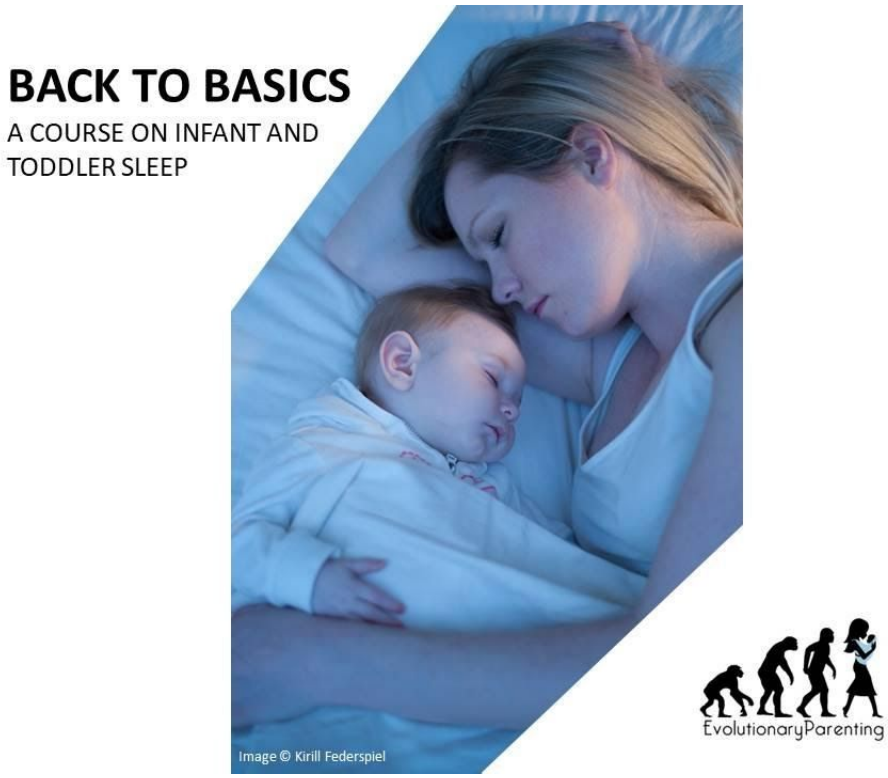


Week 3: The Other Changes

Welcome back week 3 of Back to Basics. I hope you've been able to now identify some changes you can make with your children to help instill healthy sleep habits and maximize your sleep based on the realistic expectations you have set in week 1. For some of you, you may be on a better path already, but as I know from speaking to so many families, not everyone feels so secure in all the choices they've made. Some families start out apologizing for the fact that they bedshare, or try to explain why they rock their baby to sleep as if it's something they never should have done to begin with. Some families worry that they still *need* to sleep train or else they're risking their child's well-being. Or they can't see a way of getting sleep without sleep training.

Let me say now that these beliefs are all culturally-based. Our culture terrifies parents into getting in line with what the collective "they" have decided is best. This week, my overarching goal is to help you understand why so much of what we've been told is not at all, even remotely, close to being any type of universal truth. In fact, what I hope you'll realize is how much these things that you have worried about may actually be *helpful* or at least have a very real place in your sleep toolbox. I also want to focus on the changes that may be helpful for you given your individual circumstances. These are different from the healthy sleep habits as they aren't quite as universal, but when people are struggling, they can be a lifeline to better sleep.

As always, I'm here in office hours to help calm your fears and talk through any of this information in more depth. Or just answer your questions about anything to date! To start, I figure it's probably a good

time to start debunking one of the larger myths out there – that sleep training is something that you not only should do, but must do for your baby's sleep.

Section 1: Why Sleep Training Ain't All That

Now many of you may have read a lot of this information on Evolutionary Parenting already, so please forgive me for repeating myself, but this is for the benefit of those who may not have had the chance to read through other work. It's also nice to get a refresher if you haven't read that in a while.

The following are the main claims that are made about sleep training and ones we'll examine in a bit more depth (though we could probably go into this for hours and it's actually a topic I delve into in my ebook *Educating the Experts*):

1. Sleep training is effective.
2. Sleep training is safe.
3. Sleep training is needed to help baby sleep and baby will suffer without this sleep.

1a. Sleep Training is Effective

This is one of the more vague claims that is difficult to discuss primarily because of the vagueness. Who is sleep training effective for? What is the definition of effective? Are we talking about a baby sleeping more or a parent sleeping more? For years, the argument was that it was effective in changing *infant* sleep and so let's start with that.

