



## USEP-OHIO PARENT TIP: Night Terrors

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Some of the most often-asked questions we have received from parents over the years have been about sleep issues affecting their children. Several years ago USEP-OHIO assisted as a Columbus television station and their news team held a call-in and an on-screen presentation every night for a week. We took hundreds of questions and were somewhat surprised that the most-asked questions from parents of children, infants to teens, concerned sleep! We all know that adequate sleep is a crucial foundation for health, behavior, daytime clarity, alertness, and the ability to learn. So we will occasionally write a Parent Tip on a sleep topic. Today's topic is night terrors.

All children have dreams but not every child experiences night terrors. Youngsters are generally thought to be able to have bad dreams once they have acquired enough language to encode and retrieve memories. So the things that they see, hear and experience begin to enter their dreams. The recent TV coverage of unrest in the Middle East could over-stimulate a child. Sleep experts feel that most dreams come during REM (Rapid Eye Movement) sleep, which comprises about 40% of sleep in young children but decreases to only about 20% of adult sleep. So kids have more dreams. Dreams and night terrors both require parents to calm and soothe their children with the goal of teaching them to calm themselves.

We think night terrors differ from dreams in several ways. It is often difficult to awaken a child having a night terror. In fact they may appear to be fully awake. They usually cannot remember when awake what they saw during the experience. Night terrors are often the same images repeated over weeks or even years. There are clues in body movement and eye reaction that are more usual in night terrors.

My own daughter had a night terror that repeated over several years. It was always the same. She would cry out, sit up in bed, and repeatedly shake her hands in front of her. This lasted for several minutes and sometimes repeated during the night. We washed her face, took her to the bathroom, held her, and talked or sang to soothe her. I began to realize that she might respond to my questions, take a sip of water, and seem to be awake, but was not fully awake. I tried to determine if she was awake. If she seemed unresponsive and continued to shake her hands – it was probably our old friend night terror. Over time, I learned not to fear these episodes. We talked about what happened when she was awake to make her aware of what had happened, taking care not to make her feel foolish or that she made our night difficult. We asked her to try to discover what it was that she “saw” during the terror. Finally we all became detectives and shared with one another some of the fear dreams we experienced. About four years after the terrors began, Sandy answered the question herself in the midst of an episode. As usual I said, “Can you tell us what you see?” She said she saw a bicycle tire rolling fast right toward her while she stood at the drinking fountain at school. She was very animated and seemed to be shielding her face so the tire would not hit her. In the morning we told her what had happened. She said that she sort of remembered it. The terror was never repeated. We all still speak of it, because it became a point of interest to our whole family. It became a lesson in family teamwork to help figure out why we all behave as we do.

Night terrors are mysterious, but they don't have to terrify. They are a normal part of the sleep experience. Not everyone experiences them. To learn more about sleep issues for yourself and for your children check go to [www.drgreene.com/21\\_155.html](http://www.drgreene.com/21_155.html).

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