

# Fourth Trimester Podcast

## Episode 122: The Top 10 Toddler Sleep Questions Every Parent Asks 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>

**Sarah Trott:** [00:00:01] Hi, this is Sarah Trott and welcome back to the Fourth Trimester Podcast. We have an awesome topic today. We're talking about toddler sleep solutions, and we have a PhD sleep consultant on the program to answer the top ten toddler sleep questions and discuss real solutions that are safe and developmentally appropriate for your child, and solutions that also really work and give you and your family the rest that you need. And of course, we all know how important sleep is for our mental and physical wellness. And so we're diving into the topic with someone who has dedicated her life's work to family sleep solutions.

**Sarah Trott:** [00:00:41] And before we go on any further, I want to remind you we have a website which is [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com), and you can go there to find all the links and resources and discount codes and things that we mentioned on our program. So go there. Also subscribe to our newsletter so you can have all of that delivered directly to your inbox. And also please hit subscribe and follow wherever you listen. And all of that really helps us do the work that we do and helps out the program. So we really appreciate it.

**Sarah Trott:** [00:01:09] So let's dive in. I'm going to introduce Dr Angelique Millette, our guest. She is a returning guest with prior episodes including one of our top episodes dedicated to sleep training. Another one on transitioning your baby to their own room, which is so helpful. And it was a conversation we had around the time I was going through that personally with my little one. So thank you, Angelique. and then most recently we covered the top ten baby sleep questions.

**Sarah Trott:** [00:01:37] So today, as I said, we're focusing on toddlers. So that next phase, because it is different and we encourage anyone who's listening to go back and listen to those prior episodes, if those are relevant for where you're at. And again, we'll add the links to those prior episodes to the show notes, so we can make them really easy for you to find.

**Sarah Trott:** [00:01:58] And for those of you who haven't been introduced yet to Angelique. Angelique is such a wealth of experience in baby sleep. She has spent the

last 25 years dedicated to this topic. She's a mom. She's also a parent child coach, and she's a pediatric sleep consultant. She has her PhD and she's been doing family sleep research for years. So at this point she's worked with over 15,000 families, including my own, for which I'm incredibly grateful. And, you know, I think about this topic and when sleep doesn't go well, pretty much nothing else does, you know? So I'm super excited to help surface some practical information about improving family sleep and really to help families. So welcome back, Angelique. Great to see you.

**Dr Angelique Millette:** [00:02:49] Hi, Sarah, thank you so much for the generous introduction. It's so good to be back talking about this such an important topic for families and something I'm just passionate about. So thanks for having me back for toddler child sleep.

**Sarah Trott:** [00:03:07] Yeah, I've been wanting to talk about this topic for a while. It's top of mind for me because I have a little one in this phase. Of course, quite practically speaking. And also just, you know, so many of our families have multiples at home and there's that challenge of going through this phase. But then also like juggling, you know, multiple kids in different phases of sleep. I know you are asked these top questions all the time. Yeah. I think it's fantastic that we're going to go through some of these questions that your consulting clients ask you. and so we came up with this list together. Is there anything that you want to sort of say, as a bit of an intro at the top before we dive into the top questions?

**Dr Angelique Millette:** [00:03:52] The toddler child sleep topic is vast, trying to get it down to just ten of the top ones for today's podcast interview was not easy to do. I mean, the list is just so long and toddler child sleep is so near and dear to my heart. It's a little different than Baby Sleep because with toddler child sleep, parents tend to have lost hope that the sleep issue can be fixed. So we are going to deep dive into the toddler method that I developed over 20 years ago. That is not about locking your child in a room to teach them to sleep. That doesn't help toddlers and kids sleep at all. So I'm so excited to share with you a completely different paradigm, a different method that really supports your parenting. Responsive parenting. Listening to your child, but also

setting limits. We call it firm and loving parenting is how I think of it. And that's what this sleep method is going to teach you today.

**Sarah Trott:** [00:05:07] Yeah, I love that. I mean, that's one of the things that I appreciated about you so much is that you're not a cry it out method person. That just would never have worked for me or my family because it's just heartbreaking the idea of it. And we've covered that topic a bunch on the sleep training episode, so if anyone's interested, go back and listen to that one, like I said. but yeah. So let's let's go. Let's talk about it.

**Sarah Trott:** [00:05:30] So just to set the scene, our first question is how much time do toddlers aged around 2 to 4 years really need for sleep?

**Dr Angelique Millette:** [00:05:39] So the answer is multi-part. If they are napping, their sleep needs are going to be a little bit less at night. So a toddler who's napping might nap anywhere from 45 minutes to two to 2.5 hours. I try to limit naps two and a half three hours max. It does influence how much sleep they'll get at night. If they're having a long nap past two and a half, three hours.

**Dr Angelique Millette:** [00:06:03] The nighttime sleep, if they are napping, is somewhere in the range of anywhere from 10 to 11 hours. We've got outliers that might sleep 9.5 hours at night. Once they drop the nap, they consolidate all their sleep to the night, and then their total sleep is somewhere around 11 to 12 hours at night. And then that number will come down to say 10 - 10.5 hours as they approach, say, age 3 to 4 to 5 and it's variable.

**Dr Angelique Millette:** [00:06:30] Watch your child's total sleep numbers, but watch their cues for sleep deprivation or not getting enough sleep. Toddlers that are really hyper, that could actually be a sign that they're not getting enough sleep. In particular, if they're really hyper before bedtime and they're not napping, it may be a sign that they're not getting enough sleep and that you're missing their sleep window. That they're overtired. So your toddler / young child has presenting behaviors when they're not getting enough sleep. And you want to pay attention to those they are cranky, not

listening, refusing to brush teeth. They're refusing to participate, getting dressed at bedtime or their jammies, or they're hyper and cute and entertaining and super fun. You're like, mm, this might not be a good thing. You want to pay attention to those behaviors because I look at both the behavior and the total sleep time for naps and for nights to get a really good feedback on what that unique individual child needs in terms of their sleep.

**Sarah Trott:** [00:07:33] Yeah. I mean, my daughter, she just will always nap at school around the other kids when they're all napping and then not nap at home. By the way kids 2 to 4 is we're talking about one nap at this point, right? This is not like baby napping which is a multiple naps situation. At this point we're talking about one nap usually like right after lunch time, around maybe 1:00 PM or so I think is pretty typical.

**Dr Angelique Millette:** [00:07:58] And the nap does begin to influence their bedtime readiness. So if you're seeing bedtimes migrate to, say, 9 p.m. 10 p.m. pay attention to the nap. It may be time to drop the nap.

**Sarah Trott:** [00:08:11] Yes. So, okay, we kind of started to talk about this one. The official question is what's a typical toddler sleep schedule and when do they drop naps?

**Dr Angelique Millette:** [00:08:19] Oh gosh. So we love napping toddlers because they're rested and cheerful. However, some are between age 3 to 5, they're going to drop the nap. For most of them, it's age 3 to 4. There's a lot of great science on this topic in particular looking at bedtime resistance with toddlers, which basically means they don't want to go to sleep at bedtime. They resist, they stall, they come up with excuses. If you're seeing a lot of that for your 3 or 4 year old, that's still napping. It's typically a sign that they're ready to shorten the nap or drop the nap. So that's going to be like your, you know, your positive feedback that it's time to get them down to one nap a day. But this is happening across age 3 to 4. We still have some five year olds that are napping. Pay attention to the bedtimes. They need up to six hours of awake time from the end of the nap, until their body releases sleepy time hormones at tryptophan and serotonin and melatonin. And so if they were at school and the nap ended at three, but you're watching the clock and you wanted to fall asleep at 8:00 and you got that four

year old that's still napping until 3:00 at school. They're just going to spend a whole hour stalling, messing around, frequent requests, potty pee, poo, snacks, scared. More hugs. And you're like, what? What's going on here? And it's because their body's not getting the benefit of those sleepy time hormones until they've been awake those full six hours, and sometimes it's even six and a half to seven hours.

