

Sleep Assessment and Treatment Tool

Developed by Gregory P. Hanley Ph.D. BCBA-D (2005)

Step 1: Basic Information

Date of interview/workshop:

Child's name:

Child's birth date:

Check one: Male

Female

Name(s) of caregiver(s) who puts the child to bed:

Phone:

Address:

Email:

Child medical or educational diagnoses:

Does your child engage in severe problem behavior like aggression towards adults or self-injury? Yes

No

If yes, please describe:

Step 2: Sleep Problem and History

Please provide a description of your child's sleep problem(s):

How long have these problems occurred?

If your child taking medication(s) for sleep? Yes

No

If yes, list the medication(s), dosage, and time of administration here:

What have you done in the past to address your child's sleep problems?

Step 3: Sleep Goals

Describe your goals regarding your child's sleep:

(e.g., be able to fall asleep within 15 min and stay asleep throughout the night; be able to sleep independently without the presence of parents; be able to sleep without medication; be able to follow bedtime instruction etc...)

- 1.
- 2.
- 3.
- 4.
- 5.

Step 4: Identifying the Specific Problems

(A) *Nighttime Routine Noncompliance*

Does your child have difficulty going into the bedroom at night when instructed to do so or brought in to go to sleep?

Yes No

Does your child have difficulty following other bedtime-related instructions (e.g., change into pajamas, brush teeth)

Yes No

If yes, your child's behavior pattern is referred to as *Nighttime Routine Noncompliance*

If yes, please provide some details:

If yes, what do you usually do to help your child to go to bed?

If yes, what usually works to get your child to go to bed?

(B) *Sleep Interfering Behavior*

Once in bed, does your child have difficulty staying in bed or remaining still in bed when instructed to do so? Does your child repeatedly call out or engage in other behavior that requires you to return to his or her bedroom?

Yes No

If yes, your child's behavior pattern is referred to as *Interfering Behavior*

(Check type: leaving bed call outs crying playing in bed stereotypy other)

If yes, please provide some details:

If yes, what do you do to help your child to stay in bed?

If yes, what usually works to get your child to stay in bed?

If yes, what usually works to get your child to stop the “crying or the call outs etc...?”

(C) Delayed Sleep Onset

Once in bed, does your child have difficulty falling asleep (i.e., it typically takes more than 15 min for him or her to fall asleep)?

Yes No

If yes, your child’s behavior pattern is referred to as *Delayed Sleep Onset*

If yes, please provide some details:

If yes, what do you do to help your child to fall asleep?

If yes, what usually works to get your child to fall asleep?

(D) Night Awakenings

Once asleep, does your child wake in the middle of the night?

Yes No

If yes, your child’s behavior pattern is referred to as *Night Awakenings*

If yes, how many times per night on average?

If yes, how many nights per week on average?

If yes, please provide some details:

If yes, what do you do to help your child fall back asleep?

If yes, what usually works to get your child to fall back asleep?

Step 6: Pre-Sleep Routines

Now

Describe what takes place during ½ hr prior to the child going to bed for sleep:

Do the pre-sleep activities typically vary each night or are they relatively routine? Please describe:

Describe what takes place between the time when the child is in bed initially and when you leave the bedroom:

With Treatment

Describe what will take place during the ½ hr prior to the child going to bed for sleep:

Describe what may vary and what will be fairly routine:

Describe what you will do in the time between placing your child in bed and leaving the room:

Step 7: Ambient Sleep Environment

(A) Lighting

What is the lighting like in the bedroom when the child sleeps? (e.g., nightlight or lamps turned on, direct or indirect lighting, brightness level etc...)

Does the lighting change? (e.g., do you turn off the light only after the child falls asleep)

Do the curtains shut when the child sleeps and does it block lights from the street, cars, or the sun?

(B) Temperature

What is the temperature like in the bedroom when the child sleeps? (e.g., cool or hot)

Does the temperature change at night?

