

Sleep disturbance and its psychological significance in children with Downs syndrome

University of Portsmouth - Tourette Syndrome in Children

Table 4. Treatments for Behavioral Insomnia of Childhood	
Treatment technique	Description
Parental education	Parents are taught about good sleep practices, such as consistent feedings, nap times, bedtime routines, regular sleep-wake times, and placing the child in bed drowsy but awake.
Unmodified extinction	The child is placed in bed at a predetermined bedtime. The child's crying, calls for the parents, and tantrums are ignored until the following morning, although significant cries for suspected injuries or distress are not ignored. Cries are ignored to prevent reinforcing negative learned behavior (e.g., crying is rewarded with parental responsiveness). The technique can be difficult and distressing for parents. Modified version for decreased parental distress: A parent stays in the child's room, but follows the same technique.
Graduated extinction	This is fundamentally the same as unmodified extinction, but with scheduled "check-ins." A parent checks on the child on a fixed schedule (e.g., every 10 minutes) or in gradually increased intervals (e.g., first check-in after five minutes, second check-in after 10 minutes). Parental interactions with the child are calming and positive, but last no more than one minute at a time.
Positive bedtime routine/faded bedtime with response cost	Positive bedtime routine: Relaxing/calm activities are implemented before bedtime (e.g., bedtime stories). Faded bedtime: Bedtime is delayed until the predicted time of sleep onset to decrease the time the child spends in bed awake. Response cost: The child is removed from bed for a specific amount of time if sleep onset does not occur within the desired period.
Scheduled awakenings	Parents must document the pattern of nighttime awakenings. The child is awakened before the normally predicted nighttime awakenings, and the number of scheduled awakenings is slowly decreased over time.

Adapted with permission from Mindell JA, Kuhn B, Lewin DS, MelTZer LJ, Sadeh A. American Academy of Sleep Medicine. Behavioral treatment of bedtime problems and night wakings in infants and young children (published correction appears in Sleep. 2006;29(11):1380). Sleep. 2006;29(10):1279.

Description: -

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Tourette Syndrome in Children

Lastly, some parasomnias are not isolated to the NREM or REM stages. Toddler sleep problems are compounded by separation anxiety and a fear of missing out, which translates to stalling techniques and stubbornness at bedtime. TS begins before 18 years of age.

Children and Sleep

Children and adults with Down syndrome commonly experience a range of sleep-related difficulties either as a primary sleep disorder or as associated with mental-health problems such as generalized anxiety and mood disturbances. They often cause excessive daytime sleepiness and fatigue due to sleep loss. Most sleep apnea cases fall into one of the following two categories.

Facts about Down Syndrome

Women who are 35 years or older when they become pregnant are more likely to have a pregnancy affected by Down syndrome than women who become pregnant at a younger age. Recent medical advances, as well as cultural and institutional support for people with Down syndrome and their families, provides many opportunities to help overcome the challenges of this condition. Situational anxiety is often apparent during transitions and anticipation of new situations, such as transitions from home to school; during transit and at mealtime or bedtime; as well as in unfamiliar situations where the environment creates uncertain expectations.

Sleep Disorders

The best thing you can do is make sure your child is safe, trying to keep them in bed if possible. WHAT IS THE HISTORY OF THE GUIDELINES? Increased activity of SOD was found in post-mortem studies of people with Down's syndrome. Advances in nutrition Bethesda, Md.

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