**Sarah Trott:** [00:09:55] That explains so much, Angelique.

**Dr Angelique Millette:** [00:09:59] I know, yeah.

**Sarah Trott:** [00:10:01] Because they want the nap. You know, they're so tired running around at school and playing and it's such a wonderful thing. So they're all exhausted. And I think it's like, you know, when they see everyone else napping, they just want to do it and they turn the lights out and it's cozy and they have their little sleeping bag and yeah, you know, I'm all for it.

**Dr Angelique Millette:** [00:10:17] Me too.

**Sarah Trott:** [00:10:18] Yeah. That's really insightful, though, because when you do the math and it's like six hours on from that wake up time and you're like, oh, well, that's why you're still awake.

**Dr Angelique Millette:** [00:10:27] That's right. And you can't fudge those numbers. They're just not getting the benefit of that sleepy time cocktail until they've been awake six pushing seven hours. So this is really those three, four, five year olds that are still napping. Parents ask yourselves what time the nap and what time are we trying to get them to sleep? Is that even reasonable? Have they been awake enough time?

**Sarah Trott:** [00:10:50] Yeah. So maybe a shorter nap, like, go from 1 to 2 and then, you know, 8:00 is totally reasonable.

**Dr Angelique Millette:** [00:10:55] That's it. Sarah. So you could shorten the nap up around 45 minutes to an hour, or an hour and 15 minutes. There tends to be a transition

in their sleep so they can be woken up. And then sometimes that's just enough. They get like a 45 minute cat nap in the middle of the day. They get a little energy, and they're still ready to go to bed around 8:00 or so.

**Sarah Trott:** [00:11:14] Yeah, they totally need it too. I can tell the difference between having had a little nap and not. And they're just happier and just more themselves. I wish there was a way to magically manage the amount of time that they're napping.

**Dr Angelique Millette:** [00:11:34] There's an interesting point here because for a lot of the preschool and daycare programs, they're mandated to offer a nap.

**Sarah Trott:** [00:11:44] Mhm.

**Dr Angelique Millette:** [00:11:45] The mandates are in place because that's a necessary time for those employees to take a break in the middle of the workday.

**Sarah Trott:** [00:11:54] Right. Right. Yeah. No, it makes sense. And the kids do need it. Like for sure they do. It's a good thing.

**Dr Angelique Millette:** [00:12:01] Aging out of that nap. And so that starts to be a little bit of an issue. So we do work with families that have three and four year olds that are ready to age out of the nap. They don't need it. It's pushing bedtimes to now 10:00, 11:00 at night. Yeah, because they're napping at school. It's not really helping the family's sleep routines at night. So there, as an aside here, if that's if you're that family, if you have that 3 to 4 year old that's ready to drop the nap, they're still taking a nap at their preschool daycare program. It may require conversation with a teacher or program director about a quiet, like a quiet room for your child so that they get little downtime or quiet time. They don't actually sleep, and now their sleep clock is set up for that earlier bedtime, 7:00 PM or 8 PM.

**Sarah Trott:** [00:12:45] Yeah. Yeah, exactly. And my kiddo and others, I know, sometimes they'll just sit and read like they're already self-regulating. They already are awake and just ready to do something quietly. And I love my school. It's wonderful.

**Dr Angelique Millette:** [00:13:02] They're great. And those teachers need a break during the day. They're working hard.

**Sarah Trott:** [00:13:06] It is hard. It is hard. I challenge anyone to go and volunteer for a day at a preschool. Exactly. It's not for the faint of heart.

**Sarah Trott:** [00:13:16] Okay, so I want to ask our next question, which is about sleep training, because, you know, we've covered sleep training for babies for little ones where we said the appropriate time to start isn't until about six months of age or so, right? But now we're talking about a toddler. So if you've got a little kiddo who's 2 or 3, are there sleep training methods that work? Does sleep training work for that age?

**Dr Angelique Millette:** [00:13:40] I love this question so much because it's like a mystery, right? So many parents are like, I'm talking to the parents all the time. They're saying, we've tried sleep training. It made the sleep issue worse with our toddler. And here's the deal. Starting somewhere around ten months of age and on, so we'll say 10 to 18 months of age, they are aging out of the sleep training. Let's just say an interval method checking method that works really well. We use those methods with babies, but they age out of it because of object permanence, which is they're developing some separation anxiety, separating at sleep time, all normal good stuff. And those big toddler emotions that start to come online and sleep is about separating for kiddos. It's precisely what's going on. So they really age out of an interval method parent checking method between 10 to 18 months of age.

**Dr Angelique Millette:** [00:14:38] That's why I use a toolbox of methods for the Millette Method because it just can't be one size fits all. Sleep is just much more dynamic than that, and we shift them out of like an interval parent checking method. I developed a two phase approach that comes straight out of my work doing play therapy with kiddos. Kids learn through play. They learn through communication. Okay, so I teach parents the principles of play therapy with a high focus on sleep. So the scripts in the play are about sleep and we do it through playtime, activities and separation. But we do it in kid



language and kid play, and we have parents spend about a week doing that for about 15 minutes every day, give or take.

**Sarah Trott:** [00:15:27] So can you give an example of that? Like what does that look like or sound like?

**Dr Angelique Millette:** [00:15:31] Oh yeah, this is just going to be like, aha, because parents are doing some of this already. The game of peekaboo, hide and seek. Peekaboo, hide and seek. That game is symbolic for children. I mean, it's cute when they do it, but kids are practicing separating and reuniting. Separating. Reuniting. Because that's what that secure attachment basis for secure attachment is. I'm going to separate from you. I'm going to come back to you. You come back. That need is met. So kids, play peek a boo and hide and seek. And then I have parents specifically play in the child's room where they're going to sleep.

This is great for co-sleeping toddlers, room sharing toddlers, a toddler that's still potentially nursing, feeding at night and parents are ready to wean or parent baby is sleeping in the child's room in their little tiny bed, snuggled with them and, you know, not getting great sleep. But like, it's the best. It's the best we can do right now. This is a great way to get that started. So you're going to play hide and seek, peekaboo in your child's room with them. I just have parents put a blanket over their head, say the child's name and do a little bit of hiding and reuniting, hiding and reuniting in the child's room as a means to prepare that child for the separation that's going to take place once we start phase two of the method.

**Sarah Trott:** [00:16:50] And it's important that it's in their room, right?

**Dr Angelique Millette:** [00:16:53] Wherever the child's going to sleep at night, which for a lot of parents, it's the child's room. That's where they want to do this. So you want to get them in the room practicing separation. Here's another thing that we'll do in phase one. We put their dolls or stuffed animals or even their favorite toy. I've got kiddos right now that got one little one that loves soccer balls. So we're putting soccer balls to sleep.

How cute. It can be, really, whatever that your child's bonded to, but you're putting it to sleep. Here's the deal your child believes their objects are real.