Can the child manage his or her temperature?

(C) Sound

What is the sound environment like in the bedroom when the child sleeps? (e.g., loud noises, very quiet)

Are there a lot of changes in the noise level when the child sleeps? (e.g., TV or music turned off after a few hours)

(D) Bed

What type of bed does the child sleep in (e.g., bunk bed, bed with rails etc...)

What is the mattress quality? (e.g., could it cause discomfort?)

(E) Other

Is there anything else about the child's ambient sleep environment that can influence his or her sleep? (e.g., odor, humidity etc...)

Step 8: Nighttime Compliance with Routine-Related Instructions

With Treatment

1. Be sure to capitalize on sleep pressure by sending the child to bed at the beginning of their sleep phase.
2. Teach your child to be compliant during the day. See these **10 steps to gain compliance**.
3. Make sure there is a clear discrepancy in the quality of the end of the routine: high quality routine (e.g., choice of bedtime stories) should follow compliance or better listening and low quality routine (e.g., not providing rich social interaction) should follow noncompliance.

Step 9: Sleep Dependencies

Now

Do you lay in bed with your child to help him or her fall asleep? Yes No

If yes, please describe what you do to help your child fall asleep:

If yes, please see Step 10 for ways to address this dependency.

Please check any of the following things/stimuli that your child goes to bed with: (check all that apply)

TV If checked TV or Radio, is it off prior to waking or does it stay on continuously?

Radio

Pacifier

Lights

Bottle

“Full belly” (i.e. large snack within ½ hr of

Stuffed animal going to bed?)

Blanket

Preferred object

If you check any above, please provide some details here:

Is there anything else that your child’s sleep seems to be dependent upon? Yes No

If yes, please describe here:

With Treatment

My child will go to bed with:

Add a sound machine:

- a. Choose white noise or vacuum
- b. Noise should be continuous with no disruption
- c. Start out at an imperceptible volume and gradually increase the volume each night until conversational level is reached
- d. The machine should be turned on just prior to bidding goodnight, stay on throughout the night, and turn off upon waking
- e. Consider putting in the hallway for all family member to benefit

Recommended sound machines:

Can be purchased at www.coclo.com



Tranquil Moments White Noise Sound Machine for Baby for \$69.99



Fujio White Noise Sound Machine for Baby for \$69.99

Step 11: Nighttime and Early Awakenings, Confusional Arousals, and Nightmares

First determine whether the child is experiencing Night or Early Awakenings, and distinguish it from Confusional Arousals and Nightmares

If **Night or Early Awakenings** occur regularly without experiencing confusional arousals or nightmares, there is probably a problem with the child's sleep schedule or with an inappropriate sleep dependency, so eliminating excessive night awakening can be accomplished by adjusting the child's sleep schedule or sleep dependencies.

Other Variables that can possibly lead to awakenings at night:

Is the bedroom warmer when the child wakes than when the child is asleep? Yes No

If yes, please describe:

Is it possible that the child is hungry when he or she wakes? Yes No

If yes, please describe:

Is it possible that any light is hitting the eyes when the child wakes? Yes No

If yes, please describe:

Is it possible that the child is wet or soiled? Yes No

If yes, please describe:

Is there anything occurring in the middle of the night or early in the morning that is motivating kids to wake?

Yes No If yes, please describe:

Is there anything in the environment that is waking up the child? (e.g., garbage man, sibling coming in, dog barking)

Yes No If yes, please describe:

If **Confusional Arousals** occur,

- a. Help your child develop good sleep habits (see above)
- b. Let episode run its course (do not interfere or try to talk the child out of it), then, when over, assist back in bed
- c. Eliminate nighttime "jobs" that your child must do before going back to sleep; she should not have to call for something, look for something, or check her surroundings to get back to sleep
- d. If possible, remove materials that result in compulsive behavior from bedroom

If **Nightmares** occur:

