Parents often look to their pediatrician or family practitioner, hoping for advice and the magic cure to help their child become the ideal sleeper: able to fall asleep quickly, stay asleep all night, and when age-appropriate, take the perfectly timed nap. Some exasperated, sleep-deprived parents will seek out sleep centers with pediatric expertise. This book is for clinicians who will encounter children with sleep problems for which behavioral intervention(s) may be appropriate.

Major strengths include: the text is well written, comprehensive, up-to-date, and absolutely practical for day-to-day clinical use. I applaud the authors on their attention to detail, accuracy, and lack of deficiencies. This book is appropriate for medical students, residents, fellows, mid-level providers, pediatric primary care providers (pediatricians, family practitioners), psychologists, and sleep medicine specialists. Even a veteran, experienced sleep specialist will learn something new within these chapters.

The authors' combined years of research and clinical experiences are easily evident within the chapters, handouts, and appendices. Each section has been carefully written so that only useful, pertinent, current information is included. For example, among other strategies to decrease late-day light exposure, blue light filters and glasses are recommended. The sections and chapters are well organized, cohesive, and enriched with evidence to support the proposed treatment(s), step-by-step instructions to implement behavioral change, patient cases—some with sample dialogues, potential pitfalls, contraindications and special considerations such as in children with attention deficit hyperactivity disorder or children with autism spectrum disorder. Corresponding handouts are perfect to provide to families during clinical visits.

The first section of the book reviews the basics of pediatric sleep medicine. These chapters succinctly cover the ontogeny of sleep, from infancy to adolescents, consequences of insufficient sleep and healthy sleep habits. The authors bring attention to the importance of treatment of medical sleep disorders prior to initiation of behavioral intervention for improved outcomes. Common medical sleep disorders such as obstructive sleep apnea, restless legs syndrome, narcolepsy, sleep related rhythmic movements, insomnia, recurrent nightmares, circadian rhythm disorders, parasomnias, and enuresis are reviewed. The fundamental basics of pediatric behavioral sleep medicine including classical conditioning and operant conditioning are also explained.

The second section helps the reader understand the necessary components of a thorough sleep-related assessment, including history, evaluation tools, questionnaires, and perhaps most importantly, eliciting the parents' expectations and goals. There is an excellent chapter on the integration of techniques, such as motivational interviewing, into the clinician's interactions with the family to improve treatment success rates. This section is particularly useful to clinicians who infrequently see children with sleep problems.

The third section includes in-depth coverage of sleep problems and their behavioral treatments, far more comprehensive and up-to-date than can be ascertained from original publications or review articles. Evidence based therapies are combined with practical, real-life considerations. Chapters 6 through 13 use a problems-based approach to examine the typical presenting complaints of children with sleep problems. Specifically, these sleep problems are systematically discussed: sleep onset associations, night wakings, bedtime stalling and curtain calls, nighttime fears, nightmares, insomnia, delayed sleep wake phase, non-rapid eye movement sleep parasomnias, enuresis, and non-adherence to positive airway pressure therapy.

The authors take care to incorporate as much evidence based therapy as possible when presenting behavioral interventions. They
clearly state when little or no evidence is available, and then provide anecdotal evidence from their experiences with patients.

There are 2 appendices. Appendix A reviews resources for clinicians and families including sleep societies, books for clinicians, books for parents, and books for children. It is useful to have a starting point of reliable resources for the clinician who infrequently deals with sleep problems. Appendix B includes 33 handouts. The handouts are discussed within the chapters and can be easily reproduced from the book or found on-line. The handouts include definitions, recommendations, and explanations for parents in easy-to-understand language. Some handouts outline the exact steps, reasoning, and expectations (“The second night will likely be worse than the first night!”) of the intervention such as graduated extinction (handout 5). Other handouts are used as worksheets by the child, such as to fill out a schedule for chronotherapy (handout 27) or for cognitive behavioral therapy (handouts 18, 19 and 24).

Future editions of this book may be able to expand on behavioral interventions for narcolepsy, restless legs syndrome, and sleep related rhythmic movements such as head-banging or body-rocking, as more evidence becomes available.

In summary, I found this to be a delightful read. The information provided in this book pertains to sleep problems in typically developing children and children with special considerations. Given the comprehensiveness of information and practicality of handouts, this textbook should be considered for required reading during sleep medicine fellowship to complement didactics and patient care. After reading this book, pediatricians, family practitioners, psychologists, and sleep medicine clinicians will all improve their knowledge and practice of behavioral sleep medicine.

DISCLOSURE STATEMENT

The author has indicated no financial conflicts of interest.

CITATION


OBJECTIVES: To evaluate the effects of behavioral interventions on the sleep/wakefulness of infants, parent and infant stress, and later child emotional/behavioral problems, and parent-child attachment. METHODS: A total of 43 infants (6–16 months, 63% girls) were randomized to receive either graduated extinction (n = 14), bedtime fading (n = 15), or sleep education control (n = 14). Infant stress was measured via morning and afternoon salivary cortisol sampling, and mothers' self-reported mood and stress. Twelve months after intervention, mothers completed assessments of children's emotional and behavioral problems, and mother-child dyads underwent the strange situation procedure to evaluate parent-child attachment. Furthermore, pediatric sleep researchers are strongly encouraged to de-velop standardized diagnostic criteria and more objective measures, and to come to a consensus on critical outcome variables. Keywords: Bedtime problems, night wakings, behavioral insomnia of childhood, treatment, behavioral treatment Citation: A Review by Mindell JA, Kuhn B, Lewin DS et al. Behavioral treatment of bedtime problems and night wakings in infants and young children. SLEEP 2006;29(10):1263-1276.