Nightmares and night terrors are confusing. Knowing the difference between the two is the key to determine the best way to handle each episode.

**Nightmares** are very common and totally normal. They often peak at two or three years of age when children have rich imaginations and have some trouble distinguishing between reality and fantasy. Nightmares occur during REM sleep, near the end of our sleep period. When children have a nightmare, they will seek comfort from their disturbing dream and recognize you upon seeing you. They are able to recall the nightmare, or at least portions of it, but it may take a while to fall back asleep and get the scary thoughts out of their minds.

How to help avoid them:

- Avoid scary videos, books, and stories prior to bed
- Don't play scary games
- Respond quickly and assure them of their safety
- Help your child get enough sleep - sleep deprivation can increase nightmares
- Avoid high-dose vitamins at bedtime
- Check with your pediatrician to make sure your child is not on any medications that might be interfering with his night sleep

Nightmares can occur during times of stress or when a child is reliving a trauma. Be aware of that, and get some professional advice if you are worried about frequent nightmares but remember that happy, well-adjusted, low-stress kids can also experience bad dreams now and then.

**Night terrors** are different in both the symptoms and the experience. When a child is experiencing a night terror he may scream and appear anxious. His heart may be racing. The child is often inconsolable, and may not recognize you. He may even push you away and seem frightened of you. The terror usually lasts between five and fifteen minutes and then subsides. These incidents are often more upsetting for the parent than they are for the child, as children do not usually remember them. Night terrors occur during NON-REM sleep (the period of coming out of deep sleep), and usually within two hours after the child falls asleep.

Night terrors are not bad dreams. They do NOT occur during dream sleep. They are not a sign of a psychological problem. Night terrors can also occur during a developmental milestone.

Night terrors seem to be more common in boys, and occur in five percent of all children. Your child is more likely to have night terrors if either parent had them as a child, or if either parent had a partial arousal sleep disorder such as sleepwalking.
There are other causes for night terrors. The most common cause is sleep deprivation or a disturbance in a child’s sleep patterns. Stress that causes big changes in their sleep schedule (like traveling to a different time zone, sleep apnea, or fever) can also be contributing factors.

**What you can do:**

- If your child is having a night terror, monitor the child but avoid interfering, as this can worsen the episode.
- Make sure your child is physically safe during the night terror.
- Put your child to bed earlier - even if by only 30 minutes.
- Keep a regular sleep schedule for him.
- Don’t talk about the terror with your child in the morning.

If your child is having a sleep terror two to three times a week at set times during the night (i.e. 2 hours after going to sleep) do the following to change his sleep pattern:

- Keep a sleep log to recognize the pattern – that helps break the pattern.
- Wake your child 15 minutes prior to the time he usually has an episode.
- Don’t get him up completely but you want him to be at that point of awakeness where he mumbles, moves, or rolls over.
- Do this every night for 7-10 nights in a row even if he goes a few nights without a terror.

As these two phenomenas differ so greatly it is important to clearly understand the difference between nightmares and night terrors. Keeping a calm presence of mind and using a reassuring voice can make a huge difference in these middle-of-the-night episodes for both you and your child. Remember to reassure your child as needed, showing love and respect for these normal experiences.