

disruption the behavior generates), and the attempted interventions are important in planning effective approaches designed for the specific sleep problem. A common suggestion given for any type of sleep problem, “Let the child cry until he or she falls asleep,” is very difficult to implement and is inappropriate for certain conditions. Once the parents relent and console the child, they have only reinforced the crying.

An effective approach to night crying is known as **graduated extinction**. This involves letting the child cry for progressively longer times between brief parental interventions that consist only of reassurance—not rocking, holding, or using a bottle or pacifier. For example, the parents may check on the child every 5 minutes (of crying) during the first night and progressively extend this interval by 5 minutes on successive nights.

Families that cannot tolerate unexpected crying spells while everyone else is asleep can try the two-step approach. Graduated extinction is used during naps and at bedtime until the parents retire for the night. If the child cries during the night, the parents use comforting measures. However, after the child is partially trained, step 2 is initiated—the use of graduated extinction at all times.

The best way to prevent sleep problems is to encourage parents to establish bedtime rituals that do not foster problematic patterns. Safe sleep recommendations include placing the infant alone in a supine position in their own crib ([Hitchcock, 2012](#)). One of the most constructive is placing infants awake in their own crib. When infants are accustomed to falling asleep somewhere else, such as in their parent's arms, and then being transferred to their crib, they awaken in unfamiliar surroundings and are unable to fall asleep until the routine is repeated. Also, the bed should be used for sleeping only, not as a play yard. It is advisable not to hang playthings over or on the bed; in this way, the child associates the bed with sleep, not with activity. Although the interventions described previously and in [Table 10-1](#) are usually successful, it is much easier to prevent the problem with appropriate counseling during the early months of the infant's life.

Sudden Infant Death Syndrome