



## **PR-P 007: A Sensible Sleep Solution with Associate Professor Sarah Blunden**

### **Part 1**

*Author:* Dr Nicole Weeks

*Interviewee:* Associate Professor Sarah Blunden

**Nicole:** Welcome to a very special 7<sup>th</sup> episode of the Practical Research Parenting Podcast. I am very excited today to introduce my very first interviewee.

Associate Professor Sarah Blunden has been researching, treating, and lecturing on childrens' sleep for more than 10 years. She is the Head of Paediatric sleep research and Senior research fellow at the Appleton Institute, which has its own sleep lab, and is located at CQ University in Adelaide, Australia.

Sarah is also the founder and director of the Australian Centre for Education in Sleep and Research and the paediatric sleep clinic. Associate Professor Blunden is the primary author of "The sensible sleep solution", and "Boss of my sleep book". I will include links to all of those institutions, and books, in my show notes at [www.practicalresearchparenting.com/sleepsolution](http://www.practicalresearchparenting.com/sleepsolution).

This is the first of a 3-part interview with Associate Professor Sarah Blunden. In this first one we discuss Sarah's research and practice career with a particular focus on a gradual sleep solution that she developed.

The second episode focuses on Associate Professor Blunden's first book, the Sensible Sleep Solution, and we discuss sleep approaches for 0-1 year olds, as in the book, and alterations for 1-3 year olds.

The third and final episode in the series focuses on Sarah's book for 3 to 8 year olds, "The Boss of my Sleep Book".

So, let's get into the interview.

**Sarah:** Hi Nicole

**Nicole:** Hello Sarah, thank you for joining us.

**Sarah:** Pleasure, pleasure

**Nicole:** OK, so I actually found out about you and your book "the Sensible Sleep Solution" via your academic research into the gradual withdrawal method. So first of all, can you take us through how you came to study sleep, and a bit about your research journey?

**Sarah:** Sure, I came to university in Psychology as a late starter, I had another career before this one, and I needed to get another job so I went to University and studied Psychology because I loved it. And I wanted to work with children so when I got the

opportunity to do Honours I asked to do work with children and the available project was a project on sleep in children and how sleep disordered breathing, that is snoring and sleep apnoea, affects the development and wellbeing of young children. So I got interested in sleep that way and finished up doing Honours, Masters, and a PhD in that field.

**Nicole:** Wow!

**Sarah:** At the end of that journey, and as part of my PhD, I realised that it wasn't just sleep disordered breathing, snoring, and sleep apnoea, that are problematic in children and how it affects their wellbeing and development, but also behavioural sleep disorders, that is non-respiratory, non-physiological sleep disorders, that is behavioural if you like, that is children just don't sleep enough, or don't sleep long enough, they are indeed more prevalent and more detrimental to children's development, so I turned the corner and went into that field. That's when I ended up doing sleep and working with behavioural sleep problems such as I'm doing now.

**Nicole:** Yeah, right, yeah, it is definitely a very important area. Talk to any Mum and that will come up.

**Sarah:** Yes, indeed, 40% of young babies and young children have behavioural sleep problems.

**Nicole:** Yeah, wow, it is definitely a very important area. So, can you share with us a bit more about your research into specifically the gradual withdrawal method?

**Sarah:** Sure. Given that when I finished my PhD I opened up my paediatric sleep clinic as well as continuing in my research area, and the paediatric sleep clinic has always been part of my life, 2 or 3 days a week ever since I have been working in academia, when I was in that area I realised that there was not enough research into the fact that when a child doesn't sleep through the night, and lets face it, that is a difficult thing for any child to do, and in fact it is not possible for a child to sleep through the night without signalling to the parent, particularly when they are young. But the standard ways of dealing with that tended to be what we call extinction techniques in Psychology, that is ignoring techniques and in various forms and various frequencies it was necessary, if you wanted your child to not wake up and wake up parents, you had to ignore the child. I was unhappy with that and didn't feel that that was the only way of doing it, so I developed a slow method of yes, withdrawing parental assistance overnight, but rather than ignoring, my method is a teaching method. So even from a very young age, we can teach young children to expect a different behaviour just by changing the behaviour that we do. And therefore a child, because they learn so brilliantly when they are young, or all the time I guess, they can observe and learn from the behaviours that are done to them. And if we change a behaviour, then they will become dependent on the new behaviour. So in that way we can gradually withdraw our intensive interaction with them, which is often making them dependent on us to put them back to sleep.

