

Fourth Trimester Podcast

Episode 47: How To Help Your Little One Prepare For Sleeping In Their Own Room - With Dr Angelique Millette

Sarah Trott: [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

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Sarah Trott: [00:00:42] Hi, this is Sarah Trott. Welcome back to the Fourth Trimester podcast. I'm here with a guest who we've had twice on our show and we love having her as a guest, so we've asked her to come back and talk again. Her name is Angelique Millette and I'll reintroduce her again in a moment. But before I do, I wanted to remind everyone listening that we have a website which is [fourth trimester podcast.com](http://fourthtrimesterpodcast.com), where you can go and sign up for our email newsletter and read more about every episode and see a whole host of other resources that we've gathered for you listeners. And we also have a Patreon sponsorship page where you can go and you can sponsor as little as \$1 per episode. So if you feel that you can do that for us, we'd be hugely grateful. We also have a Facebook page and an Instagram, so you can go and connect with us there as well.

Sarah Trott: [00:01:33] And so sleep is our topic today. We've talked about sleep in Episodes eight and Episodes ten with Angelique in the past, and the focus there was really on kind of those early days with a small infant at home, the first few months for six months, even with a baby at home. And today we're going to talk more about toddler sleep. And there's really no one better to be talking to us about this subject today. Angelique has been working with families for 20 years. You can correct me if it's been longer, but it's really been her life's work and her passion. We can dive into talking about toddler sleep for sure.

Dr Angelique Millette: [00:02:14] So I have to apologize. I do have a little laryngitis. I caught my four year old's first cold of the flu cold season. So. So just my apologies. My name is Dr. Angelique Millette, and I'm so glad to be back on the show. Sarah, thank you so much for the invitation today to talk a little bit about toddler sleep. And thank you so much for the introduction. You covered everything. It's been a really fun ride the last 20 plus years working with families and really seeing that the topic of sleep has become so important to families, to practitioners, and that we're really seeing this, you know, we're getting away from the one size fits all approach to sleep, and we're really starting

to think of sleep as much more complex. We're starting to understand the importance of it. There's such great research coming out, looking at pediatric sleep, so it's really exciting to see that whole field shifting and families getting the resources that they need.

Sarah Trott: [00:03:16] And anyone who is listening and thinking, Oh, well, I'm pregnant or my baby is really young, I don't need to think about toddler sleep. Actually, it probably doesn't hurt to start thinking about it now because there are going to be implications for what's happening at different stages for when your toddler gets to that time.

Dr Angelique Millette: [00:03:35] I would definitely agree. We call ten months of age the pre toddler stage. We start to see the beginning of early toddler behaviors. So babies start to shift out of some of the baby behaviors and they start to develop very strong emotions, intense separation anxiety. And it's the first big mark or milestone for separation. It's called object permanence. So that comes out pretty quickly. So I would agree that parents that are expecting this is an important podcast for you. Listen in so you can learn a little bit about that transition.

Sarah Trott: [00:04:11] Yeah, absolutely. So in our earlier episodes, I think we busted some of the myths early on that babies are meant to sleep through the night and that that's an expectation, which is true for all babies. And I think that sort of points back to the comment you made just now, which is that the one size fits all model is not really the model to be working towards. But what do we do? You want to crack into that? Like, what do we mean by not one size fits all?

Dr Angelique Millette: [00:04:40] So the idea there's this old paradigm that I like to debunk a lot when I talk about sleep, the old model or the old paradigm for child sleep is that if a child doesn't learn to sleep alone early on, they'll never be independent sleeper. And that a sleep is if you were to track it, it would look like a straight line that all you have to do is the method and you'll never hear from your child again, baby or toddler. And I like to do a lot of debunking in my research and in my work, because the new paradigm really asks parents to think of sleep in a different way and ask practitioners to think of sleep in a different way, that certainly the methods do work and we see sleep improved.

Dr Angelique Millette: [00:05:24] But sleep is very dynamic. The methods that we use for babies actually don't work very well for toddlers, and that's because toddlers are developing intense emotions. They have higher bouts of insecurity and separation anxiety and their developmental stages. When they do have them, they tend to last longer and they're much more intense and say the developmental stages for babies and sleep is certainly not a straight line that we can certainly help toddlers to sleep.

Dr Angelique Millette: [00:05:56] We'll talk about a method today to help toddlers sleep. But what we're looking for when it comes to a child, sleep is responsive and flexible. Parenting. It's okay. You're not messing up as a parent if your child needs you at night, you haven't made a mistake. The idea is how to do the method. We'll talk about the method today and get some really good results. And then how to follow your intuition and be more responsive and flexible. If your child is going through a big change.

Sarah Trott: [00:06:24] Going into sleep training or the idea of thinking about sleep for the first time for a parent, what methods are the top options and what would you recommend for getting into that toddler age?

Dr Angelique Millette: [00:06:35] Well, one of the things that we encourage parents to do, parents of toddlers to do, is to introduce a prep phase. If you think of the sort of the old if you look at the slate books and the old strategies for getting a toddler to sleep through the night, the the suggestion or the strategy was, well, just lock the door and don't let them out of the room, no matter how hard they scream or how much they throw up. Just let them go and they'll learn to stay in their room and they'll learn to sleep. And as a child therapist many years ago, I started to really question was that really teaching a child anything at all?

Dr Angelique Millette: [00:07:17] What we're after is really helping a child to feel safe and secure in their body so that they can separate from a parent and go to sleep. That really The idea of sleep is that a child has to become unconscious and they have to feel safe to do that. If they don't feel safe or secure, they can't let go of their trusted

caregivers. They can't become unconscious and go to sleep. So we really flipped the script on this old paradigm about locking the door and not responding. We do agree that sleep is about limit setting and teaching a child a skill set for feeling safe to separate and let go and go to sleep.

Dr Angelique Millette: [00:07:56] And that's a parent's job to do that consistently. And the idea is that if we can use these sort of play based therapies and we teach parents how to do them with their children as early as ten months of age. But if we can use these play based and sensory based therapies that are real simple and fun to do with kids, it actually preps the child and preps the parent for the eventual separation that will take place when we do the method.

Dr Angelique Millette: [00:08:26] So one of the things that we see a lot of in parents of toddlers and children that aren't sleeping is that they've developed some hopelessness around it with parents of babies that aren't sleeping, they're exhausted and they're frustrated. The hopelessness hasn't set in yet. Once the parents had six, 12 months or a couple of years of not sleeping, they sort of have, it's like a new normal. And there's sort of a hopelessness, a feeling of failure. And it becomes almost more difficult for the parent to think about separating from the child because it feels like it'll never happen.

Dr Angelique Millette: [00:09:06] When I say separating from the child, I mean separating from the child at sleep time, That's really the idea. That's sort of the driver here for sleep changes. So to circle back to the sort of toolbox of methods, what we do is we work with the parent and the child and we teach them these sensory based, play based communication based activities the parent can do with the child.

Dr Angelique Millette: [00:09:29] For example, one of the activities that we have the parent do, even with a baby like, say, a 12 month old, that's just what we consider an early toddler. The parent will hold the toddler and talk to the toddler. They'll talk to their child and they'll tell the story about how they're going to say bye bye at bedtime. And even when they say bye bye, mommies and daddies, love is always there. Their child is safe when they're sleeping. If they wake up at night, mommy will be there to check in or daddy will be there to check in.

Dr Angelique Millette: [00:09:58] And we tell this simple story about how the child's body is safe. Their body is good at learning a new way to sleep. Their body is good at separating from mommy or daddy. And then we have the parent tell that story maybe once or twice during the day. It just takes about three minutes to tell the story while holding their child. And we'll also have them tell the story at bedtime. Now, from the outside, it sounds a little woo woo like, well, really, what is that going to do to help a child? But the deal here is that kids are getting meta messages from us about feeling safe to separate.

Dr Angelique Millette: [00:10:32] And remember what I said. Sleep is about separation. That's really the crux of sleep, is that the child feels safe to separate from the caregiver. So we consider these play activities or sensory activities or communication based activities. There are meta messages that help the child separate from the parent. They also help the parent separate from the child. Because we do see parents that have a there's some ambivalence about doing that. That's just one of the activities. There are several on the list that we do. And what we do is we modify those activities based on the child's history, their temperament and their.

Dr Angelique Millette: [00:11:06] So here's an interesting aspect of temperament. Sometimes a parent will say, my child has really very severe separation anxiety to the point where sleep is very difficult because they don't want to separate. So we use these activities to help the child to feel safe and the parent will report, Gosh, I've been doing these activities for a couple of days or a week and my child is feeling better about separating from me just from doing those activities. It's exciting because what we're doing, remember what we're after is that we're giving our kids a strategy or a resource for separating. That versus the idea of just locking the door and they scream until they pass out.

Dr Angelique Millette: [00:11:46] But this approach with this paradigm, it's really saying, all right, kids are really capable of understanding how to do this. Let's give them some tools, that are age and stage appropriate, they're specific to the child's history, their temperament, they're specific to the sleep association or the needs that the child

has when they're falling to sleep. And there's something that could be repeatable and consistent night after night for the family. So that's phase one. And we ask the family to do that. Phase one. Sometimes it's about 4 or 5 days, sometimes it could be a couple of weeks. It really just depends on the nature of the sleep issue. Here is what's so exciting, Sarah.

Dr Angelique Millette: [00:12:26] You know, I've been doing this work for almost 22, 23 years now, and as a child therapist, my training is in play based therapy, art therapy with kids. So I have a real background in using sensory based interventions for kids for helping them to learn. When I started to incorporate these kinds of activities into this prep phase, this phase one, to help the child prepare for separating from the parent. Half of the parents reported to me that their child started sleeping better just from those activities. And I knew I was on to something. Wow.

Sarah Trott: [00:13:04] That's an incredible result.

