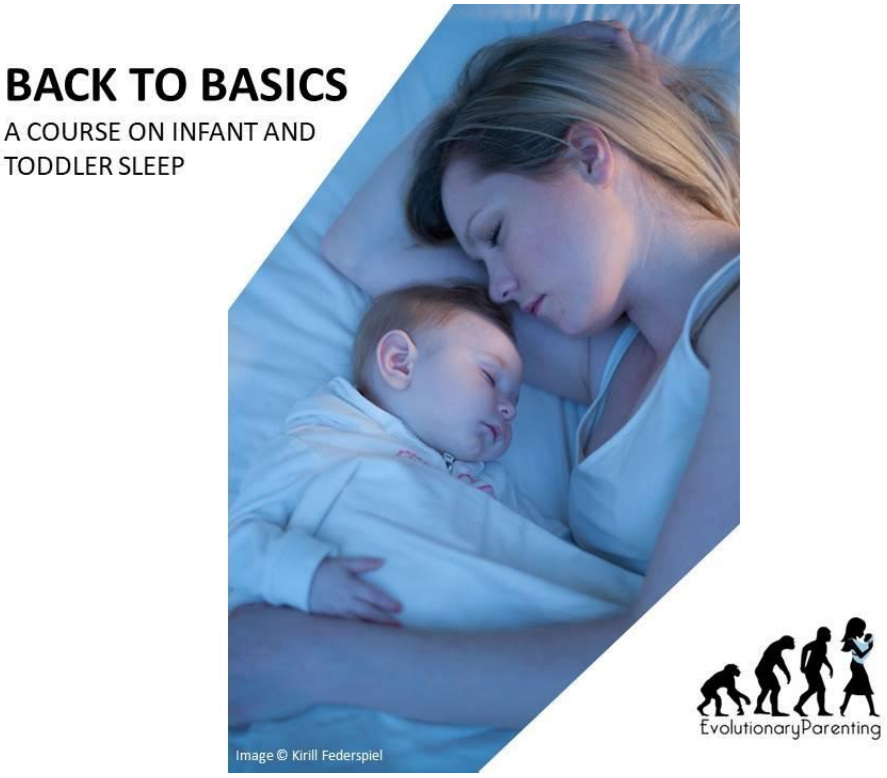
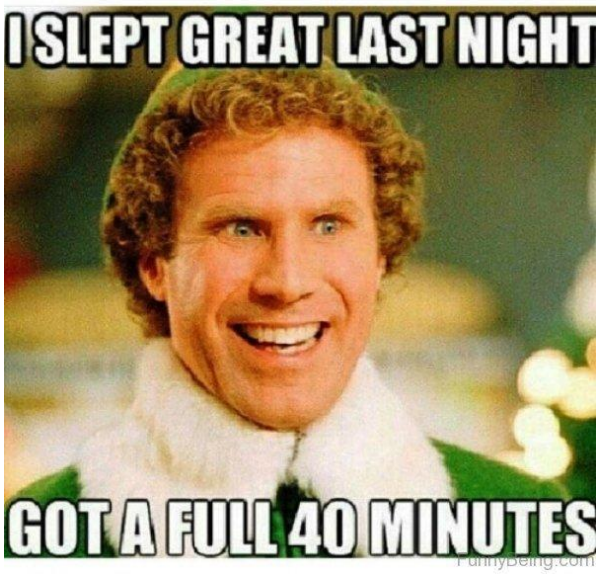


Back to Basics: Week 1: Sleep Development and Expectations

Welcome to the first week of our Back to Basics Course on infant and toddler sleep. During the next four weeks, I hope you will be able to gain a better understanding of your infant or toddler's sleep patterns and development, learn how to set realistic expectations, find a way to manage responsive parenting with your own needs, and take a look at the various things that impact sleep and how you may be able to fix some of them to maximize the sleep you can get. It's a lot to cover and each week you'll have optional homework to help you work through the issues that are discussed that week and hopefully understand how they pertain to your specific situation. If you need help with any of this, I'm here in office hours to see you through this.

As with most things, I find understanding sleep development and setting realistic expectations a helpful starting point, so without further ado, let's dive in…

Section 1: What Does Sleep Development Look Like in the First Three Years?



The first thing I need to make clear is that sleep *development* changes over time. This is different than sleep changing over time. What I mean is that the actual development of sleep is NOT something linear that consistently improves with time, but rather how it develops will also vary, leading to some very confused parents. To better understand this, let's start with a look at this in more depth.

