

# Sleep disturbance in children under 10 years of age



Professionals Guide

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*The* ROYAL  
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**Victims Unit: Office of the First Minister and Deputy First Minister**



## Sleep

Sleep is an important activity that helps maintain a healthy body and improves concentration, memory, and the performance of daily tasks. Most people have individual routines for relaxing or getting to sleep. Some methods (e.g. reading, having a cup of tea before bed) will not work for everyone, and can sometimes make the situation worse.

Just like adults, children's routines and activities before bedtime (especially the last hour before bed) will have a noticeable impact on their ability to sleep. Because different children require different amounts of sleep to remain healthy (due to age and level of activity), there is no absolute amount of sleep a child should have. Generally speaking if they do not appear tired during the day they are probably getting enough sleep.

## Dreaming

As well as being necessary for physical well-being, sleep also allows children to dream. Dreams are used to process emotions, organise memories, and prepare the mind for the day to come. They may be senseless, enjoyable, or utterly terrifying, but they all have a purpose. Distressing dreams (e.g. nightmares) are a normal and healthy reaction to bereavement or sudden event. They may focus specifically on some aspect of the trauma or appear unrelated to it, but become less frightening and more general as children come to terms with their loss. In general children dream 4-6 times per night, but are usually not able to remember their dreams.

Sometimes disturbing dreams or nightmares can be so vivid or upsetting that they wake the child up or prevent sleep. A well-meaning parent, brother or sister may also wake up a child who is having a distressing dream. Interrupted dreams such as these (where the dream does not end naturally) are the most distressing and least helpful. Children may need help from adults in coming to terms with the underlying causes of their vivid dreams, or be allowed to dream and finish their nightmares without being woken up by a family member.

## What are sleep disturbances?


Sleep disturbances occur when a child has difficulty either getting to sleep, staying asleep (nightwaking or waking very early), or getting refreshing sleep. Children's sleeping patterns change as they grow, and they are likely to have different problems with sleep at different ages.

It is common for sleep disturbances to occur in children who have witnessed or been affected by a traumatic death or sudden event. Most disturbances involve difficulty getting asleep or staying asleep, having sleep-related fears (e.g. safety worries), or disturbing dreams. As a result there may be:

- bedtime resistance from the child
- they may want to sleep in the same bed as a parent
- they may wet the bed after previously being dry at night
- they may have nightmares
- they may wake repeatedly or at random during the night
- younger children may have night terrors (waking up screaming with no memory of a dream)
- they may wake very early in the morning
- they may be sleepy or irritable the next day

Disturbances such as these are normal, and will usually fade away with time as the child comes to terms with their emotions and understanding of what happened. Some children will take longer to do this than others, while some children will not notice any problem sleeping at all. Some children will need assurance and support from parents (or trusted adult) in order to overcome their sleep disturbances. Adults can help children improve their sleep by checking the following points:

- Signs of stress in the child (e.g. irritability, anxiety, clinginess)
- Fears about safety (for themselves or other family members)
- Specific fears related to bedtime
- Changes to the setting, level of background noise, or temperature where the child sleeps (e.g. sleeping in a different room)
- Side effects of medication (e.g. decongestant medication)
- Lack of exercise

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- Changing of routine at bedtime (e.g. timing, adults involved, activities such as a bedtime story)
  - Expecting the problem to get worse and becoming upset about it
  - Napping during the day (if the child is older than 5yrs)

Please refer to the leaflets entitled “Traumatic grief in children” for more information on age appropriate signs of stress.

Following traumatic loss, parents must sometimes find new ways of helping children wind down or get to sleep at a regular time. Relaxation, exercise, diet, and planning are the most effective ways of improving sleep and do not carry risk in the long or short term. Addressing bedtime fears, providing reassurance, and establishing a routine can also be extremely effective in soothing children and preventing future problems.