Dr Angelique Millette: [00:13:07] Yeah, I mean, it just really goes to tell us that kids really are paying attention, even these pre-verbal or early verbal toddlers. You know, parents will say it doesn't seem like he understands anything at 14 months. But I'll say, if you've asked him to go pick up his red shoes, does he walk over, pick them up? They say yes. I say yes. That's what we're capturing is that really early verbal kids are really paying attention and we utilize that to help them prepare for the sleep changes.

Sarah Trott: [00:13:35] And so I know a lot of parents are very comfortable co-sleeping with their newborns and sharing the bed. And for parents who are in that scenario, but who think, okay, my child's getting a little bit older, they're entering that toddler stage. I think you mentioned around 12 months. So maybe their child is like a year or a year and a half or even two, and they're ready for their child to start sleeping in their own bed for the first time. What would you recommend for those parents?

Dr Angelique Millette: [00:14:05] That's actually a very common client that we have as a family that's ready to make that shift. And we see that typically occur, whether it's bed sharing or room sharing, it typically occurs sometime around 12 to 24 months. Usually

the motivator is that there's another baby on the way, interestingly enough. So it's something that we take into consideration. If the due date for the baby for the second child is a month or less out, then we probably hold off on making too many changes because that would not be a very great time to do the changes for the child. For the toddler.

Dr Angelique Millette: [00:14:45] Otherwise, what we ask parents to do is to prepare a separate sleep space for their child. Let's say that the family wants to move from room sharing or bed sharing to independent sleeping. During phase one prep, we'll ask the parent to get that room ready, the bed and the room ready for the child. It could be a crib, but it could also be a mattress on the floor or a toddler bed. And then we ask the parent to start sleeping in the child's room with their child. Usually this means that the parent sets up a mattress like a blow up mattress or a futon mattress on the floor of the child's room. The child can sleep there with the parent, or the child can begin to sleep in their bed with the parent's mattress flush to the side of the child's bed. Now, what we don't want to do is have the parents continue to sleep there for weeks or months.

Dr Angelique Millette: [00:15:39] This is just a temporary solution. The idea is that they're transferring the co-sleeping now from the parent's room to the child's room. And the reason for doing that is it helps the child build security to their sleep space. If you imagine that the child's never had a sleep space and never slept alone for the very first time, the child now has to bond to that room in their new bed. So by having the parent sleep in the child's room for a matter of, say, days to a few weeks, it helps the child develop some security with sleeping in their room. Their needs get met there. And then we do the phase one activities and we would do a number of activities.

[00:16:18] We might actually, for a two year old, write a sleep book and we have the child participate in writing the book. We use a customized script, again, based on the child's temperament and their fears and their likes and their sleep associations. So the language is real specific to the family and to that child. And then the parents create the sleep book with the child. And the sleep books are precious. Parents will share them with myself and my team. They're handmade construction paper crayons with a script

written out. A lot of parents will print up pictures, or maybe they'll draw a stick figure pictures of the, you know, stick figure, like a little one sleeping in a bed.

Dr Angelique Millette: [00:17:02] The parents will read that book to the child and they'll incorporate some of these other phase one activities. And they'll do that for about a week, mostly doing those activities in the child's room. Again, the idea is that we're building security and safety of the child's needs can get met in their room, that they're going to feel safe sleeping there without the parent.

Dr Angelique Millette: [00:17:24] After a few days to a week of doing that, then we actually start phase two, which is a method that I like to use specifically for this transition, which is moving a child out of a room, sharing or bed sharing to independent sleeping. And the method is called the chair mattress method. So I'll say that again. It's called the chair mattress method. And we start the method. It's imperative that we do that phase one first with these various activities, writing a sleep book, pretend play, which I'll talk about just a little bit.

Dr Angelique Millette: [00:17:56] We do those activities to prime the pump and then on a Friday night, the parent starts the method. The chair mattress method is the way that that method works. It's a great method for working parents. It's a great method for tired parents. The parent has a mattress set up in the child's room and then over the course of, say, five nights, the parent moves their mattress or their position further away from the child's bedside and closer to the door. So effectively what's happening is that the child is now being weaned off the parent's presence in the room.

Dr Angelique Millette: [00:18:32] As the parent moves further away. We continue to do those activities. And then we move the parent out of the room. So parents will say, gosh, this is really foreign to me because the idea of flipping the script on, say, classics, sleep training strategies, classic sleep training suggests, you know, let the child scream or make sure you're out of the room. If you're in the room, the child will always want you there. But we actually totally flipped the script and we say, No, we're going to give the child what they need, which is the presence of a parent. That's what builds security. And remember, what helps a child fall asleep is feeling safe and secure.

[00:19:14] Now, we don't want to keep the parent there long term, so we do move them out of the room. And then eventually our goal is that the parent can put the child into their bed at bedtime after a nice bedtime routine and then the parent leaves the room. The parent can stay at the door for a couple of minutes and then the parent can leave. And then now the child feels safe and secure in their bed and can go to sleep. That's a real simplified explanation of it. Of course, we customize it and we get real specifics with the details depending upon the temperament and age and stage and specifics for the family.

Sarah Trott: [00:19:47] I love the approach of helping children feel loved and secure throughout the entire process. That is that just really speaks to me as a parent. So thank you for the work that you're doing to provide these alternatives which are very, very caring and loving towards the child.

Dr Angelique Millette: [00:20:07] Oh, thank you so much for being such a strong supporter of it and getting the word out there. We really want to help parents and empower them to find different ways of helping their kids sleep and really reducing the likelihood of a child feeling anxious about sleep and feeling scared to sleep.

Sarah Trott: [00:20:26] Okay. So we talked about a couple of phases and some activities. Are these things that you think parents can do? Are they on their own? Do they need to work with a consultant or can they can they apply the things that you're talking about directly?

Dr Angelique Millette: [00:20:41] So we're working with parents everyday and we're teaching them how to do these activities and the activities have a potential not just for sleep, but we use them for all kinds of transitions. For example, I've been working with a family with a little boy who has very high separation anxiety. And so we utilize these activities with mom doing the activities with him. My job is to really empower parents to give them some tools to really help with giving them the ways to communicate with their child and prepare them for transitions and change. And sleep is really about transition and change. So one of the activities that I want to talk about is called Pretend Play.

Dr Angelique Millette: [00:21:32] Now, Pretend play is really rooted in the idea that a child starts to develop imaginative play, and that typically happens around age two. But we certainly see some of that as early as 18 months, and we're seeing a lot more of it by two and a half to three. My four and a half year old daughter is she'll spend an hour just acting out a whole storyline in her room with her little figurines and dolls. So, you know, it really ramps up over these early years. And we use pretend play to prepare a child for a sleep change. So we'll ask the parent to put stuffed animals or even toys to sleep in the child's bed.

Dr Angelique Millette: [00:22:12] Even with 16 month olds, I'm thinking of a 16 month old in particular. We started with the family when he was 14 months old. He'd had very serious separation anxiety and he was waking up every hour at night to feed. And we spent a whole month doing this pretend play of putting his toys to sleep in the bed and preparing him for the separation. That would happen once we did the method really separating not just from mom, but from breastfeeding, which of course are going together. But it's a big separation for him. So we put the stuffed animals to sleep.

[00:22:46] We put his lovey to sleep, we put his fire trucks to sleep. They would go to sleep in the bed. We would do this a couple times a day and we'd spend 3 to 5 minutes doing it. We engaged him where he would pat the fire truck to sleep and he'd hug the fire truck and then we'd say, Fire truck is waking up. It's time to wake up now. And then he'd hug the fire truck and say, See, fire truck is so safe sleeping in his bed. And we really rolled that through day after day, preparing him, also preparing mom for the separation. As tired as she was, she had a lot of fears about his ability to do this. He'd had a lot of health issues and she was really worried about him.

Dr Angelique Millette: [00:23:23] So we spent a whole month. It doesn't take families normally that long. This would be a real extreme example, but it was an exciting one because once we started the method, there was hardly any crying at all. And within three nights he could sleep on his own in his bed. So pretend play you could utilize stuffed animals, toys, loveys blankets, a child's beloved attachment object or security

object. Or it could just be something the child loves to play with, but they don't cuddle with at night.

Dr Angelique Millette: [00:23:53] We'll even take a shoe box and some washcloths and build a little bed. You don't have to buy a doll's bed at the toy store. Just make one. And then we put stuffed animals in the child's little toys to sleep in that bed. And that's another way to do the pretend play outside of the child's room. Say in the child's play space. The idea is that the child sees the parent playing child again, emphasizing the theme of putting a toy to sleep, the toy waking up, and then specific messaging the fire truck is safe or your bear is safe sleeping in the bed. Oh, Bear's waking up, Bear. It's time to go back to sleep. The son is still sleeping. Time to go back to sleep. You're safe in your bed.

Sarah Trott: [00:24:34] And that's nice reinforcement for the parents as well, right? Going through those motions, if there are any moms or dads who are having a hard time letting their children sleep on their own, Right. If they have their own anxiety, it's nice reinforcement for them to to see that to see that their child develops confidence.

Dr Angelique Millette: [00:24:53] It really gives parents some confidence. They start off saying, am I doing it right? I don't know how to say this because I think for a lot of us parents, there's no training for this and these sort of meta messages that where we start to think about, gosh, what I say is so important, how am I going to say it? And we get a little stumped, a little frozen.

Dr Angelique Millette: [00:25:12] So we work with parents to really help them sort of with that messaging, you know, what are you trying to communicate and how do you want to communicate it? Simple is always best. And then really emphasizing that the child is safe, the child is loved, the child's body is good at learning. That's something we like to say. The parents are never far away. If the child wakes up, the child knows that parents are sleeping in their room, child is in their bed, they're safe. They're always connected.

Speaker3: [00:25:39] Oh, I love all of those messages.

