

Restful Minds Initiative

ADOLESCENT SLEEP PROCRASTINATION PROGRAMME: A SKILLS MANUAL

A quick and easy guide for busy practitioners

by Lucy B.G. Tan



**Restful Minds Initiative
Temasek Foundation Youth Connect Programme**

Universal Sleep Programme for Adolescents

A Tier 1 and 2 Intervention

Skills Manual for Youth Counsellors

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About the author

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Previously, Dr. Tan was the Statewide Psychology Clinical Education Program Manager at Queensland Health and the Psychology Clinic Director at Australian Catholic University, Brisbane. She has served as an expert assessor for the Psychology Board of Australia and as a Clinical Advisor for the Office of the Health Ombudsman and the University of Queensland's Psychiatry division.

Her research focuses on mental health condition development, treatment mechanisms, and bridging the evidence-practice divide, particularly regarding work readiness. Her research has earned several prestigious awards, including the Australian Prime Minister's Award. Dr. Tan's treatment protocol, *Taming the Adolescent Mind*[®], is widely used in Youth Mental Health services in Australia and international schools in Hong Kong, with partnerships with the University of Texas, USA.

Dr. Tan specializes in child, adolescent, and family mental health. She has also provided expert testimony in Family Courts, Youth Justice, and medico-legal contexts in Australia and New Zealand. Outside of work, she enjoys outdoor activities, travel, and gardening. Dr. Tan is available for collaborative research and consultations.

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Introduction: What is this Programme about?

The Basic Sleep Procrastination Programme for Adolescents.

Sleep is a fundamental aspect of overall well-being, especially for adolescents who are undergoing significant physical, emotional, and cognitive development. However, many young people struggle with sleep procrastination—delaying bedtime in favour of activities such as social media, gaming, or studying. This behaviour can lead to sleep deprivation, affecting mood, academic performance, and overall health.

Bedtime procrastination is particularly concerning when it comes to adolescents (Kühnel et al., 2018). Kroese et al. (2014) believe that it is not that bedtime procrastinators dislike sleep, but rather, they have difficulty stopping other activities to go to bed. Also, delays in young people's melatonin secretion (a hormone that assists with falling asleep) means it takes longer for adolescents to feel sleepy and so, they are more likely to delay their bedtimes (Vidal and Shochat, 2023; Kadzikowska-Wrzosek, 2020). However, even though they do not feel tired, the need for sleep remains the same. Evidence-based guidelines recommend adolescents **need between 8-10 hours of sleep every night**. When they delay their bedtime, it becomes necessary for adolescents to delay their morning wake times. Of course, on school days, this isn't possible. Necessary early wake times following late nights means a shorter sleep duration, and bedtime procrastinators end up not getting the amount of sleep they need until the weekend. This leads to irregular sleep patterns throughout the year (Vidal and Shochat, 2023).

The ***Body Sleeps, the Mind Follows*** is the basic premise for this 4-session Sleep Programme and aims to equip youth counsellors with practical tools and strategies to help adolescents recognize the importance of healthy sleep habits and overcome procrastination. It provides a comprehensive framework for understanding sleep patterns, identifying barriers to sleep, and implementing effective strategies.

As counsellors, you play a critical role in guiding young people towards better sleep practices. This Programme offers evidence-based techniques, interactive activities, and resources designed to engage adolescents and empower them to prioritize their sleep. Together, we can help them achieve the rest they need to thrive in all aspects of their lives.



Word of Warning:

You may come across adolescents who may be identifying with more serious sleep disorders (e.g., delayed sleep phase disorder, i.e., cannot sleep till 3am or 4 am; sleep apnoea, etc). These adolescents will require more tailored individual treatments (Tier 3 and 4 interventions) and are not suitable for this intervention.

Let's embark on this journey to promote healthy sleep habits and enhance the well-being of the youth we serve.

Background:

What Is the Psychology Behind Bedtime Procrastination?

Sleep procrastination is still an emerging concept in sleep science. As a result, there are ongoing debates about the psychology behind this voluntary sleep reduction. People who engage in bedtime procrastination know and generally want to receive enough sleep, but they fail to actually do so. This is known as an **intention-behaviour gap**¹. One explanation for this gap is a failure in self-regulation or self-control. Our capacity for self-control is already at its lowest at the end of the day, which may facilitate sleep procrastination. Some people may be naturally inclined to procrastinate in general, including around bedtime. In addition, daytime demands at school or work may reduce the reserves of self-control available in the evening.

Not everyone agrees with this explanation, with some arguing that it places too much emphasis on self-control. Instead, sleep procrastination may result from people who have an evening chronotype —i.e. “*night owls*” who are forced to try to adapt to schedules designed for “*early birds*.” In revenge bedtime procrastination, sacrificing sleep for leisure time may also be seen not as a failure of self-control but rather an attempt to find recovery time in response to stress. Further research continues in this area, which may be the result of multiple interacting factors including chronotype, daytime stress, and difficulties in self-regulation.

Who Is Most Affected by Bedtime Procrastination?

Because research about sleep procrastination is still in the early stages, experts are uncertain who is most affected by it. That said, one study found that adolescents and women were most likely to engage in bedtime procrastination. People with an evening chronotype are inclined to stay up later, which may manifest as bedtime procrastination. Sleep procrastination also appears to be more frequent in people who procrastinate in other aspects of their life.

