



the peaceful sleeper

WHAT TO DO WHEN

SLEEP LEARNING ISN'T WORKING

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What To Do When Sleep Learning Isn't Working

It can be hard to know what is typical with regard to sleep learning progress, and how to tell if it is or is not working for your little one. On top of that, once you've determined that it's not actually working, what are you supposed to do?

How do you know if you should try other strategies, make some tweaks, pivot to a different approach, or stop entirely?

In this guide, I'm going to discuss:

- What does success with sleep learning typically look like?
- Why might sleep learning not be working?
- What to do if sleep learning isn't working



What does success with sleep learning typically look like?

The first step to determining if something is not working with sleep learning is to know what is “typical” or what we usually see with starting sleep learning. This is going to depend on what approach you choose.

Accelerated (Full CIO), Modified Accelerated (MCIO), or Modified Gradual (MOD MOD)

With the Accelerated and Modified Accelerated approach, we usually see progress and some “big wins” in the first 3-5 days.

What do I mean by “big wins”? I mean you’re noticing positive changes in your little one’s sleep. This could look like initiating sleep independently within 10-20 minutes more often than not, or maybe they’re starting to consolidate their night sleep, or naps are beginning to lengthen. Most babies figure out sleep initiation first, then nights begin to consolidate, and finally, naps begin to lengthen within 2-4 weeks. If the order in which your baby masters their sleep skills is different from my example, that can be totally normal. The point is, within 3-5 days you should be seeing some significant improvement in some areas that tell you “this is starting to work”! If you are implementing your plan consistently, have fine-tuned your scheduling, and have adequate professional support in the process, you will typically see about 50-70% improvement in the first week or so.

For Modified Gradual we usually see some of these wins develop after the first 7 days.

Remember, no matter which of the three approaches you are using, we’re not expecting perfection, progress isn’t linear (meaning they’ll take some steps forward and some steps back) and it’s still going to take a few weeks for even the “easiest” babies to shake out the ups and downs/work out the clunkiness. But you should still see some signs of progress within the first week. Every day isn’t necessarily better than the prior, but you’re generally trending in the right direction when you look at your sleep data over the week.



We also typically see a significant reduction in protesting over the course of the 3-5 days. It's not uncommon for some babies to need to blow off steam before falling asleep, however, after the first week we typically don't see long periods of escalated crying (level 8-10) anymore. Keep in mind, even if your baby is fussing a bit to fall asleep after a few days, this can still be totally normal! In general, if your babe fusses or cries for less than 10 minutes before falling asleep, they're well within that average range.

If you have been consistently utilizing CIO as part of your sleep learning approach for longer than a week and you have not seen some solid progress in your baby's ability to self-soothe and initiate sleep then it's likely worth re-evaluating your current sleep learning approach. Your baby may have an underlying need that isn't met (more on that later!) or maybe they need a more gradual approach. Remember, optimal sleep learning matches your approach with your baby's [zone of proximal development](#). If there's another piece of the puzzle at play, we just dive in and keep exploring.

Remember, through this process we're trying some new things out and we're either going to get progress or we're going to get information. It can be incredibly disheartening when you're doing all the things and you're not getting the progress you were hoping for. Don't be dismayed. We just dig in, assimilate the information we're getting, and we keep exploring to figure out what our little ones need.

Gradual (No Cry)

A note about the Gradual/No Cry approach: This approach does not mean that your baby will not cry. Most often babies still cry when they go down for bed or nap(s), it's just that Mom/Dad/Caregiver are in the room helping soothe them through the process. Hands-on co-regulation is happening throughout the ENTIRE put-down process instead of co-regulation opportunities happening during check-ins.

When using the Gradual approach, we typically see that after 4-6 weeks baby is getting the amount of sleep they need (with support!!), and that baby is happy and content throughout the day, and well-rested.

If you're using the Gradual approach and it's in alignment with your baby's learning style, you should start seeing some wins within about 6-8 weeks. These wins could look like your baby spending more time in the crib, or they're falling asleep in their crib while you soothe them crib-side. You're likely still doing some overnight check-ins and feeding but your baby is happy and content throughout the day. They're getting the amount of sleep they need for their body.