## Skills for improving sleep

**Dealing with causes of poor sleep** – many of the causes of poor sleep involve changes to children’s routine, such as bedtimes, activities before bed (e.g. brushing teeth, reading a story), or the adults who put children to bed. Changes to the environment in which children sleep can also have an effect (e.g. temperature, light level, background noise). Some children’s medicines (e.g. decongestants) can interfere with normal sleep, as can lack of exercise during the day (some children will benefit more than others from extra exercise after a traumatic event).

Children may also have trouble sleeping because of fears about safety (e.g. their own or the safety of their family home) or specific fears related to bedtime. These fears should be taken seriously as they can be genuine sources of distress in many children following a traumatic loss.

Bedtime and early morning are times when children are most likely to have bad dreams or to think about their traumatic event without distraction. This can be reflected in trouble getting to sleep (at night) or trouble getting back to sleep if children wake early in the morning. If any of these causes are suspected of disturbing children’s sleep, many of them can be addressed directly by a parent through reassurance and action, or with the advice of a GP (health assessment and medication). Restoring or re-establishing a bedtime routine which matches (as closely as possible) the

child's original routine will be very beneficial, as will providing reassurance (both emotional and physical) about each child's specific fears or concerns at bedtime.


**Awareness and Preparation** – in the long run, being aware of what is helpful and unhelpful in getting each individual child to sleep is very useful. There are guidelines in the section following this one which address some simple ways of improving sleep, but not all of these will be suited to everyone (e.g. some children need to sleep with a light on and some children will be kept awake by light). It is important, therefore, to identify what works for children as individuals.

It is also important to be aware that children's sleeping habits may change over time with the changes in their lives. This may be most noticeable following a traumatic loss or sudden event. For example, most children will have concerns about safety following a traumatic bereavement (e.g. wanting to sleep in a room with someone else). These are normal reactions, and sleeping in a room with someone else can help children to relax and sleep more soundly. Being afraid and alone in your own bed, unable to sleep, is likely to prolong distress. However, in the long term, being unable to sleep alone can do more harm than good, and after a short period children should be reassured about sleeping in a room on their own, sleeping with the light off, etc. This may need to be done in a gradual way, for example:

1. Child goes to sleep in parents bed and sleeps through the night
2. Child goes to sleep in parent's bed but is moved to their own bed after they are asleep and wakes in their own bed
3. Child goes to sleep in their own bed with a parent/adult in the room with them (sleeping with them or just reading a story etc.)
4. Child is tucked in at night by a parent but goes to sleep on their own, keeping a night-light on if necessary

It is important take a balanced approach to suit children's needs at different stages.

**Distraction** – some children are unable to get to sleep because they can't stop remembering or thinking about the trauma. These thoughts can be brought on by a dream or nightmare, by something that reminded them of



the trauma during the day, or sometimes for no apparent reason. Distraction is one of the most effective ways for children to deal with these thoughts when they arise. It involves:

- switching children's attention away from their intrusive image or thought before it can play out in their head
  - focussing children's attention on a sensation (e.g. finger tapping) or action (e.g. counting to ten repeatedly) to block out all other thoughts
- or
- listening to low level, soothing background music (loud enough to comfort but quiet enough to promote sleep)
  - using a comfort toy or object, which might be useful to children in the short-term for soothing and relaxation (e.g. a blanket or worry stone – see appendix page 13)

It is important to have a method of distraction prepared and practiced in advance. For more information on dealing with intrusive thoughts or images see the booklet entitled "Dealing with Intrusions" also available in this series.

**Relaxation** – this is an important skill for children and adults who have been traumatically bereaved, as trauma and loss come with many difficult memories and overwhelming moments. Learning an individual method of dealing with emotional stress can be invaluable. For children this can mean getting good exercise or social play, being able to watch a favourite video, listen to music, hear a story which calms them down, or having a place where they can play on their own. Younger children may also use a favourite toy or object to soothe or relax themselves. In general children relax through play.

Following trauma and bereavement, children may need to find different methods of relaxing or unwinding than they used in the past.