**Dr Angelique Millette:** [00:17:29] Until they're 5 or 6, they project themselves onto those objects as a means to understand themselves, their experiences, their environment, their emotions. It's this rich learning experience. So when a child plays, they're making meaning. It's just such a wonderful thing. It's why I love the play therapy. Play therapy principles so much. So put a stuffed animal to sleep in your child's bed. Tell the story about that change, and I'll give parents real specific script and language that's real child centered to help the child start to integrate. Saying bye bye to their parents at night, not seeing them until the sun wakes up. So that we're really introducing those concepts of separation and change in that script, in the play that the child does long before we even start the sleep method. Sarah 50%, five-zero, 50% of the kids will start sleeping differently from doing this phase one.

**Sarah Trott:** [00:18:29] Wow. And you said it's only about a week that you do this.

**Dr Angelique Millette:** [00:18:31] About a week that we do this.

**Sarah Trott:** [00:18:33] Oh, those are such incredible positive results. And what about the whole routine? Are you practicing with the soccer ball all the steps are before bed?

**Sarah Trott:** [00:18:44] I remember we did something really cool in our transitioning to sleep in their own room episode. you gave me this great tip on creating, almost like a comic book set of drawings. Yes. Where you draw and we're like, okay, well, this is where you sleep now. This is where you're going to sleep. This is what it's going to feel like and look like and tell a story. And that was golden. It worked so well.

**Dr Angelique Millette:** [00:19:11] We'll do this for toddlers. I also do this with older kids because I'm working with kids up until age 14. You can't believe how many 7 to 12 year olds that are co-sleeping bed sharing for all kinds of reasons. If that's you as a parent, then we focus on doing a little bit of art therapy with those kids, writing a sleep book,

and those kids are real participant in their sleep changes a little different than a toddler. Think of it as a prep phase.

**Dr Angelique Millette:** [00:19:39] We do better when we know something's coming up and we can adjust to it before it happens. And frankly, kids are the same way. They really start to benefit from integrating these concepts of separation that are going to come up with the sleep changes well before they start those sleep changes. Then we reduce the screaming, the throwing up, the tantrums that really break down parents confidence when they start a sleep method and frankly, just wear them out.

**Dr Angelique Millette:** [00:20:05] By doing these little activities every day with them, it prepares your child for the sleep changes. And they'll say things, I don't like this game. I don't like putting bear to sleep. Or they'll say, I don't want you to sleep in your bed at night. I want you in my bed. That's why I ask parents to do this, because that means your child is working through their worries and fears about the sleep change long before you start it, and I'll have parents respond to their child. Oh, thank you for letting me know that's how you feel. I'm going to hold that in my heart right here. That's important. Thank you. I'll be here with you as you make that change. I'll be here with you. And what that means is I respect and acknowledge your emotions, your worries, what you're feeling. And I'll be here as a resource to help you. There's some limit setting in there, too. I'll be here with you as we make that change. So it's a very effective tool for responsive parenting while also setting limits and frankly, still guiding our child along the path of change, which is, like I say to parents every day, it's inevitable. It's just part of being a human. Change happens.

**Sarah Trott:** [00:21:14] It's so brilliant. I love that tender moment right before bed when you have the opportunity, when things are quiet too. I always feel really connected. We always talk about our day and then we say some words and some affirmations and things and I like I like taking advantage of that time because I think it's a moment of connectedness as part of the routine. For what it's worth, I think there's just some really awesome opportunities to say things that kids need to hear. Like, I am so proud of you and you are so important and whatever, whatever is kind of happening in your life at that time that you want to reinforce. It's such a great opportunity to do it.

**Dr Angelique Millette:** [00:21:55] Pillow talk.

**Sarah Trott:** [00:21:56] Yeah. That's it.

**Dr Angelique Millette:** [00:21:58] They love it. And sometimes that's our first homework assignment, because kids will try to find parents in the middle of the night for that bonding. So we say, hey, how about ten minutes at bedtime of pillow talk and listening to your child and just giving them some tender love and sweetness? Our most expensive gift to give our kids is that one on one time.

**Sarah Trott:** [00:22:17] Yeah. That's it. Even 15 minutes a day of one on one time. That's it. You know, when you have multiple kids, it sounds like it's not much. But sometimes, like, you know, you really have to think about where to build that into your schedule and just stop. Just stop. Stop everything. Stop everything and focus. That's it.

**Dr Angelique Millette:** [00:22:34] Some parents will put it on their calendar just so they get a little notification reminding them because it's sometimes easy to miss it or skip it. Life happens, but it is one of those things that you're frankly filling up your child's love cup that helps them as they separate from you at sleep time. It seems counterintuitive, but by filling up that love cup, then they have that tolerance and resiliency to separate from you and go to sleep. For a lot of parents, that's their goal, is that they can work into a schedule where there's some predictability at bedtime and their child doesn't need them to lay with, you know, with them for hours to get them to sleep. And we're the same in the middle of the night. Mhm.

**Sarah Trott:** [00:23:12] Yeah. Or like demand that attention in other ways like waking up or in other ways during the day.

**Dr Angelique Millette:** [00:23:18] Exactly. Right. So I love that - the love cup time. Pillow talk time 5, 10, 15 minutes. Even with 18 month olds. 16 month olds. Just that extra holding and talking to them. they understand a lot of language and it really does help them settle and separate.

**Sarah Trott:** [00:23:36] Yeah. Love that. okay. So sleep training. We talked about that. Sleep training is really different for babies and for toddlers. Don't use those old methods for a toddler.

**Dr Angelique Millette:** [00:23:48] So that first phase we want to prep them. We give them a full week. It's like their body integrates it. And then phase two is the chair mattress method. It is a parent presence fading method. So different from the interval method checking method. With this you actually give them what they want which is you in their room. And then over the course of a week to ten nights, you move further away, further away, further away, further away, until eventually at the doorway hallway. And then you're back in your room. And for some of those little ones, we'll use something like a baby gate or door monkey, especially if they haven't organized impulse control yet. You know, if you've got a 2 to 3 year old that's climbed out of the crib, you know, if you're that parent, that's not safe for them to be in the crib. But they don't have impulse control yet. Or impulse control means you can say to a three year old, if you stay in your bed when you wake up in the morning, we'll play a game together and they can stay in the bed and they want to play that game with you, but your 2 year old doesn't make that leap yet. So for some of those little ones that are out of the crib and you want to keep them in their room at night, then we use something like a door monkey or baby gate. But I don't start off with using that. And the reason is that it can actually lead to a lot of anxiety and screaming at sleep time. If I just start out the gate with that, I start with those play activities first and the chair mattress method second. And then I introduce a baby gate or door monkey as we're wrapping up, just to bring it all together. And then it's a really effective tool.

**Sarah Trott:** [00:25:27] So you're essentially staying close, providing that physical reassurance as they fall asleep. So you're there. So are they seeing you there when they close their eyes.

**Dr Angelique Millette:** [00:25:35] That's it. It could be as close as a bed next to the child's bed. and then, as you know, after night, 1 or 2, you're going to move your bed a little further away from their bed and then continue to move further away. Here's a really

good hint don't move your bed right before the lights go out. Don't move your bed in your child's room because that'll freak them out. They're pretty tired right at bedtime. They don't want to see you move further away. You want to move your bed in their room 1 to 2 hours before bedtime and enlist their help so they feel in control of you moving further away. It's kind of a nice way to shift the dynamic of you doing it to them. Instead, say, I need your help to move this bed a little further away. I'm still close by, but I'm not right next to you. Can you help me? You're a very good helper, and I need your help. They're going to help you and say, can I borrow a stuffed animal? Just like you? I like to cuddle a stuffy at night. And even the sweethearts, they're going to procure one and give it to you. Thank you. This bear is very important. I'm gonna put it right in my bed. Close to your bed. Here. This is my little bear to snuggle. Like I said, you want to do that 1 or 2 hours before bedtime so they can adjust to you moving further away before the lights go out.

