

The Cradle Coach ACADEMY

Continued Education

Sleepwalking, Night Terrors, Nightmares and Sleep Talking with Toddlers

Instructor: Melissa Perry

What's a Pediatric Parasomnias?



Parasomnias are disorders that disrupt sleep. Quite simply, parasomnias are events which occur out of sleep and contain both characteristics of sleep and wake. Parasomnias are far more common in children than in adults. Most of the time parasomnias only happen occasionally and are nothing to worry about.

If a child has frequent parasomnias—or they are negatively impacting in their daytime waking life—you must refer the client to their pediatrician for further evaluation.

The four types of Pediatric Parasomnia:

- Sleep Walking
- Sleep Talking
- Night Terrors
- Nightmares

Sleepwalking, Night Terrors, Nightmares and Sleep Talking all have several characteristics in common:

- **They usually (but not always) occur in the first half of the night**, most commonly a few hours after bedtime. This is because they emerge from the deepest kind of sleep, slow-wave or Stage 3 sleep.
- During these events, **children may be agitated and seem confused**; they are usually difficult to console, and if you try to talk with them, the conversation are usually non-sensical.
- **Children usually do not have difficult going back to sleep after these events** (although you may).
- Generally, **your child will not remember these events the next day**. I have seen children in clinic who have nightly events who never recall any of them.
- There is often a **family history of similar events** in up to 60% of in first degree relatives (parents and siblings) of affected children.
- Usually (but not always) **these events resolve by early adolescence** for most kids

What is Sleepwalking?

Pediatric sleepwalking, formally known as somnambulism, is when a child gets up from their sleep but is unaware of their actions. It's a behavior disorder that originates during deep sleep and results in walking or performing other complex behaviors while asleep.



What is Sleepwalking?

“Because a sleepwalker typically remains in deep sleep throughout the episode, he or she may be difficult to awaken and will probably not remember the sleepwalking incident.”-
National Sleep Foundation



What Causes Sleepwalking?

There are a number of factors that can contribute to sleepwalking. These include:

- fatigue or lack of sleep
- irregular sleeping habits
- stress or anxiety
- being in a different sleep environment
- illness or fever
- certain medications, including sedatives, stimulants, and antihistamines
- family history of sleepwalking

Though uncommon, sleepwalking can be a symptom of an underlying condition. These conditions may include:

- sleep apnea (when a person stops breathing for short periods during the night)
- night terrors (dramatic nightmares that occur in deep sleep)
- migraines
- restless leg syndrome (RLS)
- head injuries

Symptoms of Sleepwalking:

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Nightmares, Sleep Talking, Sleep Walking, Night Terrors

Walking during sleep may be the most common symptom of sleepwalking, but there are other actions associated with this condition.

Sleepwalking symptoms may include:

- sitting up in bed and repeating motions
- getting up and walking around the house
- talking or mumbling during sleep
- not responding when spoken to
- making clumsy movements
- urinating in inappropriate places
- performing routine or repetitive behaviors, such as opening and closing doors

How to Prevent Sleepwalking?

Monitoring the child for a few nights to determine when the sleepwalking usually occurs and then rousing your child from sleep 15 minutes before the expected sleepwalking (similar to the wake to sleep approach). This can help reset the child's sleep cycle and control sleepwalking behavior.



How to Prevent Sleepwalking?

Try the following to help prevent sleepwalking:

- Go to bed at the same time every night.
- No electronics or highly stimulated screen throughout the day!
- Establish a relaxing bedtime routine, such as taking a warm bath or listening to soothing music.
- Create a dark, quiet, and comfortable sleep environment
- Lower the temperature in your child's bedroom to less than 69-72°F
- Limit liquids before bedtime and ensure your child empties their bladder before going to bed.
- Avoid caffeine, sugar, and food dyes before bedtime.

What is Sleep Talking?

Sleep talking, or somniloquy, is when a child talks during sleep. Like sleepwalking, sleep talking affects more boys than girls. As with the other parasomnias, sleep talking usually doesn't last long and often goes away by the early teen years.



What Causes Sleep Talking?

There are a number of factors that can contribute to sleep talking. These include:

- stress
- depression
- **sleep** deprivation
- day-time drowsiness
- fever (sickness)

In many instances **sleep talking** runs in families, although external factors seem to stimulate the behavior.

Symptoms of Sleep Talking:

“Sleep talking can occur during any stage of sleep. The lighter the sleep, the more intelligible the speech: in stages 1 and 2, people may have entire conversations while in stages 3 and 4, speech may be restricted to moans and gibberish. Symptoms can vary in severity and duration.” - National Sleep Foundation

Sleep talking often occurs in conjunction with other sleep disorders such as nightmares, confusional arousals, sleep apnea, and REM sleep behavior disorder.

In addition to speech during sleep, other symptoms of sleep talking may include:

- Sleep Terrors
- Sleepwalking
- Confusional Arousals
- Obstructive Sleep Apnea Syndrome
- REM Sleep Behavior Disorder
- Psychiatric Disorders
- Nocturnal Seizures

How to Prevent Sleep Talking?

