

Nightmares/Terrors

About nightmares and night terrors

Nightmares and night terrors are not normally considered dangerous or a cause for great concern.

It is important that you are aware of the difference between nightmares and night terrors because your response should be different.

Nightmares

Nightmares are vivid and terrifying dreams in which the dreamer is abruptly awoken from sleep. Once awake, the dreamer is able to describe their nightmare. Their description can reveal details of a storyline that is often bizarre and frightening. Nightmares occur during a phase of sleep known as REM (Rapid Eye Movement). The REM stage of sleep often occurs early in the morning. Figures show that 20-30% of children between the ages of 5 and 12 have frequent nightmares. The fact that a child is having frequent nightmares does not usually indicate that they have an underlying psychological problem.

How to recognise nightmares:

- The child or young person will usually waken and go to or call for their carer.
- They may appear frightened or distressed.
- They will be fully awake, alert and responsive when their carer goes to them.
- They will often be able to remember all or part of their dream, and may want to tell you about its content.
- They will often seek reassurance that it was a dream.
- They may have difficulty getting back to sleep.
- They will remember the event in the morning.

Night Terrors

These are sleep events of extreme terror or panic which occur early on after the child or young person goes to sleep. They are similar to sleepwalking. A child or young person may appear awake when they are in fact sleeping. They will often hear or see terrifying sounds or images. Night terrors are most common in children between 4 and 8 years, but can continue into adolescence or adulthood. Again, frequent night terrors do not usually indicate an underlying psychological problem.

How to recognise night terrors:

- The child or young person may start talking to themselves or scream and shout or call out to their carer.
- They will often move around the bed or room in a frantic manner.

- They may stare ahead and appear to see frightening images. They may seem to be unable to see or hear their carer and may remain unresponsive to them.
- They may express fears that they or someone else is in danger.
- They will often be sweating and clammy.
- They cannot usually be easily woken. They may appear to be awake, but in reality they are not. Attempts by carers to give instructions or reassurance are therefore often unsuccessful.
- Night terrors usually last 3–5 minutes but can last a lot longer.
- Children often yawn before settling.
- They usually do not remember the event in the morning.
- Night terrors are associated with a poor sleep pattern, for example not getting enough sleep or not getting to sleep early enough.

Things to think about

In trying to understand why a child or young person may be having nightmares or night terrors, think about the following:

- Think about whether the child is getting enough sleep – night terrors in particular are associated with a poor sleep pattern.
- Think about what the child/young person has gone through recently in their lives. Have there been any unusual or upsetting events, for example a family bereavement, parents separating or other losses like the death of a family pet?
- Has the child/young person had any traumatic experiences recently, for example, being abused, a fire or domestic violence?
- Think about the actual physical environment the child is in:
 - is it warm enough?
 - is it safe?
 - is it too light?
 - is it too dark?
 - is the bed comfortable?
 - is there enough fresh air?
 - is it too noisy?
- Think about the child/young person's favourite evening activities. Some activities act as stimulants that can interfere with or prevent sleep, for example, watching an exciting TV programme or playing computer games.

- Think about what the child/young person is eating and drinking during the evening. Some food and drink items act as stimulants that can interfere with or prevent sleep, for example: caffeine as in coffee or cola; additives in some foods; and for older adolescents, nicotine or alcohol.

Think about yourself

When a young person is having nightmares/night terrors, it commonly disturbs the sleep of those who care for them. This can lead to irritability and expressions of anger which are not often helpful in settling the young person. On the other hand, nightmares and night terrors are often upsetting or even frightening to observe and can lead to a fearful response. Becoming over-sympathetic to the young person's fears can encourage them, leading to them getting worse. Managing your own emotional response effectively during the night is best achieved by understanding your feelings about the situation.

For more advice, see section on being aware of yourself and your own response.

What you can do

How to respond helpfully to a child or young person who has nightmares

- When you hear the child waken, answer their call by either going to them or calling them to you.
- Stay calm yourself. Focus on reassuring the child. Do whatever they normally find soothing, for example, cuddle them.
- Once the child has quietened and is calm, ask them to tell you about the nightmare if they want to.
- Most children who experience nightmares find them frightening at the time, but they do not find it frightening to recall their nightmare after the event.
- Offer reassurance that it was just a dream and that they are safe.
- Return them to bed. It is important to do this in order to keep their confidence that they are able to be separate from their carers.

How to respond helpfully to a child or young person who has night terrors

- When you hear the child/young person having a night terror it is important to go to them.
- Stay calm yourself.
- Turn the light on.
- Keep the child safe, for example prevent the child from running around or going near stairs.
- Talk clearly and calmly to the child.

- Do not try to waken the child as this might be very difficult, and could cause them further distress and confusion.

There are some actions you can take that may prevent or reduce the number of night terrors

- Make sure that the child/young person is getting enough sleep. Night terrors are associated with a poor sleep pattern.
- If the night terrors are happening every night, try to identify if there is a pattern in relation to what time they occur or how long it is since the child fell asleep.
- If you are able to identify a pattern, gently waken the child half an hour before the night terror is due to take place (this is a technique known as 'scheduled waking'). Make sure they are awake. Talk to them. Take them to the toilet. Give them a drink. Do this every night for a week. This usually helps to break the pattern.

Remember: night terrors can come back in response to minor illnesses, poor sleep or general stresses and excitements.

When to contact a specialist

When to contact a doctor/health worker

- If the child/young person shows signs of stopping breathing during a night terror (this is a condition known as sleep apnoea.)
- If the child/young person shows signs that may be indicative of fits or seizures, i.e. if they appear drowsy or confused during the day.
- If the child/young person appears ill in any other way.

When to contact a mental health specialist

- If the child/young person is deeply and persistently troubled by the content of a nightmare during the day.
- If the child/young person is persistently fearful of going to bed.
- If the night terrors are persistent and distressing to the young person or their carers.
- If the child/young person's behaviour during the night terror puts them in danger.
- If the nightmare or night terrors occur in response to traumatic life events, for example, an accident or an abusive experience.

How to contact a mental health specialist

You should get in touch with your local health centre or hospital to obtain a contact number for the appropriate children and young people's mental health specialists.

Remember - you can contact your local mental health specialists for a number of reasons, for example:

- For advice on how to make a referral about a named child.
- For advice about whether or not to make a referral (it is normal practice to seek this advice without naming the child in the first instance).
- For advice about what to do (once again there should be no necessity to name the child).

By not naming the child you are protecting their right to confidentiality. This method of seeking advice also has the advantage that you do not need to get anyone's consent in advance of your contact phone call.