**Sarah Trott:** [00:26:48] Yep. Okay. So they're knowing that that's the process. Right. Because you've talked it through ahead of time. They know that you'll start out close and eventually they'll be on their own in their bed. There's nothing sneaky happening.

**Dr Angelique Millette:** [00:27:02] Nothing. It's a really good point. Sarah sneaking out of the room can actually lead to worsening sleep issues and anxiety.

**Sarah Trott:** [00:27:12] Right? Like you were here and now you're gone. That's right.

**Dr Angelique Millette:** [00:27:14] So think of this as fading away rather than just walking out or sneaking away, that you're fading and you're moving further away every night or two nights.

**Sarah Trott:** [00:27:23] Yeah. And they know it's going to happen. And you've talked about it, so it's not a surprise. They might not like it.

**Dr Angelique Millette:** [00:27:29] You're going to keep doing those little phase one activities like hide and seek, like putting their stuffies to sleep. You continue to do that as

you're doing the chair mattress method, as you're doing phase two, moving further away. Keep doing those little activities with them as well.

**Sarah Trott:** [00:27:44] Yeah. Brilliant. Okay. is there another phase?

**Dr Angelique Millette:** [00:27:50] Yes. So phase three could be using the method for naps. So if you're, you know, in a, in a spot where you have to do a lot of holding for naps, nursing for naps, a lot of car rides for naps, and you want to shift that around, then you can use the same two phase approach for naps. So that would be a phase three. And I don't work on naps and nights at the same time. I get about a week of progress with the nights, and then we start working on the naps.

**Sarah Trott:** [00:28:15] And what are you saying about phase three for naps?

**Dr Angelique Millette:** [00:28:24] If you're holding your toddler for naps, you have to stroller or drive them for naps. Then this would be doing this method so that they can sleep independently for naps. And you can move out of their room. So again, it's the same fading program for naps. You just get a nap yourself. Yeah. So again you have a little bed. You do the pre nap routine. They go into their crib or bed and then you just lay on your bed, pretend to sleep. And then every day or two days as you're working on this method for naps, move a little further away, a little further away, a little further away. And after about a week, you're out in the hallway and it's done.

**Sarah Trott:** [00:28:58] Yeah. My 23 and me said that I'm more likely to enjoy and have naps than other people, and I had no idea that was genetic. But apparently there are markers for that. Maybe there are some kiddos who want to nap more than others.

**Dr Angelique Millette:** [00:29:11] Wow. That is so interesting.

**Sarah Trott:** [00:29:16] I'm not endorsing that company in particular. I just thought it was interesting.

**Dr Angelique Millette:** [00:29:20] That is really interesting. I have to do a little bit of internet research on that one. That's very interesting. I suppose there was a time when we all napped because we didn't sleep as much at night. Yeah.

**Sarah Trott:** [00:29:33] Yeah, exactly. Yeah. Sometimes a nap is fantastic. as an adult. okay. but I would say that, wouldn't I? According to my genetics.

**Dr Angelique Millette:** [00:29:46] Yes you did. You are a napper. Totally strong napping genes.

**Sarah Trott:** [00:29:51] You got it. okay, so let's ask this next question, which is what can be helpful for toddlers in terms of peaceful evening routines?

**Dr Angelique Millette:** [00:30:04] Well, let me share some science with you today because I love bringing all the science to this work. Did you know there's a really good study that came out showing that screen exposure - as if we need to add more things to our plate - screen exposure for toddlers reduces melatonin by up to 80% in the hours before bedtime.

**Sarah Trott:** [00:30:31] Three hours or just any number of hours before bed?

**Dr Angelique Millette:** [00:30:35] Just in the hours before bedtime, I say to parents. In the two hours before bedtime, try to be sure your toddler's not on screens.

**Sarah Trott:** [00:30:43] Yes. Okay.

**Dr Angelique Millette:** [00:30:45] Up to 80% reduction in melatonin release for toddlers on screens before bedtime. It makes sense.

**Sarah Trott:** [00:30:54] Yeah. Is it just toddlers, or is it all humans of all ages?

**Dr Angelique Millette:** [00:30:59] This study only looked at kids under five. Okay. In terms of screen exposure, I've heard it go both ways for adults.



**Sarah Trott:** [00:31:09] Okay.

**Dr Angelique Millette:** [00:31:11] I think it's more to do with content than anything.

**Sarah Trott:** [00:31:13] Right. Our minds are just whirring. So after dinner, no screens. Right? That's a simple way to think about it.

**Dr Angelique Millette:** [00:31:21] It's exactly right. Sarah. I asked the families I'm working with instead of screens. Try to do a little family walk. If you've got a little yard, go outside. If it's winter time, pull together some puzzles or some, you know, board games. Or if you've got a toddler, maybe it's just drawing together or coloring together. Something that's not screen based, loud toy based, not activity based, but it's relaxing, meditative. It slows them down, it slows you down.

**Dr Angelique Millette:** [00:31:54] And then watch your interactions with your toddler. For a lot of parents, they miss their toddlers. They haven't seen them all day. They want to wrestle. They want to play monsters. All the fun things I hear parents say in the consults I do with them. And that may not particularly help a child, especially if they have a hard time self regulating, which basically means slowing down and settling and getting ready for sleep time. So I'd say the two hours before bedtime are a time to think about slow down time. I'll even ask some families to turn off the house lights because the artificial light can influence circadian rhythm. Circadian rhythm, meaning your child wanting to go to sleep at bedtime, and in the winter time when it's dark at 5 or 6 and we've got a lot of lights on, that may make it more difficult for a child to go to sleep. So those are some things to think about. A really important expression is that your child's bedtime starts at their morning wakeup.

**Sarah Trott:** [00:32:56] What do you mean by that?

**Dr Angelique Millette:** [00:32:57] That essentially what happens from the morning and through the day is going to influence their ability to settle and go to sleep at bedtime.

**Sarah Trott:** [00:33:04] Right.

**Dr Angelique Millette:** [00:33:05] Yeah. A couple of the key things that I see are the naps, if they're still napping and the nap is impacting their ability to fall asleep at a reasonable time. We want to shorten the nap or drop the nap altogether. Their morning wake up time. We want to figure out where that sweet spot is for the morning wake up time, because sometimes they're overtired at bedtime, or under tired because they were up really early or they slept in. I know it seems silly that a toddler would sleep in, but I meet them all the time. And then we want to think about what they're doing during the day. It turns out that kids need a lot of physical activity. Yeah.

**Sarah Trott:** [00:33:51] For sure. Well, and that's why I liked what you said about having a walk after dinner. Because I feel like right after dinner, their blood sugar goes up. They will request things like a dance party, let's have a little dance party. So we'll turn on some ABBA and move our bodies a little bit. You know, ten, 15 minutes, not major. And then get it out of their system and that's fine.

**Dr Angelique Millette:** [00:34:16] That is absolutely fine. I think what you want to avoid is anything that's going to give your child a second wind, and then other things would be screen time that's scary. We already talked about screen time, but cut out shows that are scary. I frankly think that if parents can cut out the screen time after dinner time, I think it's a really good thing for all kids. until they get to be tweens or teenagers. But for most kids, they really need a couple hours in the evening to just let their brains settle and get ready for sleep time. Mhm.

