VOICES FROM THE FIELD -
Infants' and Children's Behavioural Sleep Problems
A Practice Perspective

Wendy Hall, Associate Professor
University of British Columbia School of Nursing

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Service perspective

Papers summarizing the research in the Centre of Excellence for Early Childhood Development (CEECD) online encyclopedia emphasize the importance of organized sleep patterns and consolidated nocturnal sleep for optimal child development.[1-9] For example, Thoman[3] indicates that disorganization in sleep can place children at risk for serious emotional, social and cognitive developmental consequences, and Sadeh[1] suggests poor sleep may lead to chronic adverse effects on psychosocial development. The authors' comments support the importance of practice to assist parents with infants and young children to resolve behavioural sleep problems. However, there are gaps in the research literature about such sleep problems.

Several papers question the consistency of definitions of sleep problems in infancy and childhood, the relationship between night-time sleep and daytime behaviour in infants and children, the long-term implications of sleep patterns on development and the kinds of treatment that should be employed in a variety of family contexts. Thus, evidence about the long-term implications of sleep patterns on development, the incidence of behavioural sleep problems and the kinds of treatment that should be employed is either lacking or contested.

The nature of the evidence has implications for clinical practice. Wiggs has argued that parents will be better disposed to interventions that improve a child's social or emotional development.[7] However, it is difficult for practitioners to find strong evidence to support such claims. Parents have justification for being sceptical about the utility of interventions in the absence of such evidence, particularly when the lay literature provides conflicting views about behavioural sleep problems and optimal solutions. More longitudinal research is necessary to support causal relationships between early sleep problems and longer-term social and behavioural difficulties.

Clinical practitioners often work with parents who describe long-term sleep deprivation (lasting from months to years), difficulty thinking, discordant relationships with partners and children, and depressed moods. I am heartened by the CEECD papers' emphasis on the negative effects of infants' and children's behavioural sleep problems on families,

specifically parental functioning at work, parent-child interactions, family and marital harmony, parent mood and parenting.[1-9] Those authors' claims fit with many of my experiences in working with families with sleep problems. It is, however, disheartening to find the question that is consistently raised in the literature: Are sleep problems infant problems or parent problems? Although parents often need help with realistic expectations, in my opinion, a behavioural sleep problem is a family problem that should not be assigned to one family member in isolation from the others. Children develop in families; each family member is affected by other members. It is difficult to imagine a child whose optimal development would be unaffected by distressed and tired parents, even if that child could compensate for night-time sleep deficits in the daytime. In my experience, many parents report that young children who have difficulty sleeping at night also have difficulty with naps and are often "catnapping" or sleeping for only 20- or 30-minute periods.

The literature is inconsistent about the persistence of sleep problems. While some authors argue that sleep problems from early infancy are persistent if not treated, others argue that they are transient and self-limited in nature. Given the conflicting literature, practitioners have difficulty honestly answering parents' questions about whether their children will grow out of the problem if no intervention is undertaken and must indicate there are no definitive answers.

Questions raised by researchers about which kinds of treatment should be employed and when are important. In my opinion, recent work that categorizes particular approaches as well established, probably efficacious or promising is not helpful in practice. In one paper, unmodified standard extinction and parent education have been categorized as well established, graduated extinction has been categorized as probably efficacious, and bedtime routines have been categorized as promising. The research agenda emphasizes evaluating a specific approach and presents "mixed" approaches as problematic. In practice, a total picture, which includes naps, feeding, playing and sleeping patterns, bedtime routines and approaches to night waking, indicates that a mix of interventions is helpful for parents' efforts to resolve behavioural sleep problems.

While there is no doubt that for research purposes objective measures and a lack of reliance on maternal report are important, in practice parental reports form the primary feedback about whether strategies were effective. Given that a number of the CEECD authors[1-9] argue that there is compelling evidence to support the efficacy of specific non-pharmacological treatments for bedtime and night waking problems and that those treatments are generally acceptable to parents who are defining the behavioural sleep problems, practitioners should raise the questions: **When are researchers going to refrain from calling for more empirical testing and accept some interventions as empirically valid**; and **When will the policy agenda move forward to implement empirically sound interventions in a variety of practice environments**?

In other western countries (e.g. Australia and England), sleep clinics have been established, often by child health nurses, and infants and young children are being exposed to systematic community-wide interventions to resolve behavioural sleep

problems. In Canada, despite claims by several CEECD authors[1-9] that behavioural sleep problems are a major public-health issue and early sleep hygiene is imperative, there is little evidence that healthy infant and child sleep has been incorporated in the policy agenda and no evidence of systematic interventions to assist parents with children's behavioural sleep problems. In my opinion, widespread screening and implementation of effective interventions should be undertaken, with empirically-based evaluative components. I agree with several authors who argue that health-care professionals require more sleep training; however, community health nurses, who are often consulted by parents, are overlooked in the CEECD authors' discussions of health-care professionals who could benefit from further sleep training.[1-9] France and Blampied also emphasize the lack of research into quality treatment services for children who have special needs or who are disabled.[9] The research agenda must capture effects of behavioural sleep problems on children's long-term social, cognitive and emotional development, including those who are disabled.

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