For the first approximately 3 months (really from 2 to 4 months), sleep is more like an autonomic system. Our infants don't have much of a circadian rhythm at all and their sleep processes happen when there is enough input or stimuli to suggest sleep. This is why our infants fall asleep so readily at the breast, while moving, and so on. These are lulling behaviours that result in the initiation of sleep. This, combined with a very low threshold for awake time, means that parents often find that bedtimes are easy, naptimes are easy, and although infants may not sleep in very long stretches, resulting in lots of overnight wakings, they do sleep enough that we can work around it (if we're not forced back to work ridiculously soon and have some support, especially if we have other kids).

When this autonomic-like state finishes, the process becomes more 'effortful' and this is often when we start to see a real shift in our infants' sleep, and it's not for the better. Our infants start to have the basics of a circadian rhythm and they are actually using it to determine their sleep-wake cycle, but this system is still rather immature and there are many other things impacting the expression of sleep. Their sleep starts to be affected by hormone levels, their own sleep pressure as it builds throughout the day, and various developmental stages. As this stage progresses, sleep often takes a hit and parents note that their infants are waking more frequently during the night as the homeostatic system that helps us stay asleep is still developing and so it can be much harder to get and stay asleep (reasons for which we'll discuss in depth next week).

This means from approximately 3 months to 3 years, sleep patterns change based on the development of the circadian rhythm and, for our sake this week, the social, emotional, physical, and cognitive

developmental stages our infants and toddlers are going through and these stages are not linear. Instead of constant improvement in consolidated sleep, it looks more like a wave that starts out in the ocean and slowly builds until it crashes then builds again and repeats this process until it hits land. Consider the flat water further out from shore to be our baseline, or the period of many wakings and difficult nights that our infants start out with. As our infants grow and get comfortable with where they are at, they will be able to sleep a bit longer; this is the beginning of the wave which is followed by that particular peak, the time when you think that things are actually on the upswing for good.

Then that particular wave crashes back down and your child is suddenly waking regularly or for longer stretches or taking longer to go down at night and you wonder what happened. Then the wave builds again, only a little bigger, and you feel hopeful again and then something else comes along and it crashes. Each crash takes you down to very similar levels of wakings in the first year – just as the wave crashes back to baseline - often to hourly or every other hour wakings, but this can *feel* that much worse thanks to the height of the previous peak that made you think things are good.

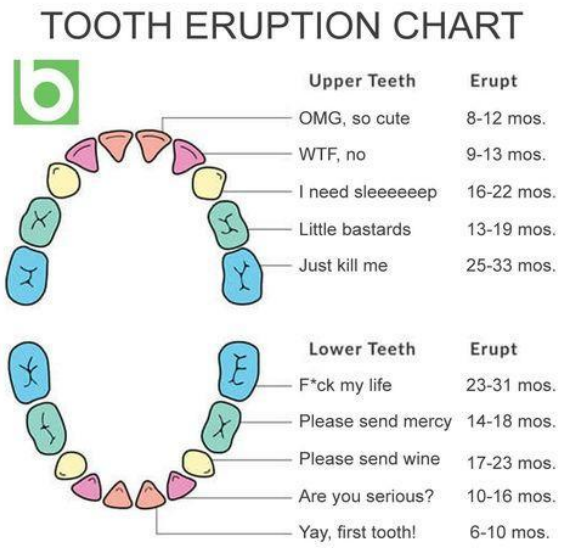
This wave-like pattern is why we see things like more 6-month-olds sleeping "through the night" (a 5-hour stretch by research definitions) than 12-month-olds. It's why we have the 18-month sleep-regression. It's why anytime in the first 3 years, you're bound to hear a parent wonder what the heck is going on when it comes to sleep so let's review some of this stuff in more detail.

