

Parent Guide

Goodbye to Bedtime Fears

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First published by Brenner Publishing, LLC, 2006

www.brennerpublishing.com

ISBN: 0-9777203-3-0

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Parent Guide

The Challenge of Putting a Frightened Child to Bed

Types of Bedtime Fears

Bedtime fears are very common; most children have them at some point during their childhood. But there are “fears” and there are fears.

Bedtime Resistance

Sometimes a child will tell you that she is afraid when, in actuality, she is merely trying to stall bedtime. That is, she may say that she is frightened to distract you from the business of putting her to bed for the night. These “fears” are really a way of expressing resistance to bedtime and this behavior is often associated with other behaviors that involve trying to avoid having to go to bed, like asking for another glass of water, or saying that she has to go to the bathroom, again. This sort of behavior is often labeled “bedtime resistance.” Incentives and rewards can be helpful in motivating the resistant child to go to bed, and stay in bed, at bedtime.

Bedtime Fearfulness

Unlike bedtime resisters, there are many children who will describe bedtime concerns that truly frighten them, such as a fear of the dark or a fear of being kidnapped. You can try a reward approach with these children, but rewards associated with going to bed and staying in bed sometimes don't work quite as well with fearful children because their fear overrides their motivation to get the reward.

Then there are children whose fears are so intense that they experience pure terror at bedtime. The fear of staying alone for these terrified children can be so severe that it may as well be called a “bedtime phobia.” Rewards, alone, rarely work for these children.

Strategies to Reduce Bedtime Fears

Whether your child is feigning fear or whether she is truly scared, it's always worthwhile to offer some reassurance. Empathically assuring her that she is truly safe and secure can be comforting to your child.

But reassurance, and the incentive of a special treat, may not work when a child is more than a little fearful. The following are some additional ways to decrease your child's anxiety at bedtime if she is very fearful:

- Create a consistent and enjoyable bedtime routine. This often includes some time to wind down, followed by a bath, a change into pajamas, tooth brushing, a story, and then hugs and kisses goodnight. Consistent routines are soothing, and most of us tend to deal better with the trials and tribulations of life when there is consistency, predictability and stability.
- Offer your child “company” at night, such as a stuffed animal or a small pet, like a turtle, or fish.
- Offer explanations about the nighttime events that frighten your child, such as the sounds of the house settling or the heating system going on and off.
- Practice exposure to bedtime experiences during the light of day. For example, have your child spend time alone in her bedroom during the day and then at dusk. This strategy can be

enhanced by simulating bedtime, such as by turning out the lights and pulling the shades.

- Teach your child relaxation strategies. One such technique is called progressive muscle relaxation. This entails progressively tensing and relaxing different muscle groups, focusing on the experience of gradual relaxation that occurs when the muscles are relaxed. Another strategy involves listening to soothing CDs and audio-tapes, such as those involving guided imagery (wherein the voice on the CD or tape describes, in detail, the lush, sensory experiences that characterize a lovely, natural setting, like a park) and those involving nature sounds, such as the soothing sounds of rain or the ocean.

These strategies help most frightened children, but they usually won't do the trick when a child is absolutely terrified or phobic. Few parental challenges are as perplexing and as upsetting as putting a phobic child to sleep in her own bed. The separation anxiety a phobic child feels is virtually unbearable. And because reassurances and other strategies often don't work, most parents become exasperated. Parental frustration can often give way to threats, and our threats can send our frightened children into tears and tantrums. All too often we give in and let our child fall asleep with us.

Co-Sleeping

There are some parents who don't mind permitting their frightened child to sleep in the parental bed. Indeed, there are some parents who advocate having the family sleep together in one bed.

But it is one thing to believe in the family bed as a matter of principle, and it is another to resort to the family bed out of desperation.

Exposure

While reassurance and coping strategies can be helpful for mild to moderate fears of all sorts, they are often not sufficient for intense fears and phobias, bedtime phobias included. What usually does work, however, is a strategy involving exposure.

Exposure strategies, technically called "real-life desensitization" or "exposure therapy," involve exposing the frightened individual to the object of their fear. In the case of bedtime fears, the object of the fear is being alone in the bed at bedtime. Exposure can be introduced suddenly or gradually.

