

# Sleep Problems and Psychosocial Functioning in Canadian Children



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## Introduction

- Previous research has found sleep to be related to composite scores of psychosocial functioning involving behavioural symptoms, emotional symptoms, internalizing problems, externalizing problems, personal adjustment, and adaptive behaviour (Astill et al., 2012; El-Sheikh et al., 2019; Maasalo et al., 2016; Magee et al., 2014; Norell-Clarke & Hagquist, 2018; Pieters, 2015).
- Specific concerns have been implicated in areas involving depression, anxiety, atypical behaviour, social withdrawal, somatization, hyperactivity, aggression, conduct problems, and inattention,
- Findings related to in some of these areas have been inconsistent: inattention, aggression, anxiety, atypical behaviour, social withdrawal, somatization.

## The Current Study

- Examined the relation between sleep problems and areas of psychosocial functioning in the context of a single study of Canadian children.
- **Prediction #1:** Sleep problems will be associated with more difficulty on the clinical subscales of the BASC-3: Hyperactivity, Aggression, Conduct Problems, Anxiety, Depression, Somatization, Attention Problems, Atypicality, and Withdrawal.
- **Prediction #2:** Sleep problems will be associated with more difficulty on the adaptive subscales of the BASC-3: Adaptability, Social Skills, Leadership, Activities of Daily Living, and Functional Communication.

## Participants & Methods

- Data from 54 children (aged 6-14;  $M_{age} = 9.83$ ) was analyzed.
- Caregivers completed the BASC-3 and Children's Sleep Habits Questionnaire (CSHQ), as part of a larger study.
- Spearman's correlations to determine the relation between the child's sleep problems and psychosocial functioning.

## Results

- There were significant correlations between CSHQ and Hyperactivity, Attention Problems, Atypicality, and Activities of Daily Living.
- None of the other psychosocial scores correlated significantly with CSHQ ( $p > .05$ ).

Variable	M (SD)	r	p
<b>Hyperactivity</b>	<b>55.24 (13.88)</b>	<b>.404</b>	<b>.035</b>
Aggression	53.28 (13.44)	.067	.797
Conduct Problems	49.86 (10.07)	.149	.492
Anxiety	54.78 (10.49)	.190	.385
Depression	53.26 (12.52)	.248	.258
Somatization	46.29 (9.74)	.096	.662
<b>Attention Problems</b>	<b>53.55 (11.32)</b>	<b>.548</b>	<b>&lt;.001</b>
<b>Atypicality</b>	<b>50.29 (11.41)</b>	<b>.439</b>	<b>.019</b>
Withdrawal	51.47 (13.10)	.230	.265
Adaptability	50.28 (11.04)	-.355	.078
Social Skills	50.55 (9.98)	-.214	.319
Leadership	49.67 (10.23)	-.282	.193
<b>Activities of Daily Living</b>	<b>48.37 (11.83)</b>	<b>-.476</b>	<b>.014</b>
Functional Communication	49.46 (9.53)	-.303	.164

## Discussion & Conclusions

- Significant correlations crossed psychosocial and adaptive scales.
- Individual items for these scales indicated overlap with executive functioning skills.
- Sleep problems seem to have the greatest impact on parent reported behaviours related to executive functioning.