Dr Angelique Millette: [00:25:43] Yeah, Your listeners could write their own sleep books and do pretend play. Just keeping it really simple and emphasizing connection and love.

Sarah Trott: [00:25:51] And you're right, there isn't training for this. There's no. Well, I mean, possibly there is. You provide it, but there isn't sort of a, you know, a course in elementary school that everyone takes that prepares them to be a parent who can make their children feel that way.

Dr Angelique Millette: [00:26:08] No, there's not. There really isn't. And so we're hoping to give empower parents with those messages. We're working we're working with parents all over the US, all over the world, which is very exciting. We're working with parents. You know, one of the demographics that's been very exciting are parents in the military. The toddlers and children have a twice fold incidence of anxiety versus their peers, largely due to parents deployment. And they have a real need to feel safe to sleep. And they have a real need to not be locked in a room screaming alone to sleep.

Dr Angelique Millette: [00:26:50] A lot of military families will engage in bed sharing and room sharing and co-sleeping practices for various reasons. And so we've been really giving those parents some of these messages and some of these activities to do with their kids to really help reduce the anxiety that the child might feel when a parent is deployed.

Sarah Trott: [00:27:08] Oh, there's so many different situations that we can think of that create those scenarios. You know, one thing that we've touched on in past episodes is this notion of regressions, and I've certainly witnessed it with my own little girl. I can tell some days when going down for a nap or going to bed at night and we lay her down and we say, okay, well, remember we said night night last night? And then you just laid your head down and went to sleep and she'll say, Yeah. And I'll say, okay, we'll do that again. And she goes, Yeah. And we say, Night, night. And she'll say, Night night and just go to sleep. And then there are other times when it's actually a challenge and there's

some crying and sadness before she settles down and we do our routine. When does regression end?

Dr Angelique Millette: [00:27:50] It's a good question. And I would say it's a question that a lot of parents have naturally, because the regressions can really wreak havoc with the whole family's sleep. And naturally, parents say, is this does this ever end? I would say that they definitely phase out by three, three and a half. There are some big changes that occur around two and a half to three to really help a child. There are big tools for not just for kids, but also for parents starting around age two and a half to three.

Dr Angelique Millette: [00:28:21] There's a real big organization of impulse control. And if you think about it with impulse control, you could say to your three year old, hey, if you stay in your bed tonight, when you wake up in the morning, we're going to play 15 minutes of hide and seek. You and I. Are we going to cook breakfast together? Are we going to do art together? And a three year old says, Hey, I love doing art with you, mom. I am totally motivated to stay in my bed. And they do it.

Dr Angelique Millette: [00:28:51] Now, the kicker here is you have to find the juice. You have to find the thing that really inspires your child. If a lot of parents will go for stickers, then I'm sad to say that stickers don't really inspire a lot of kids. They bite the first few times, but you have to find the thing that really delights your child. What is it that really delights your child? And then use that as the inspiration. Use that as the reward. So starting around two and one half to three, certainly with three year olds, you really see this.

Dr Angelique Millette: [00:29:17] It's like this big tool that comes in the toolbox, which is parent can set limits. They can use rewards and consequences to set the limit and the child can hear the message. When the message is delivered, clearly they say, okay, I want the reward or I don't like that consequence. I don't want that. And they can shift their behavior. There's a big push for independence around two and one half to three. So we do see sleep regressions at that age.

Dr Angelique Millette: [00:29:41] There's a big push for potty learning at two and a half to three, which coincidentally potty learning is about control. So naturally, as the child is pushing for independence, they would want to also control their bladder and be able to hold their bladder. And but certainly once they get to age 3 to 4, the regressions that we see may be caused by, say, nightmares. That would be a big one that we see. We see less issues.

Dr Angelique Millette: [00:30:07] Parents have more tools in the toolbox for limit setting if they can find the reward or consequence that really connects with their child, they can really utilize that with nightmares. You know, nightmares just happen to be something that every child is going to go through. Some have more than others, and there's various strategies for nightmares. Mostly you do want to respond to your child if they have a nightmare. And the difference between nightmares and night terrors. Night terrors are going to happen approximately three hours after bedtime. A night terror is a sleep disorder.

Dr Angelique Millette: [00:30:41] It's between 5 to 10% of average amount of kids are going to have night terrors. Nightmares all kids are going to have them and they usually occur sometime between like 3 to 5 a.m. or 4 to 6 a.m. sometime in that later time of the night. And you want to be responsive with a nightmare. Just go to your child comfort and then leave. You want to avoid using things like like monster spray in their room because that just sends the message that there is a monster in their room. And one of the things that I like to do is to ask the child to draw a picture of the monster because that gets it out of their head.

Dr Angelique Millette: [00:31:24] You imagine they have a picture of it and they may just be starting to be able to verbalize it with you. You certainly don't want to talk about the monster in the middle of the night. You just comfort and get them back to sleep. But in the morning time, ask, ask. Do you want some help drawing that picture? Let's talk about your monster. And parents find that it actually reduces the fear of that monster once it's out, once here's a picture of it, and then you can make jokes about it and talk about it. Talk about the silly monster. It's not scary. It's a silly monster. And now it's out.

It's all gone. It's not in your head anymore. So it helps the child have some control over it.

Sarah Trott: [00:32:03] Yeah. I don't know if this is related, but I've been reading a book called Never Split the Difference, written by someone who used to work at the FBI in hostage negotiation situations. And one of his, his tactics with, with people and just having interesting conversations with strangers and disarming them is to as quickly as possible try to identify how they're feeling and then name that fear or that that feeling, I should say. Because once that feeling is articulated, whether he's right or wrong, someone will usually say, like if you say to someone, you sound pretty mad. Or it sounds like you might be pretty angry about something.

Sarah Trott: [00:32:44] Once they've said it, they can either say, Yes, I am mad or they can say, No, I'm not mad, I'm just disappointed or whatever it is they're feeling. And by naming it and helping someone identify how they're feeling, that actually allows them to sort of utilize a different part of their brain and to yeah, and to relax and react on a more rational level versus the emotional level. I'm just reminded by that with your story about writing down the monster, it's like, just just get it out and say it. And then you can sort of objectively step back and look at that and think about that.

Dr Angelique Millette: [00:33:17] That's it. That's exactly how it works. That's exactly it Sarah.

Sarah Trott: [00:33:21] It works with all ages apparently.

Dr Angelique Millette: [00:33:24] It does.

Sarah Trott: [00:33:25] How long would nightmares last? And like, I get the difference between the time of night for the terror versus the nightmare. But like, when when are nightmares a problem? Do they happen? Like if they're happening every night over and over and over? Like, is that ever a disorder or is that just not something to worry about? And like night terrors, like how many times do bad dreams during that early part of the evening have to happen before it's really diagnosable?

Dr Angelique Millette: [00:33:53] So with night terrors, the way that they work, this is so interesting. Let's say that a child falls asleep at 8:00 the night terror will likely occur around 11 p.m.. About three hours after bedtime. And the way that the night terror works, the child is sleeping in a deeper sleep cycle. And then as they're transitioning from a deeper sleep cycle to a lighter sleep cycle, they actually get stuck in between sleep cycles. They get stuck. And it appears that they are having a nightmare.

Dr Angelique Millette: [00:34:25] A parent will say, My child looked possessed. They were screaming. They looked really scared. I couldn't do anything to comfort them. They're actually not awake. Their eyes will probably be open. They're quite physical. If they kick you, it's not because they're doing it out of malice. They really don't know that you're there. They are actually asleep. And so it's a sleep disorder. And the best thing to do is to make sure your child safe.

Dr Angelique Millette: [00:34:51] Don't try to put them in the shower. That was the old advice. That's not safe at all. Keep yourself safe. And what usually happens is that you can turn on a low light. You might do a little bit of talking to them again. Trying to hold them probably isn't going to work. They don't know that you're there. Usually what happens is that the night terror just sort of ends and then they are able to go into the next sleep cycle. And that usually takes anywhere from 5 to 15 or 20 minutes. Uh, there's usually a family history.

Dr Angelique Millette: [00:35:23] They typically start, I see them develop somewhere around age 2 to 3, and they typically go away when a child is six, seven, eight years of age. And we're not seeing a lot of them in kids. But enough that for the parents that have a child with night terrors, it can certainly be disruptive. Or is it a few exciting new products on the market now that show some promise for helping kids with night terrors? So that's exciting for those parents in particular, since it can be very distressing for the family. My best advice to parents with a child that suffers from night terrors is, is to make sure their child is not sleep deprived.

Dr Angelique Millette: [00:36:02] We've found that the greatest contributor to night terrors is sleep deprivation and a child that has a lot going on. And this. So of course, there are going to be times when a child is very busy. You know, we'll see night terrors come up if a child's traveling like a family's traveling or if they're moving, you know, certainly those would be times when there's a child that's going through a lot of change and it can't be avoided. But what we ask parents to do is to really keep a really consistent schedule and make sure their child is getting a lot of sleep during travel or big changes once a child gets sleep deprived, if they do have a history of night terrors, they're more likely to have the night terrors getting the child rested earlier, bedtimes getting that sleep-Sleep begets sleep- can really help.

Dr Angelique Millette: [00:36:52] Uh, with nightmares, they can affect all kids. And we'll see the nightmares again. Usually they develop somewhere around age 2 to 3. Fears and phobias start around age two, like fear of the dark. And and so so typically it sort of comes on pretty fast and furious. A parent will say, gosh, my child's just screaming at bedtime now. I don't know what's going on. And it's usually because that shadow on the wall is no longer a shadow. It's like a dinosaur with big, scary teeth. And it really helps to have the door open and the hall light on.