Flooding and Implosion

The technical terms for exposure strategies that involve sudden exposure to the feared situation are "implosion" and "flooding." These are fancy terms that refer to a strategy involving having the frightened person be exposed, in full force, and without let-up, to the feared object. In the case of bedtime fears, this sort of exposure strategy would involve having the child stay in her room, alone, and be left to cry it out until she eventually falls asleep. Constant exposure to a feared situation usually leads to "habituation," the experience of becoming so used to the unpleasant sensation that it no longer feels particularly uncomfortable. Picture being at a swimming pool and diving into the water. People usually feel uncomfortably chilly at first. But, with time, the body gets used to the cold water until, eventually, the body feels comfortable. In the case of bedtime fears, repeated and prolonged exposure to being alone in the bedroom results in the child getting used to the experience. Over time, meaning over a period of successive nights, the child sees that she has managed to live through her fears. She sees that nothing bad happened. She becomes used to the experience of being alone so that she is no longer afraid.

Gradual Exposure

Because abrupt and prolonged exposure can be quite uncomfortable at first, both for the frightened individual as well as for those around her, many exposure therapies involve gradual exposure, in which the individual is gradually exposed to the feared object. In the case of bedtime fears, the child is gradually exposed to longer and longer periods of time alone in her bedroom. Gradual exposure can be achieved in several ways. However, the key to all gradual exposure programs remains the same: gradual exposure to the feared situation.

Shorter and Shorter Periods of Time at the Child's Bedside

One method of gradual exposure involves having the parent spend shorter and shorter periods of time at the child's bedside, at bedtime. The first night could involve perhaps 15 minutes of bedside pleasantries (chit-chat, hugs, kisses and "goodnight,") once the bedtime routine is finished; followed by 10 minutes of pleasantries the next night, followed by 5 minutes the subsequent night, followed by a mere hug, kiss and "nighty night" on the last night.

These time limits are not written in stone. You could start with 15 minutes the first night, followed by 14 minutes the next night, 13 minutes the third night, and so forth, until your child is able to tolerate the ultimate "nighty night," with no pleasantries at all. Whatever works.

Longer and Longer Amounts of Distance from the Child's Bedside

Another technique involves a variation on this theme. Instead of spending shorter and shorter periods of time at the child's bedside, the parent could sit larger and larger distances from the child's bed. You can start the first night by sitting in a chair at your child's bedside during the period of pleasantries. The next night you could perform the bedtime pleasantries six inches from your child's bedside. The subsequent night could involve your staying with your child a foot from her bedside and so on and so forth until you are sitting outside the doorway and in the hall.

All of these programs essentially involve leaving your child on her own for longer and longer periods of time. In time, she will realize that she can tolerate staying alone in her room. She comes to this realization because she sees that, indeed, she is staying alone in her room. She is being desensitized to staying alone through the actual process of staying alone. She becomes less and less sensitive about it until, finally, she does not mind staying alone at all. Voila, you have a child who can fall asleep by herself.

Bedtime Resistors

In the case of children with bedtime fears, the gradual exposure strategies teach the child that when she stays alone in her room, nothing bad will happen. The exposure strategies are helpful for bedtime resistors as well. But, instead of teaching them that nothing bad will happen when they are alone, it teaches them that they can manage without getting their way. It teaches them that, despite their tears and tantrums, they can tolerate the frustration and aggravation of not getting their way, which would be to stay up with their parents for as long as they'd like.

Use Whatever Program Works

You needn't utilize either the programs that have just been described, or the procedure that follows; just make sure that you pick some sort of procedure that exposes your child to longer and longer periods of time on her own in her room.

And don't require your child to fall asleep, just require her to stay alone. Your child can make herself stay in her own room, but she can't will herself to sleep any more than you can. Her brain will determine when she enters a sleep state. But keep in mind, no one stays awake forever. Eventually, she will fall asleep.

