

## Health &amp; Lifestyles

# Kids' sleep problems 'not a phase': psychologist

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Maybe you've heard the saying, "If someone says they're sleeping like a baby, chances are, they've never had a baby."

Except in their first few days, when babies catch up on sleep after the ordeal of labour, it can take months or even years to synchronize them with the rest of the family's sleep schedule.

Helping kids achieve healthy sleep may be one of the most challenging tasks parents face in the early years, says Nicky Cohen, a clinical psychologist registered with the College of Psychologists of Ontario. She's dedicated her practice to coaching parents toward this goal.

Before Cohen meets with parents, she ensures that medical issues have been ruled out. Snoring, pauses in breathing (sleep apnea), extreme night restlessness or a resumption of bedwetting – among other symp-

toms – could all be signs of a medical problem, according to neurologist Shelly Weiss at Toronto's Hospital for Sick Children.

If everything is physically normal, a behavioural approach like Cohen's can work well, Weiss says.

Initially, Cohen meets with parents for up to two hours. "It's hard for parents to concentrate and take notes if a child is with them," she says, so kids stay home if possible.

She tailors her approach to each family. More important than finding a one-size-fits-all sleep solution is discovering "what the parents are comfortable doing," Cohen says.

"There's no one way that all children should sleep," Weiss agrees. "It's based in culture and preference in families."

Cohen says she'd rather send parents home "with a plan that may take them a little longer that they can follow through with," than a quick fix that's impossible for their lifestyle. However, in any family, Cohen says, "consis-

tency is probably the most important thing in successful treatment."

Alan (Woody) Berzen, a Thornhill pediatrician in practice for 26 years, says that "flip-flopping between different techniques is sort of the worst for any kid."

Fine-tuning a sleep plan to the family is essential. "There are people who can let kids cry [themselves to sleep] and people who can't... they're never going to do it [let kids cry themselves to sleep], no matter how much you persuade them," he says.

Berzen has begun referring patients to Cohen for help in creating customized sleep plans.

After meeting and discussing the child's current sleep routine, Cohen and the parents agree on a plan. She also provides readings to accompany the plan and information about creating a "sleep diary," to concretely track sleep patterns.

Parents will often follow up by phone for help in keeping on track or to modify the sleep plan if necessary.

Choosing a sleep strategy can be hard, she says, because parents have read so much conflicting information in books and on the Internet. One recent client, a physician with her first child, "has lots of knowledge... [but] she's really confused," Cohen says.

Sleep training doesn't have to be hard, she continues, but "on your own, it can be hard to get there." Many parents have tried sleep training without success, but "when we go over our plan together, they usually become much more consistent," Cohen adds. Most parents actually start seeing positive results within a week.

"The anticipation of doing sleep training is much worse than the actual carrying out of the plan," she says.

Sleep training should wait until the child is at least four months old. "Younger infants don't have the ability to self-soothe," she notes, an important concept in her practice.

Cohen generally waits until at least six months, an age when Weiss says, "In a healthy, well-grown baby, you can start looking at better sleep routines," often through gradually eliminating night feeds, which most older babies no longer need.

It can be helpful for parents to understand natural sleep patterns. "During the night, we cycle between dreaming and non-dreaming sleep," Weiss explains. Depending on his or her age, a child might experience six to nine brief wakeful periods of "micro-arousal." As adults, "we have the same thing... we don't remember in the morning that we were awake."

If infants or children develop the habit of fully awakening to nurse or for comfort, they may need parents' help achieving what Cohen calls "independent sleep onset," an essential skill for healthy, all-night sleep.

Staying up all day won't help, either, says Cohen. It's a myth that skipping daytime naps creates better night sleep. "The most common cause of [night] terrors is sleep deprivation."

It is a myth that kids will outgrow sleep problems. Four years ago, when Cohen's pediatrician assured her that her daughter's sleep problems would disappear on their own, she took a proactive approach instead, based on her belief that "many kids aren't born great sleepers – they just need some help," she says.

Not able to find many resources locally, she turned to U.S. experts, and eventually set up a Toronto practice that offers parents the same advice that helped her battle those sleepless nights.

"Don't delay in getting help," Cohen says. "I keep hearing from patients, 'I wish I had found you eight months ago.'"

"Sleep problems are probably one of the most persistent behavioural problems in children... it's not a phase; they don't grow out of it – unless you do something."

For more information about children and sleep, visit [www.kidsleep.ca](http://www.kidsleep.ca).



Psychologist Nicky Cohen helps children achieve healthy sleep.