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A Psychological Guide for Families: Sleep Walking, Nightmares & Night Terrors Child & Family Psychology & Therapies Service

Introduction

Disturbed sleep in children is common. As many as 30-50% of all children experience sleep problems at some time in their childhood. However, because difficulties such as sleep walking and night terrors are not often talked about, it can lead to a lot of worry that something is very wrong.

Episodes of disturbed sleep are very common and usually outgrown.

This leaflet aims to summarise what we know about sleep walking, nightmares and night terrors, and provides some guidelines for what you might do to help your child.

Night terrors are often confused with nightmares. However, the two behaviours have different causes and require different approaches when dealing with them.



Nightmares

What are nightmares?

Every child can have frightening dreams that causes them to wake up feeling scared.

A younger child may wake up, cry and possibly leave their bedroom to try and find their parents. As children become older they are able to understand what a nightmare is, and often put themselves back to sleep.

Nightmares generally occur during the second half of the night, and are associated with periods when the child is in a light stage of sleep.

While no-one really knows what causes nightmares, most experts feel that scary dreams develop as children resolve inner conflicts and anxieties that occur during normal child development. Nightmares can also be triggered by things that the child has heard, seen on the TV, in a story or that they have experienced themselves.

What should I do to help my child?

If your child wakes from a nightmare go to them quickly. Often the child will fall back to sleep if you simply sit beside them and talk in a soothing voice. It is important to comfort and reassure them. However, it is usually not necessary to turn on the light or make the child talk about the dream unless they want to.

In the morning it might be worth talking with your child to check out if there is anything that is bothering them. To a young child a severe nightmare is real, so expect several nights of awakening or worrying about going to sleep following an episode.

If your child is having frequent nightmares it would be worth reviewing their activities. Also make sure your child is not watching scary or violent TV programmes. The difference between fantasy and reality is often blurred in children.

Night Terrors

What are night terrors?

Night terrors are more common in children between the ages of 3 and 8 years of age, and become increasingly less common as the child grows older. They are less common than nightmares, single episodes occur in up to 15% of all children.

Night terrors happen most frequently about 1-4 hours after falling asleep, at the end of a period of deep sleep (you will probably recognise deep sleep as the times when your child has fallen asleep and is very difficult to rouse). The child may begin to moan, cry or even scream. They may also thrash around in bed with their eyes open, and this behaviour may continue for up to 40 minutes, and even an hour.

In the most intense episodes your child may jump out of bed and begin to run wildly. Indeed, they may act as if they are trying to get away from someone or something, and will seem to be in real panic.

After a time the child's behaviour will appear to calm down, and they will fall back to sleep again. In the morning the child will not remember anything about the episode.

Sleep Walking

What is sleep walking?

This state is similar to night terrors in that it occurs in deep sleep and the child has no memory of it in the morning. It occurs in about 15% of children, more commonly in boys, and can run in families. It is also more common in the older age range of 5-12 years.

Your child may appear to be awake with their eyes open, and may get out of bed in a somewhat confused manner as if they are looking for something. Although their eyes are open, and they can make their way about the room or house, your child may have little awareness of the environment around them. They may come to you, however, they will not seem to recognise you. Instead they may appear to stare 'through you' rather than 'at you', and may mumble phrases that are difficult to understand.

Once back in bed, younger children will usually return to sleep without ever completely awaking. Older children and adolescents may wake briefly and appear embarrassed or frightened to find themselves in an unexpected place.

Sometimes your child may not walk in a calm manner, but may jump out of bed and hurry around the place in an agitated state. They will not appear to recognise you and may push you away if you try to wake them. They will remember little or nothing of the time before, and will not describe any dreams.

What causes night terrors and sleep walking episodes?

You probably are not aware of it, but everyone wakes up briefly at times throughout the night, but usually go back to sleep again almost immediately without being aware that they have awoken.

There is a natural rhythm to our sleep. We actually go through a cycle of deep sleep, followed by a light sleep every 2-4 hours. In between these cycles is a period of time in which a person is not fully awake. As noted before, this phase is usually brief, a person wakes slightly, turns over and goes back into another phase of their sleep cycle.

Sometimes children appear to have difficulty passing smoothly from one phase of sleep into another. Instead they remain in a state in which they are only half-awake. In this state a child is able to move about and even speak, but will not be awake enough to respond properly to people or events around them.

How do I know if my child is having a nightmare or a night terror?

Usually a child that has woken up following a nightmare will remember some bits of the dream, and will respond to your efforts to comfort them if they are upset or distressed.

In contrast, a child who is in a night terror, or in an agitated sleep walking state, will often act as if they are somewhat confused, may not appear to recognise you, and may push you away if you try to hold them.

Does having night terrors or sleep walking indicate that my child is anxious about something?

