SPRING 2003

CENTER FOR DISABILITIES AND DEVELOPMENT

Nationally designated as Iowa's University Center for Excellence on Disabilities

CenterLines

FRONT AND CENTER WITH USEFUL NEWS FOR FAMILIES!

Good Night, Sleep Tight...
Nighttime routines are the key

You can use what research tells us about "sleep hygiene" – healthy sleep – to help your child (and yourself!) get a better night's sleep.

We all know that sleep is essential to our well-being. But how much sleep do we need? That varies with age.

Typically, newborns sleep about 17 hours out of a 24-hour day. Toddlers need about 14, with 12 of those at night. As they get older, children need less sleep – preschoolers, 12 hours a night; six- to eleven-year-olds, about 11. Teenagers should get about 9 hours of sleep; most adults need 8.

If your child or teenager is still wide awake at midnight, does it mean she doesn't need much sleep? Not really — most of us can get by with some sleep deprivation. Instead, look at whether she gets up on time and on her own, alert and energized, in the morning. If she doesn't, she's not getting the sleep she needs.

What makes it easier to fall asleep? A regular bedtime routine is the key. One of the most loving things you can do for your children is to create just such a routine. For a preschooler, it might look like this:

7:00 - Brush teeth, go to the toilet, have a warm bath. Baths are calming and help make us sleepy.

7:30 - Put on PJs, be tucked into bed, listen to a story. Quiet routines help us relax and get ready to sleep.

8:00 - Kiss goodnight; bright lights turned off. Falling asleep is easier with dim light, quiet, and a cool (not cold) room.

The key is to teach children – beginning when they are about 6 months old – to fall asleep on their own, without needing the presence of a parent, being rocked or patted, a bottle, or a car ride.

Things that make it harder to fall asleep include:

- Naps after 4:00 in the afternoon (for anyone older than 3 to 4)
- Vigorous exercise just before bedtime
- Playing video or computer games, watching TV in bed (bed should be associated with sleep, not play or TV)
- Discomfort due to such things as a lumpy bed, pajamas that don't fit well, room too hot or cold
- A bedtime routine that evolves to include "delaying strategies" like trips to bathroom, drinks of water, after going to bed for the night

For children, it is important that once you have created a bedtime routine, you are firm about expecting them to follow it. By setting limits from the beginning on activities that disrupt the routine, you actually help your children get that essential good night's sleep.

Are you concerned about your child's sleep?

Deborah Lin-Dyken, MD, director of our Pediatric Sleep Disorders Service, may be able to help. Contact her at 319-353-6132, or deborah-lin-dyken@uiowa.edu.

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Helping Your Youngster Behave

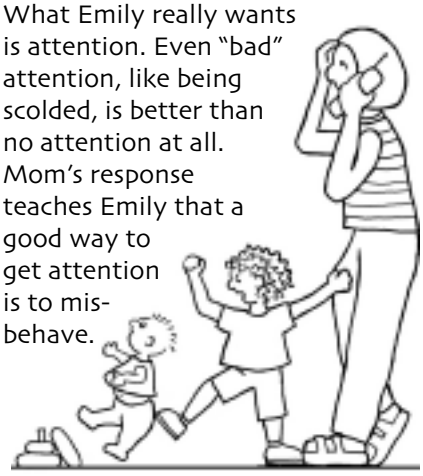
Joni Bosch, PhD, ARNP, Family Nurse Practitioner

People, including our children, do things for specific reasons – reasons that are sometimes surprising! As parents, we know that it is as important to reward good behaviors as it is not to reward bad ones. But what parent would reward bad behavior? Too many of us, actually. For example, has this ever happened to you:

- When Mom gets on the phone, Emily needs a drink, starts to whine, or picks on her little brother. If Mom doesn't respond, Emily causes so much trouble that Mom usually hangs up the phone – and then angrily scolds Emily.

- When Dad asks Jacob to pick up his toys, Jacob pouts or cries. It's really much easier for Dad to give Jacob a time-out and pick up the toys himself.