- Arts and crafts
- Watching TV
- Comfort toy/object
- Exercise
- Playing with friends
- Repeated play
- Reading/Colouring
- Music or singing
- Sports
- Board Games
- Talking with friends
- Being read or sang to

- Sitting on a parents knee
- Structured relaxation (from a tape or parent)
- Controlled breathing

Most children are able to find their own ways to relax. Adults and parents can help children by making sure they get enough time to relax whenever appropriate (e.g. before bed, after a stressful or sudden event).

## Guidelines

**Take a flexible approach** – children have different needs and ways of relaxing (depending on their age, gender, and personality). What works for one child will not necessarily work for the next. Re-establish the child's normal bedtime routine (or a routine as close as possible to normal) to promote sleep and relaxation at appropriate times. Think about how stress, noise, temperature, surroundings, timing, diet, and exercise affect children's sleep. Children may have individual fears about safety which need to be dealt with through reassurance and appropriate actions (e.g. locking or checking the house doors/windows together each night).

- Be patient – some children will rapidly return to normal sleeping patterns and others will take longer
- What works for one child may not work for another
- What works at one time may not be suitable later on
- Different age groups are likely to have different ways of relaxing or preparing for sleep
- Be prepared to try different approaches

**Take children's fears seriously** – bedtime fears and nightmares can be very real and frightening for children. Following traumatic grief they can be a healthy sign that the child is tackling their emotional problems. Children need emotional and physical reassurance that they are safe, and will often respond positively when encouraged to face their fears in creative ways. Teaching children to overcome their night-time fears can go a long way towards reducing stress in children. Parents or guardians may not always know about their children's fears – children must be gently encouraged to share any fears they have. This is best done during the day and avoided at night it as otherwise it can serve to remind the child of their fears near bedtime.

- Reassure children emotionally and physically
- Take their fears seriously
- Develop a safety routine if the child feels unsafe in their room or home (e.g. checking under bed, locking windows and doors etc)
- Work with children to decide on a personal way of overcoming nightmares or anxieties (special karate chops to kill monsters, anti-ghost aerosols, the ability to become invisible to bad people)
- Practice these methods with children during the day until they are comfortable with them (e.g. practice by getting children to imagine they are having a nightmare in which they can use their solution to overcome fears)

**Develop a bedtime routine** – a bedtime routine is essential for letting the body know it should prepare for sleep. Preparing for sleep can start much earlier than bedtime (e.g. no sugary drinks or foods 2hrs before sleep) or five minutes beforehand (e.g. making a mug of warm milk). If a child is very active or under stress they may need at least 30mins to 1hr to wind down before going to bed (e.g. they could do a calming activity such as colouring in or reading a story). If a child cannot sleep after they have gone to bed, it is important that they have something quiet to do which keeps them occupied and is relaxing.

- Identify, in advance, individual methods for the child to relax or prepare for sleep (especially in the last hour before bedtime)
- Identify activities which should be avoided before bed (e.g. rough play, eating sugary foods, playing exciting computer games).
- If the child is bedwetting when they had been previously dry, avoid drinks at night-time.
- Give the child something they can do if they are scared or bored (e.g. a favourite story, toy to play with, or comic to read)

Aim to build up a consistent and reassuring routine for the child.

**Develop strategies for dealing with intrusive thoughts or images** – children need practice in how to deal with intrusions if they are scary or preventing sleep. Some parents teach their children distraction (e.g. recite their favourite poem or sing a simple song) to help them prevent or block

<sup>1</sup> For more information on dealing with intrusive thoughts or images please read the leaflet entitled "Dealing with Intrusions" also available in this series

these thoughts out, whereas others may use relaxation to help overcome them. Children will not know how to do this on their own and must have it described to them in simple terms.<sup>1</sup>


- Identify and practice a method of mental distraction (e.g. sing a favourite nursery rhyme or song) to help children interrupt unwanted thoughts
- Use relaxation or exercise to reduce stress in children
- Set time aside to think about the intrusive thoughts or images, how they were triggered, or how they relate to the trauma. Talk to children about their fears and provide reassurance
- Keep a night-light on and/or keep soothing music on low enough to comfort but not to stimulate.

