

How to do it.

1. Bedtime. 6.00 pm. to 7.30 pm. (For the youngest child e.g. 3 months say 6:00 to 6:30 pm and, by one year, a little later e.g. 7:00 to 7:30 pm.)
 - Because of the practicality and effectiveness of a 12 hour sleep at night. (Once established it is surprising what a high proportion of children clearly benefit from a 12 hour sleep and tolerate less than that poorly.)
 - Because it gives the parents a night together. (Remember that the quality of the parental relationship and the mother's sense of well-being has an important impact upon the child.)
 - Because the infant will spend some time expressing an opinion about the advice Dr. Symon has given you. (remember that there is no physiological mechanism for the child to be injured by crying.)
2. Routine. Remember that sleep achievement is a learned skill.
3. Handling.
 - Plan A. Minimal handling technique.
Once the child is prepared for sleep leave the child alone and safe for a minimum of 15 minutes. Then reassure for 1-2 minutes without feeding, holding, rocking. (To the best of your ability.) Then leave for 20 minutes, 25, 30,35 etc.
This is a three night plan and by night four do not respond unless the baby is asleep. This is important, in that if the minimal handling technique if reused it will become a technique to train a child to cry. Thus while effective, safe and fast its repeated use will cause an increased amount of crying over extended time.
 - Plan B. No contact.
This technique is reserved for persistent criers or some children over about 1 year of age who respond to plan A with dramatic increases in anger. In the latter group, revisits become counterproductive.
For the child who can walk and open doors, the simplest summary is that the child has one chance per night for an open door and that, once this 'privilege' has been misused, the door is shut and stays shut till dawn. (Please check on the infant or child once they are asleep to make sure that they are safe.)

Phases of success.

1. Protest (logical).
2. Rapid improvement (usually within 2 or 3 or 4 days.
3. Negotiation (An attempt to go back to the previous position. The response is NO RESPONSE until sleep is achieved. Mistakes can lead to very persistent crying.)

Cycles of improvement.

1. Night time sleep improves – first.
2. Morning sleep usually improves next.
3. Afternoon sleep may be the final period to improve.

Consistency

A consistent approach is VITAL to success.

An inconsistent approach teaches persistent crying behaviour. For example, attending to the child on the third night teaches that it is worth crying for three nights.

Daytime

Once night sleep starts to improve, the first day sleep will often be needed earlier in the day. Attempt to achieve at least one full sleep cycle per day sleep, i.e., 45-60 minutes but preferably 2 – 3 sleep cycles. (See the 'Perfect Day' Sheet.)