



## Parenting Pearls & Infant Sleep Training

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### Objectives

1. Develop an awareness of the influential and positive roles a primary care physician can play in providing support and guidance for parenting.
2. Develop a “toolkit” of parenting pearls that can be effectively taught in the office setting.
3. Feel comfortable guiding parents on how to teach infants to sleep through the night

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For any future questions:

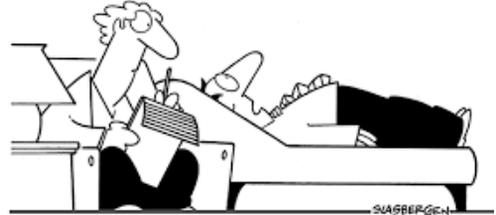
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Not on social media ...

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"Ever since I signed up for Twitter, I get the feeling that people are following me!"

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### Why Effective Parenting Matters

1. Nearly three-quarters of adult health problems have origins in childhood<sup>1-5</sup>
2. Good evidence that many health problems, including anxiety and depression, can be prevented or ameliorated by interventions in childhood and adolescence<sup>1-5</sup>

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### Even before the "evidence" ...

"It is easier to build strong children than to repair broken men"

Frederick Douglass  
1885-1895

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## Why Primary Care Docs?

1. Respect (we “know”)
2. Trust (we “care”)
3. Accessible (we’re “there”)
4. Safe (we do not judge)
5. **Longitudinal relationship (episodic brief high impact interventions)**

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## Do Brief Interventions Work?

Studies of “single session” psychotherapy demonstrate the effectiveness of providing problem (rather than diagnostic) targeted treatment in brief pulses across extended periods, similar to patterns of medical care<sup>9</sup>

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## CPS Position Statement



Relationships matter: How clinicians can support positive parenting in the early years

<https://www.cps.ca/en/documents/position/positive-parenting>  
Posted July 25, 2019

1. Parenting practices are the strongest modifiable determinant of behavioural and emotional health in children.
2. Although workflow and time pressures make integrating such conversations into regular office practice a challenge, the proven benefits of family-centred care in improving long-term parental engagement and health outcomes are indisputable.

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## So let's get to work !



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UNIVERSITY OF CALGARY **6 Handouts to get you started**

1. 2 Ps of Parenting
2. Authoritative Parenting
3. Empathic Response
4. Discipline
5. Role Modeling
6. Infant Sleep Training

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UNIVERSITY OF CALGARY **2 Ps of Parenting**

# Patience & Perseverance

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UNIVERSITY OF CALGARY **2Ps Handout**

**2 P's of Parenting**  
*Patience*  
and  
*Perseverance*

1. Infants and children learn from repetition over time.  
2. Infants and children learn best in a setting that is **calm and patient**.

EXAMPLES:

Example 1: If you are planning to introduce your baby to feeding from a bottle, you may find that, at first, the baby seems to "refuse" the bottle. If this is the case, **persevere every day**. Persevere by trying different ways, different times. **Do not "push"**. Do not force. Be calm. Be patient. Once the goal is achieved, maintain the new habit (or it might get forgotten!).

Example 2: Your teeth brushing was teeth being brushed. At first, teeth brushing teeth cleaning may be resisted. **Do not "push"**. Do not force. Be calm. Be patient. Initially you may achieve only 5 seconds, but with **perseverance every day** you will gradually work up to the 2 minutes required to brush a full set of teeth.



Dr. S. Miles  
Sunbelt Medical Clinic

- Why the handout?**
1. Emphasizes the principle
  2. Take home and share
  3. Extrapolate to other situations

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UNIVERSITY OF CALGARY **Patience and Perseverance in Action ! ...**



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## Authoritative Parenting

“Mikey refuses to eat supper. I have to give him cookies so that he won’t go to bed hungry”

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## Authoritative Parenting

Children need and deserve the security of a parent who is confident and accepts the responsibility of being the decision maker

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## Traits of an Authoritative Parent

- Remains calm
- Is fair and firm
- Limit negotiation
- Make the decisions
- Refrain from explaining all decisions (how does one explain to a 2 year old nutritional principles or the reasons for sharing?)
- Adjust as children evolve in abilities, cognition, judgment
- Is not an authoritarian

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## Authoritative Parenting Handout

Authoritative Parenting



WHY IS AUTHORITATIVE PARENTING IMPORTANT?