Age (averages)	Developmental Leap/Milestone
2-4 months	More effortful sleep and use of own (limited) circadian rhythm
6 months	Teething often starts
6 months	Introduction of solids
8-10 months	Onset of separation anxiety stemming from the development of object permanence
8-10 months	Crawling and standing
12-16 months	Walking
14-20 months	First molars (and yes, molars SUCK when teething)
14-24 months	Language explosion
18 months	Peak of separation anxiety
26-30 months	Second molars (even worse than the first)
30-36 months	Nightmares (may start even earlier)
Various	Painful growth spurts
Various	Starting daycare or new child care arrangements
Various	Welcoming a sibling

Let's start with the 2-4 month range which is when more effortful sleep starts and the circadian rhythm starts to take over. What I mean by "effortful" sleep is that infants prior to this are driven exclusively by their sleep pressure with little influence of any circadian rhythm. Note this times up with that "fourth trimester" and when other physiological elements move from automatic to effortful (like breathing). This is also the time when SIDS risk is the highest and it is possible that that heightened risk is in part due to this shift to less autonomic processes that are open to failure while they work all the kinks out. The issue of

sleep proximity has bearing on the discussion of SIDS. Deep sleep is a risk factor for SIDS and various normal behaviours – such as frequent wakings – during these early months may serve to protect the child during this time. Co-sleeping *safely* may result in a decreased risk for SIDS relative to sleeping in one's own room. (A reminder that co-sleeping involves both room-sharing – which is even recommended for the first year by many health organizations – and bedsharing.)

Once this first difficult bit passes, parents do often report a stretch of semi-decent sleep, or at least improvement. Of course our infants are still young and we don't expect them to be fantastic sleepers so for many we accept a few wakings and go from there. However, at or around 6 months, most of us face the next big test: teething. This is highly variable child-to-child, but there are a few ways that we know teething can impact sleep. The first factor is that it can be painful or uncomfortable as the teeth work their way through the gums (making that path for the first time, cutting through the flesh of the gum) and then emerge. But this doesn't explain why sleep can be so messed up for so long prior to the eruption of teeth. The second factor may help address this. Prior to the eruption of teeth, children who are teething swallow lots of saliva as they gum down on things, trying to ease that pressure of teeth moving through the gums. Unfortunately, this can cause a mild inflammation reaction in the body which many people notice as strands of mucus in their teething infant's stools. This inflammation often results in gastrointestinal discomfort, which is known to impact sleep. Although teeth start at 6 months (or thereabouts), this process is ongoing until past age 2 which means there are ups and downs associated with teeth coming in and even differences based on the type of teeth coming in. For example, canines and molars (especially the second set) are notoriously worse for sleep than most other teeth so you can expect worse sleep during these periods. I love the following meme which I feel seems to highlight the stages of teething pretty well:



At 6 months there is also the introduction of solids. For many this includes cereals or purees which can actually be quite difficult to digest for our young babies, resulting in more gastrointestinal distress. Some parents also overfeed their babies at this stage (often in an effort to increase sleep) which can cause further

tummy upset. Sticking with whole foods (not processed) and small portions is often easier on our infants and gives us time to see what they take to and what they struggle with.

Despite the double whammy, many parents actually make it through the 6-month period relatively intact (not all though and so don't feel bad if you've had a particularly hard time as this can be much worse if your child has intolerances or allergies or just a harder time with teething). What seems to hit them like a ton of bricks is when their babies hit around 8 months and continues for a couple months.

What happens here? Well, it starts with separation anxiety brought on by the development of object permanence. This means that our babies realize that when things go out of sight, they actually aren't "gone" but can return and this knowledge motivates them to call out readily *for* us when they realize we aren't there. At night this manifests as our kids crying out even more for us when they arouse because they may not just cry out of discomfort or a struggle to settle, but also because they feel anxious that we aren't there. This is why I hate when people suggest it's just a "want"; when we're dealing with young children and toddlers who are feeling anxiety, we should be treating this responsiveness as a "need". It takes *time* for our kids to learn that we come so you have to view this 8 to 10 month period as the testing of a hypothesis and gathering the data our kids need to feel safe.

In addition to this, most babies' gross motor skills are developing rapidly and crawling (and then standing and walking) are happening between 8 and 16 months. In a study that surprised no parent ever, gross motor skill development was linked with greater wakings at night (this holds for crawling, standing, and walking). If we think about how we feel when we learn a new gross motor skill or start going to the gym, we should know the kind of pain that is involved. This is part of the reason our kids wake more – it hurts! But there's also the fact that their brains are consistently practicing these moves and this can interrupt sleep as well. Regardless, sleep takes a hit and this is often up and down as these various gross motor skills develop over the period of several months.

You've made it beyond a year and you're really hoping things get better, but little did you know, you're really heading into some serious cognitive development and that kind of development also makes sleep much harder for our little ones. Typically after a year (around 14-18 months usually) language starts to explode. Our kids go from their few words to just picking up words and sentences galore. Many parents report their children even speaking in their sleep as they practice this newfound skill; my son went through a phase of randomly yelling in his sleep "1-2-3 Go team!" for like a month. It would jar me out of my sleep each night (we co-sleep) and I'd have to realize all was good and he was still sleeping. Families have reported kids singing during sleep, telling stories, and more.