Most of the early studies that examined sleep training suffered the same flaw: they were all parent-report. This is what led to so many people thinking extinction methods were "effective". Yes, the majority of parents reported that their babies were no longer crying and waking them up. To this

end, this would be an effective intervention. As far as parents reported, their babies went down to sleep quickly and then stayed out cold for 12 hours a night (or so).

By now, we all know that parent-report is *not* the ideal that it was once thought to be. This should have been logical – after all, if a baby wakes in the middle of the night and doesn't make a sound, how on earth will a sleeping parent know they're awake??? But, it took years for researchers to actually realize that maybe, just maybe, we should confirm this little assumption with data.

Enter methods like actigraph which is used to measure when infants are *actually* awake, even if they stay silent and don't call out to parents. There have only been a few studies to date using these methods, but they all point to the same conclusion: Babies who have experience extinction sleep training in the form of controlled crying (I will *never* use the term "controlled comforting" because it's utter bullshit) *do not sleep any different after the controlled crying than they did before*. Honest. There's no difference in their sleep. They are awake the same amount of time and have the same number of wakings. Now, *one* study did find a slight difference, with babies who experienced controlled crying sleeping an average of about 40 minutes more per night, but *all* babies were at 14-15 hours per day of sleep at 12 weeks and notably, the babies still *cried* the same number of minutes per day.

So it seems that when we look at effective in terms of infant sleep, sleep training isn't really "effective". But what about parental sleep?

Well, here is where it's trickier because again, those older studies that were cited so regularly? They were not only parent-report, but most had absolutely no control group. That is, there were no comparisons to be made to other families whose children just developed over the time period. When we look at studies that include a control group, the answer is a bit muddier. Yes, some do find that parents report better sleep, but some don't. Add to the confusion, most studies that include sleep training as an intervention method *also* include information on normal sleep patterns and the suggestion to use routines. In fact, one review of sleep training studies suggested that the use of routines was likely the driving force in the report of parental improvement and that the results may be no different if we just had parents implement routines and skip the sleep training altogether.

So is sleep training effective? Well, what do you think?

1b. Sleep training is safe

The next argument is that regardless of efficacy, sleep training is safe and thus, why not try it? The basis for this statement in science often comes from two specific studies, both of which really can't say much about the topic at all (and both of which I've written about at length).

The first is Price and colleagues (2012) and they did a 5-year follow-up of children who had been randomly assigned to either receive sleep training as part of a sleep intervention or not. At the 5-year follow-up, there were no differences in between the groups in terms of social-emotional well-being, parental attachment, stress, and sleep (yes, sleep – that other group turned out a-okay). So why would I suggest it really can't say much?

The many issues include (but are not limited to):

1. All of the outcome measures were parent-report, thus we only know what parents *think* of their child, not objective data. As we know, this is often flawed.

2. The stress measure was *not* the more conclusive measure of chronic stress and though it may suggest some chronic stress, it's difficult to tell.

3. Perhaps most importantly, the groups were probably too similar to assume a difference could be found. That is, when they randomly assigned people, about half of the people in the intervention group refused the sleep training intervention meaning only half took part. In the control group, there was no assessment of what they did at all nor what advice they were given from their health professionals (who are known to push sleep training in Australia where the research was done). Population data suggests about 50% of families try sleep training. Thus, we have about 50% of intervention families who tried sleep training and likely around 50% of control families who tried sleep training. Anyone else see the problem with comparing these groups to ascertain the effects of sleep training?

The second study is Gradisar and colleagues (2016) and this study was a small scale study that compared a control group to two intervention groups: one for controlled crying and one for faded bedtime (i.e., when bedtime is pushed later and later until baby falls asleep in a predetermined time). The researchers included a 3-month follow-up to assess attachment security and cortisol levels. They claimed that the children in the controlled crying group improved sleep and parental well-being while showing no deficit in attachment or cortisol levels.

Once again, this is a little (or in this case, a heck of a lot) misleading. So what are the main problems?

1. The groups were tiny to begin with and then there was only a 50% retention rate for the follow-up. This means each group had around 13-14 babies at the start and 6-7 in the 3-month follow-up then similar numbers for the 12-month attachment follow-up. Why does this matter? Because statistical techniques are based on sample size and you need a minimum sample size to detect an effect – the size of the effect determines the size of the sample needed. To put it in perspective, research on language acquisition in infancy is one of the largest effects we can look for with a guaranteed HUGE effect because almost *all* babies will learn their native language. In these studies, they still require 16 babies per group to identify this huge effect. If you don't have this number, you may have a real effect, but you lack the power to actually find it. Given this issue of power, it means we need to look at the data for outcomes a bit more (it's also bad for their efficacy argument as sleep didn't change, but that's covered above).