In younger children, night terrors or sleep walking are usually related to the child's level of development, and the child will often 'grow out' of the behaviour by the time they are about six years of age.

In children who are older than six, infrequent episodes (once or twice a year) are not uncommon, and are probably of little consequence. However, the more frequent and the more intense the episodes are in children in middle childhood, the more likely it is that the child is under some emotional stress.

This is different from a true nightmare in which stressful daytime events may appear in a dream, and generate enough anxiety to wake the child fully.

What should I do if my child is having a night terror or is sleep walking?

Watching a child thrash around looking as if they are terrified may be very frightening for a parent, and your first response may be to 'do something'.

However, by trying to hold your child may actually make things worse. Since they are still partly asleep and are disorientated they cannot recognise even familiar people, and may interpret your attempts to comfort them as an attack rather than help.

Sudden Partial Waking

What to do

Night Terrors

- Make sure the child does not injure themselves.
- Let the episode run its course. Keep some distance and do not try to forcibly 'help'. Only hold your child if they recognise you and want to be held. Do not try to wake your child up e.g. by shaking them.

- If there is a risk of injury, you may need to intercede. Talk calmly and block their access to any dangerous areas, but try not to actually hold them, as it may lead to your child hitting out, and becoming more agitated.
- Watch for your child to relax and calm down, when this happens (and it will eventually!) you may then help them to lie down and cover them up. Let your child go back to sleep, and do not try to wake them up to find out what was wrong or what they might have been dreaming about.
- Resist the temptation to question your child about the episode in the morning, unless they bring up the subject.

Sleep Walking

- Talk quietly and calmly to your child. They may follow your instructions and go to bed.
- Do not try to wake your child up e.g. by shaking them.
- If your child appears calm, try to touch them very gently. If they do not seem upset you should be able to lead them back to bed calmly. If your child wants to stop off to use the toilet, let them, but do not try to make them.
- If your child spontaneously wakes after the episode (most common in older children) they may feel embarrassed, anxious or confused.
- Do not make any negative or teasing remarks, and do not mention it in the morning, unless they ask.

Other General Suggestions

- Keeping your distance from your child and not trying to wake them may be difficult to do. However, it is important to remember that all night terrors, regardless of their length will eventually end fairly suddenly, and on their own.

- In children up to the age of 6 years, and less frequently in older children, make sure your child gets sufficient sleep, and maybe consider an earlier bedtime. In pre-school children, consider restarting a nap. You may expect that an overtired child would sleep better than usual, but this is not the case and may make the child more likely to have night terrors.
- Make sure your child's sleep and daily routines are fairly regular and consistent.
- Try to keep noises to a minimum in the bedroom area.
- A full bladder may trigger off an episode of sleep walking, so try and limit drinks before bedtime.
- Remove anything from your child's bedroom that could be hazardous or harmful to them.
- It is important to warn babysitters and grandparents if your child has night terrors or episodes of sleepwalking, and tell them how to handle them.

Do Consider Seeking Professional Advice

- If events have begun around particularly stressful life events e.g. a bereavement.
- If your child's episodes put them in significant danger of injuring themselves.

Finally...

Very occasionally episodes which appear to be similar to night terrors or sleepwalking may be related to night-time epileptic seizures. Seek the advice of your Doctor or Health Visitor if your child's arousals are very different from those described in this leaflet. If they occur near the morning instead of closer to bedtime, if they begin with your child being fully awake, if your child remembers the whole event, or its beginning rather than its end. You should also see your Doctor if your child has any marked body stiffening with one arm stretched out and their head turned to one side, or if there is any repetitive body jerking.

We hope that you have found some ideas in this booklet that you would like to try out. In our experience, change can be a difficult process for everyone in the family, and things can get worse before they get better. It can be hard to keep going, but many families tell us that it is worth persevering.

Please let us know what you think about this booklet

1. How easy is this booklet to understand?

Not at all easy	1	2	3	4	5	Very easy

2. How helpful are the ideas in this booklet?

Not at all helpful	1	2	3	4	5	Very helpful

3. What might you do differently now that you have read this booklet? _____

4. Please tick the box and give us your address if you would like to receive another booklet from our range.

Adversity	
Anger	
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Siblings - Helping your children to live with and learn from each other	
Sleep Problems	
Sleeping walking, nightmares and night terrors	
Soiling	
Trauma	

Do you have any other ideas for booklets? _____

Your name and address _____

Thank you for taking the time to give us your comments. Please return this slip to us directly or by giving it to the person who passed the booklet on to you.

Please return to Child and Family Psychology and Therapies Service
Llwyn Onn, Grounds of St Cadoc's Hospital, Lodge Road,
Caerleon, Newport NP18 3XQ

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Mae'r ddogfen hon ar gael yn Gymraeg".**