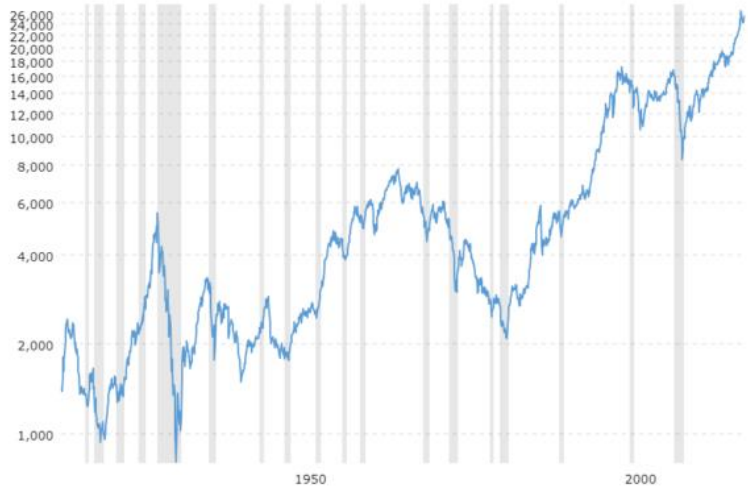
In addition to this, separation anxiety actually peaks around 18 months due, in part, to the start of the development of theory of mind. Theory of mind refers to our ability to view other people's minds as separate from our own and although that skill really starts developing between ages 3 and 5, the early signs of it appear around 18 months when children can identify that others have likes and dislikes that differ from their own. This coincides with more active empathy and concern for others. How does this impact sleep? Part of this seems to be that children start to realize they are more separate from their parents than they thought; this separation is scary for our kids and can result in heightened anxiety when parents aren't near.

A final element of cognitive development is the onset of nightmares which can be hard for parents to face, but actually just reflects cognitive growth and children processing their environment. Not all kids have nightmares, but the majority do and they are often in line with other transitions and development. Nightmares disrupt sleep and make it harder for our kids to settle and go back down, but they are "normal" and simply reflect how our kids are learning about their world. However, if you worry about this, take a look at what's going on and see if you can help frame their world in a way that can alleviate this anxiety.

Overall, all types of cognitive development are associated with more time in light sleep which makes wakings far more common and makes it more difficult to fall back asleep as our kids' brains are racing. Of course there are all the other things that happen at various times too, such as painful growth spurts, or larger changes, such as the welcoming of a sibling or starting daycare. These are all hard on kids and when they are facing any difficult times, they don't sleep as well, just like us. Hopefully you can see how much there is going on here in the first three years and why sleep may be disrupted. Our children have *a lot* of growing and developing to do and sleep is something that doesn't necessarily mix well with these things.

1a. "Sleep Regressions": Why This Isn't the Right Way To Think About Sleep

As mentioned above, normal sleep development is a fluid process filled with ups and downs, like the waves building and crashing. I have also been known to use the stock market as an analogy given it has all sorts of ups and downs and you can get a better visual. Just look at this image of the Dow Jones Industrial Average over a 100-year timespan:



You can see that there are ups, downs, and sometimes downs that make you wonder if it'll ever climb up again. Like sleep, you can't compare one day to the next, but you have to be in it for the long-haul.

The question most families have at this point is *Why these regressions???* How can children "lose" skills that they had in these periods of development?

I want to make clear that the issue *isn't* that they have lost skills, but rather how we all actually gain skills. Think about the first time your child learns to walk. It's tentative and slow, but they've got it. Now you bring them to the forest with hills and rocks and suddenly, they're falling all over the place. Has your

child forgotten to walk? No! Clearly the *level* of skill your child had wasn't ready for this harder terrain. Similarly, even us adults sometimes feel wobbly when we're trying to walk on a boat that's rocking back and forth and we've had years of experience. It's all about how our current skill level matches what kind of environment we're in; and for our infants, the environment can throw many a punches.