**Sarah Trott:** [00:34:48] Love that. Perfect. Okay. So when should my baby or toddler move into their own room, and how do we prepare for that?

**Dr Angelique Millette:** [00:34:59] So this is a point of personal preference. but for most families that move happens somewhere between six months to 18 months of age. The American Academy of Pediatrics is recommending room sharing for up to the first year. And then there was a counter study done by focus. I think it's focus. And they found that family sleep was more disturbed when they room share from six months to 12 months.

So I think this is individual family preference. If you are room sharing with a baby or toddler, they're much more aware of your presence in the room starting at six months and on even as early as four months and on.

**Sarah Trott:** [00:35:47] So the adults are waking the baby up.

**Dr Angelique Millette:** [00:35:49] And the baby and toddler is waking the adults up to see them there. They hear them get up to use the potty at night or snore or pull the blankets up. They think that's a bid for play and for interaction. So sometimes for a family, they don't have a lot of options. They have a one room apartment or something. And so we keep the baby or toddler with the parents, but we try to separate them up and put even a screen, something that separates that baby or toddler from the parent sleep space.

**Dr Angelique Millette:** [00:36:17] Generally speaking, that's between 6 to 18 months of age that we see most families make that transition out of, say, room sharing or bed sharing if they are bed sharing. And I do work with many families around the US and the world that bed share. and it's not out of reaction. They choose to bed share. It's their preferred way for the family to get their sleep needs met. Then they want to find a really responsive way to move their toddler or baby out of bed sharing. And so that method that I was just describing is a great method for doing that.

**Sarah Trott:** [00:36:51] Oh, and we have a great resource which we'll link to in the show notes. That is a PDF that you gave us in a prior episode about if you are bed sharing, family safe ways to do it.

**Dr Angelique Millette:** [00:37:03] Yes. Thanks for reminding me of that. It's a really great resource. And so take a look at that if you are choosing to bedshare. Yes.

**Sarah Trott:** [00:37:13] Okay. And you know, if you want to sleep, if you want to bed share or room share with your child beyond that, 6 to 18 months like there's no judgment here, right? Like, this is personal family choice.

**Dr Angelique Millette:** [00:37:24] There is none at all. And like I said, outside of the US, culturally, a lot of families are room sharing and bed sharing. culturally they are. And there's just space limitations for a lot of families. They only have a one bedroom or two bedroom home, and they don't have a lot of extra space to move a child to their own room. So this is personal preference for families. And, you know, part of the answer to that question is that for those families, they may be moving a child out when the child is 3 to 5 years of age.

**Sarah Trott:** [00:37:55] So perfectly typical. Okay. So we talked about when and how to prepare. Well we have a whole episode about how to prepare for transitioning to an onto their own. Yeah. I just mentioned, you know, one piece of that which was like walking through and storyboarding with your child to prepare them what that's going to look like and feel like. But any other quick little tidbits on that one?

**Dr Angelique Millette:** [00:38:17] Yeah, I would say always get your toddlers and young children ready for sleep changes ahead of starting them. They're just like us. They do well with information ahead of time. And it's like when we like to see things in our calendar. It gets us. We start to prepare for it. Yeah. This also goes into a thing that all you parents are using, which are called transition cues, which essentially mean that you use scripts or information or routine to prepare your child for transition, for change. Transitions happen when you get your child ready in the morning and take them to school. Transitions happen when you end the day and you move into a bedtime routine, and your child's resisting and they don't want to stop playing. Those happen across the day. I want to write a book called transitions because it's such an integral part of the parenting muscle is transitions and getting our kids through them.

**Sarah Trott:** [00:39:18] I mean, we were just talking about back to school and that's a transition. I mean, it's not just sleep. It's everything.

**Dr Angelique Millette:** [00:39:22] Everything. And frankly, like, you can ask a lot of adults, they'll say transitions are tough for me too. Or, you know, these transitions in particular are tough for me. So this is a real basis of just being in a human body. It's an expression I use a lot in the parent coaching and sleep work that I do with parents. We

are modeling for our children. It's not just getting them to sleep and like, whew, we did it. It's truly this experience we're having of modeling for our kids, being in a human body. So when we think about sleep changes, my experience has been that kids do a lot better with sleep changes when they're prepped for it ahead of time that they've been given these transition cues. that includes any number of these activities, like hide and seek. Chase, even chase and tag with the older kiddos that are making sleep changes work really well. some of the older kiddos will do some meditations or breathing. We even asked them to start - and I'm talking about like five, six, seven, and older kiddos in those age ranges - we'll ask them to start to think about what they want their bedtime routine to look like. So we start to help them develop some agency that's not being done to them, that they're a participant in how they want to help their body relax at the end of the day. so in terms of our toddlers preparing them with the transition cues, writing a sleep book, reading it to them, and just remember this if your toddler has feels about if they say, I don't want to do this or this is scary, I don't like this. They throw the sleep book when you're reading it to them, they throw their stuffy. It doesn't mean they're going to fail at sleep changes. All it means is that they're just like us. They don't like change very much, right? That's right.

**Sarah Trott:** [00:41:06] Yeah. Perfectly normal. And, you know, meeting their frustration and their emotions with calm, regulated emotions is our opportunity to show them that it's okay.

**Dr Angelique Millette:** [00:41:17] That's it. And that's I think part of the work is, you know, empowering us, all of us parents who have those scripts. Because when we see our kids have a meltdown and say, I don't, I can't do it, I'm scared. Don't leave me. Or I've got little ones that say, you don't love me if you don't sleep in my bed.

**Sarah Trott:** [00:41:31] Oh yes, I know. Heartbreaking.

**Dr Angelique Millette:** [00:41:35] It is. So we're modeling. We're staying cool, calm and collected. Grounded. It's that firm and loving presence. Thank you for letting me know you're really having feelings about this, huh? You've really had some nice cuddles. It's been nice for me, too. I've been enjoying cuddling with you at night, and now it is going

to change and we'll see each other in the morning. And even when I'm not cuddling you at night, my love is all around you. I love you and I'll be here for you to help you learn how to do this. We'll do it together. Mhm. You got that parents?

**Sarah Trott:** [00:42:05] So good, so good. Yeah. I feel like you must have like, given this to me a long time ago because one of the things we say before bed is my love is always in your heart, even when I'm not in the room.

**Dr Angelique Millette:** [00:42:17] That's it.

**Sarah Trott:** [00:42:19] Mhm. My kids hear that every night and they've really taken that on. So it's just so valuable to reinforce all the time.

**Dr Angelique Millette:** [00:42:28] Yeah. That's it is a crux of parenting. We're getting them ready to leave us guys. Yeah.

**Sarah Trott:** [00:42:34] Speaking of fear, our next question is: what about fear of the dark?

**Dr Angelique Millette:** [00:42:40] Oh, this starts at around age two and on. Okay. A lot of parents think it's happening when their little ones are babies, because they'll start to have some developmental changes where they wake up crying at night. But it is not fear of the dark. Starting around age two, and on their organizing fears and phobias, which essentially means that their imagination is just blossoming. It's so incredible. And the play stuff really amps up. they start to put all kinds of storylines together in their play. I mean, for a play therapist for kids, I'm just like, yes, there's so much fun to watch and work it through playtime. They all do it. Yeah. So the fears really start to derail sleep. And you're going to know this is happening because dramatically, they'll have a regression at bedtime from one night to the next. They get really fear based really scared. as you separate from them at bedtime, they resist like really big resist screaming. Don't leave asking for the lights on. And that is your sure sign. They've hit that developmental stage.