Consequences of Bedtime Procrastination

Bedtime procrastination can cause sleep deprivation. Without enough hours of sleep, the mind and body cannot properly recharge, which can have widespread negative effects on health and learning. Insufficient sleep degrades thinking, decision making and memory. Sleep deprivation also raises the risk of daytime sleepiness, which can harm productivity and academic achievement while heightening the risks of drowsy driving in youths.

¹ The concept is deeply rooted in social psychology and behavioural research, with significant contributions from researchers like:

Kurt Lewin (1890-1947), a pioneering social psychologist who studied human motivation and behaviour change.
Martin Fishbein and Icek Ajzen, who developed the Theory of Reasoned Action in the 1970s, which explores the relationship between attitudes, intentions, and behaviours.

Peter Gollwitzer, who introduced the concept of implementation intentions in the 1990s.

How To Prevent Sleep Procrastination

The best remedy for sleep procrastination is a healthy sleep hygiene, which involves creating good sleep habits and an environment conducive to sleep. Remember that it will take more than one night's sleep to truly get into good sleep habits. Having set routines can make behaviours feel almost automatic.

This Programme is **NOT**:

- about *“just drink some chamomile tea before bed”*
- about sleep meds
- a quick fix, magic pill
- suitable for adolescents with severe sleep disorders, e.g.
 - loud snoring
 - stopping breathing, breathing pauses, gasping, or snorting during sleep
 - falling asleep unintentionally/dozing during the day
 - a creepy-crawly sensation in your lower legs in the evening along with an irresistible urge to move your legs to get rid the sensation
 - very frequent leg jerking during your sleep
 - sleepwalking or the urge to walk while asleep
 - chronic repeating nightmares
 - feelings of panic disrupting your sleep

This Programme **IS** practical and focused; helps you to help the student to:

- train their bodies for sleep – *“Body sleeps, the mind follows”*
- establish their pre-conditions for sleep – *“Habit formation”*
- increase control of their sleep patterns

How will we do this?

- Using the Facts of Sleep Science to move adolescents to action
- To inform and practice specific strategies for improving sleep
- Focus on *knowledge-transfer to action* with the adolescents

Who can join in this Programme (Tier 1 and 2)?

- This Programme is aimed for secondary school-age adolescents
- Programme targets Tier 1 and 2 interventions (healthy to low/mild categories)
- Participants with higher scores on the Sleep screening questionnaires will be advised to seek professional and medical assistance.

Tiered Care Model for Mental Health Care Delivery

	Tier 1 Mental Well-being Promotion	Tier 2 Low Intensity Services	Tier 3 Moderate Intensity Services	Tier 4 High Intensity Services
Who will benefit?	Healthy individuals (i.e., coping well, no or minimal symptoms of mental health conditions)	Individuals with low mental health needs (e.g., some difficulties coping, mild symptoms of mental health conditions)	Individuals with moderate mental health needs (e.g., difficulties coping, moderate symptoms of mental health conditions)	Individuals with high mental health needs (e.g., major difficulties coping, showing severe symptoms of mental health conditions)
Objective	Promote and maintain mental well-being for all individuals, and prevent development of mental health conditions	Facilitate coping and prevent the escalation of symptoms	Reduce the severity of symptoms	Stabilise chronic mental health conditions
Examples of interventions/resources provided	<ul style="list-style-type: none"> • School curriculum to build mental well-being and resilience • Public education and self-help (e.g. MindSG, SG Mental Well-Being Network) • Parenting/ Peer/ Community support • Workplace mental well-being support 	<ul style="list-style-type: none"> • Mental health needs detection • Counselling • Stress and anxiety management, social skills training, behaviour management 	<ul style="list-style-type: none"> • Mental health assessment • Psychotherapy (e.g. Cognitive Behavioural Therapy) • Medical treatment 	<ul style="list-style-type: none"> • Psychiatric assessment and diagnosis • Specialised and longer-term psychological interventions • Medical treatment • Emergency services

Singapore mental health strategy 2023

Screening for Sleep Problems: right fit, right time

How do you know which adolescents fit into which Tier? When to refer those who require more tailored intervention? Along with session plans and resources, a suite of Sleep screening measures would guide you to determine the right fit.

This intervention program aims to empower adolescents to understand and take control of their sleep habits, ultimately enhancing their overall well-being. In each session, it sets out the Objectives and Materials Needed for the session’s activities, along with tipsheets and worksheets.

Sleep Screening Measures

A suite of measures with scoring instructions can be found in this manual. These are used at the start of Session 1 and repeated at the end of the programme during Session 4, thus providing you a comprehensive way of tracking the adolescent’s progress. You will also utilise the adolescent’s responses from the measures to tailor a personalised sleep plan in Session 2 and 3.

ISI (Insomnia Severity Index**)

For each question, please **CIRCLE** the number that best describes your answer.

Please rate the **CURRENT (i.e. LAST 2 WEEKS)** SEVERITY of your insomnia problem(s).

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

4. How **SATISFIED/DISSATISFIED** are you with your CURRENT sleep pattern?

Very Satisfied Satisfied Moderately Satisfied Dissatisfied Very Dissatisfied
 0 1 2 3 4

5. How **NOTICEABLE to others** do you think your sleep problem is in terms of impairing the quality of your life?

Not at all A Little Somewhat Much Very Much Noticeable
 Noticeable 0 1 2 3 4

6. How **WORRIED/DISTRESSED** are you about your current sleep problem?

Not at all A Little Somewhat Much Very Much Worried
 Worried 0 1 2 3 4

7. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) **CURRENTLY**?