The Technique Used in the Children's Story

The procedure depicted in the children's story is one of the more popular approaches to the problem, and it has been the subject of a considerable amount of research. Its technical labels are "graduated extinction" and "graduated ignoring." It involves leaving the child alone in her bedroom for longer and longer periods of time. At first, the parent leaves for just a moment or two, and then comes back. Subsequently, the parent leaves the child alone for a slightly longer period of time and then, as before, returns. Once again, the child becomes desensitized by seeing that she is capable of staying alone because, in fact, she is staying alone.

Advance Preparation

Bedtime desensitization procedures can work; and they can work within days. But they require persistence and determination, often in the face of tearful resistance from the child. Children sometimes cry during the first attempts to leave them; and it can be heart-wrenching to hear a child cry. Therefore, it is extremely helpful if you prepare, in advance, for your child's resistance. The more you are prepared, the easier it will be to follow through on the desensitization.

Try starting with these preparations:

Address Your Child's Bedroom Fears

Some children are not only fearful being in their room at bedtime, they are fearful staying in their room, alone, all the time, day and night. If this is the case for your child, then a gradual exposure treatment of her bedtime phobia will be all that much more difficult, because you will be trying to tackle bedroom and bedtime phobias at the same time. You can increase the likelihood of successfully conquering her bedtime fears by first helping her to become comfortable with staying in her room alone during the day.

As described earlier, you might be able to accomplish this with the incentive of a reward. For example, you may be able to motivate her to try staying alone in her room by enticing her with a variety of small treats that she can earn if she stays in her room, alone, for longer and longer periods of time.

You may also want to try a creative approach, such as incorporating the experience of staying in her room alone into a game. The game of hide-and-go-seek, sometimes called "manhunt," works well for this venture. The game involves having one person remain, alone, in the child's room, counting to 30, while the other player finds a place in the house to hide. After the count of 30, the player who was initially in the child's bedroom then ventures out of the room to find their hidden opponent. You might want to start the game by first having you remain in her room, counting to 30, while she hides

somewhere in the house, followed by having her remain in her room, counting to 30, while you hide somewhere in the house. You can follow this by playing the game with all the lights off in the house; followed, finally, by playing the game at night with, and then without, the lights on.

Create a Bedtime Routine

Before launching your exposure program, you should devise a bedtime routine. As described before, this may include some time to wind down, followed by a bath, a change into sleep attire, tooth brushing, stories and a hug and kiss goodnight. The keys to a good bedtime routine are to come up with something that is soothing, pleasurable and has qualities that enable it to be performed with consistency.

Prepare Your Child for the Program

Now that you've created the routine, review it with your child, and prepare her for the fact that eventually you will be separating from her at the end of it.

Read Goodbye to Bedtime Fears with Your Child

You will probably want to read to your child the children's story about Emily, the little girl who, like your child, is afraid to sleep in her own bed. (Make sure to read the story to yourself before you read it to your child. You want to be as prepared as possible for her reaction.) Most people enjoy hearing stories about others who have overcome obstacles like their own. Your child will probably find it inspirational and motivating to learn that another child has conquered the same fear that she is trying to conquer.

You may want to ask your child questions about the story and questions about her thoughts and feelings about your plan to desensitize her from her fear of being alone at night. Her answers to your questions may help you to troubleshoot any problems with your plans. For example, she may tell you that she will feel better if you make sure to place her favorite stuffed animal on her bed. Or perhaps she will tell you that she'll feel better if you sing her favorite lullaby before you go.

Discuss Coping Techniques with Your Child

You may also want to discuss coping techniques with your child. For example, you may want to teach her different ways to relax her body and you may want to show her how to take slow, deep breaths to help her to relax. You might want to discuss with her how to imagine comforting and relaxing pictures in her mind (such as an image of you sitting on a rocker next to her bed, smiling down at her.) You might also want to teach her different positive statements that she can repeat to herself over and over to make herself feel more confident in the face of her separation fears, like “I’m completely safe, there’s nothing to fear.”