When it comes to sleep, those low periods are a reflection of our infants or toddlers being in a more difficult place thanks to other elements of development. As covered above, there are lots of things that our infants and toddlers go through and these all make sleep more difficult, but they are all necessary stages of development. We want our kids to grow, get teeth, move to solids, start to walk, learn to speak, and so on, and with this we need to accept that other things – like sleep – may be harder for a while as their brain processes these changes. We have to remember that to develop well, our kids need to feel safe and secure and that's what responsiveness at night provides them, as hard as it can be for us. (And this is why we'll get to the issue of self-care later in this course as you need to make sure you're okay so you can survive without putting the entire burden of change on an infant or toddler.)

You may have noticed I have been clear that cognitive development is linked to these periods of sleep disruption. This is in contrast to what most parents are told, which is that for cognitive development to happen, our kids need to have uninterrupted, consolidated sleep. So which is it?

1b. How Important is Consolidated Sleep?

Now, I have written on the issue of how often parents treat sleep as *the most important thing* they can do for their young children. I have heard the panic that children will be doomed forever, thus placing sleep above a secure attachment, feeding behaviours, and much more. So let's do a little review, shall we?

In a scientific review of the research on the link between sleep and cognition in the first year of life, the overall conclusion was that we have insufficient evidence to suggest a causal role between sleep and cognitive development, particularly consolidated sleep. That is, when we look at the studies as a whole, there's nothing to suggest greater sleep leads to greater cognition. So all those people scaring the heck out of you? Yeah, they're not really worth the worry.

In fact, when only longitudinal studies were examined (to account for interindividual variability), the following was reported:

- One study looking at sleep in postanatal days 1 and 2 and cognition at age 6 months found that longer sleep durations and fewer sleep-wake transitions were indicative of lower developmental scores at 6 months. They hypothesized that it was due to the fact that longer bouts of sleep in infants are actually suggestive of greater stress and this has impacts on neurocognitive development.
- In premature infants, higher cognitive scores at 6 months were related to lower sleep percentages, decreased nighttime sleep percentages, and increased nighttime activity at 36 weeks conceptual age.

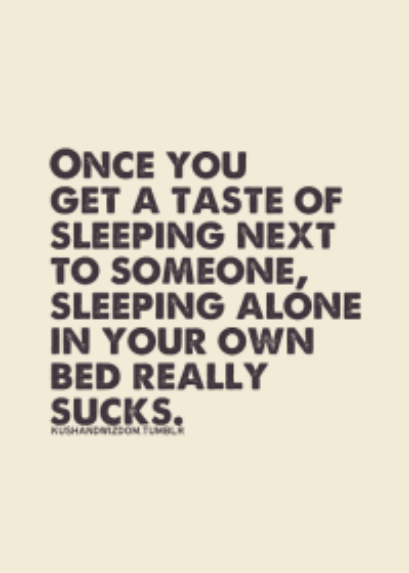
- Adding to the confusion, one study found that the relationships between sleep rhythm patterns and cognition flipped during the first six months of life.
- More studies also found this reverse finding with early sleep and later motor development.
- When compared to infants at 6- and 12-months of age who were sleeping consolidated stretches (parent-report) of 6 or 8 hours at night, children who aren't doing those stretches show no difference in either psychomotor development or cognitive development, concurrently or later, at 36 months of age.
- Another study found modest relationships between greater night wakings and improved cognitive outcomes and no relationships between consolidated sleep and other social-emotional outcomes.

Of the studies that found relationships between more consolidated sleep and cognitive performance, one of the more interesting notes is that these studies are more likely to be based on one-time point assessment meaning that they are comparing across babies. It may be that once a particular level of cognitive development is reached, babies are able to then sleep more solidly than if they are in the process of that development. It is also possible that given the number of variables that can impact cognition, sleep is just one that may or may not have a modest effect based on what is happening with the other variables. However, the consensus right now in the literature is that consolidated sleep simply doesn't seem to impact infant cognitive development.

This brings me to the fact that consolidation of nighttime sleep is also quite variable. When we look at long-term studies of night wakings in normative populations, there seems to be three main times when groups of children naturally consolidate their sleep. The first is around 14-15 months and although research suggests there is a relative decent-sized group here, I don't know them personally. The next stage is around age 2 and this is when a large chunk of children seem to consolidate their sleep to much longer stretches and require less assistance to fall back asleep when they rouse. The final group has this happen around age 3, but there are still those who wake regularly beyond age 3 and that is complete "normal". Why your child wakes will be a combination of factors and many of those factors can be completely normal and it is worth noting that one longitudinal study looking at the impact of genetic versus environmental factors found that environmental changes had virtually no impact on consolidation of nighttime sleep; rather it seems based on a child's genetic developmental trajectory.