It's important to note that when using the Gradual/No Cry approach it is very difficult to give a clear timeline on when your sleep goals will be achieved. This is because this approach is VERY individualized and there are lots of different sleep goals that could be part of the Gradual/No Cry approach (such as “provide less support to sleep” vs “fall asleep independently with only 1 night waking”).

We also have a blog post all about “how to pick your sleep learning approach” that you can [check out here!](#)



Why might sleep learning not be working?

Now that you know what is typical for sleep learning progress, you can begin to determine why your baby isn't showing "typical" progress.

1. It might be the approach

There is a misconception that the more CIO you do and the more you push your baby the more likely you are to see progress and that you will see progress quickly. Yes, using CIO as one strategy often results in a more accelerated solidifying of sleep initiation skills IF giving your baby space to work through protest actually helps them develop self-soothing skills. HOWEVER, not every baby can actually learn a skill through protest. CIO is not a good fit for every baby and if it is being used, it should be a strategy, not a method.

Using the modified accelerated approach (which includes some CIO with timed check ins), is a great starting point. You will either see progress in a few days or you will get information. If you are not seeing progress within a few days then it's best to use the information you gathered to make tweaks to the plan or pivot to a different approach.

Remember, all babies are different. All *humans* are different. I think about taking my oldest two daughters to an amusement park: Paisley, my 8 year old, LOVES roller coasters. She, of course, still gets nervous when trying a big ride for the first time, but when she looks at me and says "I'm scared!" I know that what she needs is for me to respond with "I know, it's huge! You're so brave-- let's do it!!" Maddie, on the other hand, will pull back even more if she's pushed before she's ready. The right approach for her is to say "that's okay. I get it. You don't have to ride this one. Whenever you're ready, it's there."

Where one child needs a little bit of a push to stretch herself in order to gain mastery and confidence, another needs more support and a much more gradual encouragement. We don't want to push anyone too hard, too fast. Finding where that is for your child in various circumstances will benefit you both for a lifetime. Where do they need a gentle nudge or some space to struggle and figure it out, and where does space, time, and figuring it out actually make them feel more overwhelmed?



2. It might be the timing

Timing is an important piece in sleep learning. I do not ever recommend starting sleep learning (if you are using CIO as a strategy) before 4 months old. We want to start when baby is developmentally ready. This means they do not have any unresolved medical issues, and are showing signs of being capable of self-soothing.

We also don't recommend starting if your baby is sick, not feeling well, teething, etc. or you are about to embark on a big change such as vacation, moving, starting daycare, etc.

Developmental readiness could look like:

- Your baby might not love every single daily routine (e.g., bath or diaper changes) but in general, they have a relatively happy disposition. When they get upset, you know pretty clearly what that was caused by and they calm down within a few minutes with your help.
- Not losing their mind every time they're in the car seat.
- Calming themselves down (with help from a caregiver) if they started crying about something
- Tolerating getting out of the bath, getting dressed, diaper changes, being cold or uncomfortable momentarily, and calming down quickly.

Note: if your baby is over 4 months old but is not showing signs of “readiness” then I highly recommend either starting with the gradual approach or [working one-on-one with one of our sleep consultants](#).

We are working on a developmental skill, which means there is no set age where all babies are automatically ready. Independent sleep initiation is a learned skill that most babies can develop at 4-5 months of age. However, just like learning to walk or roll, baby may need a little bit more time and a little bit more support laying a solid sleep foundation before they're ready to tackle the independence part. Consultations can be a fantastic option to get the support needed to lay a foundation before fully diving in.



3. There might be a missing piece

When you are trying to get to the bottom of why sleep learning “isn’t working” it’s so important to take a holistic approach.

Looking at the “whole child” means looking at more than just the sleep piece. There are many different factors that could be at play and negatively impact your baby’s ability to go to sleep and stay asleep.

Three of the top reasons could be:

- Medical Reasons
- Potential Neurodivergence
- Other Physical Reasons

I’m going to go over a few of the different avenues you can explore, however, please know this isn’t an exhaustive list. My hope is that this helps you think about what could be going on and that it doesn’t sound like I am saying if your baby doesn’t sleep well or easily then there must be something “wrong”. Because I am definitely not saying that. My goal is always to support you and empower you to find the answers you are looking for.