Prepare Yourself for the Program

Finally, you should thoroughly prepare yourself for the difficulties that you might encounter while performing the desensitization procedure. The strategy requires that when you leave your child’s room, your child must stay in her room, preferably in her bed. Since your child has been afraid to stay alone in her room, she may not stay there the first time you leave. Often, a child will bolt out of her bed and try to leave her room the first time her parent tries to leave. If your child does this, then you may want to stand at her doorway, and calmly tell her that she has to get back into her bed, and you will not come over to her bed to comfort her until she does so. You may even close her door, and tell her that you will not open it until she returns to her bed. How will you know whether or not she’s returned to her bed? Well, you can open up her door a crack from time to time to check, making sure to close it quickly if you see that she has not returned to her bed.

Prepare for the Possibility that Your Child May Cry

Listening to a child cry can be very hard to take, especially if it is your child. It may happen, so please prepare for it. It helps to keep in mind that you are asking your child to stay alone in her bedroom, not in a lion’s den. You’re asking her to do something that you feel is safe. If you don’t feel that it is safe for your child to stay in her room alone, then you must

figure out a way to make it safe. You can’t embark on an exposure program until your child really is safe. Also once you’ve made certain that your child is safe in her room, you still shouldn’t try such a program until you feel really comfortable that your child is safe. If you don’t feel she is safe, you’re not going to have the heart to make her stay in her room when she is fearful that she is unsafe.

Remember, too, that you are performing the exposure program at night, and your child is probably tired. Tired children can often be irritable and tearful. And don’t be deterred if your child tells you that she is very mad at you when you insist that she stay alone in her room. You are exposing your child to anxiety, and anxiety hurts. As a result, your child may be angry with you for inflicting discomfort. But keep in mind that you’re doing it for a good cause. Gradual exposure to anxiety-provoking situations is what ultimately makes the situations less anxiety-provoking. And that is what you want to accomplish: helping your child to be less anxious in a place that she shouldn’t be anxious: her room.

This procedure will go more smoothly if you think about it in these benign terms rather than if you think that you are being cruel. If you’re not sure about all this, you may want to consult with your pediatrician or a mental health professional for reassurance and advice.

It may surprise you to know that a fair amount of research has been done on this procedure, and the research has not shown that children suffer ill-effects from the strategy. As a matter of fact, much of the research has demonstrated that, once the procedure is completed, children tend to be better-adjusted than they were before the procedure was undertaken. The parent-child relationship tends to improve as well.

You may find this hard to believe when your child is crying her head off. But keep this in mind: if you’re like most parents who’ve gotten to the point where they need to resort to a gradual exposure strategy, then you’ve probably had many an angry

and tearful night, with you losing your temper and your child crying in response. All that tension disappears when the gradual exposure program is successfully completed. So, it follows that, after the program is completed, the child will be better adjusted and the parent-child relationship will improve.

The Procedure Takes Time, but It Can Work

The nightly procedure takes some time because you're not done until your child is quietly tolerating staying in her room on her own. But remember, human beings, children included, cannot stay awake and cry forever. As you alternately leave and then return to her room, it will be getting later and later. As the evening wears on, your child will be getting more and more drowsy, all the more so if she's worn herself out with crying.

Eventually, during one of the intervals when you are away from her, she will either calm down or fall asleep. When she awakens, either in the middle of the night, or the next morning, she will awaken to the realization that she fell asleep all by herself. With time, she will come to realize that she can stay alone. By the way, if she awakens in the middle of the night and comes into your room, you really must return her to her bed and continue the procedure until she is, again, able to calmly stay in her room.

Middle-of-the-Night Fears

Some children who have bedtime fears will awaken during the middle of the night while they are in the process of being desensitized to their bedtime fears, and, as mentioned, it is important to be consistent and return them to their room. But there are other children who don't seem to have any fears upon evening bedtime yet become fearful in the middle of the night.

Middle-of-the-night fears are common in young children. The strategy to resolve these fears, interestingly, is usually essentially the same as the strategy to resolve the bedtime fears. This is because the middle-of-the-night fears and evening bedtime fears

often have share the same fundamental root cause: a fear of falling asleep alone in one's own room.