**Sarah Trott:** [00:43:57] Got it.

**Dr Angelique Millette:** [00:43:58] How do we fix it? What they need is the door open at bedtime. You've probably been closing the door at bedtime, which is great to do with the baby and young toddler. But once those fears start to really creep in, they need to know that you can save them from the shadow. That was a shadow before. But now is a dino or a rhino that's going to attack them. All of a sudden. Those shadows in the room that imagination's going and it's something different. So having the door open, hearing your voice out in the kitchen or nearby actually helps them feel safe. And that can take a couple days to a couple of weeks.

**Dr Angelique Millette:** [00:44:37] That two-phase method that I just described. Moving in closer, sitting at the door is not that is not a bad thing. If your instinct, parents, is to move in closer when you see a dramatic regression at bedtime, follow it. And then after a couple of days to a couple of weeks, that fear is going to start to reduce. It's going to start to lessen. Keep a hall light on, and then you can start to move further away, down the hall, down the hall and further away, because now your child is over the hump, the peak of that big developmental phase, and they're starting to feel a little bit better.

**Dr Angelique Millette:** [00:45:11] I recommend to parents they keep the door open to their child's room as their child falls asleep at bedtime, and they keep a hall light on. Once the child is asleep, they can close the door and then have a night light in your child's room. I would recommend against overhead lights on at night in the child's room or a closet light on. There's good science showing that that can actually hinder circadian rhythm organization. It's too much light. It turns out we need darkness at night for really good sleep. And so you do want to be sure that you're not turning on bright lights in your child's room because of their fear. It's actually better for you to move in closer and then fade away after a week or two.

**Sarah Trott:** [00:45:53] Yeah, and the night light's going to be really kind of just barely any light at all. So that's not going to be disruptive.

**Dr Angelique Millette:** [00:45:59] It's not disruptive. It's barely any light at all. Any night light will do. And sometimes at this point I ask the child to pick out a nightlight.

**Sarah Trott:** [00:46:07] Oh yeah, they feel part of the process. That's right. So good.

**Dr Angelique Millette:** [00:46:10] That's right.

**Sarah Trott:** [00:46:12] Okay, so then the next question. Sleep clocks, baby gates, door monkeys. Do they work and at what age?

**Dr Angelique Millette:** [00:46:20] Great question. Okay, so Sleep Clock - on my website is a list of all of my favorite baby and toddler sleep products. I don't get anything back from these companies. I don't want to. I want you to have the names of those resources that are tried and true, and I've used for over two decades, and you will see some of my favorite sleep clocks. The sleep clocks start to work around the time your child is about two and a half and on, and that's because they're organizing impulse control, which means that you can say when the light is red, your legs stay in bed, and when the light is green, then your legs get out of bed and we'll be together again. We'll go and play.

**Sarah Trott:** [00:47:06] Yeah. And this is a little clock that changes color. You program it and it'll change the color so the kids can know when it's okay to get up.

**Dr Angelique Millette:** [00:47:14] The most popular one right now is one that is designed for an adult. It's like a sleek orb. My experience has been that parents like it because it's app enabled so they can use their phone to program it, but the kids don't necessarily like it. They like the more toy based one. Again, on my website, [AngeliqueMillette.Com](http://AngeliqueMillette.Com) you'll see a list of all the different ones that I've that I use in my practice and the ones that are toy based. I find work a lot better for young toddlers, and you can use these from age two and a half to age 5 or 6. They're very effective. I even have parents using them for their seven eight year olds. They're so effective and you turn the light to red when it's bedtime. And then turn the light to green when it's wake up



time or get out of bedtime. You can use that in combination with something like a door monkey.

**Dr Angelique Millette:** [00:48:07] So door monkey is it's an adjustable lock that keeps your child's door open about let's say 4 to 6in. They can't leave their room, but they can still hear you or see the hall light on from their room. So this is for a kiddo that's getting out of bed at bedtime and and through the night. That is having a little bit of separation anxiety at sleep time. Meaning that when you leave, they get really upset. This allows you to be in the hallway or they can hear your voice. They're not locked in the room alone. They're still a little bit of a, you know, 4 to 6in of the door partially open. And so the separation anxiety is not so bad. A lot of those kids that use something like a door, monkey or baby gate will sleep. They'll get out of bed and sleep close to the door.

**Dr Angelique Millette:** [00:48:54] That means that they're just at an age where they're having some separation anxiety at. You're leaving at sleep time, and they're probably newly out of the crib. This is for our 2 to 3 year olds that have just transitioned out of the crib. Their new bed or even the transitional toddler bed will feel very big to them. Suddenly they actually feel much more secure sleeping on the floor or sleeping close to the door.

**Sarah Trott:** [00:49:19] What can someone do for that because that doesn't sound very comfortable. And it also probably speaks to them wanting to be close to you. Right. They're doing everything that they're capable of because they're basically locked in there to be close to their parent.

**Dr Angelique Millette:** [00:49:32] That's right. And this is for a kid that wanders, a kiddo that wanders at night. We've had little ones that are wandering around the house. They've gone out the back door, gone to the garage or like, sleep walking.

**Sarah Trott:** [00:49:41] So this is just for sleep walking.

**Dr Angelique Millette:** [00:49:42] This is not just for sleep walking. This is for kids that get out of bed at bedtime or through the night. They might just go to their parent's room,

or they might go somewhere in the house or frankly, it's just not safe. So this ensures that the child doesn't get out of their room, but also ensures that there's a limit. They stay in the room and they're not coming out to the parents room through the night. So it's not for it can't be used for sleepwalking, but it's mostly for the toddler that's still organizing impulse control, or they're getting out of bed at night.

I don't just introduce a door, monkey or baby gate without first introducing some prep activities, like those play activities that we talked about earlier in the podcast. It's such an important point, you don't want to just throw a lock on a child's door. They're going to scream for hours. It's going to be a really big adjustment for them. I frankly don't like that. I want to prepare a child for that kind of limit setting. So I do prep.

**Sarah Trott:** [00:50:38] I wouldn't like my door to be locked on me so I can understand that.

**Dr Angelique Millette:** [00:50:42] Yeah. To your question, I'm not concerned about a child sleeping on the floor when they make that transition out of the crib. And I ask parents to put cozy plush blankets and pillows on the floor. So when they migrate down there, they have a cozy spot to sleep. It's totally temporary. It's a couple weeks to a couple months, and then they move through that stage and then they want to stay in their bed.

So it's strictly about that transition out of the crib for 2 to 3 year old toddler that's trying to find some security, which turns out the floor becomes a secure, safe place for them to sleep. During that transition, it will go away. For us parents that are looking at our kids nice bed and nice mattress and thinking, why aren't you sleeping in there? You can certainly pick them up and put them back in the bed. They're going to just crawl back to the floor and sleep there at some point during the night.

**Sarah Trott:** [00:51:29] Okay. And then, how do we know when to start nighttime potty learning?

**Dr Angelique Millette:** [00:51:37] Oh, this is a great question. So typically daytime happens first. Not always but typically they're mastering daytime potty learning. And that's anywhere between 18 months to four years of age. The reason that I wanted to talk about the nighttime potty learning is because you're going to set yourself up for success with the nighttime potty learning with a few simple, basic first steps, you want to start to pay attention to how much liquid your toddler consumes in the hours before bedtime.