**Practice relaxation methods** – relaxation is the best way to prepare for sleep, and is a skill that children can become very good at in a short space of time. At least ten to twenty minutes a day should be spent practicing relaxation until the child feels comfortable enough to do it alone. It is important to keep practicing even after the basics are understood as the body will learn to relax quicker. There are three formal relaxation methods given at the back of this leaflet which are suitable for children if you wish to try them.

- Choose a method of relaxation and practice it regularly with the child
- Set aside a regular time during the day to practice (not just at bedtime)
- Try using more than one technique (e.g. muscular relaxation and then controlled breathing)
- Try to make the experience fun and creative

## Outcome

Sleep disturbance is one of the first signs of traumatic stress in children, and also one of the most persistent. It is often used as a marker for how children are physically and emotionally coming to terms with trauma and loss, and is a natural response to sudden or dramatic change in children and adults. Sleep disturbance can sometimes continue in children who are no longer acutely affected by traumatic grief (it becomes habitual to have disturbed sleep). However, unless there is a definite medical or continuing physical reason for disturbed sleep, all children can return to normal sleeping patterns with care and encouragement from adults.

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- Many children who have been traumatically bereaved will either experience only moderate amounts of sleep disturbance or none at all. Sleep is likely to be disturbed in the short term or not at all, and should return to normal without having to complete any of the steps outlined in this booklet.
  - For some children, sleep disturbance can either be prolonged or have a more noticeable effect on work, education, family, health, etc. Parents and professionals working with children can benefit from understanding more about sleep, how to develop a bedtime routine for children, and how to reassure children.
  - Sleep disturbances relating to a traumatic bereavement can appear immediately or after a number of years. Be prepared for sleeping habits to change in the future in response to further trauma, anniversaries, or other reminders, and refer back to the guidelines for advice

## Appendix: Relaxation techniques

### Deep breathing


Most people breathe very shallowly, using only the top part of their lungs. Deep breathing allows people to use their entire lungs, providing more oxygen to the body. It is probably the most effective and beneficial method of relaxation around.

1. Ask the child to lie down on their back.
2. Ask them to slowly relax their body, starting with feet and moving through every part of the body until you have reached -- and relaxed -- the face and scalp. "Relaxed" can be described as the fuzzy or warm feeling you get before sleep.
3. Ask the child to slowly breathe in; first filling the bottom of the belly, then the tummy, and then the chest and tops of the lungs - almost up to the shoulders. Ask the child to hold the air for a second or two, and then to breathe out slowly (empty the very bottom of the belly first, then the tummy, then finally the top).
4. Continue this breathing for 4 or 5 minutes. Encourage children not to force the breathing; it won't improve anything for them. Instead, they may want to imagine their lungs are like balloons which slowly inflate and deflate. Deep breathing is the basis of a lot of relaxation techniques, and once mastered, can be used with either guided imagery or progressive muscular relaxation to deepen relaxation.

### Guided imagery

Guided imagery is something that children can enjoy and become very good at in time. It is a skill which uses children's imaginations to help them gain greater control over their own relaxation levels.

1. Ask the child to think of either a colour, smell, humming, light, warmth, or other pleasant, comfortable feeling that makes them feel peaceful and relaxed.
2. Guide the child through a deep breathing exercise as outlined above.

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3. Ask the child to close their eyes and imagine that with each breath they take in, their body becomes filled slowly with their favourite color, smell, humming, light, warmth, or other pleasant, comfortable feeling.
  4. Then have them practice – still with closed eyes – breathing in that color or sensation and "sending" it (blowing it) throughout the body. If your child, for example, chooses "blue," guide them to visualise the blue colour going down their throat, into the neck and chest, down to the tummy, and so on until they are filled with the beautiful, peaceful, wonderful blue...and are relaxed and in control.