2. The cortisol data really didn't provide much. At the 1 week and 1 month follow-ups for cortisol, there were similar numbers to the start, but this dropped to half at the 3-month follow-up. At the 1 month follow-up, the controlled crying group had the highest morning level cortisol (higher than at any time point for that group or any other group) and this very high morning level is what is now known as a biological marker for chronic stress. Now this group's cortisol also lowered the most to afternoon, suggesting it was potentially artificially high, but the afternoon was also the lowest of the

groups. At 3 months, there were almost no differences between any of the groups. If anything, there is enough to warrant a closer look at the controlled crying group for signs of chronic stress.

3. The attachment data doesn't help them much either. The argument is that there were no statistical differences between the groups, but two problems remain. One is that they used a measure of attachment not validated for this group, though that doesn't mean it isn't valid, it just hasn't been validated yet so we don't know if it would be. The second is the sample size issue mentioned above, so we're stuck looking at raw data. In this case, the faded bedtime group and the control group had attachment security levels of 60% and 62%, respectively. The extinction group had attachment security levels of 54%. Would an 8% difference be significant in a larger group? If it were to hold, yes, but it would need to hold. Of note, the extinction group had 23% of kids rated as having disorganized attachment (which comes from parents being seen as both helpful and scary which causes the disorganization) compared to 13% of the other two groups. Again, if this were to hold, it could be significant.

So is it safe? I don't think research has quite shown that, especially as there are many things that haven't even been examined, such as the role of temperament, bedtime behaviours, stress reactivity later in life (not just chronic stress), and so on.

1c. Sleep Training is Needed

This is really about the families that *swear* by sleep training. They believe that without it their child would have been an absolute mess and they can tell you how much happier their child was after getting a full night's sleep. Well, we know chances are they didn't sleep any better, so what's going on?

We don't fully know because no research has actually looked at this (that I know of). What we do know though is that when we are in a better mood, we view things differently; specifically, more positively. A worn-out, tired, mother or father is going to view their baby in a very different way than if they had just had a full 8 or 9 hours of sleep. We can see *the very same behaviours* and yet make assumptions and attributions about them that are incredibly different based on our own situation or mindset. On top of this, if a parent is in a better frame of mind, chances are they elicit the happy, smiley behaviour from their babies and toddlers that make them think the answer is in the sleep training.

So chances are, it's really a product of the help Mom or Dad (or both) got from the sleep rather than the sleep training affecting baby. (And to be fair, for those babies who supposedly fussed for a few minutes then fell asleep and have slept great since, pretty much *any* gentle intervention would have resulted in the same thing.)

This is important though because it highlights the very real need for families to have support. If you don't have it, it can make everything 10x harder. This is why next week we'll focus so much on the issue of self-care. I don't want you feeling you need to put the burden of change on your child, but I don't want to dismiss how important your mental health is either.

So put all together, I hope you – like me – can feel that the push to sleep train in our culture is not only misguided, but frankly downright ingenuous.

Section 2: The Bad Habits (And Why They Aren't)

So many of you will have been told over and over again that the sleep troubles you face are the product of your own making. You nurse to sleep, you respond in the middle of the night, you comfort your crying child and thus *you are solely responsible for how tired you are*. This absolves others from having to help you in any way, shape, or form, and also allows them to feel good about having done something different, but it also makes you feel like shit.

If we think about bad habits and sleep, there are a few ones that seem to be the subject of others' ire:

1. Doing anything to help your baby get to sleep, but especially nursing, holding, etc.
2. Responding to your baby when he or she wakes in the middle of the night.
3. Holding your baby while he or she sleeps at any point (day or night).
4. Bedsharing.

When we think about the idea of "bad habits", we have to first figure out if we're talking about an objectively bad habit (like smoking or killing small animals) or a subjectively bad habit which may not work for everyone, but should really be left to the discretion of the individual.

Are these behaviours really *objectively* bad habits? No.

In fact, these behaviours have been a part of human history for longer than our modern practices and the idea of them as "bad habits" is certainly not cross-cultural and thus still reflects our Western, Industrial cultural ideals instead of something biological. Perhaps more importantly, they have a biological basis in terms of infant development and they also reflect sensitive or responsive caregiving. I may be off-mark here, but I do feel that if we are going to call something "bad" , these are not the types of features one would be looking for.