The concern when a child wakes is often about how much the wakings are impacting the child, but sleep disruption is what it is and can be very normal; when we see behavioural struggles with our children due to sleep deprivation, however, we should take note and see what can be done (things that will come up throughout this course and of course I'm happy to discuss in office hours). There is such a large range of how much infants and toddlers sleep at night that what is enough for one child could be too much or too little for another. This means we need to focus our efforts on identifying the symptoms of sleep deprivation rather than just looking at the number or even length of awakenings. If you find your child is showing delays and showing symptoms of overtired (like big mood swings and clumsiness) then there may be something there to be concerned with. However, most kids wake and are perfectly happy during the day and are developing wonderfully so there really isn't cause for concern over *their* sleep, it's ours that we struggle with (and that's worthy in and of itself, but it isn't cause to put the burden of change on our children).

Section 2: Sleep As A Skill



I can't tell you how often I've heard it said that sleeping, or falling asleep, is a "skill" that we need to teach our children. I'm sure you've heard it too. Well-meaning parents everywhere get worried because they know their "job" as parents is to teach their children the skills they need to do well. I imagine many of you know the fear that goes with thinking we are failing at this very important job of ours. In fact, countless sleep trainers, medical professionals, and others are happy to tell you that you are setting yourself up for a life of horror if you don't "teach" your child to sleep.

Here's the secret though: Sleeping is NOT a skill.

It's really not.

Sleeping is a biological function, the same as eating, breathing, procreating, and so on. It is something we are born doing and do without much thought – just think back to those newborn times when your baby would fall asleep anywhere at any time. You don't teach your newborn to sleep at all – they do it on their own and for many hours of the day.

Sleep happens when various physiological and psychological elements are in line (something we'll get to in depth next week) and at times you can artificially stop it or induce it, but really, it happens whether you like it or not. Importantly, some children do struggle with it more than others and this is often due to biological factors beyond their control. In these cases, there may be interventions to assist with sleep, but what they are will depend upon what is going on for your particular child. If you have concerns please feel free to reach out during office hours or you can take the BITSS, a screening tool I have online that may help pinpoint some of your problems.

[Link for the BITSS: http://evolutionaryparenting.com/test/bitss/]

But how can everyone be wrong? Am I really suggesting they're all lying to you?

Not really (though I feel some must be).

The problem has become that what people are talking about is not the skill of sleeping, but the culturally-decided-upon-importance of sleeping INDEPENDENTLY. That is, our culture (because yes, it's culturally specific) has decided that children need to sleep alone and without help. Unfortunately, this is not something that is biologically or psychologically normal for young children (or, in fact, all humans) and thus it is something that requires "teaching" in order to instill as a normative behaviour.

If you don't believe me that it's not biologically normative, let's take a look at it a little closer:

1. Humans are a social species and as such, our social environment includes others, even at nighttime. Just look historically at our evolutionary roots as hunter-gatherers and the social sleep that occurs.

2. Nighttime is a vulnerable period for humans and we have survived by being in groups and sharing the burden of keeping watch and looking out for others. Our infants and young children are especially vulnerable and require the assistance of others to keep them alive, especially in the dark, and will do what they need to in order to seek out safety to sleep.

3. Being afraid of the dark is considered one of the core, evolutionarily-based fears for humans. It's not something that seems to be learned from trauma, but comes from hundreds of thousands of years of building a system that detects threat. (It is not quite advantageous anymore and certainly not worth panicking about as adults, but our children don't know this yet.)

4. If you think of nighttime in terms of our shared history, then sleeping is like we were all camping out in the wilderness. In those situations, would you expect your young children to sleep alone? Apart from you with various other animals that would consider your child a meal?