Often times, treatment isn't necessary. You must look at the severity of the episode.

Severity Criteria

- Mild: episodes occur less than weekly,
- Moderate: episodes occur more than once per week but less than nightly and cause mild disturbance.
- Severe: episodes occur nightly and may cause pronounced interruption to another person's sleep if sharing the same room.

Duration Criteria

- Acute: 1 month or less.
- Subacute: More than 1 month but less than 1 year.
- Chronic: 1 year or longer.

National Sleep Foundation





Nigh Terrors in Toddlers

Night terrors, also known as sleep terrors, are perhaps the most frightening of the parasomnias.

Children with sleep terrors may sweat, scream or sit up in bed during an episode. A child waking from a sleep terror usually can't remember why he or she was afraid. Sleep terrors may last for up to 20 minutes.

Sleep terrors are not nightmares. Instead, unlike nightmares, which occur during REM sleep, sleep terrors happen during non-REM sleep.

What Causes a Night Terror?

Night terrors usually happen about 2 or 3 hours after a child falls asleep, when sleep moves from the deepest stage of non-REM sleep to lighter REM sleep. Usually this transition is a smooth one. But sometimes, a child becomes upset and frightened — and that fear reaction is a night terror.

Kids first start to have night terrors around the age of 18 months, with episodes peaking between ages 3 and 6.



Signs and Symptoms of a Night Terror:

During a night terror, a child might:

- Suddenly sit upright in bed
- Shout out or scream in distress
- Have faster breathing or a quick heartbeat
- Be sweating
- Thrash around
- Act upset or scared

After a few minutes, or sometimes longer, the child simply calms down and returns to sleep.

Unlike nightmares, which kids often remember, kids won't have any memory of a night terror the next day because they were in deep sleep when it happened - and there are no mental images to recall.

- kidshealth.org

Signs and Symptoms of a Night Terror:

Night terrors have been noted in kids who are:

- overtired, ill, or stressed
- taking a new medicine
- sleeping in a new environment or away from home
- not getting enough sleep
- having too much caffeine (found in food/chocolate)

After a few minutes, or sometimes longer, the child simply calms down and returns to sleep.

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How to Prevent Night Terrors?



There's no treatment for night terrors, but you can help prevent them. Try to:

- reduce the child's stress (emotional well-being)
- create a bedtime routine that's simple and relaxing
- make sure the child gets enough sleep in a 24 hour period
- help the child from becoming overtired
- limit screen time!
- feed the child healthy, non processed, sugary items!

If the child has a night terror around the same time every night, you can try using the wake to sleep approach and stir the child about 15–30 minutes before the episode typically begins to see if that helps prevent it.



Nightmares in Toddlers

These vivid, unpleasant dreams are especially common for kids. When the toddler has a nightmare, they will remember it and — if their verbal — they may want to discuss it with you. They can also have a hard time falling back asleep after the nightmare.

Nightmares in Toddlers

Though nightmares can occur at any point during the night, they tend to take place during lighter REM (rapid eye movement) sleep, which happens more in the early morning hours. And they're very common: About 25 percent of children ages 5 to 12 have frequent nightmares, according to the National Sleep Foundation.



What Causes a Nightmare?

Exactly how or why nightmares occur is not known. However, being too tired, not getting enough sleep, having an irregular routine for sleep, and having stress or anxiety may all increase the risk of having nightmares.

Nightmares are more common in some children:

- those with intellectual disability
- depression
- certain diseases that affect the brain
- associated with fevers
- Some medications can cause frightening dreams
- Conflicts and stress that happen during the day



Signs and Symptoms of a Nightmare:

During a nightmare, a child might:

- Suddenly sit upright in bed
- Shout out or scream in distress
- Have faster breathing or a quick heartbeat
- Be sweating
- Move around
- Act upset or scared

Unlike night terrors, which kids often won't remember, kids will remember the scary dream and often will share it the parent.

How to Prevent Nightmares?



Helping a child settle back down after a nightmare may be hard.

Have the parent start by holding the child's or rubbing the child's back, while reassuring that everything's all right.

Double-check under the bed and in spooky-looking closets, or talk about a happy memory (her best buddy's birthday party, for instance). Try not to minimize the child's fears (don't say, "Oh, there's nothing to be afraid of").

As much as possible, encourage the parents to start the sleep training technique at this point and have the child fall back asleep in their own room. This will not only prevent any bad habits but it allows the child to associate her room again as a safe space.

And definitely avoid bringing the child back to parents bed or else nightmares will continue to occur!

Just remember as a sleep consultant...

1. Have your clients keep a detailed log of when and how often these events occur.
2. Asking the right questions: How frequently do they occur? How severe are the events? When in the night do they occur? Does anything seem to trigger them?
3. Have your clients capture the event as it's occurring on video and have them share it with you. If you find the client needs to speak to their pediatrician and possible evaluation for a sleep study, be sure to have the client do so right away (without fear of course!)