An example of this is the healing light:

1. Ask the child to sit or lie down in a comfortable position. Clothes should be worn loose and not constrictive.
2. Ask the child to close their eyes, breathe slowly and deeply, and to listen only to the sound of their breathing for a while.
3. After a minute or two, tell the child that you are going to call the healing light. Ask the child to imagine that a small, bright light is beginning to shine just above their forehead. Tell the child that the light is nice and warm and beautiful, but not hot. The light is white (or the child's favourite colour), and it pours down onto their forehead bringing gentle warmth and a pleasant feeling.
4. You could say to the child: "You can feel the warmth on your head; it's warming your skin and your hair. Slowly feel this light moving down your face. Even with your eyes closed you can see this light relaxing all the tiny muscles around your eyes, your cheeks, and your nose. This light is moving down to your mouth, your lips, and covers the front of your face. Your face is shining and loose and relaxed now. Feel this light rolling down into your neck and shoulders, making them bright and relaxed. You can actually feel your shoulders drop with all the stiffness just melting away. Imagine you can see this light moving down your arms, to your elbows, and down again to your wrists, and your hands. As the light moves you can feel warmth moving with it. See each finger filling with this healing white light, your hands are tingling and bright and relaxed."

5. Do the same for the lungs, heart, chest, tummy (pretend that the child can breathe or swallow the light to get it inside them), before moving down the legs, knees, back of the calves, ankles, feet and toes. The more detail you use the better; children will enjoy learning about their bodies and what they can do with them.

## The worry stone

A worry stone is a small smoothed stone (small enough to fit in the palm of a small child) which is rubbed, rolled, squeezed, or squashed whenever a child feels worried. The child's worries are sucked into the stone, where they become trapped and unable to bother anyone. The more a child uses a stone the more powerful it becomes and the quicker it absorbs worries. Worry stones have been used by children and adults right through history, and are a free, easy, and private way to control anxiety. Nowadays they are used successfully to help control worries, quit smoking, reduce panic-attacks, and manage the effects of intrusions.

- Either buy a worry stone or select a small, smooth stone from a beach/garden:
  - It is best to pick a few worry stones and then let the child decide which one they want to use.
  - The stones can be painted or carved afterwards, but they work just as well if left blank.
  - It is best to pick a small, smooth stone because it will allow the child to carry it round in their pockets without damaging clothes, or to use the stone in a public place without being noticed.
  - Make sure you wash the stone well before you use it; this washes anyone else's worries from it and makes it brand new and ready for use.
- Sit down with the child and explain to them how to use a worry stone:
  - Worry stones suck up worries like sponges suck up water.
  - Once a worry is in a worry stone, it can never get out.
  - When you want to get rid of a worry, close your eyes, and squeeze the stone gently until it is tight in your hand (you may want to demonstrate or practice this with a child).

- Concentrate on the stone in your hand and imagine the worry getting trapped in the strong hard stone as you squeeze.
  - When you open your eyes the worry will be gone and you can relax.
  - The more you use worry stones the better they become at taking your worries away.
- Some children will want to bring their worry stone to school or bed with them. There are different rules for using worry stones in these places.
    - When in school, leave the stone in your pocket or someplace near where it is out of view. You don't have to close your eyes when you use a worry stone in school, just squeezing and imagining the worry getting trapped with be enough. As time goes by you will get better at using your worry stone like this, and will be able to use it in class or on the street without anyone noticing. (It is important to inform teachers about worry stones to avoid confiscation)
    - When in bed, don't keep the stone in your hand or in a pocket. Leave the stone in a safe place near the bed (e.g. a locker top) where you can reach for it if you need it. This means you will be able to get the stone without having to turn on the light or move very much.
  - If the child feels that the worry stone is full or not working as well:
    - Washing worry stones in clear water washes all the worries out of them
    - Washed worry stones are brand new and completely empty. They will suck up worries extra fast.