Dr Angelique Millette: [00:37:24] Try not to have a table lamp or an overhead lamp in the child's room because that could really disrupt the circadian rhythm. But otherwise, having the door open can really help with those fears and phobias. And that's usually when we start to see the nightmares develop somewhere around age 2 to 3. Some families, they have a family history of nightmares. They have lucid dreaming. So some of some of those kids are going to have more nightmares than other kids. But generally speaking, they sort of ebb and flow. Of course, not watching scary movies, avoiding, you know, avoiding a child, getting overtired, avoiding any conversations about something scary. Those are like great tips for reducing the likelihood of nightmares, but you can't eliminate them altogether. They're going to have nightmares as they go through these developmental stages. It's just a normal part of a child going through a developmental stage.

Sarah Trott: [00:38:23] And it's one of those things that just, you know, again, I think creating back to what you said, creating that safe space and helping them feel loved and and helping helping them work through it on an emotional level can really be beneficial.

Dr Angelique Millette: [00:38:37] That's exactly right. By and far, responsive parenting, we have found to greatly reduce fears and anxieties around sleep. And so we're really giving parents a lot of permission to cuddle and talk to their kids. One of the biggest homework assignments that I give to parents of two, three, four, five year olds is to sit with your child for five, ten, 15 minutes, know 15 minutes for a five year old, five minutes for a two year old. Rubbing their back and singing to them.

Dr Angelique Millette: [00:39:05] Talking to them about their day. Just doing a recap of their day. For a two year old, you're mostly doing the talking, but if you start this practice really early, your four year old is going to spend ten minutes talking to you about things that happened that you had no clue happened and you're going to want to hear about it. It's the beginning of a really shared mutual relationship, respectful relationship around your child, communicating with you about their feelings, their fears, their needs. Something scary that happened to them. A great study showed that it's the quality of bedtime that helps kids sleep. And that's something that we really message to our parents and our practice that don't be afraid to spend that time with your child, giving them a little extra attention and love. You're not making a mistake. It really does help them feel safe to let go and go to sleep and sleep at night.

Sarah Trott: [00:39:56] When is a good time to have that conversation? Is it before story after story, right before laying down?

Dr Angelique Millette: [00:40:05] We find a good time to do it is when the lights go out. It could be after the story. So your child is in bed. If the child is in the crib, maybe you're rubbing their back or maybe you're still sitting with them in a glider rocker in their room and you haven't yet put them into the crib to go to sleep for the night. So you just spent an extra five minutes close body contact and they're in your arms. They're snuggled.

They're not drinking or eating anything. You're rubbing their head, giving them a little massage. There might be some singing.

Dr Angelique Millette: [00:40:37] You could sing the same song every night at bedtime or the same two songs. Or for a two year old, just recap their day. Talk about what you did that day together or what they did with their nanny or grandparent or caregiver, or talk about something that happened that day that was just so interesting or silly or scary and recap it. You're taking the opportunity to discuss it when there's less emotion and less reaction. It helps the child to internalize it and reframe it in a different way.

Dr Angelique Millette: [00:41:09] Especially for your four or 5 or 6 year old if you had a parent child mismatch moment where and this is you know, parents of older kids can relate to this, where maybe you ask your child to do something, even if you have a seven, eight, nine year old or older, you ask your child to do something. They didn't respond. Maybe there was a conflict. Maybe there were some sharp words. You can take that time at bedtime to revisit it and share some gentle or comforting words with your child. So it's less of a time to limit set or do all that tough part of parenting. It's more of a time to be reassuring and comforting and really be gentle with your child.

Sarah Trott: [00:41:52] You had mentioned at the beginning this notion of toddler sleep being around the time or, you know, getting toddlers to sleep in their own bed, being associated with another baby coming along the way, it seems like there might be a whole host of issues for young children who suddenly aren't the star of the show or the only child anymore with feelings of jealousy and and that could potentially impact sleep. And also we talk about on the fourth trimester podcast topics that mostly center around newborns and infants. And I think there's probably an impact on infant sleep if they're sharing a room with a toddler or if they're in close contact.

Sarah Trott: [00:42:29] I mean, there's just all this whole there's a whole host of sibling stuff, I guess is what I'm what I'm raising. And I just wondered if you had any thoughts for parents of toddlers and infants or soon to be a toddler and infant? Like, what would you have to say to them for sleep issues?

Dr Angelique Millette: [00:42:43] Yeah, it's a really great question. We do work with a lot of room sharing families of babies and older siblings that are room sharing. We actually encourage it if the sleep patterns are match or a good enough match between the two children. Sometimes what we have is a situation where the where, say, the baby wakes up a lot at night still or still needs a lot of night feedings, maybe due to slow weight gain or a situation like that. And that might be disruptive to the older siblings sleep, especially if the older sibling is a light sleeper. Otherwise, what we have found is that when kids room share, they actually tend to sleep better.

Dr Angelique Millette: [00:43:24] Now, to start off with, what we asked parents to do is to make sure that both children are sleeping pretty well at night. So sometimes that means doing a sleep method for the baby to get the baby's sleep on track, especially if the baby is waking a lot at night or crying a lot at night. And then we may do a sleep method for the toddler as well. So we get both kids sleeping better and then we initiate the room sharing. And the report that we get from parents is that for most toddlers, they might be a little bit resistant to room sharing with the baby because they don't want their toys to be played with by the baby, which we can appreciate.

Dr Angelique Millette: [00:44:03] While we do really want to encourage our kids to share, we really encourage parents to protect the older siblings toys or set up a little spot for the older siblings toys and to let the sibling know the older child. Rather, let the older child know your toys are safe. We're going to protect your toys for you. These are your special toys. We won't let the baby play with your toys. That might mean that the older child gets some special time playing alone in the room just to play with the toys. It's a really important point.

Dr Angelique Millette: [00:44:33] You want to talk to the older child about the room sharing? You might get a little resistance, talk it through. If the issue is toys, which we actually see toys being like the number one reason why the older child says, I don't want the baby in my room. Let the child know, hey, I'm going to be. I understand that. That's your special. Those are your Legos and we're going to protect those Legos and make sure they're yours to play with. We absolutely understand. Otherwise, what we find is that the kids generally tend to sleep better, sort of like stable mates.

Dr Angelique Millette: [00:45:10] They get a lot of comfort and security, having a sibling in the room. A good time to move a baby in with room sharing is somewhere between 6 and 12 months. Usually around that time, babies are night weaning, either starting to drop their feeds at night or they're picking up solids. And so it's a good window for dropping the night feeds. And we typically room share the baby with the toddler or older sibling when the baby's down to one feed or no feeds at night. And we find that to work really well, we'll do a staggered bedtime. Maybe the baby goes to sleep first and then the toddler goes to sleep. 30 to 60 minutes later.

[00:45:48] There's a sweet spot in the baby's sleep where if the toddler goes to sleep at that time, it won't be disruptive to the baby. And then sometimes the toddler goes to sleep first, especially if the toddlers drop the nap and is really tired by 6 or 7 p.m.. Maybe the toddler goes to sleep first and then the baby goes to sleep an hour later. You don't have to do the staggered bedtime. We just find it to work really well, especially if the toddler is really craving some one on one time with a parent in the evening. That's a good time to do the one on one time. And if the baby goes to sleep first, then the toddler will get that one on one time.

Sarah Trott: [00:46:22] If you put a baby, let's say, six months old and a toddler who's two in the same room, are they going to wake each other up all night long?

Dr Angelique Millette: [00:46:30] It just has everything to do with how they adjust to the sounds. We have found that, generally speaking, they don't wake one another up. Usually there's a concern about the baby waking up the toddler. And we have found that for most toddlers, they can sleep right through it. It has everything to do with how sensitive that toddler is to sound. If for a handful of toddlers, they are quite sensitive to sound, sometimes what we'll do is introduce like a sound machine or a fan like we call it the sound buffer. So it provides a little bit of a, you know, like a white noise or sound so that it protects the toddlers sleep a little bit.

Dr Angelique Millette: [00:47:09] Now, let's say that there's a regression. Let's say that the six month old adjusts and the toddler adjusts the room sharing. But at ten months,

the baby goes through a big developmental stage, cuts four teeth and starts to walk, which could be a sleep disruptor, where the baby's up for an hour or two hours at night. In those situations, a parent might set up a travel bed in their room like a travel crib for the baby, and they may initiate a couple nights of the baby sleeping in their room. Or they could put a sleeping bag on the floor of their room or a blow up mattress, and then the toddler could sleep there for a couple nights when the baby's going through a big change.

Dr Angelique Millette: [00:47:50] So I know when we started out this podcast today, we talked about responsiveness and flexibility. And the research is really clear that when parents can be a little bit more flexible with their child's sleep, it seems to work best for the family and that this is like a case in point, that understanding that a couple nights of an older child sleeping on a mattress or a sleeping bag in your room because the baby is going through a big change or up more at night, that can be fixed very easily by moving the child right back to their room.

Sarah Trott: [00:48:23] Awesome. Thank you. We've had a wonderful session today talking about a lot of new ground that we haven't covered before. Thank you so much again for being on our show.

Dr Angelique Millette: [00:48:33] Oh, thank you so much. Sarah and Esther, too. I know she's not here today, but it's always great to be able to share with you and hear your questions and collaborate and talk. Thanks so much for inviting me to participate today.

Sarah Trott: [00:48:48] Absolutely. I know Esther was so sorry she couldn't be here today.

Dr Angelique Millette: [00:48:53] Well, she's missed.

Sarah Trott: [00:48:54] Before I go, I wanted to remind everyone that Angelique's website is [Angelique Millette.com](http://AngeliqueMillette.com). It's [Angelique Millette.com](http://AngeliqueMillette.com). And she also has her own sleep swaddle, which I'm just going to mention because she developed it herself. And

you can learn more about that at heartswaddle.com And also of course you can check out [fourth trimester Podcast.com](https://fourthtrimesterpodcast.com) and our Facebook page and our Patreon page.