So why do people think they are bad? Often they are claimed to be unsustainable or even harmful for our kids as it may prevent them from becoming independent or learn key skills like self-soothing. People are couching their notion of "bad" under concern for us and our babies, right?

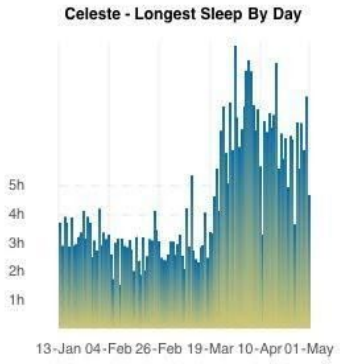
I want to be clear now that it's all bullshit. None of these actions will inevitably harm your child (the issue of bedsharing will be discussed below). I can't speak to the issue of sustainability in your specific circumstance (again why we will get to gentle changes), but from a biological perspective there's that very pesky fact that our children do grow up and develop and change in ways that alter what they need from us. You see, the driving force of this argument is that we apparently need to be treating our babies like how we want to treat them in 20 years, which is ridiculous on the face of it. We don't feed newborns steak because they aren't developmentally ready. We don't give them a driver's licence because we'd all be dead. Sleep is no different and our children go through various stages of development with respect to sleep skills as well and our job is to *support* them in these stages.

From an evolutionary perspective, these behaviours are highly sustainable because cultures had adapted to ensure they were. So really it's our culture and our support systems that are the ones at fault in this regard. So really, next time someone tells you that you've created a rod for your own back or have a bad habit going, you can tell them that their lack of support is what is really creating such rods.

But what about the issue of harm? Let's briefly consider a few things here:

1. There's no link to bad sleep patterns. That's right, when we look at the research as a whole, there's nothing suggesting infant sleep suffers thanks to our responsiveness. Concern over general sleep development is also unfounded with most studies that have looked at "problematic" infant sleep as actually being normal and not associated with any long-term problems. This is likely due to the fact that our definitions of an infant (or even toddler) sleep problem is based on either parental report, which tells us more about the problems the *parent* is having, or a random threshold defined by clinicians or researchers. There's *no objectively measured and validated sign* of an infant or toddler sleep problem.

2. Fighting responsiveness may make sleep worse. All those people telling you to avoid these habits may actually make things worse given there is evidence that for many mothers, doing things like bedsharing, can actually *save* their own sleep (and after all, isn't that all sleep training actually provides families per the research above?). Check out the graph below from a mother who was doing the solitary sleep (in the same room) and then switched to bedsharing (and I'll let you guess when she switched to bedsharing).



3. These behaviours may improve independence. Yep, all these behaviours have actually been linked with either an increase in independence or there's been no difference to control groups, thus there definitely isn't any *harm* in them. This may not be surprising if we think about future behaviours as being built on a foundation of security and responsiveness and these behaviours actually build such a foundation which enables our kids to explore more freely than if they didn't have this foundation.

4. These behaviours are linked to emotional development. Self-settling is not self-soothing, so the whole idea that you teach a child to soothe by leaving them to cry is crap. The first stage of true self-soothing is actually called "co-regulation" and refers to the fact that a child realizes he or she needs to be soothed and actively seeks a caregiver to help them (as opposed to simply crying in distress and someone just coming to provide assistance). By repeating this over and over and over again, they are able to learn how to start to soothe themselves when their stress isn't very high. This process takes years and even us adults can suck at it when our distress levels are *too* high. Removing co-regulation can actually impede the development of emotion regulation skills.

Hopefully this helps you better understand why these habits as a whole are not bad, but rather evolutionarily and biologically normal behaviours that can serve a very real and important function in our children's development. Now let's look a bit more at each in turn.

1. Rocking/swaying/and so on to sleep. These are hard because from a physical standpoint they really *can* become unsustainable, but it doesn't mean they don't hold water early on and can't be changed. Infants in the womb have been used to being lulled to sleep through motion for 9 months and so it should be surprising to no one that some of that still require that motion to help them sleep. The goal as parents is not to avoid providing that out of fear, but to also work at exposing them to other ways of falling asleep (even if they don't work in the moment).

2. Nursing to sleep. As mentioned last week, breastmilk is one of the only foods that contains melatonin and it serves a crucial role in terms of helping our babies build their circadian rhythm (and

one that is more likely to match mom's). It also helps them fall asleep quickly and fall into a deeper sleep. People often worry about this being the *only* way a baby falls asleep, but again, exposure to different ways can help early, but also babies do eventually wean and then this ceases to be a problem. I have yet to meet the 18-year-old who still has to nurse to sleep each night. And of course, as we'll talk about below, there is the issue of gentle changes when they need to be made (and if they don't then you need not worry about them!).