- Children need the security of a parent who is confident and accepts the responsibility of being the decision maker.
- Authoritative parenting is about being an effective parent.

TRAITS OF AN AUTHORITATIVE PARENT:

- Is loving!
- Remains calm.
- Is the decision maker.
- Limits negotiation.
- Does not explain the reasons for every decision (especially if the child is not developmentally able to genuinely understand the reason).
- Does not treat children like adults.
- Does let children make developmentally appropriate decisions (e.g., what color shirt to wear).
- Is not an authoritarian (one who uses a position of power to control others).

Dr. S. Brink  
Benedict Medical Clinic

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Only one of you  
can be in charge!



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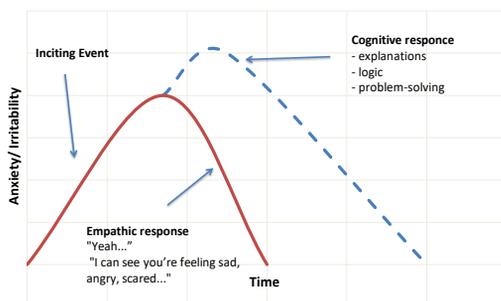
Empathic Response



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Empathic Response Curve



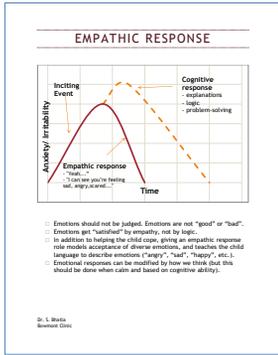
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1. Emotions should not be judged. Emotions are not "good" or "bad".
2. Emotions get "satisfied" by empathy, not by logic.
3. In addition to helping the child cope, giving an empathic response role models acceptance of diverse emotions, and teaches the child language to describe emotions ("angry", "sad", "happy", etc.).
4. Emotional responses can be modified by how we think (but this should be done when calm and based on cognitive ability).
5. Can be taught to a parent in 3 minutes, and has wide application

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**Empathic Response Handout**



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**Discipline**



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**Discipline**

- DISCIPLINE IS ABOUT TEACHING HEALTHY BEHAVIORS TO SUCCESSFULLY MANAGE DIFFICULT SITUATIONS.
- HEALTHY BEHAVIOR PROMOTES PERSONAL GROWTH.
- HEALTHY/ADAPTIVE BEHAVIOR FACILITATES SUCCESSFUL INTERACTION WITH THE WORLD AROUND US.
- BEHAVIOR CAN SHAPE VALUES.

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**Discipline Handout**

**DISCIPLINE**

- Discipline is about teaching healthy behaviour to successfully manage difficult situations.
- Healthy behaviour promotes personal growth.
- Healthy/adaptive behaviour facilitates successful interaction with the world around us.
- Behaviour can shape values.

**Help your child have healthy behaviour:**

- Have realistic expectations, based on what your child is able to understand. Behavioural demands are difficult for a toddler or child if demands change rapidly or often.
- Redirect to a less frustrating, unattractive, effective method to solve children and their undesired behaviour.

**Be realistic and patient:**

- Consistency is one of the most important things to do.
- Be responsive and clear.
- Children may behavioural change that goes in the right direction ("badly" over time).

**Behaviour is often shaped by the presence or absence of reinforcement:**

The presence of reinforcement is a positive behavior. Example:

- Play with your child for 15 minutes.
- Reward your child with a sticker for not making you up or hitting you.
- Use the sticker to reward your child for not making you up or hitting you.