**Nicole:** OK, so it is sort of working on similar principles in terms of you are changing the sort of behaviour that they can expect when they call out, but it is much gentler, and you are responding when they are distressed.



**Sarah:** Absolutely. I guess all behavioural management techniques, because this is a behavioural management technique after all, sleep behaviour is behaviour in its purest form, and all behaviour change happens through behaviour theory. So we know that a child will do something, a parent will do something in response, and very quickly that child learns that behavioural response, and that is behaviour theory. So taking that theory in its purest form we say, well, when we respond to the child with a cue-based responsive method that does not ignore, but teaches, because I don't believe that ignoring 1. Is necessary, and 2. Is effective.

**Nicole:** Yeah, alright, so if you were teaching parents who initially were rocking their baby whenever they called out, you'd choose a different method that was a bit less hands on?

**Sarah:** That's right, so we try to work out what is it that they baby needs, and we do that all the time, so that might be a loving response (and that can be just verbal), it might be a feed, it might be a nappy change, it might be a dummy, it might be something that the child can't do for themselves at this point, depending on the age and the development of the child, but what can they do without. Now maybe the child doesn't need to be rocked *to sleep*, maybe they need to be picked up and rocked a little bit, but then not rocked to sleep. So it is a way of going to the child, and responding to them, so that the child thinks that they are going to get the same response, and therefore they don't get distressed, they kind of wait for the end point to be there, when the end point is not given, that is something *to sleep*, then the child might get antsy at that, but that is to be expected because it is a baby, or a child, and they don't understand the system. And because we can't tell them the system, we just have to show them love in a different way, and therefore, they will eventually get used to that. They may not like it initially, they'll get a bit antsy because they don't understand why they're not getting helped to sleep, and in addition to that, physiologically, and emotionally, the child hasn't got used to doing it themselves, so it is a re-adjustment for the child, and essentially, what the parent will be doing is, with their attention, saying "I love you my darling, but I can't rock you to sleep anymore, I will rock you until you are very very happy and dozy, and then I'll try, and continue to pat you while you are in the cot.

**Nicole:** And then if from there the child gets really distressed at this new approach, what is your back up plan?

**Sarah:** Essentially I hope to give the power back to parents. I think that what we have done over time is take away maternal instinct by expertising or professionalising motherhood in how we respond to a child, and I think mothers do that much better than they think they do. So if a baby is crying in their cot, most mothers, and fathers, but I talk about mothers because they are still the most common primary care-giver, most mothers will want to pick up their child, and the reason they don't is because they are told not to. I say to parents "If you want to pick up your child, you pick up your child, you calm them, but now you must not rock them to sleep in your arms any more, because you've decided you're not going to do that and you don't need to do it, you've decided that's not a necessity. So now you calm your child, and the picking up and rocking is a calming technique rather than a settling technique. So we calm, and

then we start the whole process again. Yes the child will get antsy, and yes, even the child might think “Oh great! Now I’m in Mums arms, this is terrific, this is exactly where I wanted to be.” Given that the child doesn’t actually think that way and they don’t manipulate the situation in any way shape or form. But behaviourally, they are happy to be in Mum’s arms, so when Mum puts the baby back in the sleep space, the child will go “No, no, that is not what I want”, and so it is by continual behaviour, caring, gentle behaviour, but persistent behaviour none the less, that will realign the child’s behavioural pattern such that they then understand “Oh, I see, I get it now, I go back in the cot”. And that is learning behaviour, through behaviour patterns that are repeated in a gentle way. We know that if a baby is not responded to, they will get distressed. We know that when people are stressed, and babies most particularly, they don’t learn anyway, and they are not going to be able to be calmed to get back to sleep. So by doing it this way, the baby is calm enough to learn the new system, and it happens faster.