3. Nursing overnight. There is the long-held belief that night weaning will solve overnight wakings. There is no evidence that this is actually the case and from a clinical perspective, I can say that it does improve wakings in some cases, but doesn't do anything in others. And when it doesn't work, families often find it even harder to get their child back down to sleep and can end up with even more sleep troubles than they had while nursing. I also caution families to think long and hard on this one because the removal of night nursing can have an effect on one's supply and can actually be the beginning of the end of the nursing relationship. It should never be entered into willy-nilly.

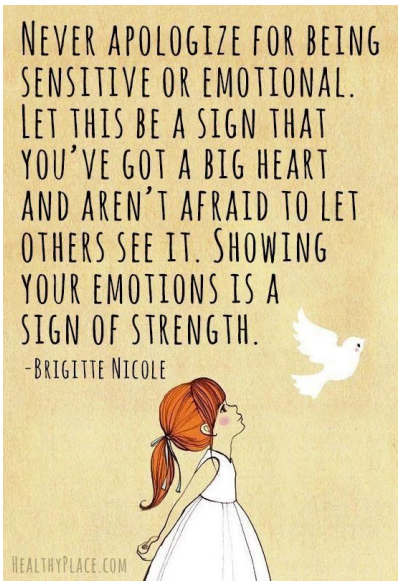
4. Bedsharing. I have to be careful here because you all know the very public statements against bedsharing. Obviously I don't hold them to be true thanks to my own reading of the research which really finds that safe, planned bedsharing does *not* seem to hold an increased risk of SIDS or any other infant death over being in a cot or crib. Even if we take the research that holds there is a risk, this risk ceases at 4 months of age and at that point even the most mainstream research seems to find a *benefit* to safe bedsharing. Thus, the physical risk is really something that comes down to how safely you are bedsharing, not whether or not you're bedsharing.

   On top of the risk of physical harm, many families worry about social-emotional harm, or specifically the risk to the development of independence. Let me say now that you have nothing to worry about. When we look at other cultures, bedsharing beyond infancy is highly common and not associated with any delay in the development of independence (in fact, arguably, many of these children are *more* independent than our own earlier on). Further, even when we look at *our* culture, the bit of research we have has found that either there is no difference in independence or the children who bedshared beyond infancy were *more* independent later in childhood.

   Again, when we think of the type of foundation we're building, is it any surprise that something that allows our kids to sleep in total safety would allow them to also build independence in their own time?

All in all, there is really no reason to be concerned over your "bad habits" regardless of who you are, but I also want to touch upon the fact that for many of us, these habits didn't come about because we chose them, but rather they seem to be what was needed for our littles.

Section 3: The Issue of Temperament



It would be nice in some ways if all babies were so similar that we could know exactly what to do and that each action was going to affect and be received by babies the same across the board. Sadly – but also happily – that is not the case. Babies are all different and there are very real, identified differences in temperament that have a huge impact on how we parent and how our children receive our parenting.

In most cases, I would argue that when we find ourselves struggling with sleep it is not because we have created a rod for our own backs, but rather we are responding to the type of child who just doesn't quite fit with our modern expectations of sleep and independence.

What does this mean for you?

It means that when you look around and think that everyone else's baby seems to be easier, you're probably right. It also means it has virtually nothing to do with you creating a rod for your back and everything to do with the type of child you have. You most likely have the child that would not do well when it comes to more modern parenting techniques, especially those that push independence, self-settling, and distancing from a caregiver. It won't matter than other people's kids started sleeping in two nights (or so they say), because that wouldn't be your child.

Note: In no way do I condone extinction methods with these other children either. They deserve the same responsiveness as our more sensitive kids, but I am pointing out that they may respond very differently to parenting methods that are way less-than-ideal for our more sensitive kids.

When it comes down to it, all these so-called "bad habits" you've engaged in are not only biologically normative responses for our children and do help them sleep, but they actually reflect an even more important element of the parent-child relationship: *responsiveness*. Yes, you are *responding* to *your child's needs* and not what other people think your child needs.

In terms of sleep, the primary impact is on the degree of responsiveness these kids need and the difficulty in making changes. Hopefully you can now see that the degree of responsiveness isn't a bad thing; you didn't do anything, but rather you actually provided what your specific child needs and that's a wonderful thing, even when it's hard (and why self-care is so important, what we'll be discussing next week).