So thank you so much, listeners, and we'll catch you next time on the Fourth Trimester podcast. You can subscribe to this podcast in order to hear more from us. Thank you for listening everyone, and I hope you'll join us next time on the fourth trimester. The theme music on this podcast was created by Sean Trott. Hear more at [Soundcloud.com](https://soundcloud.com/sean-trott). Sean Trott Special thanks to My True loves, my husband Ben, daughter Penelope and Baby girl Evelyn. Don't forget to share the Fourth Trimester podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.

Sarah Trott: [00:00:42] Hi, this is Sarah Trott. Welcome back to the Fourth Trimester podcast. I'm here with a guest who we've had twice on our show and we love having her as a guest, so we've asked her to come back and talk again. Her name is Angelique Millette and I'll reintroduce her again in a moment. But before I do, I wanted to remind everyone listening that we have a website which is [fourth trimester podcast.com](https://fourthtrimesterpodcast.com), where you can go and sign up for our email newsletter and read more about every episode and see a whole host of other resources that we've gathered for you listeners. And we also have a Patreon sponsorship page where you can go and you can sponsor as little as \$1 per episode. So if you feel that you can do that for us, we'd be hugely grateful. We also have a Facebook page and an Instagram, so you can go and connect with us there as well.

Sarah Trott: [00:01:33] And so sleep is our topic today. We've talked about sleep in Episodes eight and Episodes ten with Angelique in the past, and the focus there was really on kind of those early days with a small infant at home, the first few months for six months, even with a baby at home. And today we're going to talk more about toddler sleep. And there's really no one better to be talking to us about this subject today. Angelique has been working with families for 20 years. You can correct me if it's been longer, but it's really been her life's work and her passion. We can dive into talking about toddler sleep for sure.

Dr Angelique Millette: [00:02:14] So I have to apologize. I do have a little laryngitis. I caught my four year old's first cold of the flu cold season. So. So just my apologies. My name is Dr. Angelique Millette, and I'm so glad to be back on the show. Sarah, thank you so much for the invitation today to talk a little bit about toddler sleep. And thank you so much for the introduction. You covered everything. It's been a really fun ride the last 20 plus years working with families and really seeing that the topic of sleep has become so important to families, to practitioners, and that we're really seeing this, you know, we're getting away from the one size fits all approach to sleep, and we're really starting to think of sleep as much more complex. We're starting to understand the importance of it. There's such great research coming out, looking at pediatric sleep, so it's really exciting to see that whole field shifting and families getting the resources that they need.

Sarah Trott: [00:03:16] And anyone who is listening and thinking, Oh, well, I'm pregnant or my baby is really young, I don't need to think about toddler sleep. Actually, it probably doesn't hurt to start thinking about it now because there are going to be implications for what's happening at different stages for when your toddler gets to that time.

Dr Angelique Millette: [00:03:35] I would definitely agree. We call ten months of age the pre toddler stage. We start to see the beginning of early toddler behaviors. So babies start to shift out of some of the baby behaviors and they start to develop very strong emotions, intense separation anxiety. And it's the first big mark or milestone for separation. It's called object permanence. So that comes out pretty quickly. So I would agree that parents that are expecting this is an important podcast for you. Listen in so you can learn a little bit about that transition.

Sarah Trott: [00:04:11] Yeah, absolutely. So in our earlier episodes, I think we busted some of the myths early on that babies are meant to sleep through the night and that that's an expectation, which is true for all babies. And I think that sort of points back to the comment you made just now, which is that the one size fits all model is not really the model to be working towards. But what do we do? You want to crack into that? Like, what do we mean by not one size fits all?

Dr Angelique Millette: [00:04:40] So the idea there's this old paradigm that I like to debunk a lot when I talk about sleep, the old model or the old paradigm for child sleep is that if a child doesn't learn to sleep alone early on, they'll never be independent sleeper. And that a sleep is if you were to track it, it would look like a straight line that all you have to do is the method and you'll never hear from your child again, baby or toddler. And I like to do a lot of debunking in my research and in my work, because the new paradigm really asks parents to think of sleep in a different way and ask practitioners to think of sleep in a different way, that certainly the methods do work and we see sleep improved.

Dr Angelique Millette: [00:05:24] But sleep is very dynamic. The methods that we use for babies actually don't work very well for toddlers, and that's because toddlers are developing intense emotions. They have higher bouts of insecurity and separation anxiety and their developmental stages. When they do have them, they tend to last longer and they're much more intense and say the developmental stages for babies and sleep is certainly not a straight line that we can certainly help toddlers to sleep.

Dr Angelique Millette: [00:05:56] We'll talk about a method today to help toddlers sleep. But what we're looking for when it comes to a child, sleep is responsive and flexible. Parenting. It's okay. You're not messing up as a parent if your child needs you at night, you haven't made a mistake. The idea is how to do the method. We'll talk about the method today and get some really good results. And then how to follow your intuition and be more responsive and flexible. If your child is going through a big change.

Sarah Trott: [00:06:24] Going into sleep training or the idea of thinking about sleep for the first time for a parent, what methods are the top options and what would you recommend for getting into that toddler age?

Dr Angelique Millette: [00:06:35] Well, one of the things that we encourage parents to do, parents of toddlers to do, is to introduce a prep phase. If you think of the sort of the old if you look at the slate books and the old strategies for getting a toddler to sleep through the night, the the suggestion or the strategy was, well, just lock the door and

don't let them out of the room, no matter how hard they scream or how much they throw up. Just let them go and they'll learn to stay in their room and they'll learn to sleep. And as a child therapist many years ago, I started to really question was that really teaching a child anything at all?

Dr Angelique Millette: [00:07:17] What we're after is really helping a child to feel safe and secure in their body so that they can separate from a parent and go to sleep. That really The idea of sleep is that a child has to become unconscious and they have to feel safe to do that. If they don't feel safe or secure, they can't let go of their trusted caregivers. They can't become unconscious and go to sleep. So we really flipped the script on this old paradigm about locking the door and not responding. We do agree that sleep is about limit setting and teaching a child a skill set for feeling safe to separate and let go and go to sleep.

Dr Angelique Millette: [00:07:56] And that's a parent's job to do that consistently. And the idea is that if we can use these sort of play based therapies and we teach parents how to do them with their children as early as ten months of age. But if we can use these play based and sensory based therapies that are real simple and fun to do with kids, it actually preps the child and preps the parent for the eventual separation that will take place when we do the method.

Dr Angelique Millette: [00:08:26] So one of the things that we see a lot of in parents of toddlers and children that aren't sleeping is that they've developed some hopelessness around it with parents of babies that aren't sleeping, they're exhausted and they're frustrated. The hopelessness hasn't set in yet. Once the parents had six, 12 months or a couple of years of not sleeping, they sort of have, it's like a new normal. And there's sort of a hopelessness, a feeling of failure. And it becomes almost more difficult for the parent to think about separating from the child because it feels like it'll never happen.

Dr Angelique Millette: [00:09:06] When I say separating from the child, I mean separating from the child at sleep time, That's really the idea. That's sort of the driver here for sleep changes. So to circle back to the sort of toolbox of methods, what we do

is we work with the parent and the child and we teach them these sensory based, play based communication based activities the parent can do with the child.

Dr Angelique Millette: [00:09:29] For example, one of the activities that we have the parent do, even with a baby like, say, a 12 month old, that's just what we consider an early toddler. The parent will hold the toddler and talk to the toddler. They'll talk to their child and they'll tell the story about how they're going to say bye bye at bedtime. And even when they say bye bye, mommies and daddies, love is always there. Their child is safe when they're sleeping. If they wake up at night, mommy will be there to check in or daddy will be there to check in.

Dr Angelique Millette: [00:09:58] And we tell this simple story about how the child's body is safe. Their body is good at learning a new way to sleep. Their body is good at separating from mommy or daddy. And then we have the parent tell that story maybe once or twice during the day. It just takes about three minutes to tell the story while holding their child. And we'll also have them tell the story at bedtime. Now, from the outside, it sounds a little woo woo like, well, really, what is that going to do to help a child? But the deal here is that kids are getting meta messages from us about feeling safe to separate.

Dr Angelique Millette: [00:10:32] And remember what I said. Sleep is about separation. That's really the crux of sleep, is that the child feels safe to separate from the caregiver. So we consider these play activities or sensory activities or communication based activities. There are meta messages that help the child separate from the parent. They also help the parent separate from the child. Because we do see parents that have some ambivalence about doing that. That's just one of the activities. There are several on the list that we do. And what we do is we modify those activities based on the child's history, their temperament and their.

Dr Angelique Millette: [00:11:06] So here's an interesting aspect of temperament. Sometimes a parent will say, my child has really very severe separation anxiety to the point where sleep is very difficult because they don't want to separate. So we use these activities to help the child to feel safe and the parent will report, Gosh, I've been doing

these activities for a couple of days or a week and my child is feeling better about separating from me just from doing those activities. It's exciting because what we're doing, remember what we're after is that we're giving our kids a strategy or a resource for separating. That versus the idea of just locking the door and they scream until they pass out.

Dr Angelique Millette: [00:11:46] But this approach with this paradigm, it's really saying, all right, kids are really capable of understanding how to do this. Let's give them some tools, that are age and stage appropriate, they're specific to the child's history, their temperament, they're specific to the sleep association or the needs that the child has when they're falling to sleep. And there's something that could be repeatable and consistent night after night for the family. So that's phase one. And we ask the family to do that. Phase one. Sometimes it's about 4 or 5 days, sometimes it could be a couple of weeks. It really just depends on the nature of the sleep issue. Here is what's so exciting, Sarah.

