



Australian Association for
Infant Mental Health Inc.

Controlled crying

Position paper 1

November 2002; reviewed October 2013

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 to work for the improvement of the mental health and development of all infants and families.

Definition

Crying is a signal of distress or discomfort (either psychological or physical), from an infant or young child to let the caregiver know that they need help. From an evolutionary perspective, crying promotes proximity to the primary caregiver, in the interest of survival and the development of social bonds (Bowlby, 1958).

Sleep problems occur when an infant's sleep behaviour is disturbing to their parents. Sleep problems may have a number of causes or associations including:

- Infant temperament
- Parental expectations related to lack of knowledge about infant crying and sleep patterns
- Family stresses and relationship difficulties
- Parental health issues, including depression
- Lifestyle that focuses on infants sleeping in separate beds and/or room from parents
- Underlying developmental problems (rare).

Controlled crying (also known as controlled comforting and sleep training) is a technique that is widely used as a way of managing parents' perceptions of sleep problems in 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 period of time rather than the infant's distress level is used to determine when to attend to the infant or toddler. The aim of controlled crying is to teach babies to settle themselves to sleep and to stop them from crying or calling out during the night.

Background to AAIMHI's concerns

AAIMHI is concerned that the widely practiced technique of controlled crying is not consistent with infants' and toddlers' needs for optimal emotional and psychological health and may have unintended negative consequences.

Attachment is the bond between parent (care-giver) and infant within which the infant feels secure to explore and learn and return to the care-giver for comfort. Attachment behaviours are those that children use to maintain closeness and include smiling, reaching out, crawling after the care-giver, vocalising and crying. Care-givers promote secure attachment by responding to infants' attachment behaviours. Care-givers who are sensitive to infants' needs and signals, affectionate, enjoy their children and are available and able to comfort

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their children, promote secure attachment and infant well-being. This kind of care-giving is important for children to make the most of all areas of their lives (Hertzman, 2000).

In the first few months of life babies need to have a parent or familiar adult nearby or available most of the time. In the early months of life unexplained and sometimes difficult to soothe crying exists across all cultures and may be seen to be a part of normal development. *While this can be distressing for parents, they should be advised that this natural increase in crying peaks at around 6 to 8 weeks and generally settles by 3 to 4 months (Barr, 1998). Responsive parenting as well as holding and soothing of the infant during this sometimes difficult time will help the infant develop a sense of security and is the beginnings of secure attachment.*

Although it is rare for this kind of crying to have a serious cause it is always important for parents who are worried about crying to have a health check for their baby.

Infants experience differing degrees of anxiety when separated from their parents. From early on, infants may express acute distress in the absence of a parent or when a parent leaves the room. Going to bed is a time of separation. When infants or toddlers cry upon separation it is a signal that they may be struggling with this process and need reassurance. An increase in separation anxiety often coincides with the infant's increasing mobility and may be linked to the infant's recognition that things and people exist when they are out of sight and that he or she can initiate movement away from the parent. Infants whose parents respond promptly and empathically to their crying learn to settle as they become secure in the knowledge that their needs for emotional comfort will be met (Bell & Ainsworth, 1972). This anxiety continues until the infant has a core understanding of the concept that his or her parents will return and he or she is safe. Almost all children grow out of the need to wake at night and signal parents for reassurance by three or four years of age and many much earlier.

The demands of modern life and some currently available parenting advice have led to an expectation that all infants and toddlers should sleep through the night from the early months or even weeks.

The fact is that infants normally have short sleep cycles which can cause them to arouse more often in the night than older children or adults. These short sleep cycles allow infants to experience more rapid eye movement (REM) sleep, which is considered to be important for their brain development (NCSDR, viewed 7/6/13).

There are various times in children's development (illness, absence, major changes) when they need more assistance to settle than at other times. Family events that are distressing for the infant or toddler may lead to a need for more reassurance than in non-stressful times (Slavitz & Perry, 2010). To deny reassurance during these times would be distressing and may have a negative psychological impact. Research has shown that too much stress is harmful to infants (Perry & Pollard, 1998) but it is unclear how much is too much.

There have been recent studies (Middlemiss *et al.*, 2011; Price *et al.*, 2012) on the effect of controlled crying on infants, which have shown varying results. One study has attempted to address the long-term impact of controlled crying but the methodology does not justify the conclusion that there are no harmful impacts on infants (*Sleep training not harmful? Methodological concerns question conclusion*, 2013). No studies on controlled crying that we have reviewed stand up to rigorous scrutiny.