### Progressive muscular relaxation

Progressive muscular relaxation is a technique which teaches the body to recognise and release muscular tension. It works by first tensing and then relaxing muscles and noticing the difference. Many people do this naturally with muscle groups such as the shoulders and arms when they have a satisfying stretch. Progressive muscular relaxation has the following advantages:

## Example of a progressive muscular relaxation exercise for children: (all sections do not have to be completed if time is a problem)


"Today we're going to practice some special kinds of exercises called relaxation exercises. These exercises help you to learn how to relax when you're feeling up-tight and help you get rid of those butterflies-in-your-stomach kinds of feelings. They're also special because you can learn how to do some of them without anyone really noticing. In order for you to get the best feelings from these exercises, there are some rules you must follow. First, you must do exactly what I say, even if it seems kind of silly. Second, you must try hard to do what I say. Third, you must pay attention to your body. Throughout these exercises, pay attention to how your muscles feel when they are tight and when they are loose and relaxed. And fourth, you must practice. The more you practice, the more relaxed you can get. Do you have any questions? Are you ready to begin? Okay, first, get as comfortable as you can in your chair. Sit back, get both feet on the floor, and just let your arms hang loose. That's fine. Now close your eyes and don't open them until I say to. Remember to follow my instructions very carefully, try hard, and pay attention to your body. Here we go."

### Hands and arms

"Pretend you are a furry, lazy cat. You want to stretch. Stretch your arms out in front of you. Raise them up high over your head. Way back. Feel the pull in your shoulders. Stretch higher. Now just let your arms drop back to your side. Okay, kitten, let's stretch again. Stretch your arms out in front of you. Raise them over your head. Pull them back, way back. Pull hard. Now let them drop quickly. Good. Notice how your shoulders feel more relaxed. This time let's have a great big stretch. Try to touch the ceiling. Stretch your arms way out in front of you. Raise them way up high over your head. Push them way, way back. Notice the tension and pull in your arms and shoulders. Hold tight, now. Great. Let them drop very quickly and feel how good it is to be relaxed. It feels good and warm and lazy."

### Jaw

"You have a giant gobstopper bubble gum in your mouth. It's very hard to chew. Bite down on it. Hard! Let your neck muscles help you. Now relax. Just let your jaw hang loose. Notice that how good it feels just to let your jaw drop. Okay, let's tackle that gobstopper again now. Bite down. Hard! Try to squeeze it out between your teeth. That's good. You're really tearing



that gum up. Now relax again. Just let your jaw drop off your face. It feels good just to let go and not have to fight that bubble gum. Okay, one more time. We're really going to tear it up this time. Bite down. Hard as you can. Harder. Oh, you're really working hard. Good. Now relax. Try to relax your whole body. You've beaten that bubble gum. Let yourself go as loose as you can."

## Face and nose

"Here comes an annoying old fly. He has landed on your nose. Try to get him off without using your hands. That's right, wrinkle up your nose. Make as many wrinkles in your nose as you can. Scrunch your nose up real hard. Good. You've chased him away. Now you can relax your nose. Oops, here he comes back again. Right back in the middle of your nose. Wrinkle up your nose again. Shoo him off. Wrinkle it up hard. Hold it just as tight as you can. Okay, he flew away. You can relax your face. Notice that when you scrunch up your nose your cheeks and your mouth and your forehead and your eyes all help you, and they get tight too. So when you relax your nose, your whole body relaxes too, and that feels good. Oh-oh. This time that old fly has come back, but this time he's on your forehead. Make lots of wrinkles. Try to catch him between all those wrinkles. Hold it tight, now. Okay, you can let go. He's gone for good. Now you can just relax. Let your face go smooth, no wrinkles anywhere. Your face feels nice and smooth and relaxed."