Neurodivergence

Neurodivergence refers to an individual whose neurological development and functioning diverge from the dominant norms of neurotypical individuals.

I want to start by saying that there is neurological variation among all of us and our brains function in different ways. Neurological differences are not “bad” or “inferior”; we all have our own unique strengths and areas of growth and there isn’t one “right” way for our brains to function.



Neurodivergent “conditions” include developmental, learning, and cognitive differences that deviate from “typical” patterns of brain development and functioning. Just a few examples are:

- ADHD
- Intellectual Giftedness
- Autism Spectrum Disorder
- Sensory Processing Disorder
- Intellectual Disability

It is not uncommon for neurodivergence to impact your baby’s sleep.

It can be tricky to recognize neurodivergence in babies as there is often a wide range of what’s “typical” with regard to temperament and development. As your pediatrician will tell you, babies develop differently and at their own pace, and as such, they are the best person to talk to if you have any concerns.

If you are looking for some general guidelines on recognizing neurodivergence, the following are a few points to consider, however this is NOT medical advice. Again, I encourage you to speak to a medical professional if you have concerns about any of the following or any other areas of your baby’s development.

Some potential indicators of neurodivergence can be:

1. Concerns about meeting developmental milestones
2. Atypical sensory needs
3. Noticing atypical behaviors
4. Noticing frequent and prolonged cases of being upset/dysregulated.
5. Difficulty soothing from a caregiver when there is upset/dysregulation or difficulty self-regulating
6. Concerns around social interactions
7. Concerns around feeding and growth

Medical Reasons

Unfortunately, there are so many different medical pieces that could be in the way of a baby not being able to easily go to sleep and stay asleep. Of course, I am not a medical expert, and I am certainly not saying that if your baby isn’t sleeping well that there is something medically wrong with them! I am simply saying that you should always talk to your doctor if you have ANY concerns with your baby or their sleep.



That being said, here are just a few of the medical reasons that can make sleep difficult for a baby:

- Vitamin deficiency (such as low iron, vitamin D deficiency, or low magnesium, etc.)
- Sleep disorder (such as sleep disordered breathing)
- Feeding disorder (failure to thrive, dysphagia, etc.)
- Pain (gas or reflux, teething, lip/tongue tie, etc.)

Other Physical Reasons

Another piece I like to look at is baby's overall movement and need for sensory input. Some babies have a higher need for sensory input than others. There are two main systems I want to go over: the proprioceptive sense and the vestibular sense. Remember, I am not an occupational therapist. This information is just to give you some basic information.

Proprioceptive Sense

The proprioceptive sense lives inside of us. When it gets what it needs, we are more easily able to get calm and relax. If baby's with a higher need for that stimulation aren't getting the amount they need, they can be so much more fussy.

Here are some things you can do to help stimulate your baby's proprioceptive sense:

- Deep squeezes/cross body hugs
- Deep massages on their arms, legs, and feet
- Bicycle kicks
- Tummy time
- Practice Standing

Vestibular Sense

The vestibular sense lives inside our ear and is activated with motion. Older kids can more easily and naturally meet their sensory needs through active play. Our little babies on the other hand need some help with this!

Here are some things you can do to help stimulate your baby's vestibular sense:

- Gently swinging them in your arms
- Bounce with them on a yoga ball



If you're little one is not rolling yet, continue swaddling them, leaving one arm out. Jerky babies usually benefit from the snugness that a swaddle provides. Weighted sleep sacks can also be really helpful.

**Disclaimer about using weighted products: According to the [2022 AAP updated recommendations](#), "It is recommended that weighted blankets, weighted sleepers, or other weights not be placed on or near the sleeping infant. A single crossover randomized nonblinded trial of 16 infants with neonatal abstinence syndrome found no adverse events when a 1-pound weighted blanket was placed on each infant for 30 minute observed episodes. However, no studies have documented the safety of weights for infants in an unobserved, nonclinical sleep environment."*

We at The Peaceful Sleeper believe in doing what feels best for you and your family. Since there have been no documented adverse "events" from using weighted sleep products (at the date of posting this), and no studies that prove that using a weighted product is unsafe (at the date of posting this), some parents feel comfortable using a weighted product and others do not. We always advocate for doing your own research, staying informed on up-to-date safety recommendations, and making an informed decision that's best for your family.

