EFFECTIVE INTERACTIONS WITH PARENTS DURING PEDIATRIC SLEEP STUDIES

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There are many challenges in performing sleep studies on pediatric patients. One of the more difficult aspects of working with children can be dealing with their parents. There are many parenting styles, some of which can actually hinder a technologist's ability to perform the functions necessary for an optimal polysomnogram. Parent-child relationships can be affected by the age of the parent and the child as well as other children in the home, the child's birth order, familial supports, parental educational levels and overall intellectual capacity, socioeconomic status, the parent-child form of attachment and a host of other factors. This article will attempt to describe some of the difficulties sleep technologists face when dealing with a child's parents during a pediatric sleep study and provide some strategies that can help improve chances for an optimal polysomnogram and both the parent and child retain a positive impression of the service and experience. For this article, the term 'parent' will be used for any caregiver who arrives with and is responsible for the child being studied in the sleep laboratory.

In all cases, if a parent insists upon terminating their child's study after being properly educated as to the reasons and benefits of the study, their wishes should be honored and the study terminated. In most cases, a knowledgeable and competent technologist can run any pediatric polysomnogram to completion.

It is important for a successful outcome that technologist's deal with the patient's parents in a non-judgmental manner. We, as technologists, may not know what pressures each parent or patients are experiencing when they arrive at the sleep laboratory. Parental factors that can directly influence the technologist's interactions with the parent and child may include the following: Difficulties at home or during the trip into the laboratory; nervousness concerning the medical condition of the child or the outcomes of the sleep study; a reluctance on the part of the parent to relinquish control; and parental guilt over either the child's medical issues or submitting their child to the sleep study. There are many factors that can adversely influence interactions in the laboratory, but being aware of and understanding these factors can help the technologist avoid some problems and maximize the benefit of the sleep study for the child, their parent and the physician of record. While there are many ways to approach difficult parents, dealing effectively with the parents and discussing alternatives with other technologists should be considered an integral part of any pediatric sleep study.

Parents should be physically present during sleep studies on children. In most of the Untied States, children under the age of 18 years cannot legally give consent to emergency medical interventions except in the rare circumstance when the child is an emancipated minor. While emergency medical interventions during a sleep study may be infrequent, laboratories should adhere to policies that prepare for them. Sleep laboratories performing studies on children should determine if parents are to be present during the set up. Some laboratories feel that it is best to separate the parent and child during the set up. Most, however, feel that this separation is inappropriate and perform the set up not only with the parents present but encourage them to be active participants in the process. In most cases having a parent present during the set up is helpful and makes the situation less threatening to the child. It is well known that parents who received coping skills training prior to surgical procedures were found to be

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more cooperative, were rated as better adjusted following the procedure and reported less anxiety (Zastowny, Kirschenbaum and Meng, 1986). While there is a cost in time for the technologist to adequately provide this type of training prior to a set up, this training is critical in the smooth production and, ultimately, interpretation of the study.

Some parents want to "run the sleep study" or act as the "medical director by proxy." They may insist upon procedures that can influence the interpretation of the sleep study such as requiring that the child sleep only in certain positions or that some leads not be placed, fixed or applied correctly, if at all. This is often the case if a cannula is used for nasal pressure or end-tidal CO2. This type of parent may insist upon running the study in ways that may directly counter the policies of the medical director of the laboratory. These parents may insist the child sleep either sitting up in bed or in a car seat even though it was not specifically requested by the physician. Both of these practices help to open the airway and can alter the frequency or severity of apneic events. Parents such as these may want the study run with or without certain medications, including exogenous oxygen, which may contradict the specific request of the referring physician. Or, some parents may insist upon co-sleeping with the child or running the study with the television on; practices that may or may not help the child to fall asleep but can alter the scoring of the study by potentially causing EEG changes or body movements that can appear to be true abnormalities.

In each case, the technologist must be prepared to deal effectively with a parent attempting to run the sleep study by having policies and procedures specific to pediatric studies located in the laboratory. The policies and procedures must anticipate as many factors as possible and the technologist must be able to easily relay these policies in a professional, but firm, manner. To accomplish this, the technologist should understand not only the literal meaning of the policy but the actual reasons these policies are used.

Clearly stated physician orders are also necessary to avoid confusion about how the study should be run. If there is any doubt, contact the referring physician, ideally, in advance of the study. It may also be helpful to have the parent state their understanding of the reasons for the sleep study. These answers can be used later if there are parental objections. For example, if the observed apneic events occur in the child's own bed at home it would be inappropriate to perform a study with the patient seated in a car seat, or in another manner that could alter apneic events at the suggestion of the parent. The technologist should inform the parent that breathing can be altered by the suggested manner and that running the study this way can "influence the interpretation of the results" and, "obtaining appropriate baseline information may not be possible." Note the positive message. Few parents will want to put their child through a sleep study only to interfere with the results of the study.

