CIO is increasingly endorsed by popular parenting books and magazines for infants 3-6 months of age.

CIO is recommended by a majority of pediatricians and popular advice books on infant sleep.

• While the majority of existing research focuses on understanding depressed and anxious infants, less is known about CIO in infants older than 1 year. CIO is increasingly endorsed by popular parenting literature as a preventative approach for infants starting between 3 and 5 months.

• Several authors have suggested extending it as early as 4-6 months (but based on limited number of popular sources).

Advice in popular parenting magazines and books suggests:

- Normal behavior in the preschoolers case of sleepwalking.
- Sleep training should begin early to prevent sleep problems from taking root.
- Prolonged crying is not purely emotionally and psychologically valid, yet does not necessarily have a direct relationship with the parent.

Research on CIO with infants <1 year is inadequate.

A large number of CIO investigations did not include infants.

• In studies where infants were included, most did not distinguish between infants and older children.

- Only 2 studies included any infants under 1 year.
- Only 2 studies used a similar methodology.
- Neither study indicated how many infants of this age were included.

Table 1: Age range for CIO study samples.

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean Age in Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>6-12 months</td>
</tr>
<tr>
<td>Study 2</td>
<td>12-36 months</td>
</tr>
</tbody>
</table>

Does research support the use of CIO for infants under 1 year?

- The majority of CIO outcomes focus on 12-36 month olds, thus the outcomes cannot be easily extrapolated.
- Only 2 studies included infants under 1 year.
- Only 2 studies used a similar methodology.
- Neither study indicated how many infants of this age were included.

Most success stories are presented as a preventative approach for infants starting between 3 and 5 months.

CIO in the Absence of Adequate Data on the Effects of Prolonged Crying and Extinction on Infants, the Safety of CIO in the First Year Cannot Be Supported.

- In the absence of adequate data on the effects of prolonged crying and extinction on infants, the safety of CIO in the first year cannot be supported.
- There is no empirical evidence to support the claim that CIO is effective in promoting infant sleep without negative side effects.
- The use of CIO in infants under 1 year remains untested.
- Further research is needed to develop interventions that are sensitive to the socioemotional and contextual aspects of infant sleep.

Is “crying it out” appropriate for infants?

A review of the literature on the effects of extinction in the first year.

- Does CIO affect parental responsiveness overall? Does CIO alter the caregiver-infant interaction?
- Can CIO affect the behavior of infants? Does CIO influence the way parents interact with their children?
- Does CIO affect parental responsiveness overall? Does CIO alter the caregiver-infant interaction?
- Can CIO affect the behavior of infants? Does CIO influence the way parents interact with their children?

Revisiting CIO: Infant mental health perspectives are needed.

- Discusses on infant sleep problems is currently driven by the pediatric community. As such, infant sleep is viewed as a largely behavioral event shaped and perpetuated by parental responses. Within this context, resistance to change is framed as problematic behavior.
- In the absence of empirical, dyadic perspectives, the socioemotional and contextual aspects of infant sleep have largely been discounted or overlooked.
- Rethinking CIO: The family context.
- Rethinking CIO: Nightwaking as a symptom rather than a problem.

- A variety of relevant family variables have been significantly linked to infant night wakening (e.g., attachment security, parental psychopathology, maternal depression, family structure, and cultural context).
- Parents who are anxious or depressed are also more likely to report that their infants are problems—even when sleep behavior falls into normal range.
- Nightwaking is also more likely in infants with temperamentally or regulatory treatment-resistant infantile disorders (e.g., feeding difficulties or depression).

Rethinking CIO: Sleep problems as a model of entry for infant mental health.

- The need to provide one-stop-shop sleep intervention, professionals are missing a valuable opportunity for inquiry into infant behaviors that might contribute to or be impacted by nightwaking.
- Future research into CIO and other infant sleep interventions need to account for the context within which nightwaking takes place.
- More research is needed to develop interventions that are sensitive to the socioemotional and contextual aspects of infant sleep—interventions that are tailored to the context of infants.
“Nothing exists alone. An infant cries, the parents wake, sleep is lost, advice is sought. The situation is complex and it is often prescribed as a routine ‘let the child cry’ is emphasized that the capacity to be alone is one of the most important signs of maturity in emotional development” (p. 157).