Not at all A Little Somewhat Much Very Much Interfering
 Interfering 0 1 2 3 4

Guidelines for Scoring/Interpretation:

Add the scores for all the above seven questions = _____ your total score

Total score categories:

0–7 = No clinically significant insomnia

8–14 = Sub-threshold insomnia

15–21 = Moderate severity Clinical insomnia

22–28 = Severe Clinical insomnia

**Next - What to do with the ISI scores?****Group the adolescents according the 4 categories**

- Adolescents who **score 15 and above** on the ISI will be encouraged to seek out personalised interventions i.e., Tier 3 or 4
- Adolescents who **score 8-14** will be offered Tier 2 interventions and continue with this programme (a further 3 sessions)
- Adolescents who score below 7, may stop after session 1, and exit the Programme.

** Bastien, H., Vallieres, A. & Mori, C.M. (2001). Validation of the Insomnia Severity Index as an outcome measure for insomnia research. *Sleep Medicine* 2(4), 297-307.

(ASHS) Adolescent Sleep Hygiene Scale

Directions: Using the choices below, circle **how often** the following things have happened **during the past month.**

1	Never – has not happened
2	Once in a while – happened 20% of the time
3	Sometimes – happened 40% of the time
4	Quite Often – happened 60% of the time
5	Frequently, if not always – happened 80% of the time
6	Always – happened 100% of the time

		Always (100%)					
		Frequently, if not Always (80%)					
		Quite Often (60%)					
		Sometimes (40%)					
		Once in a while (20%)					
		Never (0%)					
During the day...							
1.	...I take a nap that lasts more than 1 hour.	N	O	S	Q	F	A
2.	...I play or exercise for more than 20 minutes.	N	O	S	Q	F	A
After 6:00 in the evening...							
3.	...I have drinks with caffeine (for example: cola, root beer, iced tea, coffee).	N	O	S	Q	F	A
4.	...I take a nap.	N	O	S	Q	F	A
5.	...I do some kind of physical activity (for example: exercise, play sports).	N	O	S	Q	F	A
6.	...I smoke or chew tobacco.	N	O	S	Q	F	A
7.	...I drink beer (or some other drinks with alcohol).	N	O	S	Q	F	A
During the 1 hour before bedtime...							
8.	...I do things that make me feel calm or relaxed (for example: taking a hot bath/shower, listening to soft music, reading).	N	O	S	Q	F	A
9.	...things happen that make me feel strong emotions (sadness, anger, excitement).	N	O	S	Q	F	A
10.	...I am very active (for example: playing outside, running, wrestling).	N	O	S	Q	F	A
11.	...I do things that make me feel very awake (for example: playing video games, watching TV, talking on the telephone).	N	O	S	Q	F	A

12	...I drink more than 4 glasses of water (or some other liquid).	N	O	S	Q	F	A
----	--	---	---	---	---	---	---

		Always (100%)					
		Frequently, if not Always (80%)					
				Quite Often (60%)			
						Sometimes (40%)	
				Once in a while (20%)			
						Never (0%)	
I go to bed...							
13	...and do things in my bed that keep me awake (for example: watching TV, reading).	N	O	S	Q	F	A
14	...and think about things I <i>need</i> to do.	N	O	S	Q	F	A
15	...feeling upset.	N	O	S	Q	F	A
16	...and replay the day's events over and over in my mind.	N	O	S	Q	F	A
17	...and worry about things happening at home or at school.	N	O	S	Q	F	A
18	...with a stomachache.	N	O	S	Q	F	A
19	...feeling hungry.	N	O	S	Q	F	A
I fall asleep...							
20	...while listening to loud music.	N	O	S	Q	F	A
21	...while watching TV.	N	O	S	Q	F	A
22	...in a <i>brightly</i> lit room (for example: the overhead light is on).	N	O	S	Q	F	A
23	...in <i>one place</i> and then move to <i>another place</i> during the night.	N	O	S	Q	F	A
24	...in a room that feels <i>too hot</i> or <i>too cold</i> .	N	O	S	Q	F	A
I sleep...							
25	...in a home where someone smokes cigarettes, cigars, or a pipe.	N	O	S	Q	F	A
I...							
26	...get <i>too little</i> sleep.	N	O	S	Q	F	A
27	...use a bedtime routine (for example: bathing, brushing teeth, reading).	N	O	S	Q	F	A
28	...use my bed for things <i>other than sleep</i> (for example: talking on the telephone, watching TV, playing video games, doing homework).	N	O	S	Q	F	A
29	...check my clock several times during the night.	N	O	S	Q	F	A

		Always (100%)					
		Frequently, if not Always (80%)					
		Quite Often (60%)					
		Sometimes (40%)					
		Once in a while (20%)					
		Never (0%)					
During the school week, I...							
30	...stay up more than 1 hour past my usual bedtime. My usual school night bedtime is ___ am pm	N	O	S	Q	F	A
31	..." sleep in" more than 1 hour past my usual wake time. My usual school day wake time is ___ am pm	N	O	S	Q	F	A
On weekends, I...							
32	...stay up more than 1 hour past my usual bedtime. My usual weekend bedtime is _____ am pm	N	O	S	Q	F	A
33	..." sleep in" more than 1 hour past my usual wake time. My usual weekend wake time is ___am / pm	N	O	S	Q	F	A

----- End -----

ASHS Scoresheet

1	Never – has not happened
2	Once in a while – happened 20% of the time
3	Sometimes – happened 40% of the time
4	Quite Often – happened 60% of the time
5	Frequently, if not always – happened 80% of the time
6	Always – happened 100% of the time

Transfer your scores into the respective item-number boxes below. For example, if your response for Q3 is 'Quite Often / Q', your numerical score is therefore 4. Add up each table's scores, before dividing them by a specific number.