Dr Angelique Millette: [00:12:26] You know, I've been doing this work for almost 22, 23 years now, and as a child therapist, my training is in play based therapy, art therapy with kids. So I have a real background in using sensory based interventions for kids for helping them to learn. When I started to incorporate these kinds of activities into this prep phase, this phase one, the help the child prepare for separating from the parent. Half of the parents reported to me that their child started sleeping better just from those activities. And I knew I was on to something. Wow.

Sarah Trott: [00:13:04] That's an incredible result.

Dr Angelique Millette: [00:13:07] Yeah, I mean, it just really goes to tell us that kids really are paying attention, even these pre-verbal or early verbal toddlers. You know, parents will say it doesn't seem like he understands anything at 14 months. But I'll say, if you've asked him to go pick up his red shoes, does he walk over, pick them up? They say yes. I say yes. That's what we're capturing is that really early verbal kids are really paying attention and we utilize that to help them prepare for the sleep changes.

Sarah Trott: [00:13:35] And so I know a lot of parents are very comfortable co-sleeping with their newborns and sharing the bed. And for parents who are in that scenario, but who think, okay, my child's getting a little bit older, they're entering that toddler stage. I think you mentioned around 12 months. So maybe their child is like a year or a year and a half or even two, and they're ready for their child to start sleeping in their own bed for the first time. What would you recommend for those parents?

Dr Angelique Millette: [00:14:05] That's actually a very common client that we have as a family that's ready to make that shift. And we see that typically occurs, whether it's bed sharing or room sharing, it typically occurs sometime around 12 to 24 months. Usually the motivator is that there's another baby on the way, interestingly enough. So it's something that we take into consideration. If the due date for the baby for the second child is a month or less out, then we probably hold off on making too many changes because that would not be a very great time to do the changes for the child. For the toddler.

Dr Angelique Millette: [00:14:45] Otherwise, what we ask parents to do is to prepare a separate sleep space for their child. Let's say that the family wants to move from room sharing or bed sharing to independent sleeping. During phase one prep, we'll ask the parent to get that room ready, the bed and the room ready for the child. It could be a crib, but it could also be a mattress on the floor or a toddler bed. And then we ask the parent to start sleeping in the child's room with their child. Usually this means that the parent sets up a mattress like a blow up mattress or a futon mattress on the floor of the child's room. The child can sleep there with the parent, or the child can begin to sleep in their bed with the parent's mattress flush to the side of the child's bed. Now, what we don't want to do is have the parents continue to sleep there for weeks or months.

Dr Angelique Millette: [00:15:39] This is just a temporary solution. The idea is that they're transferring the co-sleeping now from the parent's room to the child's room. And the reason for doing that is it helps the child build security to their sleep space. If you imagine that the child's never had a sleep space and never slept alone for the very first time, the child now has to bond to that room in their new bed. So by having the parent sleep in the child's room for a matter of, say, days to a few weeks, it helps the child

develop some security with sleeping in their room. Their needs get met there. And then we do the phase one activities and we would do a number of activities.

[00:16:18] We might actually, for a two year old, write a sleep book and we have the child participate in writing the book. We use a customized script, again, based on the child's temperament and their fears and their likes and their sleep associations. So the language is real specific to the family and to that child. And then the parents create the sleep book with the child. And the sleep books are precious. Parents will share them with myself and my team. They're handmade construction paper crayons with a script written out. A lot of parents will print up pictures, or maybe they'll draw a stick figure pictures of the, you know, stick figure, like a little one sleeping in a bed.

Dr Angelique Millette: [00:17:02] The parents will read that book to the child and they'll incorporate some of these other phase one activities. And they'll do that for about a week, mostly doing those activities in the child's room. Again, the idea is that we're building security and safety so that the child's needs can get met in their room, that they're going to feel safe sleeping there without the parent.

Dr Angelique Millette: [00:17:24] After a few days to a week of doing that, then we actually start phase two, which is a method that I like to use specifically for this transition, which is moving a child out of a room, sharing or bed sharing to independent sleeping. And the method is called the chair mattress method. So I'll say that again. It's called the chair mattress method. And we start the method. It's imperative that we do that phase one first with these various activities, writing a sleep book, pretend play, which I'll talk about just a little bit.

Dr Angelique Millette: [00:17:56] We do those activities to prime the pump and then on a Friday night, the parent starts the method. The chair mattress method is the way that that method works. It's a great method for working parents. It's a great method for tired parents. The parent has a mattress set up in the child's room and then over the course of, say, five nights, the parent moves their mattress or their position further away from the child's bedside and closer to the door. So effectively what's happening is that the child is now being weaned off the parent's presence in the room.

Dr Angelique Millette: [00:18:32] As the parent moves further away. We continue to do those activities. And then we move the parent out of the room. So parents will say, gosh, this is really foreign to me because the idea of flipping the script on, say, classics, sleep training strategies, classic sleep training suggests, you know, let the child scream or make sure you're out of the room. If you're in the room, the child will always want you there. But we actually totally flipped the script and we say, No, we're going to give the child what they need, which is the presence of a parent. That's what builds security. And remember, what helps a child fall asleep is feeling safe and secure.

[00:19:14] Now, we don't want to keep the parent there long term, so we do move them out of the room. And then eventually our goal is that the parent can put the child into their bed at bedtime after a nice bedtime routine and then the parent leaves the room. The parent can stay at the door for a couple of minutes and then the parent can leave. And then now the child feels safe and secure in their bed and can go to sleep. That's a real simplified explanation of it. Of course, we customize it and we get real specifics with the details depending upon the temperament and age and stage and specifics for the family.

Sarah Trott: [00:19:47] I love the approach of helping children feel loved and secure throughout the entire process. That is that just really speaks to me as a parent. So thank you for the work that you're doing to provide these alternatives which are very, very caring and loving towards the child.

Dr Angelique Millette: [00:20:07] Oh, thank you so much for being such a strong supporter of it and getting the word out there. We really want to help parents and empower them to find different ways of helping their kids sleep and really reducing the likelihood of a child feeling anxious about sleep and feeling scared to sleep.

Sarah Trott: [00:20:26] Okay. So we talked about a couple of phases and some activities. Are these things that you think parents can do? Are they on their own? Do they need to work with a consultant or can they apply the things that you're talking about directly?

Dr Angelique Millette: [00:20:41] So we're working with parents everyday and we're teaching them how to do these activities and the activities have a potential not just for sleep, but we use them for all kinds of transitions. For example, I've been working with a family with a little boy who has very high separation anxiety. And so we utilize these activities with mom doing the activities with him. My job is to really empower parents to give them some tools to really help with giving them the ways to communicate with their child and prepare them for transitions and change. And sleep is really about transition and change. So one of the activities that I want to talk about is called Pretend Play.

Dr Angelique Millette: [00:21:32] Now, Pretend play is really rooted in the idea that a child starts to develop imaginative play, and that typically happens around age two. But we certainly see some of that as early as 18 months, and we're seeing a lot more of it by two and a half to three. My four and a half year old daughter will spend an hour just acting out a whole storyline in her room with her little figurines and dolls. So, you know, it really ramps up over these early years. And we use pretend play to prepare a child for a sleep change. So we'll ask the parent to put stuffed animals or even toys to sleep in the child's bed.

Dr Angelique Millette: [00:22:12] Even with 16 month olds, I'm thinking of a 16 month old in particular. We started with the family when he was 14 months old. He'd had very serious separation anxiety and he was waking up every hour at night to feed. And we spent a whole month doing this pretend play of putting his toys to sleep in the bed and preparing him for the separation. That would happen once we did the method really separating not just from mom, but from breastfeeding, which of course are going together. But it's a big separation for him. So we put the stuffed animals to sleep.

[00:22:46] We put his lovey to sleep, we put his fire trucks to sleep. They would go to sleep in the bed. We would do this a couple times a day and we'd spend 3 to 5 minutes doing it. We engaged him where he would pat the fire truck to sleep and he'd hug the fire truck and then we'd say, Fire truck is waking up. It's time to wake up now. And then he'd hug the fire truck and say, See, fire truck is so safe sleeping in his bed. And we really rolled that through day after day, preparing him, also preparing mom for the

separation. As tired as she was, she had a lot of fears about his ability to do this. He'd had a lot of health issues and she was really worried about him.

Dr Angelique Millette: [00:23:23] So we spent a whole month. It doesn't take families normally that long. This would be a real extreme example, but it was an exciting one because once we started the method, there was hardly any crying at all. And within three nights he could sleep on his own in his bed. So with pretend play you could utilize stuffed animals, toys, loveys blankets, a child's beloved attachment object or security object. Or it could just be something the child loves to play with, but they don't cuddle with at night.

Dr Angelique Millette: [00:23:53] We'll even take a shoe box and some washcloths and build a little bed. You don't have to buy a doll's bed at the toy store. Just make one. And then we put stuffed animals in the child's little toys to sleep in that bed. And that's another way to do the pretend play outside of the child's room. Say in the child's play space. The idea is that the child sees the parent playing child again, emphasizing the theme of putting a toy to sleep, the toy waking up, and then specific messaging the fire truck is safe or your bear is safe sleeping in the bed. Oh, Bear's waking up, Bear. It's time to go back to sleep. The son is still sleeping. Time to go back to sleep. You're safe in your bed.

Sarah Trott: [00:24:34] And that's nice reinforcement for the parents as well, right? Going through those motions, if there are any moms or dads who are having a hard time letting their children sleep on their own, Right. If they have their own anxiety, it's nice reinforcement for them to see that to see that their child develops confidence.

Dr Angelique Millette: [00:24:53] It really gives parents some confidence. They start off saying, am I doing it right? I don't know how to say this because I think for a lot of us parents, there's no training for this and these sort of meta messages that where we start to think about, gosh, what I say is so important, how am I going to say it? And we get a little stumped, a little frozen.

