

# CenterLines

FRONT AND CENTER WITH USEFUL NEWS FOR FAMILIES!

## Teenage Sleep Habits

It is true, once your child turns into a teenager, they seem to get much less sleep. Studies show, on average, teenagers get 7-7½ hours of sleep at night. But, the truth is, they actually need more sleep – around 9-9½ hours of sleep. So, if they need more sleep, why do they get less?

First there is a biological reason. After puberty, there is a shift in a teen's internal clock by about 2 hours. So, this means if your child used to go to bed around 9 pm, now they'll have trouble falling asleep until 11 pm. This also means they will wake up that much later in the morning. Unfortunately, this is about the same time they start high school. High school tends to start earlier, so they have to get up much earlier to get to school on time.

Now, add all the after school stuff – sports, homework, after-school activities such as band concerts, plays, games, etc. Then tack on the all important need to talk to their friends, and well basically, they go to bed much later.



If your teen is not getting 9-9½ hours of sleep at night, then they are sleep deprived most of the time. This makes them moody, irritable and cranky. Bad moods lead to

them getting upset and frustrated much more easily. But that's not all. Teens who need sleep tend to be more risky in their behavior. They may drink, drive fast, and do other dangerous things.

With less sleep, they have problems with attention, memory, and making decisions. Their reaction time is slower. They are also much less creative, which are all important for school. Studies show that teens with less sleep get poor grades, fall asleep at school, and are tardy or absent.

Here are some good tips to help get your teen the sleep they need.

- Have a sleep schedule – bedtimes and wake-up times should be the same all week – don't let them go to bed late or sleep in on the weekends.

*continued on next page*

## Teenage Sleep Habits, *continued*

- Don't let them take long naps – no more than 30-45 minutes. If they sleep during the day, they are less likely to go to sleep easily at night.
- Get outside in the sunshine. Sun or other bright lights help set their body's internal clock and keep it on track.
- Exercise regularly. They will fall asleep more easily and sleep more deeply.
- Have a good sleep environment. Make sure their bedroom is comfortable, quiet, and dark. It should be cool – no warmer than 75 degrees. Don't let them use their bed for anything but sleeping. They can study, read, or listen to music in their room, but provide them a desk or chair.
- Help them be quiet or wind-down for 30-60 minutes before their actual bedtime. Don't let them watch TV, study, exercise, or be energized right before bed.
- Eating regular meals and a light snack before bed is okay. Being hungry makes it hard to sleep. However, don't eat a lot of heavy food just before bed.
- Avoid stimulants such as caffeine, alcohol, and nicotine. All of these disrupt sleep. They may make it hard to go to sleep, or cause a person to wake throughout the night.
- Don't use any type of sleep aids, such as sleeping pills, melatonin, or over the counter products. Good sleep habits will help you get a better sleep than any drug which can be dangerous.

If you think your teen has a problem with sleeping, you may want to have them tested. Here at CDD we have the only accredited pediatric sleep clinic in Iowa. For more information or to make an appointment, call us at the numbers below, or email [cdd-scheduling@uiowa.edu](mailto:cdd-scheduling@uiowa.edu).

This information comes from *A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems*. Mindell JA & Owens JA (2003). Philadelphia: Lippincott Williams & Wilkins. The study was supported by an educational grant from Johnson's.

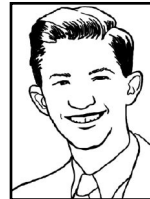
## ADHD Research at CDD

The Center for Disabilities and Development (CDD) provides clinical services, training, and education. Research studies are also conducted at the CDD. Faculty and staff are currently conducting the mid-life follow-up phase (35 to 45 years of age) of a study that began at the University of Iowa between 1967 and 1978. This study is funded by the National Institutes of Health (NIH). It is the earliest, largest, and most comprehensive study of boys with behavior problems that are currently diagnosed as Attention Deficit Hyperactivity Disorder.

Subjects have participated in this research at various periods in their life (childhood, adolescence, young adulthood, midlife) since they were first referred for evaluation and treatment. The participants included boys who were medicated and those who were not. It also included boys in their age group who did not have behavior problems. The current phase is investigating the midlife outcome of these individuals, including the presence/absence of adult



psychiatric disorders and the long-term effects of stimulant treatment in childhood.