A. Physiological

Q3	Q10	Q12	Q18	Q19	TOTAL
Divide TOTAL by 5					

B. Behavioural Arousal

Q11	Q13	Q28	TOTAL
Divide TOTAL by 3			

C. Cognitive/Emotional

Q9	Q14	Q15	Q16	Q17	Q29	TOTAL
Divide TOTAL by 6						

D. Sleep Environment

Q20	Q21	Q22	Q23	Q24	TOTAL
Divide TOTAL by 5					

E. Sleep Stability

Q11	Q13	Q28	TOTAL
Divide TOTAL by 3			

F. Daytime Sleep

Q1	Q4	TOTAL
Divide TOTAL by 2		

G. Substances

Q6	Q7	TOTAL
Divide TOTAL by 2		

Reverse score **Item 27 (Bedtime Routine)** according to the conversion table below; so, if the original score is 1, reverse score it as a 6:

1 → 6	4 → 3
2 → 5	5 → 2
3 → 4	6 → 1

To obtain the **Total Sleep Hygiene score**, add the total scores for A – G and the **reverse score item 27**.

A	B	C	D	E	F	G	Item 27	TOTAL

** de Bruin, E.J., van Kampen, R.K.A, van Kooten, T. & Meijer, A.M. (2014). Psychometric properties and clinical relevance of the Adolescent Sleep Hygiene Scale in Dutch adolescents. *Sleep Medicine* 15(7), 789–97. 10.1016/j.sleep.2014.03.015 – PubMed.

Adolescent Sleep -Wake Scale**: Short version

Directions:

Using the choices below, circle how often the following things have happened during the past month.

- Never
- Once in Awhile
- Sometimes
- Quite Often
- Frequently, if not always
- Always

Questions 1 - 3 only concern you Going to Bed.							
							Always
						Frequently, if not Always	
					Quite Often		
				Sometimes			
			Once in Awhile				
		Never					
When it's <i>time to go to bed</i> , I...							
1	...want to stay up and do other things	N	O	S	Q	F	A
2	...are ready for bed at bedtime	N	O	S	Q	F	A
3	...try to "put off" or delay going to bed	N	O	S	Q	F	A
Questions 4 - 8 only concern you Falling Asleep & Reinstating Sleep.							
When it's <i>time to go to sleep</i> (lights-out), I...							
4	...have trouble settling down	N	O	S	Q	F	A
5	... <i>need help</i> getting to sleep (for example: you need to listen to music, watch TV, take medication, or have someone else in bed with you)	N	O	S	Q	F	A
After waking up during the night, I...							
6	...have trouble going back to sleep	N	O	S	Q	F	A
7	...have trouble getting comfortable	N	O	S	Q	F	A
8	... <i>need help</i> to go back to sleep (for example: you need to watch TV, read, or sleep with another person)	N	O	S	Q	F	A
Write in <u>how long</u> it usually takes you to fall asleep: ____ minutes							
Write in how many times do you usually awaken during the night: ____ times							
Write in <u>how long</u> it takes you to <u>go back to sleep</u> after arousing/awakening: ____ min							

Questions 9 - 10 only concern you Waking in the Morning							
Always							
Frequently, if not Always							
Quite Often							
Sometimes							
Once in Awhile							
Never							
In the morning, I wake up...							
9	...and feel ready to get up for the day	N	O	S	Q	F	A
10	...feeling rested and alert	N	O	S	Q	F	A
	Write in <u>how long</u> it takes you <u>to become alert</u> in the morning: _____ minutes						

Adolescent Sleep Wake Scale – short version (ASWS) ** Scoring

- The ASWS provides 3 subscale scores and an overall sleep quality score.
- Higher scores indicate better success on each of the dimensions (or sleep quality).
- Response options are scored in some of the items.

- Never (1 point)
- Once in Awhile (2 points)
- Sometimes (3 points)
- Quite Often (4 points)
- Frequently (5 points)
- Always (6 points)

Write down your scores for each question in the tables below. Some items may require **reverse scoring** and are indicated with a *****. So, this means for a score of 1, reverse-scoring equals a 6. Next, add up the scores for questions within each table, before dividing the total sum by the specific number in each table. Adolescents may use their phone calculator.

A. Going to bed

Q1*	Q2	Q3*	TOTAL
Divide TOTAL by 3			

B. Falling Asleep and Reinitiating Sleep

Q4*	Q5*	Q6*	Q7*	Q8*	TOTAL
Divide TOTAL by 5					

C. Returning to Wakefulness

Q9	Q10	TOTAL
Divide TOTAL by 2		

To obtain your **Total Sleep Quality score**, sum up the Total scores of A, B, and C.