https://publications.aap.org/pediatrics/article/150/1/e2022057991/188305/Evidence-Base-for-2022-Updated-Recommendations-for?_ga=2.89522012.673430919.1658105428-1323654368.1515105807&_gac=1.117114484.1656065135.CjwKCAjwwdWVBhA4EiwAjcYJEBvcd2SnTBQkpY0xBvtMK5KehPvKuefO8w7Xse6NqoyRDAXjJRyDEhoCSVQQA_vD_BwE

You can find the full 2022 AAP guidelines [here](#), and the study they used as evidence for their weighted product recommendation [here](#).



What to do if sleep learning isn't working

First of all, your comprehensive awareness and intuition is the greatest tool you have for your baby. The more you are paying attention to their individual nuances, the more proactive you can be in noticing and giving them the support they need.

Comparison is the thief of joy.... AND loose awareness of "typical" patterns IS super helpful in getting our babies/children the resources they need. When you notice that your baby arches their head back, cries a lot, spits up often, and your best friend's baby is just content and smiling all the time, then that can give you a gentle nudge that there might be another piece of the puzzle to look at to meet baby's needs.

It doesn't mean that they're broken or you're failing or they have an easy baby and you have a hard baby. Being informed of "typical" should inform and empower us, not make us feel like shit. You are the best parent for your baby and you can be informed and empowered to be their advocate.

If you feel like something is "off", the first thing you should do is talk to your medical health team. I am very supportive of doctors and they obviously are the experts, however, I do want to say that sometimes your helping professionals will brush you off. I want parents to be empowered that some professionals don't see what you see. We want moms to know they're allowed to/need to still honor their maternal instincts to track down support and resources. If your medical team isn't taking your concerns seriously, remember you can get a second or third opinion! You are your baby's best advocate. Don't be afraid to speak up!

A personal example is my daughter Maddie. I knew from the time she was 18 months old that she may likely have ADHD. She was ON so much more than her peers. While other babies could sit still and be entertained with quiet activities, she was constantly jumping from one thing to the next. She was always talking, always walking, always changing activities. Even with sleep, she was such a FOMO baby. If she got disturbed mid-sleep it was game over. As soon as she woke up, she was ready to party. She needed rigid naptimes. While other friends could push their baby's wake windows 30 min or so, I couldn't. If the nap didn't happen at 9, it just wouldn't happen. When she woke up from a 30 min nap intruder, I had to learn that she just genuinely needed 20-30 min to play in her crib and chill to wind back down. She eventually slept through those nap intruders but it took practice.



Her teachers and pediatrician brushed me off for years. “She’s great! She’s fine!” but I knew in my gut her brain was wired differently and she’d need additional resources to thrive. Luckily, I was a mental health professional so I already had a little bit of professional backing to validate what I “KNEW” but I was also still a new mom so I second-guessed everything.

Neurodivergence

If sleep learning isn’t working then you would consider what the “why” is. I have worked with a lot of babies who have ended up having sensory needs that once addressed, sleep became a lot easier.

We all have our own unique sensory profiles. We have sensory needs and for some babies (and people of all ages) those needs are higher or lower than others or they have higher or lower sensory thresholds.

Laura Petix is a Pediatric Occupational Therapist with a Masters in Occupational Therapy. When discussing why and how sensory needs can impact a baby or toddler’s ability to sleep, she says:

“Our nervous system needs to be balanced and regulated and in a state of "rest and digest" (aka the parasympathetic nervous system) in order to be primed for sleep. When there are sensory processing challenges, the nervous system can often be set in the sympathetic nervous system activation- "fight or flight" in which it makes it difficult to settle down for bed. If your child either needs more sensory input or has hit their maximum threshold for sensory input, it can dysregulate their nervous system and make restful sleep difficult.”

So if you suspect your little one has unmet sensory needs, what should you do?



