

FACTS *for* FAMILIES

No. 34

(Updated July 2004)

CHILDREN'S SLEEP PROBLEMS

Many children have sleep problems. Examples include:

- Frequent awakening during the night
- Talking during sleep
- Difficulty falling asleep
- Waking up crying
- Feeling sleepy during the day
- Having nightmares; or
- Bedwetting
- Teeth grinding and clenching
- Waking early

Many childhood sleep problems are related to poor sleep habits or to anxiety about going to bed and falling asleep. Persistent sleep problems may also be symptoms of emotional difficulties. "Separation anxiety" is a developmental landmark for young children. For all young children, bedtime is a time of separation. Some children will do all they can to prevent separation at bedtime. However, to help minimize common sleep problems, a parent should develop consistent bedtime and regular bedtime and sleep routines for children. Parents often find that feeding and rocking help an infant to get to sleep. However, as the child leaves infancy, parents should encourage the child to sleep without feeding and rocking. Otherwise, the child will have a hard time going to sleep alone.

Nightmares are relatively common during childhood. The child often remembers nightmares, which usually involve major threats to the child's well-being. Nightmares, which begin at a variety of ages, affect girls more often than boys. For some children nightmares are serious, frequent, and interfere with restful sleep.

Sleep terrors (night terrors), sleepwalking, and sleep talking constitute a relatively rare group of sleep disorders, called "parasomnias." Sleep terrors are different from nightmares. The child with sleep terrors will scream uncontrollably and appear to be awake, but is confused and can't communicate. Sleep terrors usually begin between ages four and 12. Children who sleepwalk may appear to be awake as they move around, but are actually asleep and in danger of hurting themselves. Sleepwalking usually begins between six and 12. Both sleep terrors and sleepwalking run in families and affect boys more often than girls. Most often, children with these sleep disorders have single or occasional episodes of the disorder. However, when episodes occur several times a night, or nightly for weeks at a time, or interfere with the child's daytime behavior, treatment by

Children's Sleep Problems, "Facts for Families," No. 34 7/04)

a child and adolescent psychiatrist may be necessary. A range of treatments is available for sleep disorders.

Sleep wake reversal may occur in some teens and may cause problems with daily life. Sleep can also be disturbed by mood disorders, PTSD, substance abuse, ADHD, and anxiety.

Fortunately, as they mature, children usually get over common sleep problems as well as the more serious sleep disorders (parasomnias). However, parents with ongoing concerns should contact their pediatrician or directly seek consultation with a child and adolescent psychiatrist.

For additional information see *Facts for Families*:

#7 Children Who Won't Go to School

#18 Bedwetting

52 Comprehensive Psychiatric Evaluation

#66 Helping Teenagers with Stress

#70 Post Traumatic Stress Disorder

#4 The Depressed Child

See also: *Your Child* (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins).

###

If you find *Facts for Families*® helpful and would like to make good mental health a reality for all children, please consider donating to the **Campaign for America's Kids**. Your support will help us continue to produce and distribute *Facts for Families*, as well as other vital mental health information, free of charge.

You may also mail in your contribution. Please make checks payable to the AACAP and send to *Campaign for America's Kids*, P.O. Box 96106, Washington, DC 20090.

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 7,000 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

Facts for Families® information sheets are developed, owned and distributed by the American Academy of Child and Adolescent Psychiatry (AACAP) and are supported by a grant from the Klingenstein Third Generation Foundation. Hard copies of *Facts* sheets may be reproduced for personal or educational use without written permission, but cannot be included in material presented for sale or profit. All *Facts* can be viewed and printed from the AACAP Web site (www.aacap.org). *Facts* sheets may not be reproduced, duplicated or posted on any other Internet Web site **without written consent from AACAP**. Organizations are permitted to create links to AACAP's Web site and specific *Facts* sheets. To purchase complete sets of *Facts for Families*, please contact the AACAP's Development and Communications Assistant at 800.333.7636, ext. 140.

Copyright © 2006 by the American Academy of Child and Adolescent Psychiatry