A	B	C	GRAND TOTAL

** Sufrinko, A.M., Valrie, C.R., Lanzo, L., Bond, K.E., Trout, K.L., Ladd, R.E. & Everhart, E. (2015). Empirical validation of a short version of the Adolescent Sleep–Wake Scale using a sample of ethnically diverse adolescents from an economically disadvantage community. *Sleep Medicine*, 16 (10), 1204-1206.

PANAS – Adolescent version (Positive Affect Negative Affect Schedule)**

This scale consists of several words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have felt this way for **the past two weeks.**

Use the following scale to record your answers. At the end, please total your scores for each column.

1 Very Slightly or Not at all	2 A Little	3 Moderately	4 Quite a Bit	5 Extremely
-------------------------------------	---------------	-----------------	------------------	----------------

_____ Interested	_____ Irritable
_____ Alert	_____ Distressed
_____ Excited	_____ Ashamed
_____ Inspired	_____ Upset
_____ Strong	_____ Nervous
_____ Determined	_____ Guilty
_____ Attentive	_____ Scared
_____ Active	_____ Jittery
_____ Enthusiastic	_____ Hostile
_____ Proud	_____ Afraid
_____ TOTAL	_____ TOTAL

** Allan, N. P., Lonigan, C. J., & Phillips, B. M. (2015). Examining the Factor Structure and Structural Invariance of the PANAS Across Children, Adolescents, and Young Adults. *Journal of Personality Assessment*, 97(6), 616–625.

Terminology

Bedtime procrastination	Procrastinating or delaying bedtime in favour of activities, watching TV, social media, playing video games, homework, etc. It involves <i>delaying the act of getting into bed</i> .
Sleep procrastination	Refers to <i>being in bed but</i> engaging in behaviours of delaying the time to fall asleep once in bed, e.g., associated with rising rates of electronic devices use in bed. Both the above results in reducing a good night's sleep.
Revenge bedtime procrastination	Refers to the decision to delay sleep in response to a lack of free time earlier in the day, so individuals sacrifice sleep for personal time.
Circadian rhythm	Circadian rhythms are multiple physical changes that occur in the body at consistent times over the 24-hour clock. It regulates the sleep-wake cycle, driven by light exposure and other environmental cues.
Sedatives	Medications like diazepam or lorazepam that promote sleep but can lead to dependence and tolerance.
Stimulants	Stimulants that increase activity in the brain and can enhance alertness, concentration, and energy levels. Common examples of stimulants include Energy drinks, cola, caffeine.
Over-the Counter Sleep Aids	Antihistamines like diphenhydramine (Benadryl) that induce drowsiness but may have side effects.
Melatonin supplements	Hormonal supplements that help regulate sleep-wake cycles, often used for jet lag or shift work.
Restorative Function	Sleep is critical for physical and mental restoration, including memory consolidation, emotional regulation, and immune function.
Insomnia	A Sleep disorder characterized by difficulty falling asleep, staying asleep, or waking up too early and not being able to return to sleep. Often accompanied by daytime fatigue.
Sleep Cycle	A typical night's sleep includes several cycles of stages, each lasting about 90 minutes.
Deep Sleep (NREM, non-rapid eye movement)	It is the most restful state; where your body undergoes physical restoration, growth, and immune function. Occurs earlier in the sleep cycle, and you are difficult to wake up from this stage.
REM (Rapid Eye Movement) Sleep	This stage of sleep is important for brain development, learning and memory – where your brain consolidates memories and prepares you for the challenges of next day.

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Session 1: Understanding Sleep and its Importance

Duration: 1 hour

Welcome the participants.

Provide an Overview of the Programme

This four-session intervention programme is designed to help adolescents understand their sleep schedule and overcome sleep procrastination. Each session is one hour long and focuses on interactive discussions, activities, and practical strategies. With the aim to inform and practice specific strategies for improving sleep, and to focus on *knowledge-transfer to action*.

This programme **IS** practical and focused; helps you to help the student to:

- train their bodies for sleep – *“Body sleeps, the mind follows”*
- establish their pre-conditions for sleep – *“Habit formation”*
- *increase control* of their sleep patterns
- raise awareness of sleep procrastination and its effects

Session 1 Objectives:

1. *Body sleeps, the mind follows* – To educate participants about sleep fundamentals (stages and sleep procrastination)
2. *Screen for Right fit, Right time* – administer the sleep measures
3. *Identifying adolescent’s personal sleep habits and schedule*
4. Developing rationale and their *motivation to change*

Materials Needed:

- Projector/Screen/Speakers for video presentations
- Sleep screening measures (4 measures)
- Sleep diary handouts
- Tipsheets
- 2 video links (internet links available on next page)

Session Structure:

1. Introduction (5 minutes)
 - Icebreaker: Share one thing about yourself and one thing about sleep.

- Administer the sleep screening measures (15 minutes) - this helps adolescents to self-assess and enable them to reflect on their sleep patterns and procrastination triggers. It also screens severity of adolescent's sleep difficulties or lack thereof.
 - ✓ Adolescent to score their measures upon completion.
 - ✓ Collect all the measures.

2. Understanding Sleep (15 minutes)

- **Stages of Sleep and Why it Matters** (for physical restoration and growth, attention and memory consolidation and emotion regulation).