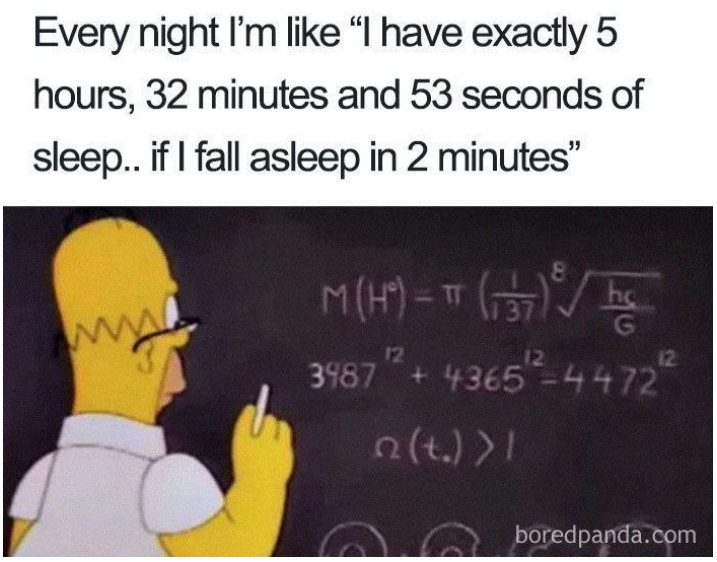
5. In addition to the evolutionary argument, we also have to consider that for young infants and children, they maintain homeostasis (i.e., the regulation of various physiological elements in the body) when in contact with an adult. Thus, if they are spending long portions away from their caregivers at night, they may struggle to maintain homeostasis and this can lead to other disruptions at a physiological level.

I hope you can now acknowledge that children actually expect to sleep with us in order to stay alive. This means we now have to view this "skill" of independent sleep as something that is inherently against their biology and likely stressful for them as it goes against their instinct to survive. Yes, *we* know that they are not in danger in the house with all kinds of protections, *but they don't know that.* Sadly, our culture ignores this history in favour of greater independence and a focus on trying to get our children to behave in ways that are contrary to their biological instincts. This requires training.

However, in the case of sleep and our children, they are (a) too young to understand the social demands being put on them and how they differ from their biology, and (b) there is no detriment to them sleeping in a social situation. That is, they don't *need* to sleep independently as it's not linked to any advantage later in life. Yes, it can be better for parents who want their bed back, but then we're actually looking to teach our children to do exactly what we ourselves don't want to do. Even though we're the adults.

When it comes to the issue of whether or not sleep is a skill to be taught, I would argue it's a ridiculous thought and that even when we look at it from an independent sleep perspective, that's still just a social construct based on cultural assumptions and expectations. In fact, I would go one step further and say that sleeping independently isn't a "skill", it's an inversion of our children's biological expectations. What your child needs to know is that they are safe and secure and that you are going to be there for them and that often means being close at night. It's okay to offer that and you really need not worry that they are going to somehow end up deficient because you've provided them with that kind of sensitive and responsive parenting.

Section 3: Setting Realistic Expectations



I know many of you have probably opened many a books to see these lovely charts that tell you how much sleep you need per day for your child and in how many chunks and how long these chunks are. It's nice and tidy and yet drives panic in the hearts of many families whose babies don't seem able to read and are not following what they are "supposed" to be doing.

Fear not. What these lovely charts fail to tell you is that (a) they are not based on actual knowledge of how much sleep infants need, but rather averages of what infants do for sleep, and (b) they fail to consider all those other pesky variables that will impact sleep for *your* child. Therefore, the goal this week is for you to understand not only how sleep development works, but also what the factors that will impact sleep and how they relate to your child so you can get a better sense of what you might be able to reasonably expect your child to do. As a *very* rough estimate, I would recommend starting with an average of 3-4 wakings per night in the first year, 2-3 in the second year, and 1-2 in the third year as a baseline then consider the factors below to go up and or down accordingly.

You already know the normal, developmental stages of sleep so account for those stages, but what other things can impact sleep that are at least somewhat modifiable?

1. Feeling safe. The overarching theme that surrounds sleep throughout the lifespan, but definitely the first few years, is SAFETY. Our children need to feel safe in order to sleep and if they don't, they won't sleep. Again, think about how your sleeping arrangement would be if you were out camping. Would you put your infant in a separate tent? Would you have them 20 or 30 feet away? Even if you weren't sharing the same sleep space, would you be in close proximity?

   Our infants instinctually feel like they are camping and so are seeking that type of comfort *in order to ensure their survival*. Some parents struggle because they hear of infants or toddlers who adapt quite well and easily to sleeping apart from parents and think this is the norm. It is not. It is possible some

feel safe just being responded to when they wake and going back down apart, but by and large, these children are not in the majority. Over time we can engage in behaviours that help our infants feel safe apart from us, but how well these work and how quickly they work will also depend upon your child's temperament, with more sensitive or high-needs kids requiring longer periods of contact and support to feel safe.