Dr Angelique Millette: [00:25:12] So we work with parents to really help them sort of with that messaging, you know, what are you trying to communicate and how do you want to communicate it? Simple is always best. And then really emphasizing that the child is safe, the child is loved, the child's body is good at learning. That's something we like to say. The parents are never far away. If the child wakes up, the child knows that parents are sleeping in their room, child is in their bed, they're safe. They're always connected.

Sarah Trott: [00:25:39] Oh, I love all of those messages.

Dr Angelique Millette: [00:25:43] Yeah, Your listeners could write their own sleep books and do pretend play. Just keeping it really simple and emphasizing connection and love.

Sarah Trott: [00:25:51] And you're right, there isn't training for this. There's no. Well, I mean, possibly there is. You provide it, but there isn't sort of a, you know, a course in elementary school that everyone takes that prepares them to be a parent who can make their children feel that way.

Dr Angelique Millette: [00:26:08] No, there's not. There really isn't. And so we're hoping to empower parents with those messages. We're working we're working with parents all over the US, all over the world, which is very exciting. We're working with parents. You know, one of the demographics that's been very exciting are parents in the military. The toddlers and children have a twice fold incidence of anxiety versus their peers, largely due to parents deployment. And they have a real need to feel safe to sleep. And they have a real need to not be locked in a room screaming alone to sleep.

Dr Angelique Millette: [00:26:50] A lot of military families will engage in bed sharing and room sharing and co-sleeping practices for various reasons. And so we've been really giving those parents some of these messages and some of these activities to do with their kids to really help reduce the anxiety that the child might feel when a parent is deployed.

Sarah Trott: [00:27:08] Oh, there's so many different situations that we can think of that create those scenarios. You know, one thing that we've touched on in past episodes is this notion of regressions, and I've certainly witnessed it with my own little girl. I can tell some days when going down for a nap or going to bed at night and we lay her down and we say, okay, well, remember we said night night last night? And then you just laid your head down and went to sleep and she'll say, Yeah. And I'll say, okay, we'll do that again. And she goes, Yeah. And we say, Night, night. And she'll say, Night night and just go to sleep. And then there are other times when it's actually a challenge and there's some crying and sadness before she settles down and we do our routine. When does regression end?

Dr Angelique Millette: [00:27:50] It's a good question. And I would say it's a question that a lot of parents have naturally, because the regressions can really wreak havoc with the whole family's sleep. And naturally, parents say, does this ever end? I would say that they definitely phase out by three, three and a half. There are some big changes that occur around two and a half to three to really help a child. There are big tools for not just for kids, but also for parents starting around age two and a half to three.

Dr Angelique Millette: [00:28:21] There's a really big organization of impulse control. And if you think about it with impulse control, you could say to your three year old, hey, if you stay in your bed tonight, when you wake up in the morning, we're going to play 15 minutes of hide and seek. You and I. Are we going to cook breakfast together? Are we going to do art together? And a three year old says, Hey, I love doing art with you, mom. I am totally motivated to stay in my bed. And they do it.

Dr Angelique Millette: [00:28:51] Now, the kicker here is you have to find the juice. You have to find the thing that really inspires your child. If a lot of parents will go for stickers, then I'm sad to say that stickers don't really inspire a lot of kids. They bite the first few times, but you have to find the thing that really delights your child. What is it that really delights your child? And then use that as the inspiration. Use that as the reward. So starting around two and one half to three, certainly with three year olds, you really see this.

Dr Angelique Millette: [00:29:17] It's like this big tool that comes in the toolbox, which is parent can set limits. They can use rewards and consequences to set the limit and the child can hear the message. When the message is delivered, clearly they say, okay, I want the reward or I don't like that consequence. I don't want that. And they can shift their behavior. There's a big push for independence around two and one half to three. So we do see sleep regressions at that age.

Dr Angelique Millette: [00:29:41] There's a big push for potty learning at two and a half to three, which coincidentally potty learning is about control. So naturally, as the child is pushing for independence, they would want to also control their bladder and be able to hold their bladder. And but certainly once they get to age 3 to 4, the regressions that we see may be caused by, say, nightmares. That would be a big one that we see. We see less issues.

Dr Angelique Millette: [00:30:07] Parents have more tools in the toolbox for limit setting if they can find the reward or consequence that really connects with their child, they can really utilize that with nightmares. You know, nightmares just happen to be something that every child is going to go through. Some have more than others, and there's various strategies for nightmares. Mostly you do want to respond to your child if they have a nightmare. And the difference between nightmares and night terrors. Night terrors are going to happen approximately three hours after bedtime. A night terror is a sleep disorder.

Dr Angelique Millette: [00:30:41] It's between 5 to 10% of average amount of kids are going to have night terrors. Nightmares all kids are going to have them and they usually occur sometime between like 3 to 5 a.m. or 4 to 6 a.m. sometime in that later time of the night. And you want to be responsive with a nightmare. Just go to your child, comfort and then leave. You want to avoid using things like monster spray in their room because that just sends the message that there is a monster in their room. And one of the things that I like to do is to ask the child to draw a picture of the monster because that gets it out of their head.

Dr Angelique Millette: [00:31:24] You imagine they have a picture of it and they may just be starting to be able to verbalize it with you. You certainly don't want to talk about the monster in the middle of the night. You just comfort and get them back to sleep. But in the morning time, ask, ask. Do you want some help drawing that picture? Let's talk about your monster.

And parents find that it actually reduces the fear of that monster once it's out, once here's a picture of it, and then you can make jokes about it and talk about it. Talk about the silly monster. It's not scary. It's a silly monster. And now it's out. It's all gone. It's not in your head anymore. So it helps the child have some control over it.

Sarah Trott: [00:32:03] Yeah. I don't know if this is related, but I've been reading a book called Never Split the Difference, written by someone who used to work at the FBI in hostage negotiation situations. And one of his tactics with, with people and just having interesting conversations with strangers and disarming them is to as quickly as possible try to identify how they're feeling and then name that fear or that feeling, I should say. Because once that feeling is articulated, whether he's right or wrong, someone will usually say, like if you say to someone, you sound pretty mad. Or it sounds like you might be pretty angry about something.

Once they've said it, they can either say, Yes, I am mad or they can say, No, I'm not mad, I'm just disappointed or whatever it is they're feeling. And by naming it and helping someone identify how they're feeling, that actually allows them to sort of utilize a different part of their brain and to yeah, and to relax and react on a more rational level versus the emotional level. I'm just reminded by that with your story about writing down the monster, it's like, just just get it out and say it. And then you can sort of objectively step back and look at that and think about that.

Dr Angelique Millette: [00:33:17] That's it. That's exactly how it works. That's exactly it Sarah.

Sarah Trott: [00:33:21] It works with all ages apparently.

Dr Angelique Millette: [00:33:24] It does.

Sarah Trott: [00:33:25] How long would nightmares last? And like, I get the difference between the time of night for the terror versus the nightmare. But like, when are nightmares a problem? Do they happen? Like if they're happening every night over and over and over? Like, is that ever a disorder or is that just not something to worry about? And like night terrors, like how many times do bad dreams during that early part of the evening have to happen before it's really diagnosable?

Dr Angelique Millette: [00:33:53] So with night terrors, the way that they work, this is so interesting. Let's say that a child falls asleep at 8:00 the night terror will likely occur around 11 p.m.. About three hours after bedtime. And the way that the night terror works, the child is sleeping in a deeper sleep cycle. And then as they're transitioning from a deeper sleep cycle to a lighter sleep cycle, they actually get stuck in between sleep cycles. They get stuck. And it appears that they are having a nightmare.

Dr Angelique Millette: [00:34:25] A parent will say, My child looked possessed. They were screaming. They looked really scared. I couldn't do anything to comfort them. They're actually not awake. Their eyes will probably be open. They're quite physical. If they kick you, it's not because they're doing it out of malice. They really don't know that you're there. They are actually asleep. And so it's a sleep disorder. And the best thing to do is to make sure your child is safe.

Dr Angelique Millette: [00:34:51] Don't try to put them in the shower. That was the old advice. That's not safe at all. Keep yourself safe. And what usually happens is that you can turn on a low light. You might do a little bit of talking to them again. Trying to hold them probably isn't going to work. They don't know that you're there. Usually what happens is that the night terror just sort of ends and then they are able to go into the next sleep cycle. And that usually takes anywhere from 5 to 15 or 20 minutes. Uh, there's usually a family history.

Dr Angelique Millette: [00:35:23] They typically start, I see them develop somewhere around age 2 to 3, and they typically go away when a child is six, seven, eight years of

age. And we're not seeing a lot of them in kids. But enough that for the parents that have a child with night terrors, it can certainly be disruptive. Or is it a few exciting new products on the market now that show some promise for helping kids with night terrors? So that's exciting for those parents in particular, since it can be very distressing for the family. My best advice to parents with a child that suffers from night terrors is to make sure their child is not sleep deprived.

Dr Angelique Millette: [00:36:02] We've found that the greatest contributor to night terrors is sleep deprivation and a child that has a lot going on. And this. So of course, there are going to be times when a child is very busy. You know, we'll see night terrors come up if a child's traveling like a family's traveling or if they're moving, you know, certainly those would be times when there's a child that's going through a lot of change and it can't be avoided.

But what we ask parents to do is to really keep a really consistent schedule and make sure their child is getting a lot of sleep during travel or big changes once a child gets sleep deprived, if they do have a history of night terrors, they're more likely to have the night terrors getting the child rested earlier, bedtimes getting that sleep-Sleep begets sleep- can really help.

Dr Angelique Millette: [00:36:52] Uh, with nightmares, they can affect all kids. And we'll see the nightmares again. Usually they develop somewhere around age 2 to 3. Fears and phobias start around age two, like fear of the dark. And and so so typically it sort of comes on pretty fast and furious. A parent will say, gosh, my child's just screaming at bedtime now. I don't know what's going on. And it's usually because that shadow on the wall is no longer a shadow. It's like a dinosaur with big, scary teeth. And it really helps to have the door open and the hall light on.