If your child seems to be a more sensitive soul, high-needs, or an "orchid", then there are a few key points you should know:

1. There seems to be a genetic component here which results in these children showing greater reactivity to stress than their peers. This is a key feature of the higher-needs or orchid child and may explain the heighted reactions to being separated from parents or left to cry at night; these children actually *need* our proximity to help them regulate. This also means that when people tell you that your child just "needs to learn to self-soothe", they aren't speaking from a place of knowledge about your child. It's not about your child's skill level, but about how they react to certain stressors. That is, your child likely has the same soothing skills (i.e., minimal ones) that other young kids have, but they experience greater stress which makes it harder for them to use their minimal skills. If other people's kids were as stressed as yours gets, they would also struggle the same and I would hope those parents would also help them.

2. These children have what is called "differential susceptibility". This means they are at greater risk of negative outcomes like depression, substance abuse, anxiety, and so on. But they also have a greater chance of being more empathic, healthier, more creative, and have a lower reaction to stress. Thus they often turn out better or worse than their non-orchid peers. As such, parenting is more crucial for these children than it is for others. This issue of differential susceptibility comes down to the environment these children are raised in. Orchid children require more sensitive and responsive caregiving to reach that great potential and when they don't get that type of parenting, they are more likely to fall prey to the downsides. This means that no matter what anyone else tells you about parenting, you should always focus first and foremost on your child's needs as you know them to be, day or night.

3. This often goes along with certain sensory issues for these kids and they tend to struggle in situations that others may find okay. For example, these kids often struggle in large crowds, with loud noises or bright lights, or they find certain textures difficult which makes them more likely to refuse things like socks or jeans or clothes with seams. When it comes to nighttime, these sensory issues can wreak havoc if we don't know what they are. It's very important to take stock of the sensory world around your child and see if any of these things can be modified to improve sleep.

4. These children love predictability. Some would say it's "routine" they thrive on, but actually many of them do well with less routine so long as they know what's coming based on various cues. They don't need to have a bedtime routine if they know they just snuggle up, nurse, and fall asleep, though some love their drawn-out routines. Some may handle different days with different people quite well once they have a visual schedule to follow so they can know what's coming, even sleep-wise. But it also means that any changes to how they do things can be highly stressful and

take much longer to alter in a way that keeps them comfortable. Change in their lives can disrupt sleep and chances to their sleep routine can be very hard and take a lot longer for them to adapt to.

I must be clear that children really don't fall into buckets here, but rather there's a continuum and kids fall somewhere on that continuum, with some being more orchid and others being less so; however, for the purposes of parenting a child like this, the terminology can be immensely helpful (especially given the genetic component). *Note: I offer a course on raising orchid children called Growing Orchids which covers the entire complexity of being a parent to these unique children.*

Section 4: Making Changes

All this said, sometimes change is needed, especially in an unsupportive culture or if you haven't seen the type of positive improvement others have from the healthy sleep habits. In this section we'll review some of the more common issues that may crop up and need changing as well as how to implement change from *behaviours* that are becoming an issue (like bouncing on a yoga ball for 30 minutes).

4a. Elimination Diet

Whenever there are ongoing problems with sleep, health is always a concern. Many people don't realize just how much small health issues can impact our overnight sleep. If there's any significant health issue, like chronic ear infections, then you hopefully know this and can temper your expectations until the issue is resolved. However, not all health issues are known to families and many people wonder if there is something going on, but outside of sleep may not see many symptoms.

The most common health problem I encounter with children who are frequent wakers or wake crying and distressed has to do with food, typically in the form of an intolerance or sensitivity. I can't tell you how common this is. I differentiate intolerance from sensitivity because they are different in terms of how we approach things (see the box below), but the only evidence-based way to determine what the issue is is to take part in an elimination diet. I know that some people speak about blood tests to determine sensitivities and I will say that they are not evidence-based, but they may work for you (though they can be pricey).

Intolerance versus Sensitivity

For the purposes of working with families on sleep-related issues, I do make this differentiation because with younger infants and kids there is a difference. I define the food sensitivity as one which a child may struggle to digest certain foods easily due to an immature system and the lack of

appropriate enzymes to break them down. In the case of a sensitivity, there are no other symptoms except sleep troubles and children often grow out of it in time, though the timeline varies based on what food it is. For example, kids will often tolerate dairy before they tolerate onions.

An intolerance involves a greater immune response to certain foods and is often accompanied by other symptoms of a struggle, including but not limited to: stools that are very smelly or contain lots of bits of food in them, regular runny stools or constipation, eczema or other skin rashes, redness around the anus, or constant stuffy noses.