- Play video – **Sleep Cycles (6 minutes)**

Produced by Headspace, available on:

<https://www.youtube.com/watch?v=iqjGf9AmVWQ>

- Discuss the effects of sleep deprivation on mood, cognitive function, and health.
- Play the video – **What happens if you didn't sleep?** (4 minutes)

Available on Ted Talk:

https://www.ted.com/talks/claudia_aguirre_what_would_happen_if_you_didn_t_sleep?subtitle=en

Consequences of Insufficient Sleep

Bedtime procrastination leads to insufficient sleep, and inadequate sleep leads to poorer health and performance. In their literature review, Medic et al. (2017) detailed the short-term consequences of sleep disruption for healthy individuals. They included an increased likelihood of:

- poorer cognition
- poorer memory
- poorer school performance
- behaviour problems
- heightened stress response (including depression and anxiety)
- increased pain

Not getting enough sleep can lead to:



Having trouble paying attention, concentrating, learning and solving problems.



Doing poorly at school, impairment in sports performance or other hobbies, too little energy to spend quality time with friends or family.



Increased risk of injury.



Increased risk of mental health problems.



Increased risk of physical health problems.



Irritability, aggression, difficulty dealing with stress, outbursts towards friends or family.

Sleep Science: The fundamentals

Distribute ALL About Sleep Handouts and Tipsheets

- How much sleep do you need?
- Common reasons why people don't get enough sleep?
- Good sleep habits – What you can do to improve sleep?



Lead discussions:

Invite adolescents to share their **current sleep habits and challenges** (10 minutes).

Ask = How satisfied are they with their level of sleep? What have they tried to improve? How long did they stick to their plan?

3. Identifying Sleep Procrastination (15 minutes)

- Definition of Sleep Procrastination
Sleep procrastination refers to the habit of delaying going to sleep, despite knowing that it is necessary for one's health and well-being. It's a form of procrastination where a person stays up later than planned, often engaging in activities such as browsing the internet, watching TV, working on schoolwork, using their phone, even though they are aware that they need rest.
- Discuss common reasons for sleep procrastination (e.g., screen time, anxiety over schoolwork, social pressures, etc).
- Group discussion: Participants share their experiences with sleep procrastination (further examples from their sleep measures).

4. Wrap-Up and Homework

- Summarize key points



Triage the cohort – check the Insomnia Severity Index tool

- ✓ Participants with a **low score of 7 and below** (on the ISI, Insomnia Severity Index screening tool) **to exit** at the end of session 1. There is no need to complete the Sleep diary for the low scorers.
- ✓ Participants with a **high score of 15 and above** are advised to seek more targeted professional assistance for Tier 3 and 4 interventions. There is no need to complete this universal programme.

CONTINUE

Tier 2: Participants with scores of **8 to 14 on the ISI** continue with the programme (Session 2 and beyond).

Distribute the Sleep Diary Handout.

Know your Sleep Habits and Schedule

Distribute the Handout: My Sleep Diary

Homework task: Introduce the Sleep Diary - to record their daily sleep patterns over the next week.

Instructions: HOW OFTEN and WHEN to fill it out?

It is important to **complete your sleep log every day**. Ideally, it should be completed **within one hour of getting out of bed** in the morning.

What should I do if I miss a day?

If you forget to fill in the log or are unable to finish it, leave the log blank for that day.

What if something unusual affects my sleep or how I feel in the daytime?

If your sleep or daytime functioning is affected by some unusual event (such as an illness, or an emergency) you may make brief notes on your log.

MY SLEEP DIARY

IN EACH ROW, INDICATE HOW YOU SLEPT THE NIGHT BEFORE.
PLEASE DO THIS THE MOMENT YOU WAKE UP.

BUILD A SLEEP DIARY TO UNDERSTAND YOUR SLEEPING PATTERNS

	WHAT TIME DO YOU GO TO BED?	WHAT TIME DO YOU ACTUALLY FALL ASLEEP?	WHAT TIME DO YOU WAKE UP?	WHAT TIME DO YOU ACTUALLY GET OUT OF BED?	HOW MANY TIMES DO YOU WAKE UP AT NIGHT? (1, 2, 3, 4+)	HOW DO YOU FEEL NOW? BEST SLEEP EVER (1-5) WORST SLEEP EVER (1-5)
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

WHEN PATTERNS EMERGE

Notice the patterns that build on your sleep - what works and what does not to help you fall asleep quickly, deeply, & comfortably?

Feel free to talk to a family member, school teacher/counsellor, or health professional if you have any concerns about your sleep!

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Session 2: Identifying Barriers and Setting Goals

Objectives:

1. Attempting to change – improving sleep schedule
2. Overcoming challenges to sleep (reinforcing sleep hygiene practices, circadian rhythm, behaviour chaining)
3. Set achievable sleep goals

Materials needed:

- Audio Visual Projector to play video
- Adolescent's completed Sleep Hygiene measure from previous session
- Barriers and Difficulties Worksheet
- Impactful Sleep hygiene strategies handout
- Lots of paper clips, pens and little sticky notes (for behaviour chaining activity)
- SMART goals worksheet
- Sleep Diary (clean copy, available in Session 1)
- Video (YouTube) on "*Can you reset your Circadian Rhythm?*"

Session Structure:

1. Review Sleep Diary (5 mins)
 - In small groups, participants share insights from their sleep logs
 - Discuss and review any difficulties in last week's homework
 - Distribute new set of Sleep Diary

Introduce the Circadian Rhythm and its importance



The Circadian Rhythm is the body's biological clock that regulates the timing of sleepiness and alertness each day. It roughly follows a 24-hour cycle and is determined by certain cues to keep the body in synchrony.