And one of the things that I see a lot of in my practice is that little ones are not hydrating much during the day. They're so focused on playtime and preschool and their their routines and activities that by 5 p.m., they're guzzling water from five to bedtime guzzling and then making multiple requests for more water or milk. By the time lights go out, they've had somewhere between 10 to 15oz of milk and water.

**Sarah Trott:** [00:52:39] Right between dinner and then right before bed.

**Dr Angelique Millette:** [00:52:42] That's exactly right. And their bladders are so little. A teeny tiny little bladders. They're not going to be successful with any nighttime potty learning until you start to limit the guzzling and the liquid intake. This is not something you do if they're sick, or if you're traveling, or if there's a heat wave. That aside, you want to start to limit to just five ounces max of milk, water, or tea, whatever their beverage of choice is five ounces max from dinnertime to lights out.

And then you can substitute with, like, fruits or vegetables, like an apple or some carrots, something that is a little hydrating, but it's not guzzling. Right parents? Because otherwise the guzzling means they're simply not going to be successful holding their bladder at night, or you're going to be up multiple times at night getting them to the potty, which is short term. You can do long term getting up multiple times at night. Getting a kid to the potty is fixable. Yeah, by limiting that liquid intake. So that's your first thing is just to track some of that data for a week or two just to see how much intake they're getting, and then work your way down and substitute the liquid for, say, fruits or vegetables snack. That's a little hydrating, but it's not guzzling.

**Dr Angelique Millette:** [00:53:56] Now you want to pay attention to their pull up or diaper. Overnight diaper. And you know this could be your as early as two. But for a lot of 3 to 5 year olds, they're starting to show signs of readiness for this. If they're starting to have semi-wet or even dry pull ups or diapers at night, as you've reduced or limited their liquid intake in the hours before bedtime, bingo. You're on track now for transitioning out of the pull ups or diapers at night, and now practicing with having them go the night without using a pull up or a diaper.

**Sarah Trott:** [00:54:30] And I have a tip here, which is you can go online and get one of those, washable reusable pads. put it on top of the sheet unless you want to wash sheets every night for like a month, which I don't think you do. And then that way, if there is an accident, which there will be, of course. (And that's another thing you could reinforce, 'It's okay to have accidents' so it's not a real emotional thing.) And then, you just wash the pad and then whatever else, the stuffy and the pajama, and it'll make your life so much easier, so much easier.

**Dr Angelique Millette:** [00:55:05] I ask parents, lean in to some of those accidents that are going to happen, and it's actually really good. A muscle for your child to learn that accidents happen and to move on. It gives them some resiliency through it. So potty learning is a process, but it's great. Those pads work really well. Yeah.

**Dr Angelique Millette:** [00:55:20] One little extra tip here. You can do what's called a scheduled lifting. A scheduled lifting means you basically pull your child up from their bed right before you go to bed, like, say, 10 or 11:00 at night. You get them out of bed, walk them to the potty, put them on the potty so they have a little pee pee before you go to sleep.

And the benefit of doing that is that if they're still working hard to hold their bladders at night. It does help with getting a little pee pee out so that your sleep hours aren't interrupted, and then when they wake up at 6 or 7, then they have their big morning pee. But then you're both getting uninterrupted sleep through the night. So that's called a scheduled lifting. And that basically means you're lifting them out of bed and walking

them to the toilet at night so that they can use the toilet. They can use it right before you go to bed. It's like you're like a scheduled drain feed for babies. It's the same concept.

**Sarah Trott:** [00:56:12] Yes. And it works well, I can attest. okay. Cool. So our next question is about nightmares or night terrors or nighttime tantrums. So what's going on there?

**Dr Angelique Millette:** [00:56:24] Okay, this is really such an important distinction. Night terrors are a sleeping disorder. I would say that the the rate of their occurrence just depends on whose study you're looking at. It could be between 5 to 40%. In my practice, I probably see 5 to 10%. There's usually a family history, but not always. They usually start around age two and on, sometimes even closer to age three. And they're only going to happen in the 2 to 3 hours after bedtime. It is a sleep disorder.

So sleep disorder basically means that they go to sleep at bedtime and then they have a nightmare 2 to 3 hours as they transition from that deep sleep cycle to a lighter sleep cycle, they get stuck in between the sleep cycle. They are effectively asleep, even though their eyes are open and they're screaming and they look like they're having a huge tantrum. They're in fact asleep.

**Sarah Trott:** [00:57:29] Oh, so it's like sleepwalking, but they're having a scary dream.

**Dr Angelique Millette:** [00:57:33] They are not even having a dream. They're stuck in between sleep cycles. It's really, parents will say when they see it happen, it looks like their child's possessed. That's probably why parents think their child's having a nightmare, but they're stuck in between sleep cycles. They don't even know they're having it.

**Sarah Trott:** [00:57:48] Oh, interesting.

**Dr Angelique Millette:** [00:57:49] And furthermore, they can actually be quite violent as they're having it. Parents will report that their child hit them or kicked them, pushed them, and they don't know that they're doing that either.

**Sarah Trott:** [00:58:01] And this is pretty unusual. You said it's only in a small percentage?

**Dr Angelique Millette:** [00:58:05] Yes, a small percentage. It's only going to happen 2 to 3 hours after bedtime. Sarah okay. So parents, as you're wondering if your child's screaming at night is a night terror tantrum. If it happens 2 to 3 hours after bedtime, it's a night terror. And they're stuck in between sleep cycles. And what you want to do is the old suggestion was to put them in the shower and wake them up. Don't do that.

**Sarah Trott:** [00:58:33] Has anyone seen stepbrothers? Come on. So funny. Don't wake them up. Do not wake them up.

**Dr Angelique Millette:** [00:58:41] Wait it out and it's just going to work itself out. Five, ten, 15 minutes. And then they're going to go back to sleep. And you can say their name and you can stay close, but try to protect yourself if they hit you. They don't mean to. They're really. This is a sleep disorder.

**Sarah Trott:** [00:58:57] They're in another dimension. They're not even there.

**Dr Angelique Millette:** [00:58:59] They're not even there. That's exactly right. So they don't remember it happened. They don't know it happened. It doesn't hurt them. I tend to see occurrences of this when a child is not getting enough sleep.

**Dr Angelique Millette:** [00:59:11] So I say to parents if you're seeing them creep in and they're starting to have them, make sure they go to bed earlier at night. Yeah. Or you might see them right, right when they drop a nap. Well you see them start there.

**Sarah Trott:** [00:59:23] It can be a phase. It can be a phase. And they can get more sleep and grow out of it. Or, you know, if they are having it, just be there, don't wake them up, but just be there and let them put themselves back into the sleep cycle.

**Dr Angelique Millette:** [00:59:34] Yeah, that's exactly right. That's it. So the difference between that and a nighttime tantrum is a nighttime tantrum is behavioral. I see a lot of nighttime tantrums because I work with a lot of kids that don't know how to go to sleep at bedtime. Their parents stay with them to help them go to sleep, and then their parents leave right after they fall asleep.

So then the toddler wakes up during the night, the parent's not there and they have a big tantrum. They have a big fit because the parent's not there when they wake up, and then the parent has to repeat the process, go back and lay with them. Then the child goes to sleep and they sneak out again, and then they wake up later, have another tantrum or fit. The parents has to sneak back in and stay with them and sneak out again.

