Is the “Impossible Box” really Impossible? by Sara Tabaska

At the 24 and 36 month visits, your child is asked to complete tasks ranging in levels of difficulty; some tasks are easy, some are moderate difficulty, some are extremely difficult. They are also asked to complete an impossible problem solving task called “The Impossible Box.” Young children are not expected to solve this problem on their own so they must seek out help if they want the prize inside. Through this task we are able to look at the child’s interest in the task and how much the prize motivates them, along with their curiosity, persistence, flexibility, creativity and resourcefulness (what are they doing to try to solve the problem), and ability to make use of adult assistance. These are important skills for children as they begin attending school, as well as lifelong skills. Developing these skills takes a long time, so we expect that many children are not able to do these things well at age 2 or 3 years. But some of the children amaze us with their creativity and persistence!
Sweet Dreams  

by: AJ Miller Schwichtenberg

Throughout the first two years of life, your child’s sleep patterns change. When infants are born, they typically sleep about 16 to 18 hours per day with roughly equal amounts of sleep occurring during the day and at night. As infants develop, they begin to sleep more at night and less during the day. Sleep researchers call this “diurnal sleep consolidation”. This process happens gradually. Early in infancy, all infants wake at night and take naps during the day.

In our study, we looked at your child’s sleep when they were 4, 9, and 24 months past their due dates. At 4 months, it was typical for infants to sleep around 14 ½ hours with 10 ½ hours at night and 4 hours during the day. At 9 months, infants in the study typically slept about 14 hours per day, including 11 hours during the night and 3 hours during the day. At 24 months, toddlers typically slept around 13 hours with 11 ½ hours taking place at night and 1 ½ hours during the day. The sleep of children who participated in the sleep portions of this study are presented in Table 1.

As infants start to sleep less, they also gradually take fewer naps during the day (see Table 2). Shortly after birth, infants complete about 50% of their sleep at night. As your child grows older, this percentage increases (Table 3).

The tables shown here report averages across all of the infants who participated in the sleep portions of this study. Because every infant is unique, some infants followed different sleep patterns. We look forward to continuing to look at each child’s individual pattern so that we can report more soon!

Are You Moving?

Please let us know if you are moving or changing your contact information. This way we can get in touch with you for your upcoming visits and we can send you our newsletters. Are you moving out of the state or country? You can still help us with our research by filling out paperwork. If you prefer that we contact you via e-mail, that’s great! Send your e-mail address to pretermbabies@waisman.wisc.edu stating that this is how you prefer to be contacted. Just make sure to include your child’s name and birth date. You may also contact us by phone at 608-263-6249.
The Minor Hassles of Parenting  By: Ashley Mellenthin and Sarah Janus

One of the forms that we ask you to fill out during both the 24 month visit and 36 month visit is the Parenting Daily Hassles (PDH) form. This form is relatively short and only takes about five minutes to complete. There are 20 items on this form, and each asks you to rate the frequency and intensity that each event occurs. Frequency is rated based upon the number of times the event occurs, ranging from 1 (never) to 5 (constantly). Intensity rates the degree to which this event is a hassle for you. Once again, this ranges from 1 (Not a hassle) to 5 (Big hassle). Both frequency and intensity are based on your interpretation of the events occurring with your child(ren).

The items on this form let us know your perception of parenting stress regarding routine activities you do with your child. These are considered normal “hassles” that can occur for parents as part of raising young children.

Below we present some data from the 24 month time point. One of the items on the PDH form is “Sibling arguments or fights which require a referee”. We know that sibling arguments or fights are common in households with more than one child, so we wanted to find the frequency of sibling arguments in our sample. We also wanted to see how much of a hassle the arguments or fights were. We found that 61.5% of families (96) have more than one child in the home.

![Frequency of Hassle: Sibling Arguments or Fights for Families with Multiple Children](image1)

Above is a graph that shows how often fights occur among siblings, and as you can see, these arguments or fights are quite common.

![Degree of Hassle: Sibling Arguments or Fights for Families with Multiple Children](image2)

Above is a graph that shows how much of a hassle the fighting is. So even though sibling arguments are common, most families did not find it to be much of a stressor.

Parenting Stress  By: Ashley Mellenthin & Sarah Janus

Another form that we have you fill out is the Parenting Stress Index, or the PSI. This is one of the forms we mail to you and ask you to complete prior to coming in for your visit.

You may remember this form because it is so long! It has 120 items to fill out. Most of the items ask you to rate them on a scale of 1 to 5, 1 being “strongly agree” and 5 being “strongly disagree”. For the remaining items, you simply rank if certain life events occurred or not within the last year. Each of these answers is valuable to us because it lets us know what kinds of things are going on with your family and what types of things are stressful when raising a child who is born preterm or low birth weight.

This form is important to us because it not only gives us feedback about your child, but it also gives us feedback from you as well. It also can tell us a good deal about how you feel about being a parent.

One of the items on the PSI is ‘my child’s sleeping or eating schedule was much harder to establish than expected.’ Looking at the 24 month responses to the statements shows us that more than 75% of you either agreed or strongly agreed with that statement.

Because having an infant both preterm or low birthweight can bring challenges into a family, this helps us understand the nature of some of the early stressors, such as issues related to sleeping or feeding.
About Rebecca Shlafer...

Rebecca Shlafer worked on the Preterm Infant Project between August, 2004 and August, 2007. She is currently working on her PhD at the Institute of Child Development at the University of Minnesota. Rebecca was responsible for scheduling and conducting the 24 month visits. We thank her for her dedication, enthusiasm, and hard work!

**What is your academic background?** I received my Bachelor’s degree in 2004 from the University of Wisconsin-Madison in the department of Human Development and Family Studies. I stayed to complete my Master’s degree in the same department and finished in May, 2007.

**What is your particular area of interest?** I’m particularly interested in parent-child relations in high risk situations. As an undergraduate, I worked with Dr. Poehlmann on a project creating fact sheets for grandparents raising grandchildren. Then as a graduate student I was lucky enough to work on the preterm project and work on a mentoring project targeting children with incarcerated parents. I’m also interested in application of research to policy and practice.

**Has your area of interest changed or stayed the same?** I think it’s stayed the same, mostly. Maybe it’s too soon to tell!

**What are your future plans?** Now, I’m working on my PhD at the Institute of Child Development at the University of Minnesota. I’m working with Dr. Arthur Reynolds on the Chicago Longitudinal Study, examining the effects of early participation in preschool on parents’ involvement at home, school, and in the community. I hope to look at risk status as a moderator of parent involvement and then extend the research to look at the effects of parent involvement on children’s long term outcomes. I’m also working with Drs. Alan Sroufe, Byron Egeland, and Andy Collins on their longitudinal study. They are currently in their 32nd year of data collection. I will be helping to administer the 32-year interviews as well as helping to conduct the 2nd generation assessments with the target participants’ children.

**Tell us a little bit about your family.** My family lives in Ann Arbor, Michigan where both of my parents work at the University. My sister went to Michigan State, my little brother went to Ohio State, and I went to UW (and now Minnesota)…so between the family, we have a lot of college football rivalries!

**What are some of your hobbies and interests?** I love watching football on Saturday afternoons. I also love Jodi Picoult books – I’ve read them all and always anticipate the March release of the next one! Swimming is another activity I love. I swim with a Masters swim team in Minneapolis several days a week. I also started coaching swimming 2 days a week. It’s definitely a nice break from graduate school and studies.