Play the video:

“Can you reset your Circadian Rhythm?” (3 minutes) produced by The Sleep Foundation, Australia:
<https://youtu.be/A198Tdrkncs>

How to synch with our Body’s clock? What cues help?

Discuss what activities or behaviours cue the Body Clock to work. By keeping regular sleep-wake cycles it allows the body to get used to the regular sleep and rise times. Below are some examples:

- Exposure to natural light first thing in the morning
- Eating at regular times – having regular meal
- Do not have caffeine or alcohol in afternoon or evening
- Do not take naps in the day
- Dim lighting as night approaches

Discussion of personalised findings of Adolescent Sleep Hygiene Scale – 20 minutes

Refer to the participant’s Adolescent Sleep Hygiene Scale (ASHS) from Session 1 to identify problematic sleep hygiene behaviours.

Distribute the Barriers and Difficulties Worksheets.



Worksheet Activity: Identify personal barriers to attaining good sleep

Next, provide a worksheet for the adolescent to circle their barriers and rate the levels of difficulty to make the change. Then Target one or two behaviours to commit to change, starting with the least difficult items. They are to action the chosen change behaviour for the whole week. Below are added examples for prompts, to be used to illustrate with the participants what the list of barriers may be.

Attempting to change – Pros and Cons

Barriers to Sleep

- Using the categories below, first get the adolescents to generate a List of Barriers to sleep. A comprehensive list of common barriers is listed below:

Technology Use

- Excessive screen time before bed (phones, tablets, computers).
- Blue light exposure disrupting melatonin production.

Stress and Anxiety

- Academic pressure and performance anxiety.
- Personal issues or relationship challenges.

Irregular Sleep Schedule

- Inconsistent bedtimes and wake-up times.
- Changes due to social activities or weekend schedules.

Environmental Factors

- Noisy surroundings (traffic, siblings, etc.).
- Uncomfortable room temperature or bedding.
- Use your bed for sleeping only.

Caffeine and Diet

- Consumption of caffeinated beverages (soda, energy drinks) in the afternoon or evening.
- Heavy meals close to bedtime.

Physical Activity

- Lack of exercise in the day - leading to decreased sleep quality.
- Exercising too close to bedtime energizes rather than relaxes, interrupting sleep drive

Mental Health Issues

- Depression, anxiety disorders, or other mental health conditions affecting sleep patterns.

Substance Use

- Alcohol, nicotine, or recreational drug use impacting sleep quality and duration.

Sleep Disorders

- Conditions like insomnia, sleep apnoea, or restless leg syndrome that interfere with sleep.

Social Pressures

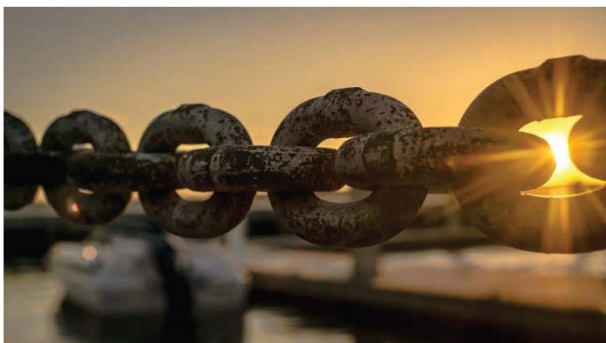
- FOMO (fear of missing out) leading to late nights.
- Peer pressure to engage in social activities consequently resulting in oversleeping.

BARRIERS TO OPTIMAL SLEEP



Identifying the barriers can help adolescents develop targeted strategies to improve sleep hygiene and overall well-being.

What is Behaviour Chaining?



Behaviour Chaining involves breaking down a complex behaviour into smaller, manageable steps that are learned and linked together in sequence to achieve a final goal.

In the context of sleep, behaviour chaining can be used to help establish a consistent bedtime routine, promoting better sleep hygiene and facilitating a smooth transition from wakefulness to sleep.

Each activity is a **link** in the chain that prepares the body and mind for sleep. As you consistently follow this sequence each afternoon, your body learns to recognize the patterns and signals that indicate it is time to wind down, improving sleep hygiene and promoting better sleep at night.

By establishing a solid afternoon routine with these small but impactful steps, you lay the groundwork for a more restful sleep, improving overall sleep quality. **Distribute the Handout:** Things You Can Do to Train Your Body & Mind for Sleep.

Things You Can Do To Train Your Body & Mind For Sleep



Behaviour Chaining Activity (10 minutes)

Using Impactful sleep strategies, adolescents write an action activity on a

small piece of sticky note, then another activity that links with the earlier identified activity, creating a chain of actions, all with the aim of achieving a healthy sleep routine.

Positive and Impactful Sleep Strategies

It is important you know that when creating new sleep habits, it can be achieved by building in systematic steps – e.g., it is like a link chain, where one action is paired with another to increase success rate.