**Dr Angelique Millette:** [01:00:12] That is a lot of what I do in my practice - those nighttime tantrums. They go away by using that two phase approach we were talking about, with the goal being that your child now learns to go to sleep without needing you physically there. Yeah, it's a really big cycle. They feel safe in their body. They can let go of you and hold the feeling of you as a resource for security. Yeah.

And then when they wake up at night, you're going to do the same method in the middle of the night. Fade away your presence. So they learn to go back to sleep without needing you there. And you sneaking out on your knees that fade away method. And now they're going to be able to link up their sleep cycles in. Those nighttime tantrums go away. Nighttime tantrums are different than the nighttime terrors because they can happen any time of the night.

**Sarah Trott:** [01:00:58] Yes.

**Dr Angelique Millette:** [01:01:01] Any time of the night. And you'll sort of see them at a clip of like every few hours or so as those sleep cycles are ending and the next one's starting.

**Sarah Trott:** [01:01:08] And the parents go away?

**Dr Angelique Millette:** [01:01:10] They go away with the two phase approach. Yeah. By doing a good behavioral sleep method for kids, the final one are the nightmares. And those usually happen later in the night. And those really kick in, you know age two three and on we start to really see nightmares peak.

**Sarah Trott:** [01:01:29] So what's what's going on there? In my experience, it'll just be like an occasional scary dream. That's it. Which just seems like a normal thing. I mean, we all have, good, bad, not so good dreams over the course of a number of nights of sleep. so that kind of makes sense that little kids have them, too. I find that it happens more if my kid watches something that they're not ready for. Or they hear a scary story or a scary book. I mean, even Winnie the Pooh could be too scary. Could be they just interpret something as being scary. Scary? Yeah.

**Dr Angelique Millette:** [01:02:07] Halloween. We see so many kids having nightmares.

**Sarah Trott:** [01:02:11] Oh, yeah. Yeah. There's too much gore. So much scary stuff that they'll see. Or like, just unusual things.

**Dr Angelique Millette:** [01:02:17] Even unusual. That's right. Things that they would never see. That's exactly right. Sarah. So those nightmares I recommend to parents that they respond to their child when they have the nightmare with just a quick little tuck back in bed and then leave the room.

**Sarah Trott:** [01:02:32] Yeah. Yeah. We say some words, we say, "I'm safe in my house and I'm safe in my room. And monsters are just pretend" or whatever it is, right? Fill in the blank. And I have a great imagination. And I am safe.

**Dr Angelique Millette:** [01:02:47] Love it, Sarah.

**Sarah Trott:** [01:02:48] That's it.

**Dr Angelique Millette:** [01:02:49] And don't use monster spray.



**Sarah Trott:** [01:02:53] Oh, yeah. That makes them think it's real.

**Dr Angelique Millette:** [01:02:56] That's right. That makes it seem real. That means there are monsters. It sounds harmless and innocent. I totally get it as a mom, but in fact, it does the opposite. So I just level the playing field. I just say to them, monsters aren't real or whatever that scary thing is, and our heads are really good at making up stories like that. Can you believe that your brain is doing that? Yeah.

**Dr Angelique Millette:** [01:03:17] And then in the morning we have some fun. I always like to put out because I'm an art therapist for kiddos. I like to put out blank paper and crayons or markers, and we draw the monsters. We draw the scary things. And now you're going to see some stuff, some vicious stuff come out of your child - wow, that's what you were thinking about last night.

Let me look at that thing. And then we hang it up, because now they can they control it. It's theirs. We might give it a name. We might talk to it during the day when we see that picture. And again folks I'm a play therapist and an art therapist. So I really use those mediums to help kids work this stuff out. And then those nightmares go away.

**Sarah Trott:** [01:03:58] Yeah. You have to name it. You have to name it and that's it. And say it and see what it is and not pretend that it's not there. That's right.

**Dr Angelique Millette:** [01:04:06] There're big developmental changes where their psyches are really building up constructs for understanding the scary stuff, and we have them draw it out, and then that helps get it out, too. Fun stuff. Huh?

**Sarah Trott:** [01:04:18] Yes. Oh my gosh. Okay, so we're on our question ten. So the final question. I call them night night gummies, and I know what my dentist certainly has to say about those, which is no gummies ever. But that aside, the little vitamins that have melatonin in them for helping support sleep at night, is that safe? Is melatonin okay to use with a toddler?

**Dr Angelique Millette:** [01:04:45] I'm glad we're talking about melatonin. As a mom myself, just full disclosure, I have used it with my daughter for finite periods of time. Okay. And what's concerning to me as a pediatric sleep consultant for 25 years now is the uptick in parents using melatonin as a permanent means of a sleep solution for their one, two, three, four five and older children. It's simply not safe. Furthermore, and here I am preaching folks, but this is a temporary fix that we're going to use it for. And then we use a good behavioral sleep method to get sleep on track.

**Sarah Trott:** [01:05:29] Right. So it's okay on occasion. Like, say you're traveling and you just need it for travel. That's like when I use them like, oh, we're camping. And you're like really riled. That's it.

**Dr Angelique Millette:** [01:05:41] Or kiddo starting school, having some anxiety the first few weeks of school. And they're having a hard time making that adjustment. And you know they need their sleep. So use a little bit and then offer half the gummy a quarter of the gummy. And after a week or two you want to be off the gummies. This is a fade away temporary solution. And we really buffer it with some good behavioral support for your child.

**Sarah Trott:** [01:06:05] Yeah, I feel like it's also just kind of a candy grab too. Like they think of them as a treat. So I want some candy or something sweet. And it's like, oh no, this is exactly I mean, they're delicious.

**Dr Angelique Millette:** [01:06:17] The way they packaged them now, they don't have testing that's done on most of these brands. There's only one brand that's really testing the efficacy and the dosage for kids, the Natrol Brand. So parents, again, this is not a permanent solution. It's temporary. If you're using it longer than a couple weeks, you want to really take a step back. I'm seeing kids taking up to five milligrams of melatonin, two year olds at bedtime, which is it's like a heroic dose of melatonin.

I mean, that is not safe whatsoever. So I'm not here to prescribe or suggest melatonin. I'm just asking parents to really have an honest assessment of how they're using it, and

really lean into a behavioral sleep method for your child's sleep. It's a much better way to solve the issue. And it's a long term solution.

**Sarah Trott:** [01:07:04] Yep. Love it okay. Thank you for the top ten questions and answers. That was just a gold mine of wisdom that we walked through here today. I also want to mention that Angelique, you mentioned your website, which is [angeliquemillette.com](http://angeliquemillette.com) where you can get an exclusive 10% discount on a 60 minute consultation with Angelique, plus all of her webinars, which are on demand. For those of you that need to just maybe watch these after your kids go to bed. You can use a discount code called 4THTRI10. Check out her site. Check out all she has to offer. I highly recommend it.

**Sarah Trott:** [01:07:50] Angelique, thank you so much for being on the program. Do you have any final words you want to share?

**Dr Angelique Millette:** [01:07:55] Oh, just enjoy those kiddos. They're so much fun. And I will add, if you are doing some bed sharing and co-sleeping, enjoy that too. There's always a solution and a fix for it. Your final thing that you're looking at is how is this working for our family? Is this sleep setup? Am I getting my sleep needs met? Is my child getting their sleep needs met and then work from that point.

**Sarah Trott:** [01:08:18] Perfect. Thank you so much, Angelique. We'll see you next time.

**Dr Angelique Millette:** [01:08:21] Thanks, Sarah. Thanks so much.

**Sarah Trott:** You can subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Spotify](#). 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.