Guidelines at-a-Glance

American Academy of SLEEP MEDICINE™

ADAPTED FROM

Morgenthaler TI, Owens J, Alessi C et al. Practice parameters for behavioral treatment of bedtime problems and night wakings in infants and young children. *SLEEP* 2006;29(10):1277-1281.

Practice Parameters for Behavioral Treatment of Bedtime Problems and Night Wakings in Infants and Young Children

AASM LEVELS OF RECOMMENDATIONS

TERM	DEFINITION
STANDARD	This is a generally accepted patient-care strategy, which reflects a high degree of clinical certainty. The term standard generally implies the use of Level I Evidence, which directly addresses the clinical issue, or overwhelming Level II Evidence.
GUIDELINE	This is a patient-care strategy, which reflects a moderate degree of clinical certainty. The term guideline implies the use of Level II Evidence or a consensus of Level III Evidence.
OPTION	This is a patient-care strategy, which reflects uncertain clinical use. The term option implies either inconclusive or conflicting evidence or conflicting expert opinion.

TREATMENT TERMINOLOGY

TERM	DEFINITION
Unmodified extinction	Involves parents putting the child to bed at a designated bedtime and then ignoring the child until morning, although parents continue to monitor for issues such as safety and illness. The objective is to reduce undesired behaviors (e.g., crying, screaming) by eliminating parental attention as a reinforcer.
Graduated extinction	Involves parents ignoring bedtime crying and tantrums for pre-determined periods before briefly checking on the child. A progressive (graduated) checking schedule (e.g., 5 min., then 10 min.) or fixed checking schedule (e.g., every 5 minutes) may be used. Like Unmodified extinction, the goal is to enable a child to develop "self-soothing" skills and be able to fall asleep independently without undesirable sleep associations.
Positive routines/ faded bedtime with response cost	Positive routines involve parents developing a set bedtime routine characterized by enjoyable and quiet faded activities to establish a behavioral chain leading up to sleep onset. Faded bedtime involves temporarily delaying the bedtime to more closely coincide with the child's natural sleep onset time, then fading it earlier as the child gains success falling asleep quickly. Response cost involves taking the child out of bed for prescribed brief periods if the child does not fall asleep. These strategies rely on stimulus control as the primary agent of behavior change and target reduced affective and physiological arousal at bedtime.
Scheduled awakenings	Involves parents preemptively awakening their child prior to a typical spontaneous awakening, and providing the "usual" responses (e.g., feeding, rocking, soothing) as if child had awakened spontaneously.
Parent education/ prevention	Involves parent education to prevent the occurrence of the development of sleep problems. Behavioral interventions are incorporated into these parent education programs

GENERAL RECOMENDATION

3.1	Behavioral interventions are effective and recommended in the treatment of bedtime problems and night wakings in young children.	STANDARD

RECOMMENDATIONS FOR SPECIFIC THERAPIES

3.2	Unmodified extinction and extinction of undesired behavior with parental presence are effective and recommended therapies in the treatment of bedtime problems and night wakings.	STANDARD
3.3	Parent education/prevention is an effective and recommended therapy in the treatment of bedtime problems and night wakings.	STANDARD
3.4	Graduated extinction of undesired behavior is an effective and recommended therapy in the treatment of bedtime problems and night wakings.	GUIDELINE
3.5	Delayed bedtime with removal from bed/positive bedtime routines is an effective and recommended therapy in the treatment of bedtime problems and night wakings.	GUIDELINE
3.6	The use of scheduled awakenings is an effective and recommended therapy in the treatment of bedtime problems and night wakings.	GUIDELINE
3.7	Insufficient evidence was available to recommend any single therapy over another for the treatment of bedtime problems and night wakings. Insufficient evidence was also available to recommend combination, or multi-faceted, interventions for bedtime problems and night wakings over single therapies	OPTION

RECOMMENDATIONS FOR SECONDARY OUTCOMES

3.8	Behavioral interventions are recommended and effective in improving secondary outcomes (child's daytime functioning, parental well-being) in children with bedtime problems and night wakings.	GUIDELINE