However, both of these will often have discomfort during sleep which looks like frequent wakings, restlessness, and on/off the breast (if breastfeeding) or high bottle intake (if taking a bottle). Depending on your situation, one of these may be at play.

If you are looking to do an elimination diet, the following are some of the things to consider:

- You will need to commit for four weeks, though hopefully you see some change in about two weeks. This is the standard time frame because even once you stop eating foods, your body still has certain elements in you for a while.
- Depending on your situation or the type of food, it may be an elimination diet for your child only or Mom and baby if Mom is breastfeeding. Only some particles of certain foods cross the blood-gut barrier in healthy people, but if you have GI issues there may be more possibilities. Safest bet is for everyone to take part if you aren't sure about your specific situation.
- The choice of diet will be dependent on your situation. You may only need to remove a few possible offenders, but if you don't know, you'll likely need to cut out more then reintroduce in time. From my experience with families, the most common offenders include (though there is huge variability and sometimes it's one particular thing):
    - Dairy
    - Gluten
    - Allium family
    - Cruciferous vegetables
- Be wary of processed foods and preservatives. There is ongoing research with rodents (as they have a similar GI tract to us) that has found these things cause GI distress quite quickly. If you work towards a more whole-foods based diet, you may see improvement alone with that.

4b. Magnesium

Another area that can have a profound impact is in the addition of magnesium to a child's diet because of its immense impact on sleep (and overall health). Low levels of magnesium are linked to: frequent wakings, restless sleep, restless leg syndrome, insomnia, long wakings in the middle of the night, irritability, and more. The recommendation for children aged 1-3 is 80mg/day and many kids don't meet

this because it comes in foods that are not kid-favourites, like leafy green vegetables or pumpkin seeds. Some people believe breastmilk has enough, but research on magnesium in breastmilk has found that most women have less than 35mg/L and that it's not impacted by supplementation by mom, this means it won't be as rich a source as one might believe.

The fear is giving children *too much* magnesium as it can be toxic. However, supplementation for children is possible through oral supplements when it's part of a multi-vitamin and mineral made specifically for kids (typically this will be at age 1 and up). Magnesium is said to be absorbed through the skin and so oils, lotions, or, best of all, Epsom salts can be used for this purpose; however the research is mixed on this and generally finds lotions ineffective, though many families report otherwise. There is higher evidence for Epsom salts, but one risk with Epsom Salts is if your child likes to drink bath water (like my son used to) in which case do not put Epsom Salts into the tub. You will need to check the amount of Epsom Salts needed based on the age and weight of your child. Notably, you will also need to make sure your child has appropriate calcium levels as well as they help facilitate the absorption of magnesium.

4c. Sensory

There are a few areas linked to our sensory system that can be a problem for *some* kids. The first is in terms of sensory stimulation. In some cases, kids need more sensory stimulation in order to calm them down enough for sleep. The most common problem is when kids need more proprioceptive input before bed. Not all kids will need this, but if you're finding more restless behaviours at night, it's something worth trying. For younger kids, the best option is to engage in any of the following activities (depending on your child's likes and stage of development) about 30-40 minutes *before* bedtime:

- Rolling around on the bed (this is the favourite for most families I know)
- Massage
- Jumping (off the bed, on the bed, around, on a trampoline)
- Pulling or pushing heavy objects
- Carrying stuff in a backpack
- Rough and tumble play

The second is temperature because we tend to set temperatures for ourselves rather than our kids. If it's too hot or cold for our kids, their sleep will be worse and although there are "ideal" temperatures for sleep, it's so variable based on the child, air flow, where you live, etc. I recommend just checking *your* child by feeling the nape of their neck overnight a few times and if they are either cool to the touch or hot, the temperature is an issue and needs to be modified accordingly.

The third area is sound. Some kids are far more sensitive to noises overnight than others. Although white noise is often used to try and block sounds, some kids find white noise itself to be a problem. Research suggests much more success in terms of helping sleep with pink/brown noise which is commonly found in nature. Ocean waves, rain falling, a river flowing are all good examples that are often easier for some kids to have playing overnight.

Finally, there is the issue of sleep surface. For some kids, a crib mattress is too hard and they seem to struggle to get comfortable on it and that's why they sleep so well when they are outside of the crib. If this is the case you may need to switch to the toddler mattress or find a way to safely get your child comfortable. Unfortunately, what that looks like will be highly variable depending on your unique situation.

