

**Parenting Your Child to Sleep:  
Sleep Problems in Toddlers and Preschoolers**  
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Sleep problems in toddlers and preschoolers are very common, with bedtime difficulties and night wakings topping the list of parent concerns. Research shows that 25-30% of toddlers have bedtime problems and up to 50% still experience night wakings. These problems continue to be common (from 15-30%) in preschoolers. Often times, difficulties falling asleep and night wakings occur in the same child.

Population surveys of parents suggest that these problems may even be more prevalent. The National Sleep Foundation's *Sleep in America Poll* (2004) found that 43% of toddlers and preschoolers fall asleep with a parent present at least a few times a week and 46% and 36% of toddlers and preschoolers, respectively, still wake at night and need "help and attention" to return to sleep.

Consequences of sleep deprivation are numerous and affect all main areas of functioning including social, emotional, cognitive, and behavioural. Sleep problems in children generally disrupt family life and are often the cause for significant parental distress, disruption to parents' sleep, decreased level of effective parenting, and marital conflict. Signs of insufficient sleep in children include irritability, poor concentration, moodiness, unplanned naps, planned naps past an age when napping is appropriate, whininess, overactivity, and difficult to manage daytime behaviours (just to name a few).

Common causes of sleep problems in infancy also apply to toddlers and preschoolers. These include, but are not limited to, poor timing of sleep periods, not falling asleep independently, inappropriate and inconsistent responding during the night, co-sleeping, and an unsuitable sleep environment (e.g., too much light/noise/heat in the bedroom, toys in the crib/bed).

Parental presence at sleep-onset and following night wakings, including co-sleeping, is a common culprit in causing and maintaining sleep problems in toddler and preschool-aged children. However, with increasing age, other factors such as nighttime fears, moving a child to a bed (especially if the move is made prematurely), and limit-testing behaviours may also be relevant in causing or exacerbating sleep problems.

Many children are transitioned to a bed between 2-3 years of age. However, barring no safety concerns (e.g., a child climbing out of the crib in the dark when alone) waiting until age 3 to make the move is recommended. Children this age are usually more "mature" and better able to understand the "rules" associated with sleeping in a bed. Often times, moving a child to a bed is done with the hopes of resolving sleep problems. However, many parents report that making the move is not helpful and, often times, can make the problems worse as the child is now mobile. It is recommended that parents address sleep problems while their children are still in a crib. Use of a mesh crib tent can be helpful to maintain a child sleeping in a crib (in the face of safety concerns) until they are at a more suitable age to be sleeping in a bed. When a child is moved to a bed, parents are advised to use guard rails on their child's bed.

Bedtime problems including bedtime resistance and bedtime stalling are common in older toddlers and preschoolers. While consistently setting limits on acceptable bedtime behaviours is often necessary, this is only effective if the timing of the bedtime is appropriate (i.e., parents put their child to bed only when tired). It is also important to ensure that too much day sleep and napping too late in the day are not contributing to bedtime problems.

Parents are often unaware that sleep problems in children can be effectively treated with behavioural strategies. Alone, or with the help of a health care professional, parents need to identify the factors which are contributing to the maintenance of the problems. Then, a detailed treatment plan that addresses such factors needs to be developed.

Treatment plans should include the development of an age-appropriate sleep schedule and an understanding of normative sleep patterns for the child's age, the importance of bedtime/naptime routines, how a child is falling asleep and being responded to during the night, the benefits of introducing a sleep-compatible transitional (security) object, a suitable and safe sleep environment, and sleep training recommendations that are tailored to the child's age and the presenting problems.

Often times older toddlers and preschoolers have a more favourable response to gradually reducing parental contact at bedtime and following night wakings. However, it is recommended to have a step-by-step plan in place to ensure that steady progress is being made. During this time, it is important to consistently work to eliminate parental behaviours which can maintain the problem such as co-sleeping, reinforcing unreasonable requests at bedtime and during the night including nighttime drinks/bottles, and other types of "responding" unless a child is sick. For children who are already in a bed, the use of a safety gate at their bedtime door, if necessary, is preferable to locking a door or holding it closed. A reward chart/system can be helpful to reinforce positive behaviour.

Sleep training methods are highly effective if an appropriate plan is developed (e.g., the right choice of treatment is made, all factors contributing to the problem are addressed) and if the plan is carried out properly. However, it is not uncommon for things to get worse before they get better, especially the older the child is. Parents are encouraged to evaluate the effectiveness of a treatment plan only after such a plan has been fully implemented. Before any sleep training is started, it is suggested that parents speak with their child's physician to ensure that medical causes of sleep problems have been ruled out.

Pleasant dreams!

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