## Stomach

"Hey! Here comes a cute baby elephant. But he's not watching where he's going. He doesn't see you lying in the grass, and he's about to step on your stomach. Don't move. You don't have time to get out of the way. Just get ready for him. Make your stomach very hard. Tighten up your stomach muscles real tight. Hold it. It looks like he is going the other way. You can relax now. Let your stomach go soft. Let it be as relaxed as you can. That feels so much better. Oops, he's coming this way again. Get ready. Tighten up your stomach. Real hard. If he steps on you when your stomach is hard, it won't hurt. Make your stomach into a rock. Okay, he's moving away again. You can relax now. Kind of settle down, get comfortable, and relax. Notice the difference between a tight stomach and a relaxed one. That's how we want to feel---nice and loose and relaxed. You won't believe this, but this time he's coming your way and no turning around. He's headed straight for you. Tighten up. Tighten hard. Here he comes. This is really it.


You've got to hold on tight. He's stepping on you. He's stepped over you. Now he's gone for good. You can relax completely. You're safe. Everything is okay, and you can feel nice and relaxed. This time imagine that you want to squeeze through a narrow fence and the boards have splinters on them. You'll have to make yourself very skinny if you're going to make it through. Suck your stomach in. Try to squeeze it up against your backbone. Try to be skinny as you can. You've got to be skinny now. Just relax and feel your stomach being warm and loose. Okay, let's try to get through that fence now. Squeeze up your stomach. Make it touch your backbone. Get it real small and tight. Get it as skinny as you can. Hold tight, now. You've got to squeeze through. You got through that narrow little fence and no splinters! You can relax now. Settle back and let your stomach come back out where it belongs. You can feel really good now. You've done fine."

## Legs and feet

"Now pretend that you are standing barefoot in a big, fat mud puddle. Squish your toes down deep into the mud. Try to get your feet down to the bottom of the mud puddle. You'll probably need your legs to help you push. Push down, spread your toes apart, feel the mud squish up between your toes. Now step out of the mud puddle. Relax your feet. Let your toes go loose and feel how nice that it feels to be relaxed. Back into the mud puddle. Squish your toes down. Let your leg muscles help push your feet down. Push your feet. Hard. Try to squeeze that puddle dry. Okay. Come back out now. Relax your feet, relax your legs, relax your toes. It feels so good to be relaxed. No tenseness anywhere. You feel kind of warm and tingly."

## Conclusion

"Stay as relaxed as you can. Let your whole body go limp and feel all your muscles relaxed. In a few minutes I will ask you to open your eyes, and that will be the end of this practice session. As you go through the day, remember how good it feels to be relaxed. Sometimes you have to make yourself tighter before you can be relaxed, just as we did in these exercises. Practice these exercises everyday to get more and more relaxed. A good time to practice is at night, after you have gone to bed and the lights are out and you won't be disturbed. It will help you get to sleep. Then, when you are really a good relaxer, you can help yourself relax at school. Just remember the elephant, or the jaw breaker, or the mud puddle, and you



can do our exercises and nobody will know. Today is a good day, and you are ready to feel very relaxed. You've worked hard and it feels good to work hard. Very slowly, now, open your eyes and wiggle your muscles around a little. Very good. You've done a good job. You're going to be a brilliant relaxer."

If Progressive muscular relaxation is used with the deep breathing exercise it will have a very beneficial effect on the child's general wellbeing and ability to sleep.


# Dealing with nightmares

## Facts about nightmares

- Nightmares are a normal part of childhood from the ages of about 3 or 4 years upwards and are associated with the development of the child's imagination.
- Most children are not awake or aware when they are disturbed by nightmares.
- Nightmares, like dreams, are a natural way of dealing with painful or emotional issues.
- Although nightmares can be very vivid, even to the point where they wake a person up, they are usually more distressing to the person watching than the child dreaming.
- Children and adults are biologically programmed to forget dreams – if children don't spend time thinking about their nightmare immediately after it happens, it will be forgotten.