Laura's recommendation is to observe and document. She says:

"The first step is to observe, observe observe. Notice patterns around:

- What calms/soothes your baby/child? Sucking? biting? squeezing? rocking back and forth? bouncing? dark room? light room? sounds? no sounds?
- Notice what times of day they seem to be most regulated and most dysregulated
- Take data on how long their dysregulation/crying/meltdowns last and how often they happen (if they are happening)
- Take all of that information above and seek out an evaluation from an occupational therapist."

You deserve to feel validated in any concerns you have and be supported by experts. If you are looking to address your concerns about your child's sensory processing abilities, you can look for an Early Intervention Occupational Therapist if your child is younger than 3. If your child is over 3, search for "private sensory integration occupational therapy clinic"

I also highly recommend checking out Laura's resources! She has lots of freebies and a solid blog full of helpful posts such as what to do if your toddler hates bathtime. You can check out her website [here!](#)

Medical

Just as there are reasons why sleep learning isn't working that pertain to neurodivergence, we want to dig into any potential medical reasons for why sleep learning isn't working.

I want to start by chatting about sleep disordered breathing. Sleep disordered breathing refers to disorders that are characterized by abnormal respiratory patterns during sleep. One common example is sleep apnea, but there are also other conditions that fall under this category.

When I spoke to airway specialist [Renata Nehme at Airway Circle](#) she shared some of the common signs and symptoms that can impact a child's sleep:



- Open Mouth breathing
- Retruded Mandible
- Tongue-Tie
- Frequent Ear Infections
- Frequent Strep Throat
- Enlarged Tonsils & Adenoids
- No spaces in between baby teeth
- Clicking while breast or bottle-feeding
- Clenching & Grinding
- Constipation

She also shared 5 “red flags” that warrant further evaluation:

- Snoring
- Gasping for Air at Night
- Unusual Sleeping Positions - especially with the head tilted way back
- Restless Sleep - Frequent Tossing and Turning
- Daytime Sleepiness or Daytime Exhaustion

If you are concerned that your child’s ability to breathe through their nose is affecting their sleep, I highly recommend reaching out to an airway specialist. Renata’s [Instagram page](#) is a great place to start and you can check out the [Airway Circle](#) website to find a provider near you.

Of course there are many other medical reasons outside of disordered breathing that can affect your little one’s sleep. One other common one is reflux.

If you suspect reflux, then I highly recommend you start by talking with your pediatrician. Now, some pediatricians are reluctant to prescribe medications for reflux, however if you feel strongly that it could be impacting sleep, I always advocate for meds to at least be tried. If your baby is unhappy and they have the following symptoms, then I personally think it is worth exploring:

- Arching back
- Difficulty sleeping on back but will sleep in your arms
- Wakes as soon as you lay them down
- Arches head back and stretches their neck when crying
- Fussy right after feeding
- Lots of spit up, spit up is a cottage cheese consistency, stinky breath



And circling back to lip/tongue ties, I highly recommend you seek out a specialist if you suspect this. A pediatrician and/or lactation consultant can spot a tongue/lip tie, however there are experts in this field who are even more knowledgeable (such as an Ear, Throat and Nose (ENT) specialist) and these ties can be missed and go undiagnosed unfortunately. Some indicators of a tongue/lip tie include:

- Nipple pain
- Distorted nipple shape
- Difficulting latching/staying latched- milk may leak out the sides of their mouth
- Clicking noise when nursing/bottle feeding
- Excessive gas/fussiness

Please remember this does not replace medical advice from your medical team. It is also not an exhaustive list of medical reasons for why your little one is struggling with sleep. Please always do your own research and speak to an expert you trust if you have any concerns!



Recap on what to do when sleep learning isn't working

There are many different reasons for why sleep learning isn't working. It can be as simple as

- Developmental readiness/the timing
- The approach you chose is not a great fit

Or there could be something else at play that is impacting your little one's ability to easily learn independent sleep skills.

The very best thing you can do is trust your intuition and seek out expert support if you have any concerns at all. The vast majority of the time, the sooner the concern is addressed, the easier it is to resolve the issue and/or implement strategies to support your child.

And remember, we are here in your corner. Our goal is to empower you with the knowledge and confidence you need to advocate for your family. Everyone deserves great sleep, and every baby CAN get better sleep!

We are always here to [hop on a call](#) and support you however we can.