**Nicole:** That’s wonderful, and allowing for the maternal instinct I think is really good as opposed to regimenting it.

**Sarah:** That’s right, and telling a parent that they can’t do one thing or another I think is really difficult.

**Nicole:** Yeah, when I have tried to parent by doing what feels right, it’s certainly felt a lot better than trying to pat a screaming baby who obviously wants something else.

**Sarah:** Absolutely, absolutely. And having said that, it is difficult that some caregivers, some parents, mums, and dads, are really struggling, in which case there is somebody who might have to come in and help them do something other than what they are doing, which isn’t working. But generally, in the general sense then, I think that a middle of the road approach, I know I want to pick you up and love you and calm you, but I know also that I don’t want to rock you to sleep, even though I know that works. So I have to find, as a Mum, I have to find a way down that middle path. To say I can let you cry a little bit, because you know that I am right here, and the crying that is ensuing right now is a protest cry, in its purest form, because everything else is the same. I’ve done everything for you that I usually do except rock you in my arms, so I know what the protest cry is about, it is “I don’t understand, I can’t do it, I need your help”.

**Nicole:** Yeah, OK, so you don’t say as soon as your baby cries, pick them up, that’s left to the mother’s instinct, when you have to pick your child up, then pick them up, but otherwise crying’s OK.

**Sarah:** That’s right, but that also depends on the age of course. Normally under 6 months is very tricky to do any limit-setting on children’s sleep because babies are so dependent at that age. Nonetheless, everything is relative really.

**Nicole:** Yes, and they grow so gradually, so we often use the 6 month mark as a turn-point.

**Sarah:** Yes, it is almost like an unwritten rule in most people that deliver sleep interventions with young children that 6 months is the time that we can start considering that, and that is pretty young, but that is the time, that is a general rule, certainly in academia.



**Nicole:** Yes, OK, so a bit more into the studies you did into this, what sort of outcomes were you looking for?

**Sarah:** Well, the problem is, when a baby can't sleep for long periods of time, and they will wake up after each sleep cycle and signal for Mum and Dad, and they will cry, and parent will go and attend. So it is the crying that wakes Mum and Dad, and then it is the difficulty, or not, of how long it takes to get the child back to sleep. So how many times does the child wake up, how long are those wake ups for, individually or cumulatively, and how many times a week does this happen? They are generally the type of sleep problem that is categorised as a problem and of course the more there are the greater the problem, and of course there is an additional problem at the beginning of the night of how long does it take to settle your child? And they are all the same thing, if your child is tricky, and needs a lot of interaction to get to sleep, parents will do a lot of stuff to get them to sleep. So those 4 things are what we measure to find out whether that is better. In a lot of other studies you measure parental satisfaction, you measure parental mood, confidence and that type of thing. In the studies that I did for this particular method I measured those 4 sleep outcomes, so duration and frequency of night wakings, number of times per week, and number of minutes it takes to get them to sleep, and I measured parents satisfaction with the method, clinic, and if anything else in the household changed. And those outcomes in our pre-post study showed that all of the sleep outcomes were significantly different, that means that they were more than you would expect by chance, and parents were more satisfied with this technique than having done controlled crying or cry it out methods, which are traditional extinction methods that are very common out there in the community. And they had, in fact all of them I believe, had tried a controlled crying type of intervention and were unable to continue. And in fact another couple of studies I have done recently, I have interviewed parents, to find out what they do when they decide to intervene with the sleep intervention and offered them the choices of a scenario, that was essentially a cry it out scenario, or a controlled crying scenario, or a responsive scenario, and asked them which one they would do, which one they would like to do, and which one they wouldn't like to do, and in the first study 70% of parents said they didn't want to do controlled crying, or if they did, they would start it and stop, and in the second study, which was a much greater study done by one of my PhD students, Hayley Etherton, was 63%, so it is very consistent that the vast majority of parents do not want to do controlled crying.

