WHAT ARE SLEEP TERRORS?

Sleep terrors, also called “night terrors,” are most common in young children. They are related to sleepwalking. A child having a sleep terror will often cry out or scream and appears very agitated, frightened, and even panicked. During the episode, your child may appear confused and dazed. He may mumble or give inappropriate answers to questions. He may be clumsy. Your child may flail around, push you away, or behave in other strange ways. As disturbing and frightening as these events appear, children having them usually are totally unaware of what they are doing. Although your child may appear to be awake, he is actually deeply asleep. In fact, sleep terrors are much worse to watch than to experience. They can be very distressing for parents.

Although they may seem much longer to a worried parent, sleep terrors typically last for 5 to 10 minutes, although occasionally longer. Because they are asleep during the episode, children have no memory of these events. The hardest part for parents is that most children avoid being comforted. They may even become more agitated if you talk to them or try to calm them down.

Sleep terrors are not nightmares. Your child is not dreaming during these events. Thus, a sleep terror is actually much less upsetting for a child than a typical nightmare or bad dream. It is important to understand that sleep terrors are not a sign of psychological problems or the result of a traumatic event. Nor do they cause any psychological harm to a child.

Confusional arousals are another sleep behavior similar to sleepwalking and sleep terrors, but less dramatic. They involve being agitated and disoriented. They may involve crying or moaning (“no, no!”). Sometimes a confusional arousal will involve thrashing around in bed. Confusional arousals start more gradually than sleep terrors. They typically last 5 to 15 minutes, but they can last several hours.

WHAT CAUSES SLEEP TERRORS?

Sleep terrors usually occur during the deepest stage of sleep (also called “slow-wave sleep”). They are more likely to occur within the first 1 to 2 hours after falling asleep, since that is when deep sleep is most likely to occur. Sleep terrors are also more common in younger children, because they have much more deep sleep than do teenagers or adults. Most children outgrow sleep terrors by adolescence. Furthermore, sleep terrors often run in families and children who have sleep terrors are also more likely to sleepwalk and vice versa.

Sleep terrors are more likely to happen when your child doesn’t get enough sleep. This is because the body gets more deep sleep after not getting enough sleep. And the more deep sleep, the more likely a sleep terror will occur. Anything that results in not getting enough sleep, such as when your child first starts giving up his nap or there is a change in his schedule (for example, starting school) may trigger sleepwalking if your child is prone to this behavior. The likelihood of sleep terrors is also increased by anything that interrupts or disrupts sleep. These include the following:

- An irregular sleep schedule (going to bed and getting up at different times from one day to the next)
- Another sleep disorder, such as snoring or sleep apnea
Fever, illness
Some medications
Sleeping with a full bladder
Sleeping in a different environment, such as at camp or at a friend’s or grandparent’s home
Sleeping in a noisy environment
Stress

HOW SHOULD YOU RESPOND TO YOUR CHILD’S SLEEP TERRORS?

Keep your child safe: The most important thing that you can do if your child has sleep terrors is to keep him safe. Although many children with sleep terrors do not get out of bed, many also sleepwalk and can injure themselves. Make sure that all outside doors are secure. Ensure that windows, especially second story or higher, do not open wide enough that your child can jump out of them. An alarm, such as a simple bell hung on the door, can signal you when your child is up and about, and help to ensure that he does not leave the house. Some parents attach a screen or a gate to their child’s bedroom door or at the top of stairs. Finally, remove things that are in the way. If your child may walk or run around during a sleep terror, clear away anything that he can step on or trip over.

Don’t wake your child: Although not harmful to your child, nothing is gained by trying to wake your child during a sleep terror. It may even make your child more agitated.

Try not to interfere: The normal response of parents is to try and comfort their child during one of these episodes. Try to resist doing this, as most children will just become more upset. It is best to walk quietly into your child’s room, stand nearby, and let the episode run its course. The sleep terror is likely to end more quickly if you don’t interfere. If your child has gotten out of bed, guide him gently back to bed, but if he resists, let him be.

Make sure your child is getting enough sleep: If your child seems tired in the morning, he may not be getting enough sleep. Sleep terrors themselves do not make children tired, because they are asleep during the episodes. Since sleep terrors are much more likely to happen when your child does not get enough sleep, try moving bedtime earlier.

Maintain a regular sleep schedule: Sleep terrors are more likely to happen on nights when your child goes to sleep at a different time (or place) than usual. If your child is having a sleepover at someone else’s home, let the parents know that your child has sleep terrors.

Look for signs of other sleep problems: If your child takes a long time to fall asleep, frequently wakes during the night, snores, or otherwise doesn’t get a good night’s sleep, he may be more likely to have sleep terrors. Addressing these sleep issues often decreases or even eliminates sleep terrors.

Don’t discuss sleep terrors the next day: The morning after an event, do not make a point of discussing the episode with your child unless he brings it up. Making a big deal about the event may worry or embarrass him. Reassure your child that these are normal, that they are not harmful, and that you will keep him safe.

Avoid caffeine: Caffeine can disrupt your child’s sleep, and increase the likelihood of a sleep terror.

Additional treatment: In most cases, sleep terrors require no specific treatment. However, in severe cases, when these behaviors involve injury, violence, or serious disruption to the family, treatment may be necessary. Treatment may include medication or behavioral techniques. Be sure to speak to your child’s doctor if your child has frequent or severe sleep terrors, or if you are concerned.