The absence of a reinforcing response provides a lesson for the child to pass to the undesired behavior. Example:

- Not responding to a warning child when you have acknowledged your child's feelings.

Dr. S. Shada  
 Behaviour Medical Clinic

**DISCIPLINE**

Consequences of undesirable behaviours (older children):

- Use a "natural" consequence (example: teen that does not put dirty clothes in hamper does not get her favourite clothes).
- The consequence should be reasonable. "The punishment should fit the crime" (example: child forgets to put away toys should not lead to all toys getting thrown away)
- Make sure you can live with the consequence.
- Make sure others can live with the consequence (example: don't threaten to cancel the family camping trip).
- Make the consequence as immediate as possible.
- And remember to remain respectful and calm. Do not give a reaction that is fun to watch!

**Behaviour can shape values:**

Over time, the repetition of a behaviour often leads to incorporating the values it endorses. We cannot change the fundamental developmental stage of a toddler whose world view is "I want, what I want, when I want, etc.". This is normal. It will change as they mature.

- The most profound impact on shaping your child's value system is the role modeling they are exposed to.

Dr. S. Shada  
 Behaviour Medical Clinic

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UNIVERSITY OF CALGARY **Role Modeling**

“Jenn refuses to share her toys. How will he learn to share, to be kind, to understand others, to be a good citizen, to be GOOD ??”

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UNIVERSITY OF CALGARY **Live and Articulate Your Role Modeling**

Share, and your child shall learn to share



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UNIVERSITY OF CALGARY **Role Modeling Handout**

**ROLE MODELING HELPS SHAPE BEHAVIOURS AND VALUES**

*Parenting is as easy as just being yourself and as difficult as being the person you want to be.*

**ROLE MODELING:**

- 1. Role model how to love by immersing your children in a loving environment, including loving yourself!
- 2. Role model the importance of a balanced life-style by living a balanced life.
- 3. Role model courage by accepting and sharing your fears, vulnerabilities, and your resilience.
- 4. Role model imperfection by sharing, without shame, your weaknesses and mistakes.
- 5. Role model believing in yourself and being kind to yourself.
- 6. Role model an acceptance of the full range of human emotions.
- 7. Role model healthy ways of thinking (if you are excessively self-critical, your children might learn to be excessively self-critical).
- 8. Intentionally verbalize your healthy thoughts and behaviours to even further reinforce them (for both you and your child).

Dr. S. Shresth  
Barnett Medical Clinic

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Being a parent is as easy as being yourself  
And as difficult as being the person you want to be!

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## Teaching Infants to Sleep Through the night

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Sleep anywhere, anytime!



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Does it Matter?

1. Infant sleep problems reported by up to 45% of mothers in the second 6 months of life<sup>10</sup>
2. Doubles the risk of maternal depression<sup>11</sup>

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The Perils of Sleep Deprivation ...



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## How Does Maternal Depression Affect Children?

“Decades of rigorous science across multiple disciplines indicate perinatal depression and anxiety can negatively impact the maternal-child relationship, as well as, the developmental, social, and emotional state of the child”.(Center on the Developing Child, Harvard University, 2009)

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## What is the Evidence?

1. Sleep training is effective (controlled comfort)
2. Sleep Training is Safe

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Sleep training interventions groups have lower maternal stress scores and lower infant cortisol levels.

- [Gradisar M, Jackson K, Spurrier NJ, et al. Behavioral interventions for infant sleep problems: A randomized controlled trial. Pediatrics 2016;137\(6\):e20151486](#)

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## Long-term low cortisol levels ...



