

Parents' behaviour can impact kids' sleep problems



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TORONTO — How parents deal with a baby who has trouble getting to sleep and staying in dreamland can affect the child's bedtime behaviour into the preschool years at least, a Canadian study suggests.

In a study of 987 Quebec children followed from age five months until six years old, researchers at the Universite de Montreal found that babies with sleep problems - including difficulty getting to sleep, awakening in the night and

getting less than 10 hours shut-eye a night - were more likely to continue having poor sleep behaviour later in childhood.

But the study, published Tuesday in the Archives of Pediatrics and Adolescent Medicine, found that certain ways that parents coped with a sleep-disturbed child could help ease or perpetuate the problem.

Co-author Dr. Tore Nielsen, director of the Dream and Nightmare Laboratory at Hopital du Sacre-Coeur de Montreal, said soothing a baby with the breast, the bottle or food when he or she awakens in the night may be OK in the early months of life, but can perpetuate bad dreams once the child reaches 29 to 41 months.

"If the parents were still clinging to this habit that the parents brought with them from when the child was much younger - you know, giving the child a bottle or giving the child something to suck on or chew on - but doing this still at 40 months, the child is much more likely to have nightmares later at four years old," he said.

Parents need to wean themselves of that habit and teach children to "self-soothe" so they fall asleep by themselves after awakening, Nielsen said Monday from Montreal. The same is true at bedtime: "You have to put them to bed awake and let them fall asleep on their own. This is common, common counsel now for parents."

But when a child awakens frightened by a bad dream, Nielsen advises parents to do the opposite and provide comfort.

"Maybe what's at play here is the child needs a stronger sense of attachment," he said.

"And taking the child out of bed rather than saying: 'Oh, it's just a nightmare, don't worry about it, go back to sleep' -that kind of cold approach is maybe not as effective in reducing future nightmares as taking the child out of bed, providing that emotional comfort that comes with human contact and then putting them back to bed."

Giving a child something to eat or drink when they awaken from a bad dream - "that's a poor substitute," he said.

Nielsen, a psychiatrist, believes bad dreams are a result of interpersonal difficulties. While less than four per cent of young children reported experiencing nightmares "all the time," he said they are more common among kids from single-parent families or families with conflict in the home - as opposed to fear of the dark or other such anxieties.

To conduct the study, the researchers administered questionnaires to parents of the 987 children, who were five months old at the beginning of the study.

Each year until the children reached age six, mothers or fathers answered questions about their child's sleeping habits and disturbances - such as bad dreams, inadequate sleep time and delays in falling asleep - psychological characteristics and sociodemographic factors.

Parents also reported on their own behaviour at children's bedtimes, including whether they lulled their children to sleep, laid them down awake or stayed with them until they fell asleep. They also detailed how they dealt with nighttime awakenings, including comforting children in bed, taking them out of bed, giving them food or bringing them to the parental bed.

Having a child sleep with a parent after nighttime awakening remained associated with kids taking more than 15 minutes to return to sleep after awakening, although a mother's presence at the beginning of sleep appeared protective against such delays, the authors write.

The Montreal study was one of several in this issue of the journal dedicated to sleep research.

In an accompanying editorial, Drs. Michelle Cao and Christian Guilleminault of Stanford University in California say doctors and researchers need to do a better job of recognizing, defining and treating sleep disorders in children.

"One message that we can take from these studies is clear: more attention should be given to sleep and sleep-related disorders."

Abstract:

Longitudinal Study of Preschool Sleep Disturbance

The Predictive Role of Maladaptive Parental Behaviours, Early Sleep Problems, and Child/Mother Psychological Factors

Valérie Simard, MSc, MPs; Tore A. Nielsen, PhD; Richard E. Tremblay, PhD; Michel Boivin, PhD; Jacques Y. Montplaisir, MD, PhD

Objective: To determine if maladaptive parental behaviours (at age 29-41 months) and mother/child psychological characteristics predict future sleep disturbances in 50-month-old to 6-year-old preschoolers, while controlling for early (age 5-17 months) sleep and sociodemographic factors.

Design: Randomized survey; children assessed annually from 5 months to 6 years of age.

Setting: Participants' homes.

Participants: Representative sample of 987 children born in the province of Quebec, Canada, in 1997-1998.

Main Outcome Measures: Questionnaires and interview, including responses from 7 points for 3 key dependent measures: bad dreams (BD), total sleep time (TST) less than 10 hours/night, and sleep-onset latency (SOL) of 15 minutes or more.

Results: Early (age 5-17 months) sleep disturbances predicted maladaptive parental behaviours (eg, mother present at sleep onset, giving food/drink after child awakens) at ages 29 and 41 months. Some parental behaviours in turn predicted future BD, TST less than 10 hours/night, and SOL of 15 minutes or more. However, most relationships did not remain significant in adjusted models that controlled for early sleep problems. Bad dreams were predicted by psychological variables (child's anxiety, mother's feeling of efficacy), as was TST (child's difficult temperament and anxiety, mother's depressive symptoms). However, SOL of 15 minutes or more was predicted by several parental behaviours even in adjusted models; co-sleeping after awakenings was a risk factor while mother's presence at sleep onset was a protective factor.

Conclusions: Findings support the hypothesis that maladaptive parental behaviours develop in reaction to pre-existing sleep difficulties. Further, early sleep difficulties are more predictive than parental behaviours in explaining BD and foreshortened TST beginning at age 50 months. Results are interpreted in light of early emotive/physiological self-regulation problems.

[Link to Full Study](#)

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