Additional Assessment Questions
Sleeping

Parents' perception of a problem and expectations of child's sleeping

Parents' perception of normal sleeping

Parents' previous/current management of sleeping, e.g., praise, punishment, coercion

Bedtime and settling

1. What time does the child start getting ready for bed?
2. Is there a bedtime ritual?
3. Is the parent involved in settling the child?
4. What time does the child usually go to bed?
5. What time does the child usually go to sleep?
6. Have there been any problems in the last week? Describe.
7. How long has the problem been going on?
8. What started the problem?
9. Waking?
10. Does he watch television/playstation in his bedroom? Is he supervised? Are they age-appropriate? How long does he continue to play?

Factsheet

Encouraging healthy sleep patterns

Encouraging a regular bedtime routine – calming the mind and body in preparation for going to sleep – is an important part of a child's development. Preparing to go to sleep marks the change from the daytime activities to a time of rest. This is where bedtime routines that involve spending time together are important; for example, giving your child a bath, reading a story quietly, or for older children allocating special time for a joint interest.

Avoiding stimulating computer games/television/music/phone/intense studying around bedtime, or confrontation and arguing at bedtime are useful points to think about, especially as your child gets older and begins to take a more active part in organising their own bedtime routine.

What happens in the day can have a direct effect on how children and teenagers sleep at night. Negotiating a healthy balance between social activity, homework and the need for adequate rest will help your child to sleep better. Avoiding caffeine, nicotine and alcohol, which can be stimulating and affect sleep, is important as these can affect the ability to settle down to sleep and the quality of the sleep itself.

There are many things that can affect your child or teenager's sleep pattern. Their relationship with you and other people may create anxieties that can sometimes be shown in sleep difficulties. Also, events inside your family and outside experience can affect children and teenagers.

Parents might find that the teenage years are both an exciting and challenging time. Listening to a child or teenager's stories and experiences of the day can sometimes help you to anticipate problems that might present as sleep difficulties.

If children can be confident that the worries of the day can be shared, when they settle to sleep they can feel safe and their sleep time does not have to be taken up with thoughts about the day.

There may be times when your child or teenager's sleep pattern changes. Whether the root of the disruption is physical or emotional, it may be helpful for you to talk to someone about what is happening. This can often help you build up a clearer picture of how to help your child re-establish their sleep pattern.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Factsheet
Nightmares, sleepwalking and night terrors

Sudden partial wakings

Behaviour
Extended periods of crying, sobbing, moaning with wild thrashing.

Typical age
6 months–6 years; occasionally in older children.

What to do
Go in to be sure that your child does not injure herself.

Let the episode run its course.

Keep your distance. Don't forcibly 'help'.

Only hold your child if she recognises you and wants to be held.

Do not shake her or try to wake her.

Watch for the relaxation and calm that signals the end of the episode. You may then help her to lie down and you may cover her. Let her go back to sleep. Don't make her feel strange or different.

General suggestions
Make sure that your child gets enough sleep. Consider an earlier bedtime. Restart a nap if it was stopped without good reason.

Make sure that her sleep and daily routines are fairly regular and consistent.

Professional advice may be considered if events are frequent and if they began around known stresses, or if significant and persistent stresses are present.

Calm sleepwalking

Typical age
At any age from the time the child learns to crawl or walk.

What to do
Talk quietly and calmly to your child. She may follow your instructions and return to bed herself.

If she does not seem upset when you touch her, you should be able to lead her back to bed calmly. She may want to stop at the bathroom to urinate.

Although you may be able to wake her, nothing is gained and there is no point in trying.

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If she wakes by herself after the episode (which older children and adolescents commonly do), she will probably be embarrassed.

Do not make any negative or teasing comments.

Don't make her feel peculiar or strange.

Treat the sleepwalking in a matter-of-fact way, and let her go back to bed.

General suggestions

For young children, ensure adequate sleep and a normal schedule. Occasionally this will help older children as well.

Make the environment as safe as possible to avoid accidental injury.

Floors should not be cluttered; objects should not be left on stairs; hallways should be lit.

If your child's walking sometimes goes unnoticed, put a bell on the door so that you will be aware whenever she leaves her room.

If your child tries to leave the house, an extra chain lock above her reach should be installed.

If she sleeps in a bunk bed, the bottom bunk is safer.

Consider professional help.

Agitated sleepwalking

Typical age

Middle childhood through adolescence.

What to do

If the agitation is marked, restraint will only make the event more intense and longer-lasting.

Keep your distance. Only hold her if she is starting to do something dangerous.

When she calms, treat her as you would a calm sleepwalker.

General suggestions

Same as for calm sleepwalking.

Night terrors

Behaviour

Screaming, look of panic and fear, possibly wild running.

Typical age

Late childhood, adolescence.

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What to do

Let the screaming subside and then simply let your child return to sleep.

Do not try to wake her.

Do not embarrass her if she reaches full waking (as some adolescents may).

If there is wild running and risk of injury you may have to intervene, but be careful; both of you could be injured.

Talk calmly and block her access to dangerous areas, but actually holding her may be very difficult and can lead to even wilder behaviour.

General suggestions

She may be safer sleeping on the ground floor.

If there is a threat of – or actual – window breakage, consider replacing glass with an unbreakable type.

Use the same general precautions as for sleepwalkers.

Consult your general practitioner for possible use of medication, especially if there is wild running.

If medication is used, it should be viewed as a temporary solution used mainly for protection.

Professional help should be considered. This is the case even if psychological factors seem minimal but arousals are frequent, intense and dangerous.

With all these behaviours, talk to your child during the day and listen out for any worries.

Nightmares and night terrors: how to tell them apart

Discriminator	Nightmare	Night terror
Sleep stage	REM	Deep–light transitions
Time of night	Latter half	First third
Awareness	Very	None unless woken
Consolability	Yes	No
Clinical associations	Daytime stress; depression	Nil. Sleepwalking
Ease of return to bed	Difficult	No, or little, problem

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