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#### Principles that Guide Who and How I Teach Infant Sleep Techniques

- 1. Individualized and family-centered:**
  - Non-judgmental
  - Beliefs/culture/autonomy
- 2. Is there parental mental illness/exhaustion?**
  - The sleep teaching may be a critical clinical intervention
  - Known risks vs. theoretical potential risks
- 3. My role in providing information, guidance and most importantly unconditional support.**
  - Reassurance and follow-up as needed

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#### Patients should never feel judged

Distinguish between:

1. Parents keen to teach infant night sleeping.
2. Parents not interested.
3. Parents “sleep teaching hesitant”

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#### Overview and “planting the seeds”

1. Discuss mother’s and baby’s sleep at every visit
2. Emphasize bedtime routine
3. Information sheet at 3 month to pre-contemplate
4. Detailed discussion at 5 month check
5. Plan follow-up visit or telephone call if necessary

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#### Detailed Discussion at age 5 month check

- Plan ahead and be resolved
- Start on a Friday evening!
- Abandon if baby is sick
- Buy lots of chocolate..

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### Step-by-Step at bedtime

1. 4 Bs: Bath, books, breast (bottle), **BED (crib)**
2. Place on back, awake but sleepy
3. Cheery goodnight
4. Leave the room
5. Open the chocolate

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6. If your infant cries (not just whimpers): wait, then return to the room at increasing intervals (e.g. 2,4,6,8, minutes), say the same cheery goodnight, do not pick up baby, leave.
7. During the night, each time your infant awakens, if he/she begins to cry, wait a few minutes, then return at increasing intervals (as outlined above) until your pre-determined "pick up time" (typically 5:30/6:00 a.m.).
8. Repeat nightly (typically takes 3 nights)

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### Your infant will learn to Sleep Like a Baby 😊



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### Additional Tips

- May still need to do, at a later date, in babies that started to sleep through the night on their own
- May need to re-institute
  - After child illness
  - After routine disruption (eg vacation)
- Will be quicker second time around 😊

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### Good Sleepers have Good Vacations ...



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### Good Sleepers can Sleep in all Climactic Conditions



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### Parents' Questions

1. Critical to address parents' **specific** concerns.
2. Always with empathy and no judgment.

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### Will it Harm My Child?

There is no evidence that allowing infants to cry during infant sleep training causes harm to child development or child-parent relationships<sup>12-15</sup>

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### Will it Harm My Child?..

- Math matters: Compare number of hours of sleep training with all the hours of attentive responses and bonding time.
- How does baby behave the next day?
- Discuss concepts of tolerable stress (an instrument of learning) vs toxic stress and concept of resiliency.

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### How much Stress is Too Much Stress?

“The most effective prevention (for “toxic stress”) is to reduce exposure of young children to extremely stressful conditions, such as recurrent abuse, chronic neglect, caregiver mental illness or substance abuse, and/or violence or repeated conflict”.

Harvard Centre for the Developing Child

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### Will it Harm My Child? (to NOT Sleep Train)

... There is an abundance of evidence of harm from parental mental health problems

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### AMA Tools of Practice

**October 2, 2017**

**Infant Sleep Training—Rest Easy?**

**Clinical Question: What is the evidence for infant sleep training?**

**Bottom Line: Sleep training improves infant sleep problems, with about 1 in 4 to 1 in 10 benefitting over no sleep training, with no adverse effects reported after five years. Maternal mood scales also significantly improve, with patients having worse baseline depression scores benefitting most.**

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AMA Tools of Practice Conclusions

- Infants sleep problems are associated with parental depression,9,10 psychological distress,11 and poor general health.11
- Increased infant sleep is associated with easy temperament, adaptability, and low distractibility.12
- Sleep training is simple and can be introduced at six months. Examples include leaving the room and not returning for 2-5 minutes before responding to crying, then lengthening that interval.
- Complete extinction (allowing baby to “cry it out”) has been demonstrated to be similarly effective, although parents tend to find this method more stressful.7

Sleep is Blissful



Will my Baby be Hungry and still Grow Well?

