Sleep Difficulties in Children & Adolescents



Most children and adolescents experience sleep problems at some stage. Sleep problems may not necessarily meet diagnostic criteria but are nevertheless a source of considerable distress for both children and their families due to a reduction in the child's overall functioning and wellbeing. *Decisions about medication or supplementation such as melatonin should be made in consultation with your child's paediatrician or GP. This clinic's psychologists provide behavioural and psychological support for sleep difficulties.*

Nightmares

Most psychological therapies for nightmares tend to involve techniques to reduce anxiety such as relaxation and parental counselling. Sedatives and/or melatonin supplementation are only considered helpful as a last resort (depending on the severity and duration of the problem).

In many cases, therapy is not needed because the nightmares disappear on their own. If therapeutic intervention is required, nightmares and night terrors are addressed through a combination of medication, education regarding the nature of the problem, dietary changes, relaxation techniques, and parental counselling. Unfortunately, these interventions do not treat potential underlying causes such as daytime stress and anxiety. A combined approach with the help of a psychologist can produce satisfactory outcomes.

Night Terrors

Night terrors are often confused with nightmares, but they are a different phenomenon. Night terrors happen during a partial arousal from deep sleep, most often in children aged 4 to 12. A child having a night terror may scream, sit up, appear frightened, or thrash about, but is not fully awake and typically has no memory of the episode the next morning.

Nightmares, by contrast, occur during dreaming and fully wake the child, who is usually able to describe the frightening dream and can be comforted. During a night terror, it's best not to try to wake your child — instead, stay nearby, keep them safe, and offer calm reassurance until it passes. Ensuring your child gets adequate, regular sleep can help reduce how often night terrors occur.

Sleep walking



Child sleepwalking

In the late 1960s, Professor Barry Sterman at UCLA identified special brain wave patterns called “sleep spindles,” which are often missing in people who experience restless sleep, restless legs, or sleepwalking (Sleep Foundation, 2023).

Sleepwalking in children is usually harmless and can sometimes be managed by making simple changes to the child’s sleep environment, such as moving them to a different room for a few nights (NHS, 2022). Experts don’t recommend waking a sleepwalking child, as this can be distressing. Instead, gently guiding or carrying the child back to bed is advised (Sleep Foundation, 2023).

Difficulty Falling Asleep

Behavioural strategies usually help children fall asleep more easily, but it’s essential to rule out issues like colic, milk intolerance, sleep fears, or nightmares before starting these approaches (KidsHealth, 2023). If a child feels safe during the day, one

approach many families find helpful is to tuck them in, leave the room, and not return until they're asleep.

If this does not work, parents can briefly check in to make sure there are no physical complaints. The first night is often hard, but consistency brings progress. Many experts do not recommend the "controlled crying" approach over the long term, because it can lead to learnt helplessness; letting a child cry for long periods before responding may also reinforce the crying (HealthyChildren.org, 2023). *Some researchers and practitioners advise caution regarding prolonged use of controlled crying approaches; parents are encouraged to discuss this with their health professional.*"

Sleep-wake rhythm disorders

Children whose sleep-wake cycles tend to drift later each day may benefit from bright light therapy, which helps synchronise their circadian rhythms. This treatment typically involves waking the child early, around 7:00 a.m., and exposing them to sunlight or bright artificial light. In the evening, it's important to avoid bright white lights and use warmer lighting, as well as reduce exposure to screens like TVs, phones, and computers (American Academy of Sleep Medicine, 2023; Peltz et al., 2020).

How can psychologists help with sleep difficulties

- Psychologists help children and adolescents with sleep difficulties by providing behavioural and psychological support, focusing on improving sleep routines and addressing anxiety or stress (Sleep Foundation, 2023).
- They teach relaxation techniques and guide parents to establish consistent, calming bedtime routines (KidsHealth, 2023).
- For nightmares, psychologists use anxiety-reduction strategies and offer parental counselling; medication or melatonin is only considered as a last resort (HealthyChildren.org, 2023).
- In sleepwalking cases, psychologists recommend practical changes to the child's sleep environment and advise against waking the child, instead

suggesting gentle guidance back to bed (NHS, 2022).

- For difficulty falling asleep, psychologists help rule out physical or emotional issues, encourage safe and independent sleep practices, and caution against prolonged use of controlled crying techniques (KidsHealth, 2023; HealthyChildren.org, 2023).
- In sleep-wake rhythm disorders, psychologists may recommend bright light therapy and reducing evening exposure to screens to help regulate circadian rhythms (American Academy of Sleep Medicine, 2023; Peltz et al., 2020).
- Psychologists do not prescribe medication but work collaboratively with medical professionals if supplements or medication are being considered, ensuring behavioural support is included in the care plan (Sleep Foundation, 2023).
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Assessment and Support at BNC

Where sleep difficulties are ongoing or linked with anxiety, ADHD or other concerns, our psychologists can assess and provide behavioural and psychological support, in person at our Doncaster clinic or by Telehealth (Zoom). You can access support through referrals from parents, carers, GPs, schools, or other health professionals. With a referral and Mental Health Care Plan (MHCP) from your GP, or a referral from a paediatrician or psychiatrist, you may be eligible for Medicare rebates for up to 10 sessions per calendar year.

Frequently Asked Questions

What's the difference between a nightmare and a night terror?+

A nightmare occurs during dreaming and fully wakes the child, who can usually describe and remember the dream. A night terror happens during a partial arousal from deep sleep — the child may seem distressed but is not fully awake, and typically has no memory of it afterwards.

Should I wake my child during a night terror?+

No. Experts generally advise against waking a child during a night terror, as this can be distressing and disorientating. It's better to stay nearby, keep them safe, and offer calm reassurance until the episode passes.

Is melatonin safe for children with sleep problems?+

Decisions about medication or supplementation such as melatonin should be made in consultation with your child's paediatrician or GP. Our psychologists focus on behavioural and psychological strategies as a first approach.

Can anxiety cause sleep problems in children?+

Yes. Anxiety and stress are common contributors to nightmares, difficulty falling asleep, and other sleep difficulties in children. Addressing the underlying anxiety is often an important part of improving sleep.

When should sleep difficulties be assessed by a professional?+

If sleep problems are frequent, persist for more than a few weeks, or are affecting your child's mood, behaviour, schooling or family life, it's worth discussing this with a psychologist or your GP.

Is Telehealth available for sleep-related concerns?+

Yes. Assessment and behavioural support for sleep difficulties are available either in person at our Doncaster clinic or by Telehealth (Zoom).

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