Parents may insist upon obtaining results from the technologist performing the study. Providing results during or immediately following the sleep study is inappropriate on many levels. A parent given a premature impression of their child's sleep study results often pass this impression to the referring physician. Since the interpretation is based upon the data generated following the study, the referring physician may then have to defend the formal report from the sleep laboratory to the parent. Or, a parent may discount the physician's impression electing instead to retain the

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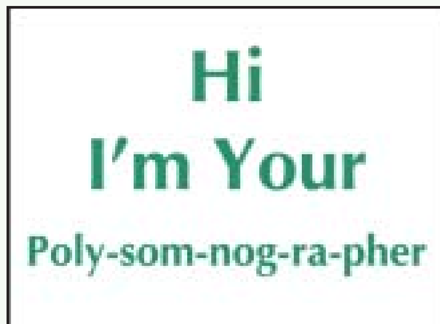

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impression instilled by the technologist. In short, never give any results to parents or patients. A medical director should always back you up on this policy as parents may even get angry over the perceived "lack of responsiveness or cooperation" they received from the technologist. One way to avoid a confrontation with a parent insisting on results is to use the phrase, "I cannot tell you if the study is normal or abnormal, but I can tell you that we are getting an accurate recording for the doctor to interpret." Pediatric sleep laboratories should maintain the policy that parents cannot remain in the control room once the data being monitored is explained in general terms; a practice that can alleviate some parental anxiety. Since most laboratories collect video, technologists can cite privacy concerns for the other patients being monitored if the parent will not vacate the control room.

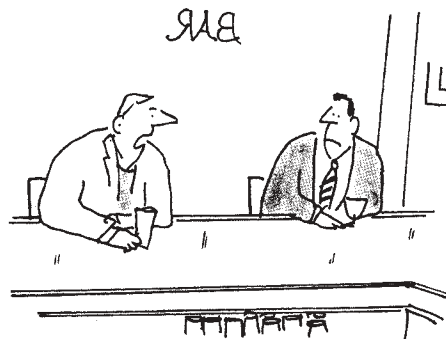
Parents with an overly permissive parenting style may arrive at your sleep laboratory with a child who is used to receiving certain responses from others. One problem associated with this parenting style is the child may have an inappropriate behavioral response if he does not want to do something. For example, in the case of lead application in the absence of an appropriate model, behavioral decompensation is not only possible but probable. Behavioral decompensation is when an individual experiences progressive personality disintegration because of the lack or failure of appropriate defense mechanisms. Examples of how an overly permissive parent's difficulty setting limits can result in behavioral issues are as follows: A child insisting on being fed despite parental admonitions that the child has already been fed-the child is subsequently fed again; arguments regarding choice of sleep wear or where the parent should sit or stand during the set up; disputes over movie choices during the set up or even what leads the technologist can or cannot place.

Often, parents who act in this manner have a very medically challenged child or their child is very young. Should arguments persist, it is often helpful to obtain the involvement of the medical director or the chief technologist of the sleep laboratory. The involvement of another technologist or physician seems to have a "tag-team" effect when another person is supportive of the previously described policies.

Most children can intuitively sense a parents' comfort level with many social interactions, and medical procedures are no exception. If a parent feels anxious about the sleep study, their child also can become anxious. This phenomenon is called "emotional contagion," where the emotions of one drive the emotions of another. Emotional contagion can be a two-way street where increasing emotions are the result of the interplay between all participants and can include the technologist's emotions. Emotional contagion may be a reason to limit the number of family members present during the sleep study. The fewer caregivers present the more control the technologist will have to minimize the emotional level of those people present.

Many parents who telephone the laboratory prior to the study are aware that their child may not cope well with the procedure. Most of them are correct. If a parent calls the laboratory, be prepared to spend some time explaining the procedure and describe coping skills strategies. If the call comes at a bad time for you, make an appointment to provide this information later. These calls can take up quite a bit of time because many of these parents know their child so well that your explanations will prompt further questions. In order to help set expectations with the parent and child, and optimize the outcome of the study, I recommend taking the initiative to review procedures with any parent of a child with special needs in advance of the study. You may also consider setting up an appointment for the parent to bring the child into the laboratory prior to the sleep study to further prepare and familiarize the child with the laboratory and sensors. This process will be time well spent and will benefit not only the child, but the parent and the technologist who must perform the sleep study.

A complete understanding of the policies and procedures specific to pediatric sleep studies will provide the technologist with the ability to appropriately provide this information to both the patients and their parents in a timely and competent manner. Sensitivity to issues parents face when their children are being studied in the sleep laboratory allow the technologist to more effectively communicate and empathize with both during a procedure that can be stressful to all participants. Effective communication is the key to a successful outcome and ultimately a win-win experience for the child, their parents and the personnel in the sleep laboratory.



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