YES & YES

- Infants easily and quickly “catch -up” feed in the day
- Feeding at night is just a habit that the baby has had no “motivation” to change
- Letting your child experience hunger is not starving your child (even though it feels that way) = a parenting milestone

Infant Sleep Handout

**TEACHING YOUR INFANT TO SLEEP THROUGH THE NIGHT**

There is no “right” or “wrong” regarding your decision whether to teach your baby to sleep through the night (STN). Most infants without getting sick or other issues usually settle in between 6-12 months of age, usually by 18 months. If you are ready, this routine should be started by the age of 6 months. Most infants can be taught to sleep through the night, even a child of 1-4 years. It is easiest to do at this age.

**STANLEY PHOTO**

The following method is sometimes referred to as “controlled comforting”:

- Place your child on their back, awake but sleepy.
- When your baby is clearly awake and aware the room. If your infant cries (and you respond), then return to the room at increasing intervals (e.g. 3, 5, 7, 10 minutes), but do not pick up your infant (ideally, do not provide any sleep aids like music or pacifier as you want your child to learn how to fall asleep without any external assistance).
- During the night, each time your infant awakes, if he/she begins to cry, wait a few minutes. Then return and reassure (without picking up) until asleep with your presence. Then do this regularly (3, 5, 7, 10, 15, 20 minutes).
- Repeat some steps every night. Each night will improve!

**Additional tips:**

- Only do this when your baby is not sick.
- If you find that your baby is in the range of being sleepy and that going into the room at the parental presence causes him/her, only going into the room.

**Dr. S. Sheth**  
Neonatal Medical Clinic

**TEACHING YOUR INFANT TO SLEEP THROUGH THE NIGHT**

- You may need to teach your baby to sleep through the night:
  - After 20 weeks of routine (for example after a vacation).
  - Will be better (usually 6-12 months).
  - For infants that started to sleep through the night on their own, a time may come when they go “off track” and need a re-adjustment.
  - Clear attempts will usually sleep through the infant’s crying.

**Will my baby will be hungry in the night?**

- Your baby will wake and quickly “catch up” in the day.
- Feeding at night is just a habit that the baby has had no “motivation” to change.
- Letting your child experience hunger is not starving your child (even though it feels that way).

**Right it harm my baby’s development?**

- Studies have shown that there is no evidence of any harm.
- Consider the number of hours of sleep teaching compared with the thousands of hours of daytime responses and feeding (and breast) to make sure that 2-4 nights of this sleep teaching technique would have long lasting harmful effects.
- Even if this does appear uncomfortable after the first night (usually, your child will sleep better later).

**Right it benefit my baby’s development?**

- Being independent is a positive factor for parental depression and parental depression can be harmful for a child’s development.
- Infants that learn to sleep through the night (usually between 6-12 months) are better parents as children and adults.

**Dr. S. Sheth**  
Neonatal Medical Clinic



### Additional Tips and Perspectives

- Infants are creatures of habit (routine, routine, routine)
- Infant brain is “learning” to fall asleep, to self-comfort / self-settle. It is a “life skill” that studies suggest are learnt best early in life
- Physiologic importance of sleep “protection” (or restoration) for both babies and adults

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### Additional Tips and Perspectives

- A parenting milestone:
  - my child will be OK even if he/she does not always get an immediate response from the environment
  - the difference between tolerable vs toxic stress
  - Life needs to be practical
  - Life can be enjoyable 😊

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### Additional Tips and Perspectives

- Acknowledge that there are limitations of the goals we wish to set (such is life)
- Perhaps some improvement is better than none...
- Maybe later...
- The power of optimism and hope
- **Always ensure your patient does not feel like a failure and does not feel judged**

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### Being a good sleeper is good training for med school!



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No plans for med school ...



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Is in med school ...



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Hopes to be in med school ...



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Hope to retire soon and sleep-in every morning! ...

...and 2  
well-rested  
happily married parents



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## Please fill out session evaluation



Complete a session evaluation one of two ways:

- ▶ FMF app      Session #: **T147**
- ▶ Fmf.cfpc.ca      Session Name: **Parenting Pearls and Teaching Infants to Sleep Through the Night**

**YOUR FEEDBACK IS IMPORTANT TO US!**

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