Dr Angelique Millette: [00:37:24] Try not to have a table lamp or an overhead lamp in the child's room because that could really disrupt the circadian rhythm. But otherwise, having the door open can really help with those fears and phobias. And that's usually when we start to see the nightmares develop somewhere around age 2 to 3. Some families, they have a family history of nightmares. They have lucid dreaming. So some

of some of those kids are going to have more nightmares than other kids. But generally speaking, they sort of ebb and flow.

Of course, not watching scary movies, avoiding, you know, avoiding a child, getting overtired, avoiding any conversations about something scary. Those are like great tips for reducing the likelihood of nightmares, but you can't eliminate them altogether. They're going to have nightmares as they go through these developmental stages. It's just a normal part of a child going through a developmental stage.

Sarah Trott: [00:38:23] And it's one of those things that just, you know, again, I think creating back to what you said, creating that safe space and helping them feel loved and helping them work through it on an emotional level can really be beneficial.

Dr Angelique Millette: [00:38:37] That's exactly right. By and far, responsive parenting, we have found to greatly reduce fears and anxieties around sleep. And so we're really giving parents a lot of permission to cuddle and talk to their kids. One of the biggest homework assignments that I give to parents of two, three, four, five year olds is to sit with your child for five, ten, 15 minutes, now 15 minutes for a five year old, five minutes for a two year old. Rubbing their back and singing to them.

Dr Angelique Millette: [00:39:05] Talking to them about their day. Just doing a recap of their day. For a two year old, you're mostly doing the talking, but if you start this practice really early, your four year old is going to spend ten minutes talking to you about things that happened that you had no clue happened and you're going to want to hear about it. It's the beginning of a really shared mutual relationship, respectful relationship around your child, communicating with you about their feelings, their fears, their needs. Something scary that happened to them.

A great study showed that it's the quality of bedtime that helps kids sleep. And that's something that we really message to our parents and our practice that don't be afraid to spend that time with your child, giving them a little extra attention and love. You're not making a mistake. It really does help them feel safe to let go and go to sleep and sleep at night.

Sarah Trott: [00:39:56] When is a good time to have that conversation? Is it before story after story, right before laying down?

Dr Angelique Millette: [00:40:05] We find a good time to do it is when the lights go out. It could be after the story. So your child is in bed. If the child is in the crib, maybe you're rubbing their back or maybe you're still sitting with them in a glider rocker in their room and you haven't yet put them into the crib to go to sleep for the night. So you just spend an extra five minutes of close body contact and they're in your arms. They're snuggled. They're not drinking or eating anything. You're rubbing their head, giving them a little massage. There might be some singing.

Dr Angelique Millette: [00:40:37] You could sing the same song every night at bedtime or the same two songs. Or for a two year old, just recap their day. Talk about what you did that day together or what they did with their nanny or grandparent or caregiver, or talk about something that happened that day that was just so interesting or silly or scary and recap it. You're taking the opportunity to discuss it when there's less emotion and less reaction. It helps the child to internalize it and reframe it in a different way.

Dr Angelique Millette: [00:41:09] Especially for your four or 5 or 6 year old if you had a parent child mismatch moment where and this is you know, parents of older kids can relate to this, where maybe you ask your child to do something, even if you have a seven, eight, nine year old or older, you ask your child to do something. They didn't respond. Maybe there was a conflict. Maybe there were some sharp words. You can take that time at bedtime to revisit it and share some gentle or comforting words with your child. So it's less of a time to limit set or do all that tough part of parenting. It's more of a time to be reassuring and comforting and really be gentle with your child.

Sarah Trott: [00:41:52] You had mentioned at the beginning this notion of toddler sleep being around the time or, you know, getting toddlers to sleep in their own bed, being associated with another baby coming along the way, it seems like there might be a whole host of issues for young children who suddenly aren't the star of the show or the only child anymore with feelings of jealousy and and that could potentially impact sleep.

And also we talk about on the fourth trimester podcast topics that mostly center around newborns and infants. And I think there's probably an impact on infant sleep if they're sharing a room with a toddler or if they're in close contact.

Sarah Trott: [00:42:29] I mean, there's just all this whole there's a whole host of sibling stuff, I guess is what I'm what I'm raising. And I just wondered if you had any thoughts for parents of toddlers and infants or soon to be a toddler and infant? Like, what would you have to say to them for sleep issues?

Dr Angelique Millette: [00:42:43] Yeah, it's a really great question. We do work with a lot of room sharing families of babies and older siblings that are room sharing. We actually encourage it if the sleep patterns are matched or a good enough match between the two children. Sometimes what we have is a situation where, say, the baby wakes up a lot at night still or still needs a lot of night feedings, maybe due to slow weight gain or a situation like that. And that might be disruptive to the older siblings' sleep, especially if the older sibling is a light sleeper. Otherwise, what we have found is that when kids room share, they actually tend to sleep better.

Dr Angelique Millette: [00:43:24] Now, to start off with, what we asked parents to do is to make sure that both children are sleeping pretty well at night. So sometimes that means doing a sleep method for the baby to get the baby's sleep on track, especially if the baby is waking a lot at night or crying a lot at night. And then we may do a sleep method for the toddler as well. So we get both kids sleeping better and then we initiate the room sharing. And the report that we get from parents is that for most toddlers, they might be a little bit resistant to room sharing with the baby because they don't want their toys to be played with by the baby, which we can appreciate.

Dr Angelique Millette: [00:44:03] While we do really want to encourage our kids to share, we really encourage parents to protect the older siblings' toys or set up a little spot for the older siblings' toys and to let the sibling know the older child. Rather, let the older child know your toys are safe. We're going to protect your toys for you. These are your special toys. We won't let the baby play with your toys. That might mean that the

older child gets some special time playing alone in the room just to play with the toys. It's a really important point.

Dr Angelique Millette: [00:44:33] You want to talk to the older child about the room sharing? You might get a little resistance, talk it through. If the issue is toys, which we actually see toys being like the number one reason why the older child says, I don't want the baby in my room. Let the child know, hey, I'm going to be. I understand that. That's your special item. Those are your Legos and we're going to protect those Legos and make sure they're yours to play with. We absolutely understand. Otherwise, what we find is that the kids generally tend to sleep better, sort of like stablemates.

Dr Angelique Millette: [00:45:10] They get a lot of comfort and security, having a sibling in the room. A good time to move a baby in with room sharing is somewhere between 6 and 12 months. Usually around that time, babies are night weaning, either starting to drop their feeds at night or they're picking up solids. And so it's a good window for dropping the night feeds. And we typically room share the baby with the toddler or older sibling when the baby's down to one feed or no feeds at night. And we find that to work really well, we'll do a staggered bedtime. Maybe the baby goes to sleep first and then the toddler goes to sleep. 30 to 60 minutes later.

[00:45:48] There's a sweet spot in the baby's sleep where if the toddler goes to sleep at that time, it won't be disruptive to the baby. And then sometimes the toddler goes to sleep first, especially if the toddlers drop the nap and are really tired by 6 or 7 p.m.. Maybe the toddler goes to sleep first and then the baby goes to sleep an hour later. You don't have to do the staggered bedtime. We just find it to work really well, especially if the toddler is really craving some one on one time with a parent in the evening. That's a good time to do the one on one time. And if the baby goes to sleep first, then the toddler will get that one on one time.

Sarah Trott: [00:46:22] If you put a baby, let's say, six months old and a toddler who's two in the same room, are they going to wake each other up all night long?

Dr Angelique Millette: [00:46:30] It just has everything to do with how they adjust to the sounds. We have found that, generally speaking, they don't wake one another up. Usually there's a concern about the baby waking up the toddler. And we have found that for most toddlers, they can sleep right through it. It has everything to do with how sensitive that toddler is to sound. If for a handful of toddlers, they are quite sensitive to sound, sometimes what we'll do is introduce a sound machine or a fan like we call it the sound buffer. So it provides a little bit of a, you know, like a white noise or sound so that it protects the toddlers sleep a little bit.

Dr Angelique Millette: [00:47:09] Now, let's say that there's a regression. Let's say that the six month old adjusts and the toddler adjusts the room sharing. But at ten months, the baby goes through a big developmental stage, cuts four teeth and starts to walk, which could be a sleep disruptor, where the baby's up for an hour or two hours at night. In those situations, a parent might set up a travel bed in their room like a travel crib for the baby, and they may initiate a couple nights of the baby sleeping in their room. Or they could put a sleeping bag on the floor of their room or a blow up mattress, and then the toddler could sleep there for a couple nights when the baby's going through a big change.

Dr Angelique Millette: [00:47:50] So I know when we started out this podcast today, we talked about responsiveness and flexibility. And the research is really clear that when parents can be a little bit more flexible with their child's sleep, it seems to work best for the family and that this is like a case in point, that understanding that a couple nights of an older child sleeping on a mattress or a sleeping bag in your room because the baby is going through a big change or up more at night, that can be fixed very easily by moving the child right back to their room.

Sarah Trott: [00:48:23] Awesome. Thank you. We've had a wonderful session today talking about a lot of new ground that we haven't covered before. Thank you so much again for being on our show.

Dr Angelique Millette: [00:48:33] Oh, thank you so much. Sarah and Esther, too. I know she's not here today, but it's always great to be able to share with you and hear

your questions and collaborate and talk. Thanks so much for inviting me to participate today.

Sarah Trott: [00:48:48] Absolutely. I know Esther was so sorry she couldn't be here today.

Dr Angelique Millette: [00:48:53] Well, she's missed.

Sarah Trott: [00:48:54] Before I go, I wanted to remind everyone that Angelique's website is <https://www.angeliquemillette.com/>

Sarah Trott: You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Google Podcasts](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.