Early analyses indicate that treatment of childhood ADHD with stimulant medication is associated with positive outcomes, including more successful midlife status in occupational, psychiatric, and cognitive domains.



# Cochlear Implants and Behavior

The **cochlea** is the snail-shaped bony cavity that contains the organ that hears. It is located in the inner ear, and it is about the size of a dried pea.

A cochlear implant is a system to help someone who has suffered a severe to profound hearing loss. It includes a receiver/stimulator that is placed in the **cochlea** during surgery. It also includes an external sound processor, which is usually worn on a belt or behind the ear. The sound processor picks up and codes speech and environmental sounds. It then "communicates" with the



implanted portion of the system through the use of radio waves and a magnet. The implanted portion of the system transmits signals to the auditory nerve, which carries them to the brain. A cochlear implant does not correct hearing loss. In fact, it bypasses the normal hearing pathway. Usually, sound travels through the outer, middle, and inner ear to reach the auditory nerve. The cochlear implant sends signals to the auditory nerve directly. The brain learns to take this signal and turn it into speech. Research has shown that with a cochlear implant, many children with severe-profound hearing loss can develop speech and language similar to that of children with normal hearing.

The use of cochlear implants has increased in recent years. Younger children and those with multiple

disabilities are now receiving the device. With the increase in devices, we have seen an increase in behavioral concerns. Some children are refusing to wear the device. Some have more dangerous behavior such as aggression or self-injury. Problem behavior in some of these children is not unexpected. As stated above, many children develop speech and language. However, they might have some delays in developing these skills.

This can be compared to children with other disabilities, such as autism and mental retardation, who develop behavior problems, in part, due to delayed speech.

No one approach can be offered as the remedy. The first thing we do is determine whether the behavior is used for communication. Is the child trying to get something they want or an adult's attention? Or, are they using the behavior to get out of things like homework or household chores? With this information, we can tailor the treatment to address the problem behavior. We provide the same **reinforcer** shown to be causing problem behavior to improve appropriate behavior. It is important to identify the reinforcers before a treatment can be designed. In our experience this has been successful.

**Reinforcers** are things that increase behavior. They often include such things as preferred items (e.g., favorite toys), attention from parents, and getting out of chores and other activities.

Once we identify the reinforcer important to the child's problem behavior, we can teach them ways to communicate to get what they want. For example, we might teach them how to use manual signs, how to exchange a picture, or how to play a message to get the reinforcer. Sometimes, the goal is to have the child comply with wearing their cochlear implant receiver/transmitter. When this is the goal, we will identify reinforcers that are meaningful to the child and deliver them when the child exhibits the behavior we want (wearing the devices). These are some of the same methods for problem behavior whether a child has a disability or not.

Here at the Center for Disabilities and Development (CDD), we have a Biobehavioral Service that works with children and adults who have disabilities and who have problem behaviors. We use a team approach to change such behaviors. Call us today for more information. To make an appointment you can call CDD Scheduling or email us at [cdd-scheduling@uiowa.edu](mailto:cdd-scheduling@uiowa.edu).

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# Health Care Benefits Specialist

Kristi Lynch is our health care benefits specialist. When you come to CDD, she can talk with you about such programs as:

- HAWK-I children's health insurance
- Medicaid, MediPass, and the waiver programs
- Medicare under Social Security Disability.
- Supplemental Security Income.

Kristi will talk with you about the benefits of each program. She can walk you through the paperwork, and monitor your application's progress. She will let you know if your application is approved.



Contact Kristi at  
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The role of the information in this newsletter is not to provide diagnosis or treatment of any illness or condition. We strongly encourage you to discuss the information you find here with your health care and other service providers.

CenterLines for families, the newsletter of the Center for Disabilities and Development at the University of Iowa Hospitals and Clinics, is published three times a year. It provides families with current information on child and adult development, issues affecting people with disabilities, and CDD resources available to them and their families. The newsletter is available in print, and also online at [www.uihealthcare.com/cdd](http://www.uihealthcare.com/cdd) → Centerlines for Families.

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