- a. Help your child develop good sleep habits (see above)
- b. Avoid developmentally inappropriate TV, movies, magazines, and video games
- c. Soothe your child's fears by listening to them, but show them that you are in control and that they are safe
- d. Do not feel obligated to grant all requests (e.g., keep lights on, check for monsters, etc.) following repeated nightmares
- e. Help them with their anxieties during the day hours
- f. Address nighttime fears by teaching child relaxation techniques and reward "bravery" in the morning

Ten Compliance Strategies for Use in the Home by Parents of Young Children (1 to 12 years of age)

(Prepared by Gregory Hanley [ghanley@wne.edu] and Lauren Beaulieu of Western New England University, 7-28-11)

1. Decrease the amount of instructions per day.
2. Eliminate instructions from play-based (free play, child-led) interactions. During these play times, focus simply on watching your child, commenting on their play when you are genuinely impressed by what they are doing or have done, and being available for when they want you to see their accomplishments.
3. Only provide instructions with which you can follow through (e.g., motor-based instructions). In other words, eliminate instructions to eat, sleep, pee/poop on the toilet, talk (e.g., say they are sorry). These are skills that require some sort of shaping if they are not occurring at developmentally appropriate times.
4. Provide many choices during the day outside of instructional situations to give the child some degree of control (e.g., choosing which of several outfits to wear, what to have for snack from an array of choices, the order in which to complete chores or academics).
5. Always call the child's name prior to an instruction, pausing, and then only deliver the instruction after the child has stopped what they were doing, said "yes," and is looking at you. Teach this skill by:
 - a. Letting the child know that you expect him or her to stop, look, say, "yes," and wait for further instruction when they hear their name being called.
 - b. Calling the child's name just prior to giving compliments, snacks, preferred activities. In other words, we would like them to perk up when their name is called, so make sure that when they hear their name, it is not always followed by an instruction; make sure good things happen after their name is called.
6. Deliver clear, concise, and direct instructions ("Billy, put all of the blocks in the bucket"); avoid vague (e.g., "Shape up"), wordy, or indirect instructions (e.g., "It would be nice if somebody cleaned up stuff").
7. If your child does not yet engage in the name response, try to get close to child and on their level, touch their shoulder or forearm, and provide some brief attention (e.g., a compliment) before delivering the instruction, then frame the instruction as a "do" as opposed to "don't" instruction, and place your hands on their hands if their hands are still "busy."
8. Deliver instructions using 3-step prompting (tell, show, help) and always follow through with that which was instructed.
 - a. Once you have the child's attention, deliver a specific and clear instruction (e.g., "Pick up the toy").
 - b. If the child does not comply within 5 s to your clear and concise instruction, repeat the instruction, this time modeling the specified action (e.g., instruct him/her to pick up the toy, while showing him the action of picking up the toy).
 - c. If the child still does not comply following 5 s, repeat the instruction, while physically guiding the child to complete the instruction (e.g., use hand-over-hand guidance to have the child pick up the toy). Always use the least amount of physical assistance when guiding the desired response while maintaining a positive to neutral tone of voice; it is important not to complete the instruction for the child once an instruction has been delivered, or provide any attention to inappropriate behaviors during the instructional sequence.
 - d. If the child complies with an instruction following the first (verbal) or second (verbal plus model) prompt, praise the child while describing the instructed behavior (e.g., "Thank you for picking up the toy" or "Good job picking up the toy"). If you have to use physical assistance with the instruction (third prompt), do not provide praise, simply move on to the next instruction or activity.
9. Provide authentic praise and acknowledgement (and sometimes "upgrades" or rewards) when your child complies with your instructions. By contrast, withhold quality attention (both positive and negative types of attention) following noncompliance (and ensure that follow through is provided).
10. If the child becomes aggressive or highly disruptive following an instruction, implement a safe and effective time-out period (e.g., 1 to 2 min without access to any reinforcers); once the time out period is over, re-issue the same instruction that occasioned the aggressive behavior.