How does the parent define their sleep problem?

How is the sleep problem affecting: a. the parents

b. the child c. any siblings

Is it a new problem or has it been steadily worsening?

What is the age of the child?

Any known underlying health problems for child or parent

Other siblings needs: a. age

b. nursery, school or playgroup

c. behaviour, neurodevelopmental or special needs

What are the parent's goals?

How urgent is the problem?

Is anything driving the need to address the problem?

What have they heard about sleep from other people/sources?

What is the parents capacity for change?

Complete a sleep diary for 3-5 days/nights

2. DEVELOPMENTALLY APPROPRIATE

Do expectations match reality?

What are the biological and developmental norms, and how do these compare with what the parent is describing?

Night feeds

Developmental milestones

3. RULE OUT UNDERLYING TRIGGERS FOR POOR SLEEP UNRELATED TO SLEEP BIOLOGY OR BEHAVIOURAL CAUSE

- a) Genetics i. parental history of poor sleep ii. circadian rhythm extremes iii. insomnia
- b) Feeding problems
- i. feeding comfort - wind
- feeding stress
- position for feeding - overfeeding
- ii. feeding relationship iii. faltering growth
- iv. reflux
- v. colic

vi. allergy and intolerance

- c) Developmental problems
- i. bed-wetting
- ii. separation anxiety
- iii. gross and fine motor milestones iv. developmental delay
- v. loss of developmental progress
- d) Health problems
- i. chronic health problems
- ii. acute health problems iii. inflammatory conditions
- iv. skin disorders
- v. pain vi. frequent hospital admission
- vii. medications
- viii. congenital problems ix. prematurity
- e) Anatomical problems i. oral anatomy and tongue function
- ii. torticollis iii. plagiocephaly iv. head, back, neck and torso misalignment or tension
- f) Sleep pathology i. sleep disordered breathing
- snoring - mouth breathing
- ii. sleep apnoea iii. restless leg
- iv. periodic limb movement disorder
- v. night terrors vi. confusional arousals
- vii. nightmares
- viii. night sweats
- g) Mental health problems i. depression
- ii. anxiety iii. trauma, including birth trauma iv. eating disorders/difficulty
- h) Neurodevelopmental disorders i. autism spectrum disorder ii. attention deficit hyperactivity disorder
- iii. communication disorder
- i) Special needs i. down syndrome
- ii. dyslexia
- iii. dyspraxia iv. global developmental delay
- v. epilepsy vi. cerebral palsy
- j) Sensory problems i. sensory impairment
- blind
- deaf ii. sensory processing disorder
- iii. brain injury
- iv. lack of emotional regulation or co-regulation by parent

10. FORMULATING A PLAN	9.
What have they previously tried?	Change the bedt
Solution focused approach	- change order - make shorter o
Is there anything they are unwilling to do?	- bring the feed e - leave out bath i
Is there anything they need to put in place before embarking on	- ensure sibling n - support families
the plan? Is this the right time? - holiday - availability of both parents - support from other family - other events within the family	Change the locat - from falling asle - from rocking to - from holding to - from beside chi - from lying next
 house moves Set SMART goals specific measurable 	Change the perso - switch parents - alternate parent - additional supp
- achievable - realistic - within a given timeframe	Change the response - add in addition - overlap addition
Offer a small range of choices - easy things first - quick vs slow - intense vs very gentle - pros and cons	- delay sleep cue - schedule the sle - remove the slee
Make compromises and adaptations to strategies to help the family succeed	
Discuss speed of progress with each step	
Discuss and prepare for predictable stumbling blocks or set backs	
Check family fully happy with the plan	
Check understanding	
Provide written summary and plan	
Plan follow up	
SUCCESSFU COACHING F	

	4. SLEEP E	BIOLOGY	
Age appropriate to - proportion of a - proportion of a - sleep debt?	daytime sleep		
Age appropriate be	dtime		
Age appropriate na - consider locat - lighting during - avoiding comp of poor night s - avoiding long	on of nap nap ensatory long leep	early morning nap	os as a result
Observation of indi	vidual tired cue	es	
Optimal and individ - age appropriat - responsive to i - adaptive as sle - increasing with	e nfant/child cue ep deprivation	2S	
Sleep latency - indicative of sl - optimal - indicative of lo		n Ire, poor sleep tim	ning, or anxie
does frequer every sleep o how often do - Timing before midnig	etches of sleep acy increase ov cycle? they wake? of they wake? ght (Predominar iods awake in t iods awake in t ime? ep onset le? ause for night v	er the night? antly deep NREM ntly REM sleep) he night?	sleep)

crying

9. NIGHT TIME STRATEGIES Change the bedtime routine - change order - make shorter or longer bring the feed earlier in the routine leave out bath if causing excitement or stress - ensure sibling needs are accounted for support families with multiples Change the location of sleep from falling asleep feeding to falling asleep in arms from rocking to still holding - from holding to sleep to lying down beside child to sleep from beside child to lying next to cot or bed from lying next to cot to sitting Change the person switch parents - alternate parents - additional support Change the response add in additional sleep cues - overlap additional sleep cues - delay sleep cue - schedule the sleep cue - remove the sleep cue

5. LIFESTYLE, DIET AND WELLNESS

Nutritional deficit

- anaemia

- vitamin D other micro or macro-nutrient deficiency

Opportunity for age-appropriate exercise

Outdoor and nature time

Avoidance of processed foods, artificial colours/flavours/GM ingredients

Emotional needs

 sensory and social stimulation - secure attachment

- loving, age appropriate boundaries
- emotional regulation - emotional availability of caregiver
- involve child
- child temperament level and extent of motor activity regularity of basic functions such as feeding, elimination and sleep response to new people
- sensitivity to stimuli
- intensity of response distractibility
- adaptability
- general mood and disposition persistence

8. EASY THINGS FIRST

- Naps - timing - location
- length behaviour before and after
- Avoiding overtiredness in day

Stress reduction and emotional and mental health

Nutrition

Opportunities for fun family time, connectedness and bonding

- Lifestyle, exercise and wellness
- Address underlying causes
- Bedtime routine adjustments