## Guidelines at night

- Allow children who are having nightmares to continue dreaming – this can be one of the hardest things for parents to do. Children who are having nightmares can be calmed with gentle soothing (soft spoken reassurance, lullabies, holding) that does not wake them up properly, but which can divert the flow of a nightmare.
- Work towards getting your child back to sound sleep as soon as possible – this means avoiding the “wake up, wake up – you're having a nightmare!” approach. Children are guaranteed to have trouble getting back to sleep if they wake up extra scared.
- If your child is already awake, screaming, or thrashing in the bed: go to them; hold them in your arms; make soothing noises; give them a comfort object (e.g. a favourite blanket/toy, worry stone); put on soft or dull lighting; comfort them until they calm down.
- Avoid making your child feel that you've 'saved them' or protected them from anything or that they are safe only when you are present. They should feel that they are capable of handling the situation – and that nightmares cannot hurt them.
- Avoid being overly sympathetic or fussy about nightmares – children can sometimes see this as a reward.

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- Only allow your child to sleep in your bed as a last resort; try leaving the light on low in their room for a while, or playing low music in the background first.
  - Do not tell children any of the details of what you heard or suspect the nightmares are about unless they volunteer the information. They will most likely forget it naturally when they wake up.

### Guidelines during the day

- Take your cue for action from children: ask them if they slept well last night, or how they felt this morning when they got up?
- Maintain a regular bedtime routine and encourage children to do soothing activities like reading a happy story or playing a quiet game before going to bed instead of watching television.

### If your child has no anxiety about nightmares:

- Avoid discussing nightmares with your child, but talk about feelings of grief and trauma in an age-appropriate and controlled manner during the day.<sup>2</sup>

### If your child has anxiety about nightmares:

- Discuss nightmares with your child during the day – try to get children to name what they feel (younger children need help naming their emotions). Older children may be able to trace back the nightmare to their trauma.
- Make children feel safe, address any specific fears or memories which children may be sensitive to
- Ensure that children realise dreams and nightmares only exist in imagination – they cannot hurt you or control you.
- Get children to imagine happy endings to their nightmares or bad dreams. For some children this has to be practiced. These can be remembered in the nights to come.

<sup>2</sup> see the leaflet series entitled “Traumatic Grief in Childhood” for more information

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## What else?

There may be a need, from time to time, for specific help to manage or control certain excessive intrusions or distress. These are best discussed with your GP, health worker, or social services representative, who will be able to consider your options and information available to you. Referral to bereavement/trauma groups and voluntary agencies can also be arranged through these sources.

### Professionals guide

Traumatic grief in early childhood  
Ages 0-5

Traumatic grief in middle childhood  
Ages 5-10

Traumatic grief in adolescence  
Ages 10-18

Traumatic grief in adults

Traumatic grief  
Anger management

Traumatic grief  
Dealing with intrusions

Sleep disturbance in adults  
and adolescence

Sleep disturbance  
in children under 10 years of age

Self care for workers supporting  
the traumatically bereaved

Guidelines for the immediate response  
to children and families in traumatic  
death situations

### Relatives Guide

Dealing with sudden death in early  
childhood Ages 0-5

Dealing with sudden death  
in middle childhood Ages 5-10

Dealing with sudden death in adolescence  
Ages 10-18

Dealing with sudden death for adults

Sudden Death  
Anger management

Sudden Death  
Dealing with intrusions

Sudden Death  
Insomnia and sleep disturbance  
in adults and adolescents

Sudden Death  
Sleep disturbance  
in children under 10 years of age

The Coroner

### Schools Guide

Traumatic grief in early childhood  
Ages 0-5

Traumatic grief in middle childhood  
Ages 5-10

Traumatic grief in adolescence  
Ages 10-18

Sudden death  
Information for pupils

Individual booklets are available from your local health centre, library or school  
The full series can be downloaded from [www.royalhospitals.org/traumaticgrief](http://www.royalhospitals.org/traumaticgrief)