What's going on here?



What Emily really wants is attention. Even "bad" attention, like being scolded, is better than no attention at all. Mom's response teaches Emily that a good way to get attention is to misbehave.

And Jacob? He wants to escape a chore he doesn't like. Dad's response teaches Jacob that bad behavior is a good way to avoid a job he doesn't want to do. In fact, that time-out actually helps Jacob "escape."

Shaping good behavior

Of course we want to teach our children to behave well. What should we do? First, ask yourself, "What is the real reason for my child's behavior?" In general, behaviors let a child:

- Get something they want
- Escape something they don't like

A time out is a sensible response to Emily's bad behavior, because it doesn't reward her bad behavior with attention. Far better to give her the attention she craves when she is behaving well — for example, when she plays nicely with her little brother.

For Jacob, a good approach would be for Dad to actually put his hand over Jacob's hand, and then pick up the toys with him – with much praise for Jacob when the job is done.

Introducing New Division Director Dennis C. Harper

Meet Dennis C. Harper, PhD, the new Director of the Division of Developmental Disabilities and of Clinical Services here at CDD.

Dennis joined the UI faculty in 1972. Today, he is a professor of pediatrics at the University of Iowa Roy J. and Lucille A. Carver College of Medicine, and of graduate studies in rehabilitation in the UI College of Education.

A leading authority on pediatric rehabilitation, his interests are wide ranging. He has expertise in the care of children with chronic health conditions. As the result of his work, we now have a better understanding of how aging affects adults with mental retardation. His research has taught us much about how children, in our own and other cultures, perceive disabilities.

Dennis has also played a key role in developing CDD's Telemedicine Service. As a result, by using the ICN, CDD makes its services available to people in communities throughout Iowa.

BREAKING NEWS!
New Developments in Treating Spasticity

Muscle groups usually work in pairs. As one muscle tightens, its opposite relaxes. But some conditions can keep the brain and the muscles from communicating. As a result, a muscle stays tight when it should relax, and this is called *spasticity.* It can make movements jerky or painful, and interfere with coordination, mobility, and speaking.

Spasticity occurs when there is damage to the part of the brain or spinal cord that controls movement. This damage may be caused by:

- Cerebral palsy
- Brain or spinal cord injury
- Nervous system diseases such as multiple sclerosis

New treatment strategies for spasticity include:

• **Baclofen**, a spasm-fighting medication. It is given via a surgically implanted pump. The pump provides precise doses of Baclofen to the spinal cord, where it needs to work. This reduces spasticity throughout the body.

• **Botox**, botulinum toxin type A. Botox is injected into specific muscles. While the muscles are relaxed, other treatments like range of motion therapy can be used.

• **Selective dorsal rhizotomy**, a surgical procedure. During the operation, the surgeon identifies and cuts spinal nerves that don't function normally. This permanently reduces spasticity in certain muscles.

With each of these approaches, physical therapy is also a key component of treatment.

If you have questions about spasticity, or about the new CDD Spasticity Service, you might like to talk with CDD physical therapist Karla Laubenthal. You can contact her at:
karla-laubenthal@uiowa.edu
319-356-3075

QUESTIONS? SUGGESTIONS? COMMENTS?

We invite you to share your questions, suggestions, and comments!

Send them to:

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COMING SOON in *CenterLines*

The fall issue of *CenterLines* will feature:

ADHD - What it is, how it's identified, treatments and resources

Sleep apnea - When breathing briefly but repeatedly stops during sleep, it is cause for concern. Learn more about this disorder and its effects.

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Do you know someone who would like to receive this newsletter?

If so, just ask them to send their name and mailing address to: *CenterLines,* Center for Disabilities and Development, University of Iowa Hospitals and Clinics, 100 Hawkins Drive Rm 217, Iowa City, IA 52242-1011, or email CenterLines@uiowa.edu.

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What's Inside

CenterLines, 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 http://www. uihealthcare.com/cdd/centerlines.htm.

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