The sleep experience is comprised of a series of sleep cycles. All of us, children and adults alike, rise out of one sleep cycle before entering the next, multiple times during the night. Few of us are aware of these brief awakenings because we automatically return to sleep. What makes it so easy to return to sleep is that most of us have positive sleep associations. Sleep associations are the environmental objects, the people and things existent in the bed and in the bedroom, that we have become accustomed to having with us at bedtime. If these objects are reasonably consistent, from one night to the next, then their very existence promotes a sense of security and serenity, much like the security that results from having a consistent bedtime routine. The objects, or sleep associations, become the cues that trigger for us the experience of security that we rely upon to easily fall asleep.

Children who awaken in the middle of the night and don't fall right back to sleep are often children who have gotten used to having a parent stay with them at bedtime until they are either very sleepy or until they have actually fallen asleep. As a result, their sleep associations involve having a parent present when they fall asleep. If they should then awaken in the middle of the night, the absence of the parent creates a negative sleep association. The absence of the parent is experienced as frightening because it has not been associated with bedtime and the onset of sleep. Therefore, the child becomes anxious and seeks to be with her parents in order to reinstate her sleep association.

When a child falls asleep all by herself at bedtime, her sleep associations do not include the presence of her parent. As a result, her nighttime awakenings will be accompanied only by positive sleep associations, and she will be able to return to sleep on her own. She will have become accustomed to falling asleep by herself, and, upon awakening in the middle of the night, she will be able to fall right back to sleep. Therefore, if your child is waking in

the middle of the night and anxiously seeks you out, then you might want to try the strategies that have been discussed so that she can feel comfortable being in her own bed, all alone, at any point during bedtime and sleep time.

Be Consistent

You can see that the nightly process of training your child to stay alone in her room at night can take many minutes, or even many hours. Therefore, it is very important that you only begin the procedure when you are certain that you'll have the patience and energy to persist and prevail, and that you'll be able to tolerate the possibility that your child may be very tired in the morning and may not fare well at school. If you attempt the procedure and then cave in when your child begins to cry, or when it gets late and you're absolutely exhausted, then you will only make matters worse. Your child will learn that her tears or your exhaustion can persuade you into letting her fall asleep with you, instead of on her own. She'll presume that if she cries at least as hard or as long the next time you try this process, then you'll give in again and let her stay with you.

If the procedure becomes too upsetting and difficult for you or your child, then remember this: you can opt for a co-sleeping arrangement. You don't need to make your child sleep alone. But choose one or the other; don't go back and forth. When you let her sleep with you, your behavior implies that sleeping with you is acceptable. Then, when you require her to sleep alone the next night, you'll seem unfair and cruel. You'll be withholding from her something that she desperately wants; something that, only yesterday, you seemed to feel was alright to do. She'll think that you're being mean. She'll think that if you thought it was alright last night, then by not letting her sleep with you tonight you must not care about her feelings. Furthermore, having let her sleep with you last night, she'll feel motivated to protest all that much more tonight, in the hope that, like last night, you'll change your mind. So, keep in mind that if you go back and forth, you'll make everyone a lot more miserable.

Recommended Wait Times

Many professionals, including psychologists and pediatricians, have written articles and books about this bedtime procedure. What is typically recommended is that, on the first night, you require your child to stay alone for five minutes before checking in on her. Checking in should only last about 30 seconds. If she continues to cry or fuss after you have checked in, then you are to leave, again, for an extra five minutes, meaning ten minutes in total, before checking in for the second time. Once again, if she is still crying when you check in this next time, then you are to leave, again, for an additional five minutes, for a total of fifteen minutes. After that, brief checks can be made every fifteen minutes until the child is no longer crying, at which point no more checks are to be made.

On each subsequent night of the procedure, all the checks are to be lengthened by five minutes. This means that, on the second night of the procedure, the child is left alone for ten minutes before the first check, fifteen minutes before the second check and 20 minutes before the third check and before all subsequent checks. On the third night, the first departure should last fifteen minutes, with five minutes added to each subsequent check, and so forth, as before, throughout the evening.

These lengths of time are not cut in stone. If you find it difficult to listen to your child cry for these lengths of time, then you can experiment with shortening them. For example, you may want to try a first wait on the first night of only three seconds. You can listen to your child cry for three seconds, can't you? That's just "one, one thousand; two, on thousand; three, one thousand."

