



Sleep Across the Lifespan: Toddlers

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The funny thing about infants is that, just when you feel that you are steady on your feet in this parenting game, they move into a new developmental world of toddlerhood. Your sweet, easy to smile baby has become suspicious of strangers and cries when you leave her. There are many ways to define “toddler”, Miriam Webster states that it is “One who toddles; especially a young child.” For this blog post, I am going to zero in on the massive developmental period that occurs between the ages of one and three. Some unique features to this period of time include the definition of family and some fears related to strangers. Separation anxiety tends to peak around 15-18 months of age, and protests about the desired conditions continue to build during the time. Through this period, children develop the understanding of self as a unique individual, and can begin to recognize changes in themselves in a mirror. I have to admit that I love this stage, and have proven this by volunteering in the one-year-old nursery at my church for the past ten years. I love to watch them learn to move about independently, and am happiest when I am helping to equip them to work through separation anxiety. Children at this age start to develop language skills, and can be quite literal with their understanding, e.g. today means NOW not later in the day and all meals are “dinner.” They understand that family members are permanent, and that some pretesting may result in their return. They develop the very start of the struggle that will be a key component of childhood development: becoming secure as an individual while seeking support when needed.

So, how does all of this affect sleep? The first impact that can be seen in the arena of sleep actually starts slightly before age 1: separation anxiety can start to extend to being in the room alone, if they are sleeping in their room alone. As a behavioral sleep specialist, one of the criticisms that I am often given is that the goal to have children sleep independently creates anxiety and negative emotions in the child, which can extend to insecure attachment and later problems with self-concept. This has even gone as far as some open criticism that the desire of a behavioral sleep specialist is self-soothing at the expense of emotional development. In one case, the mother accused me of trying to create brain damage because of the fact that baby was crying during periods between checks. A more recent study at the University of North Texas has demonstrated that cortisol levels were not improved in infants doing Cry It Out sleep training in the sleep lab, despite the improvement in sleep and self-settling, but cortisol was only measured during the five nights of the intervention; maternal cortisol levels dropped after night 3 when babies were sleeping without crying. The focus of the study was synchrony between maternal and infant cortisol, but no long-term assessments were taken to demonstrate whether or not infant cortisol levels dropped as they adapted to the new sleep

routine. To me, this misses the point of a behavioral sleep intervention, which is to help child and family sleep well and allow child to learn to sleep without intervention/assistance. In order for baby to learn to sleep well, the art of self-soothing and being independent needs to be developed. For toddlers, this becomes even more critical, as they have the endurance to protest more intensely and are struggling with independence altogether. In order for this to be accomplished, emotional needs for both mom and child need to be a focus of the process.

As with infants, it is essential that toddlers are given a repertoire of coping tools for their sleep onset. A sleep routine that is very structured can help create the understanding that sleep onset is the desired response. Protests at being alone may be a new thing, if your child has slept well as an infant. It is important to be calm and confident when you are coping with these protests, and work to help child self-regulate with your assistance. My preference is to have consistent checks when they are upset, rather than Cry It Out, simply because separation anxiety is likely intensified by uncertainty that you will return. The checks should be structured based on time in between them, rather than intensity of crying, simply because you don't want to reinforce the association of louder crying resulting in quicker response. When you check, reinforce that the coping tools- blanket, bear, white noise, are all present, and redirect toddler to these items. Soothe, but don't remain in the room until they are asleep, try to leave after a minute. The main goal is for them to fall asleep without you present.

As they get older, bedtime resistance can start to rear its ugly head. This often reaches its ugliest point when toddler moves from crib to bed. When they are in cribs, they are usually contained, which helps make certain that they will remain in bed to sleep. When they move to a bed, they become free agents. I always recommend waiting to shift to a bed until they have really been able to demonstrate independence at self control- potty training can be a good way to gauge this. I will be honest in that I usually liked to wait until age 3, but did have a 3 year-old who threw herself from her crib in protest to a nap and broke her collar bone- we likely waited a little too long on that one. The key factor to remember is that attention is one of the primary factors feeding bedtime resistance, and this can be angry attention or positive attention. The key treatment component is not varying from a predictable routine, and then calmly returning kiddo to their room when they work to escape. If you get angry, or are too cuddly, these behaviors will persist and even increase. Lastly, identify a good reward that can be quickly earned by dropping the resistance, and be REALLY EXCITED every time they fall asleep without resistance by being super cheerful and happy to see them in the morning.

The last issue that is pretty common in this age group is napping. Usually, they start this period with two daytime naps, and gradually move to one daytime nap. Many kids will nap until they are 5 or 6, but some kids have less of a drive to sleep during the day. Timing of naps is most commonly related to the daytime schedule, and nap schedules can be slightly malleable. Be careful about skipping naps or manipulating the schedule too much, because this can result in dropping the nap before your toddler may be ready to do so. Try to establish quiet time each day, and make sure that there are no distractions (TV, toys) in bedroom that can affect their nap. It is not uncommon for people to be anxious about the "right" time and amount of naps, but the big focus needs to always be total sleep in a 24 hour period- this will tell you much

more about whether or not your child is getting enough sleep. For this age group, the goal should be 12-14 hours per day.