A recent study (Middlemiss *et al.*, 2011) of infants and mothers admitted to a parenting centre found that when babies between the ages of 4 to 10 months were subjected to a sleep training program that was based on controlled crying, the crying decreased over three days. Initially when infants expressed distress in response to the sleep transition, mother and infant cortisol responses were elevated synchronously. On the third day of the program, however, results showed that the babies became quieter, no longer expressing distress during the sleep transition but their cortisol levels remained elevated. Without the infants' distress cue, mothers' cortisol levels decreased. While the babies no longer exhibited crying behaviours, elevated stress hormones *indicated that they remained psychologically distressed. (It should be noted that this research was conducted at a parenting centre and not in the natural surrounds of the home).* AAIMHI is concerned that although controlled crying may stop infants and toddlers from crying it may also have the effect of teaching children not to seek or expect support despite remaining internally distressed.

Many infants and parents sleep best when they sleep together, either co-sleeping on separate sleep surfaces (a cot near the bed) or bed sharing – sleeping in the same bed. There is no developmental reason why infants should sleep separately from their parents (McKenna & McDada, 2005). There are certain conditions however when sharing a sleep surface with an infant must be avoided:

- When the infant shares the sleep surface with a smoker.
- Where there is adult clothing, bedding, doonas or pillows that may cover the infant.
- Where the infant can be trapped between the wall and bed, can fall out of bed or could be rolled on.
- When the parent is under the influence of alcohol or drugs that cause sedation or is overly tired.
- Where infants are sharing beds with other children or pets.
- Where the infant is placed to sleep (either alone or with parents) on a sofa, beanbag, waterbed or sagging mattress.

Parents should check current information about safe sleeping; see *Sids and Kids*, Victoria (viewed 1/6/13) for more information.

It is important to note that there are no long term health or developmental problems caused by babies waking at night (St James-Roberts, 2008).

AAIMHI's position – controlled crying principles

It is normal and healthy for infants and young children to wake through the night and to need attention from parents. This need not be labelled a disorder. There are no long term health or developmental problems from babies waking at night. Responding to an infant's needs/crying will not cause a lasting 'habit' but will contribute to the infant's sense of security.

There is a wide variation in how quickly infants and toddlers 'sleep through the night'. Early and realistic information about what to expect and ways to settle infants may help parents understand their infant's state of mind and appropriately engage with their infant's sleeping patterns.

When concerns are raised by parents about sleeping difficulties, a full professional assessment of the child's health, and child and family relationships should be undertaken. This should include:

- An assessment of whether in fact the infant's crying is outside normal levels.
- An understanding of experiences of isolation and frustration felt by many parents of infants and young children.

- An assessment of any other family difficulties (including post-natal depression) that may impact on parents' ability to respond to a crying child.

This assessment may then lead to appropriate referral allowing parents to access social supports and possible therapeutic intervention.

Any methods used to assist parents to get a good night's sleep should not compromise the infant's developmental and emotional needs. Controlled crying is not appropriate for use before the baby has a real understanding of the meaning of the parent's words; the infant or toddler needs to know that the parent will return and needs to feel safe when the parent is absent.

Most children by the age of about three have a good sense of self, are able to be more-or-less self-sufficient with an abating separation anxiety so they may understand and cope with being left alone at bedtime for short periods, knowing that parents will return as required. Observing infants and toddlers and responding to their cues is the best way to assess when they feel safe to sleep alone.

Waking in older infants and toddlers may be due to separation anxiety. In situations where an infant or toddler has already experienced separation from a parent (e.g. due to sickness, hospitalisation, parental absence, out of home care or following adoption) he or she may easily become very distressed at sleep time, that is, at times of perceived separation. These infants and toddlers are more vulnerable to the stress caused by controlled crying. Sleeping with or in the same room as a parent is a valid option, enabling all to get a good night's sleep.

The controlled crying method has not been rigorously assessed in terms of the impact on the infant's emotional development. Other strategies, apart from controlled crying, should always be discussed with parents as preferable options.

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Suggested reading for alternatives to controlled crying

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MDConsult.com has a comprehensive article on infant crying and sleeping

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A wide range of articles can be found at:

<http://www.naturalchild.org/>

<http://www.askdrsears.com/>

<http://evolutionaryparenting.com/what-you-need-to-know-about-crying-it-out/> Includes critique of controlled crying research.

Please note: While AAIMHI suggests the above websites for reading about sleep and controlled crying AAIMHI does not have an opinion on any other material on the websites.

Further Reading on crying and sleep

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