Remember that if you tamper with the wait times that you should try to lengthen each wait time a bit, just to gradually give your child a chance to learn to soothe herself and to show herself that she can handle longer and longer intervals of being alone.

You must not tamper with the wait times in such a way as to give her the impression that if she cries

then you'll come in sooner. This defeats the whole purpose of this exercise, and, once again, it teaches her that her tears can persuade you to cave in. The goal is for her to learn that, indeed, she can stay alone at bedtime; so you need to give her time alone, tears or no tears, so that she can see that she really can do it. If you go in to rescue her too soon, you are depriving her of a chance to be successful.

Other Ways to Make the Procedure More Tolerable

There are other things you can do to make this process easier for yourself. For example, if you find that you have to close the door, then you can stand right outside the door and offer a lot of comforting remarks, which will remind the two of you that she is not really alone in the home. But remember, try not to talk too much, or she'll begin to need your talking to help her be alone, which, in effect, is not really being alone. If you have a partner in your home, you might want to alternate the task of leaving and returning to your child's room with that person, so that you need not subject yourself to too much discomfort and exhaustion as you listen to your child fuss.

Steps to the Technique Used in the Children's Story

Hopefully, these preparations have gotten you ready to try the procedure. Now, here are the steps:

1. Perform the bedtime routine.
2. Leave your child's room. If your child tries to leave her room, then block her from doing so (with your body, with a door, with a gate, etc.)
3. Return to your child's room, after the prescribed period of time, on time and as promised to her, and check on her. (Good relationships are based on trust; don't promise you'll be back and then break your promise!) Comfort her for a few seconds, if necessary.
4. Leave your child's room again. This time, stay out of her room for a somewhat longer period than you did last time.

5. Perform steps 2 through 4 repeatedly until your child is calmly staying in her room, or, preferably, in her bed.

6. You're done for the night. Consider giving your child a reward the next morning to underscore your pride in her success (and to motivate her for the next night.) In fact, you may want to give her a reward each time she manages to get through a wait period.

7. Repeat steps 1 through 6 each successive night until you have a child who does not fuss when you leave her alone at bedtime.

This program is not complicated, but it can be emotionally and physically draining.

Below are a few of the many fine books available that provide details regarding this procedure and the related techniques, such as relaxation and breathing exercises, guided imagery and positive self-talk. Also included are some children's books that can serve as very good bedtime stories for children who are anxious and resistant about going to bed. If, after all of this, you still feel that you simply can't get your child over her fears enough to stay on her own at bedtime, then you may want to consult with your pediatrician, or with a mental health professional. Good luck!

Books for Parents

Solve Your Child's Sleep Problems. Richard Ferber. New York: Simon Schuster, Inc., 1985

Good Night, Sweet Dreams, I Love You: Now Get Into Bed and Go to Sleep! Patrick Friman. Boys Town, Nebraska: Boys Town Press, 2005

Monsters Under the Bed and Other Childhood Fears. Stephen W. Garber, Marianne Daniels Garber, and Robyn Freedman Spizman. New York: Villard Books, a division of Random House, Inc., 1993

Sleeping Through the Night. Jodi Mindell. New York: HarperCollins. 1997.

Talk Charge of Your Child's Sleep. Judy Owens, M.D. and Jodi Mindell, Ph.D. New York: Marlowe and Company, 2005.

The No-Cry Sleep Solution for Toddlers and Preschoolers. Elizabeth Pantley. New York: McGraw-Hill, 2005.

Baby and Toddler Sleep Program. John Pearce, M.D. with Jane Bidder. Tuscon, Arizona: FisherBooks, LLC, 1999.

Books for Children

Bed Bugs. David A. Carter. New York: Little Simon, an imprint of Simon and Schuster, 1998.

The Sleep Fairy. Janie Peterson. Omaha, Nebraska: Behav'n Kids Press, Inc., 2003.

The Goodnight Book for moms and little ones. Edited by Alice Wong and Lean Taberi. New York: Welcome Books, an imprint of Welcome Enterprises, Inc., 2005.