4d. Other Changes

Sometimes the change is just moving away from something that doesn't work. Here I will discuss different ways people can implement change with my personal favourite approach highlighted. However, I want to be clear up front that sometimes we need change and our children aren't there yet. This can cause a huge sense of frustration and stress for us and for our kids. I always urge families to really consider their children's abilities when setting goals for change (bringing us back to week 1) because unrealistic goals will only result in deterioration of sleep and likely the onset of greater sleep battles. If you think your goal is unrealistic for your child, I would suggest taking in the self-care recommendations carefully next week and seeing what else you need to make things work so you can approach change in a more realistic fashion.

Okay so how do we make changes?

I find that in the gentle sleep literature there are two primary methods advocated for that I will cover briefly and explain why I don't use them:

1. Slow withdrawal. This method says you start with whatever you're doing and use it less and less each time until it's gone. For example, if you're rocking to sleep, you rock all the way to sleep but then shave a minute off each night until you aren't rocking at all. The problem? I have had many clients report that it works to a certain point and then their child is awake enough to really get angry about the change and they are back at square one.

2. Overlapping cues. This is where you find a new cue and overlap it with whatever you want to move and then start using just the one. For example, if you're rocking to sleep and want to stop, rock but add music then eventually just use the music. The problem? Too many families I know struggle with this one as actually working; however if it does work for you, great!

My approach is different and is based on a framework in which we view change as being anxiety-provoking for our children. This means that they are faced with an uncomfortable new situation and this is scary for them and so they rightfully get upset in response. Depending on the child, the degree of distress could be quite great.

The key is to expose them to the change in small, regular bursts followed by the responsiveness they expect. Let me explain using an example. Say you want to move from bounding on a yoga ball to sleep (which is often difficult once our kids get older) and move to just gently rocking in a rocking chair. The first step (assuming you have bedtime down and aren't trying to put your child to sleep too early) is to try to go to the chair *first* for *up to one minute*. Tell your child you're going to sit in the rocking chair for a minute before going to the ball they know and love. If your child gets very distressed, acknowledge it

and call it early, going to the ball to complete bedtime as you normally would. If your child is fussing but you think you can cuddle and support for that one minute, keep going. If your child is fine, keep going. But at one minute, call it and go do bedtime as you normally would. Do this for one minute until your child is okay with that one minute interval (which can take up to a week). Once you can do one minute, do up to two minutes, again calling it if your child gets truly distressed. Keep going building one minute at a time until your child is comfortable falling asleep in this new way. And I often say being ready at one time interval really means 3 nights in a row of being able to handle it, not once. Also, don't even jump ahead as that can backfire as it pushes the boundaries too far for our kids and that's not helpful for anyone.

Why does this work? Because it allows your child to experience the minor stressor in a supported environment and this is followed by the type of responsiveness and comfort that calms your child. This means that your child is able to start to make a connection between the stressor and safety until that minor stressor is no longer a stressor, but just something that predicts the next stage of sleep. Then you can extend that slowly to help your child adjust to the changes in time that may be difficult. This is exactly how we are supposed to experience stress and learn from it – in a supportive environment that lets us experience things that are beyond us, but learn how to cope with them in ways that make us feel more empowered.

Now this does take time and often building up to the first 3 minutes takes the longest because it is subjectively the longest changes, but it works in most cases and if it doesn't, then it's often a case of bedtime not being right or the change not being what the child can cope with. The latter issue is particularly common when parents are trying to push more independent sleep as opposed to making changes in their own responsive behaviour.

In terms of changes to how you handle night wakings, I find focusing on introducing different levels of responsiveness in even shorter bursts helpful. Often we naturally have levels of responsiveness and I suggest we always try the lower level (typically a hand on our babies to calm them or maybe some verbal reassurance) but if it doesn't work (and you know this within about 10 seconds) then move up to the next level. However, when we start at this level for even just 5 seconds, then we expose our children to a different means of responsiveness and this helps them learn that they are safe with that means too *when they are able to accept it*.

Crucially though, I do *not* advocate trying these for set periods of time, but rather respond to your child. There is no benefit in trying this for a set 1 minute or 5 minutes; instead follow your child's direction – once they escalate, you escalate your responsiveness because you are *responding to them*. Listen to their communication and they will be able to tell you what they need in that moment, just know that you are building up their understanding of these means in the long-term. I find having three levels of responsiveness helpful and expect that you'll end up at defcon 3 within a minute at most, but that's okay. That's just responding to your child's need, but still letting them learn you're there before that. Remember: The entire goal is to be responsive to our children and we can only do that if we take them into account.

This is the end of Back to Basics: Week 3: The Other Changes