



## Australian Association for Infant Mental Health Inc.

*Affiliated with the World Association for Infant Mental Health*

[www.aaimhi.org](http://www.aaimhi.org)

### Position Paper 1: *Controlled Crying*

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The Australian Association for Infant Mental Health Inc. (AAIMHI) aims (in part) to:

- improve professional and public recognition that infancy is a critical period in psycho-social development, and
- work for the improvement of the mental health and development of all infants and families.

#### **Definition**

Controlled crying (also known as controlled comforting and sleep training) is a technique that is widely used as a way of managing infants and young children who do not settle alone or who wake at night. Controlled crying involves leaving the infant to cry for increasingly longer periods of time before providing comfort. The intention of controlled crying is to let babies put themselves to sleep and to stop them from crying or calling out during the night.

AAIMHI is concerned that the widely practiced technique of controlled crying is not consistent with what infants need for their optimal emotional and psychological health, and may have unintended negative consequences.

#### **Background to AAIMHI's Concerns**

This statement is premised on an understanding of crying to mean crying that indicates distress, either psychological or physical, rather than the "fussing" that many babies do in settling or adjusting to different circumstances.

Babies have to adapt to a totally new world and even small changes can be stressful for them. Leaving babies to cry without comfort, even for short periods of time, can be very distressing for them.

Crying is a signal of distress or discomfort from an infant or young child. Although controlled crying can stop children from crying, it may teach children not to seek or expect support when distressed.

Infants from about six months of age suffer from differing degrees of anxiety when separated from their parents. This anxiety continues until they can learn that their parents will return when they leave, and that they are safe. This learning may take up to three years.

Almost all children grow out of the need to wake at night and be reassured by three or four years of age, many much earlier than this.

Infants are more likely to develop secure attachments when their distress is responded to promptly, consistently and appropriately. Secure attachments in infancy are the foundation for good adult mental health.

Infants whose parents respond and attend to their crying promptly, learn to settle more quickly in the long run as they become secure in the knowledge that their needs for emotional comfort will be met.

The demands of Western lifestyles and some "expert" advice has led to an expectation that all infants and young children should sleep through the night from the early months or even weeks. In fact infants have the potential to arouse more often in the night than older children or adults because their sleep cycles are much shorter. These short sleep cycles allow infants to experience more rapid eye movement (REM) sleep, which is considered to be important for their brain development.

Many parents become distressed and exhausted when their infants and young children cry at night, in part because of the physical strain of getting up and going to their babies to re-settle them, and sometimes in part because of the unrealistic expectation that babies "should" sleep through the night.

Many infants and parents sleep best when they sleep together. There is no developmental reason why infants should sleep separately from their parents, and in most parts of the world infants do sleep with their parents or other family members, either in the same bed, or in a cot next to the parents' bed. There are certain conditions under which bed sharing should not occur, for example when a parent is affected by drugs or alcohol, or where the bedding is overly soft. Parents should check current information about safe sleeping, see [www.askdrsears.com](http://www.askdrsears.com) or [www.sidsaustralia.org.au](http://www.sidsaustralia.org.au) for more information.

Many parents find controlled crying helpful and this is one of the reasons for its popularity. For other parents it does not work, or causes so much distress for the parent and the infant that it is discontinued.

There have been no studies such as sleep laboratory studies, to our knowledge, that assess the physiological stress levels of infants who undergo controlled crying, or its emotional or psychological impact on the developing child.

## AAIMHI - Controlled Crying Principles

It is normal and healthy for infants and young children not to sleep through the night and to need attention from parents. This should not be labeled a disorder except where it is clearly outside the usual patterns.

Parents should be reassured that attending to their infant's needs/crying will not cause a lasting "habit".

Waking in older infants and young children may be due to separation anxiety, and in these cases sleeping with or next to a parent is a valid option. This often enables all to get a good night's sleep.

Any methods used to assist parents to get a good night's sleep should not compromise the infant's developmental and emotional needs.

If controlled crying is to be used it would be most appropriate after the child has an understanding of the meaning of the parent's words, to know that the parent will be coming back and to be able to feel safe without the parent's presence. Developmentally this takes about three years. This varies between children so observing children and responding to their cues is the best way to assess when a child feels safe sleeping alone.

A full professional assessment of the child's health, and child and family relationships should be undertaken before initiating a controlled crying program. This should include an assessment of whether in fact the infant's crying is outside normal levels. All efforts should be made to link parents with community supports to minimise the isolation and frustration felt by many parents when caring for a young child. Other strategies, apart from controlled crying, should always be discussed with parents as preferable options.

If an infant or child has already experienced separation from a parent due to sickness, parental absence or adoption, or if he or she becomes very distressed, the method should not be used. This is because children who have already experienced traumatic separation are more vulnerable to negative effects from the kind of stress caused by controlled crying.

Where parental stress due to infant crying may lead to risk of abuse it is essential that parents be linked with social supports and therapeutic intervention.

Parents should be told that the controlled crying method has not been assessed in terms of stress on the infant or the impact on the infant's emotional development.

Where it is used recommendations should be for exercising caution and playing safe. For example, paying attention to level of distress rather than number of minutes baby has to be left to cry, or not continuing with any technique if it does not feel right.

## Bibliography

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[A wide range of articles for parents can be found on:](#)

[www.naturalchild.com](http://www.naturalchild.com) or [www.askdrsears.com](http://www.askdrsears.com)

Dr Sears has some other helpful books, including *The Fussy Baby*, *Night-time Parenting*.