**Nicole:** That fits, it goes against your instinct.

**Sarah:** It does, and it is very interesting that the narrative in the vast majority of the community, those who deliver sleep interventions, those that publish about the sleep interventions, and the medical practitioners largely, who deliver the interventions, the narrative is controlled crying, and I believe it is probably because it is very much simpler to do.

**Nicole:** Yes, possibly, it does also have a fair bit, like it has been researched a lot and goes way back...

**Sarah:** Absolutely, that is absolutely true, in fact two of the recent literature reviews on all of the sleep interventions that have been published in the last 20 or so years, I think, and I might have the number wrong, but somewhere around 56 papers have been published in this area and of them, about 49 of those are based on controlled crying or cry it out. So they are vastly skewing the data in the literature, they are much more published than the other types of sleep interventions, and so I guess if a medical doctor or someone who doesn't know how to deliver a sleep intervention, someone who wants to go looking, will find overwhelmingly controlled crying and therefore I would expect that they would just do that because that is the most researched, and that would be a logical thing to do.

**Nicole:** Yeah, I agree, I think it is really important this shift towards having alternatives,

**Sarah:** I believe so

**Nicole:** because as you say, parents don't want to do controlled crying, and it is good to have other options out there, and you've certainly done a lot of research into how detrimental it can be just to leave the sleep problems if you don't want to do controlled crying.

**Sarah:** Indeed, and I believe passionately that choice is a very important thing for parents and I'm just very surprised that the conversations are still the same as they were 30, 40 years ago.

**Nicole:** Yeah, that's right, I think the boat is turning, I hope it's turning, slowly.

**Sarah:** I hope it is turning too

**Nicole:** Just before we get onto your first book, in those studies, did it work for everyone?

**Sarah:** Yes it did, everyone in that study.

**Nicole:** Yeah, wow!

**Sarah:** Now, the two studies that I have published, are people that were in my clinic, so it is a clinical sample, therefore, these people came to me for that reason, they had tried controlled crying before and stopped, so the odds were stacked for them to succeed, do you understand what I mean.

**Nicole:** Yeah, I do, because they were definitely ready to do something about it.

**Sarah:** In terms of scientific rigour that's not the best type of study, it certainly shows that the process is effective, and I know that it is effective, because I have been doing it for 10 years, and I get feedback all the time about how effective it is, because I know that it is effective, the question is, is it as effective as the other ones? Well I am in the process now of running a study to compare what I call this method, I call it the sensible sleep solution, but more broadly the CuBSS method, a Cue-Based Sleep Solution, compared to controlled crying, compared to nothing at all, compared to a control group.

**Nicole:** Fantastic, I'd love to hear the results of that!



**Sarah:** Yes, and so that is a huge study to get up, and so we are searching around for money and participants to do that as we speak, to try to answer the question, even if you didn't come to me for a solution, is this as good as a controlled crying solution? Because whether or not people like controlled crying, it is effective in the vast majority of children, for 60% of children it is effective, for 40% it is not, interestingly, but for 60% it is.

**Nicole:** I'll be very interested to hear those results and maybe we'll get you back on to hear about those later... I'll put links to both of them on the show notes, but could you just tell us, in audio version as well, where people could go to find your books?

**Sarah:** Absolutely, my website that has all my resources, all my links to the sleep clinic, and all my books, educational resources, academic papers and books is [www.Sleepeducation.net.au](http://www.Sleepeducation.net.au), on there you will find the links to both books but individually, they are at [www.sensibleleepsolution.com.au](http://www.sensibleleepsolution.com.au), and the boss of my sleep book is on a toddler-specific website called [snoozeforkids.com](http://snoozeforkids.com).

I'll include all those links in the shownotes, again that's at [www.practicalresearchparenting.com/sleepsolution](http://www.practicalresearchparenting.com/sleepsolution) all one word. Please consider leaving a review on itunes, that would really help, and tune in next week for the second in the 3-part series talking with Professor Sarah Blunden talking about sleep for 0-3 year olds. Thank you. Bye!