2. Health problems or developmental disorders/differences. Known health issues can result in disrupted sleep, such as food allergies or intolerances, reflux, ear infections, nutrient deficiencies, chronic illness, or even undiagnosed developmental disorders/differences. Retrospective reports from families who received a later diagnosis of a developmental difference (e.g., such as being on the autism spectrum) or health problem (e.g., chronic ear infections) found they struggled with sleep earlier, often reflecting the previously undiagnosed issue. It's likely that the impacts of the later problems have manifest earlier than identified and resulted in difficulties sleeping from the start. If you have a child with excessive sleep disruptions then it may be worth checking out possible health issues; I have had many clients who have discovered either food intolerances, allergies, ear infections, GI problems, and even apnea through our sleep consultations (I send them off to get tested by specialists in these fields).

3. Feeding problems. I separate this from health though this can have health impacts. In many cases with younger infants, very disrupted sleep with unsettled babies is indicative of a feeding problem. If you are breastfeeding, this could be a latch issue, an undiagnosed tie, or something else. If you are using formula, it may be an intolerance to dairy or soy, pacing issues, or something else. These issues are often best addressed by either a lactation consultant (if you're breastfeeding) or a pediatric nutritionist.

   For older infants and toddlers, you may still have feeding problems as the onset of solids can bring with it GI issues, picky eating, or nutrient deficiencies. These can all impact sleep. In addition there's the simple issue that when our older kids are going through growth spurts, they get hungry, and when we are hungry, we wake. Remember that our children need a lot of energy to grow as they do and often throughout the night as well.

4. "High-needs" or orchid temperament. This is different from sensitivity and activity level, though often higher-needs kids can also have these traits as well. This refers to the infant's need to be in close proximity to a caregiver and who seems to be highly susceptible to their environment. Another term for this type of child is the orchid child, reflecting the need of an ideal environment in order to thrive; these children are what we call "differentiate susceptible" in terms of caregiving in that they do much worse with lower quality care but can do better than all when given the highest quality care.

   As parents, this isn't about forcing sleep, but refers to highly sensitive and responsive caregiving. In short, these kids are highly demanding, struggle with separation far more than others, and need you to be calm and present for them to thrive. It is worth mentioning, however, that not all high-needs babies grow up to be orchid children. Young infants are inherently higher-needs and so some can seem like they are very demanding but by the toddler years you see a shift in their temperament whereas the orchid child continues to be higher-needs for quite some time due to their genetic make-up and need for an ideal environment.

5. Sensory sensitivity. Some children are more sensory sensitive than others and this often has a very strong impact on how well they sleep, with these kids getting less sleep than usual often due to overstimulation/lack of integration in various areas. Although most of us associate sensory issues with Autism Spectrum Disorders/Differences or Sensory Processing Disorder, I urge you to move away from that mindset. Sensory sensitivity exists on a spectrum and so neurotypical children can have strong sensitivities to particular senses without meeting the criteria for any developmental disorder/difference, yet that sensitivity can have a negative impact on sleep. For example, a child who is sensitive to light may have a very difficult time getting to sleep if her evenings are spent in a house that is brightly lit and this will have further impact on her sleep overnight. These are also highly common in high-needs or orchid children and thus we need to be aware of the types of sensory struggles that our kids may face.

6. Focus level. Some children are more focused or alert and they often sleep less than their peers. It is not clear why this would be, but it is feasible that they are taking in so much information through their ability to focus on the outside world that they simply can't calm their brains enough to sleep well. Many parents who have these focused children report difficulties at bedtime because their child just can't seem to calm down enough to sleep, especially as they get older. This is more common in orchid children who are very sensitive to their environments and likely goes with a higher threat-detection than other children.

7. Stimulation. Children can be overstimulated in the wrong way (think bright lights, loud noises, screens, etc.) and underestimated in the right way (think human contact, time outside in nature, etc.) and this has negative impacts on their sleep. Children who get enough of the 'right' stimulation and low levels of the 'wrong' stimulation tend to sleep better on average than those who don't, and of course some children need more of this right stimulation than others do. Our modern environment is often filled with the 'wrong' types of stimulation and we may not have control over that, but being aware of it can help us with our expectations.

When you consider these factors with your own child, what kind of sleep do you think you can realistically expect? And where are the areas that you can work on? This is the focus of the homework for Week 1 and I hope it will help you feel more confident in your own child's sleep and the areas you may be able to control and those you can't.

This is the end of Back to Basics: Week 1: Sleep Development and Expectations