https://doi.org/10.1016/j.infbeh.2017.02.002
    - Literature review on the different methods.

- Gradisar, M., Jackson, K., Spurrier, N. J., Gibson, J., Whitham, J., Williams, A. S., Dolby, R., & Kennaway, D. J. (2016). **Behavioral Interventions for Infant Sleep Problems: A Randomized Controlled Trial.** Pediatrics, 137(6), e20151486. https://doi.org/10.1542/peds.2015-1486

- Pennestri, M-H, Ibrir, K, Kenny, S, Petit, D (2022) **The sleep of your baby .** Written by several experts for the «Sleep on it» Canadian public health campaign on sleep.

- Reuter, A., Silfverdal, S. A., Lindblom, K., & Hjern, A. (2020). **A systematic review of prevention and treatment of infant behavioural sleep problems.** Acta paediatrica (Oslo, Norway : 1992), 109(9), 1717–1732. https://doi.org/10.1111/apa.15182

- Touchette, E **Les bébés ne font pas leurs nuits au même âge… et autres réalités sur le sommeil des tout-petits.** The Conversation, publié 13 juillet 2021.
    - Literature review on the different methods.