Developing new habits is more than just exercising self-control. This motivational strategy encourages you to manage the beneficial bedtime behaviours, enabling you to act from a position of understanding rather than feeling any external pressure. **Self-control is more than just trying to resist one more thumb scrolling of a social media website or Netflix episode – It is about creating micro-behaviours that become good habits.**



** Lindberg, S. (2023, January 17). *Sleep and Dreaming: What Is Sleep Hygiene?* Verywell Mind. <https://www.verywellmind.com/what-is-sleep-hygiene-5085887>

In the next exercise we will work on setting up goals and behaviours to reduce sleep procrastination.

“Body sleeps, the mind follows” (15 mins)
Train the body for sleep.

Our **Sleep Drive** is regulated by our brain based on how long we have been awake. The longer we are awake, the more “*sleep drive*” we build up and the sleepier we get. Sleeping in the next day – no matter how late you went to bed the night before or on weekends (to “*catch-up on sleep*”) or napping in the day – decreases your sleep drive and ***makes it harder to sleep that night***. You may have noticed this sleep pattern already, that is, a few bad or late nights of sleep is followed by a good night’s sleep.

Certain habits cause our body and our mind to have automatic responses. In other words, behaviours become associated with bodily reactions. This is usually called “***The mind-body relationship***”. So, for the next exercise we will be setting goals to train our body.

Distribute My SMART Goals Worksheet and Sleep Diary

My SMART Goal for Sleep

SMART GOAL		
BENEFITS		
ACTION AND TIMELINE	ACTION STEPS	TIMELINE
Remember to break these goals into doable steps. Make sure you consider the SMART goal criteria: Specific Measurable Attainable Realistic Timely	1.	1.
	2.	2.
	3.	3.
SUPPORT NETWORK		
OBSTACLES		

Introduce SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound).

Specific: The goal should be clear and specific, answering questions like who, what, where, when, and why. For example, instead of saying *"I want to sleep better,"* you might say, *"I want to go to bed by 10pm on school nights."*

Measurable: You should be able to track your progress. This means including criteria that allows you to measure your success. For example, *"I will track my sleep for five nights a week using a sleep diary."*

Achievable: The goal should be realistic and attainable, considering your current situation and resources. For example, setting a goal to increase sleep from 6 hours to 8 hours a night may be unrealistic if you are currently away on holidays or school camp.

Relevant: The goal should matter to you and align with your broader objectives or values, i.e. what is important to your health and well-being. For instance, a relevant goal might be, *"I want to improve my sleep to feel more energized for school and sports."*

Time-bound: Set a deadline for your goal to create a sense of urgency and focus. For example, *"I will start my new bedtime routine for one month and then assess how it is working."*

Example of a SMART Goal:

"I will not take an afternoon nap in the day and will go to bed by 10.30pm every night; and tracking my sleep with a diary to see if I feel more rested and focused during the day."

This goal is specific, measurable, achievable, relevant, and time bound. Each participant sets their goal and ensure they have a couple of chained behaviours to support the goal.

What barriers that may get in the way of their change behaviour?

On a scale of 1 – 10, how easy will it be to put it into action?

On a scale of 1 – 10, how successful will their plan be?


My SMART Goal for Sleep - EXAMPLE


SMART GOAL	I will go to bed by 10pm every night	
BENEFITS	Good skin, more energy, stronger immunity	
ACTION AND TIMELINE	ACTION STEPS	TIMELINE
Remember to break these goals into doable steps. Make sure you consider the SMART goal criteria: Specific Measurable Attainable Realistic Timely	SPECIFIC - By 9.30pm, I will start winding down for bed	1.
	MEASURABLE – I will execute this goal for 6 nights out of 7	2.
	ATTAINABLE – By 10pm, I shall be in bed	3.
	REALISTIC – When I am not having school holidays, not at school camps	
	TIMELY – Set a phone alarm to put phones away and start winding down for sleep	
	1.	
	2.	
	3.	
SUPPORT NETWORK		
OBSTACLES		
ADJUSTMENTS		


Good dental hygiene is important in determining the health of your teeth and gums. Similarly, good sleep hygiene is important in determining the quality and quantity of your sleep. Review the tips below and choose the ones you think you might wish to enhance.


SLEEP HYGIENE

"SLEEP HYGIENE DESCRIBES GOOD SLEEP HABITS AND ROUTINES"


1 GET REGULAR 
Go to bed and get up at the same time everyday, even on weekends! The bed is only for sleep. Don't avoid activities if you are tired.


2 SLEEP WHEN SLEEPY 
Sleep when tired. If you have to nap, make it less than an hour and take the nap before 3pm.

3 AVOID CAFFEINE & NICOTINE
Avoid drugs and caffeinated drinks 4-6 hours before bed. These will keep you wide awake. 

4 SLEEP RITUALS 
Relax 15 minutes before bed, drink caffeine-free tea, or take a hot bath 1-2 hours before bed.

5 EXERCISE 
Don't exercise 4 hours before bed. Morning walks leave you feeling refreshed!

6 EAT RIGHT 
Eat a healthy, balanced diet. Don't sleep on an empty stomach. No heavy meals before bed.

7 NO CLOCK WATCHING 
Checking the clock during the night wakes you up causing anxiety.

8 RIGHT SPACE 
Bedroom should be quiet and comfortable. Cool room (18-22 degrees Celsius) with blankets, curtains to block sun, and ear plugs for noise.

INSOMNIA

To be unable to sleep. Can be linked with sleep apnea, depression, and anxiety



Wrap-Up the Session and set Homework (10 mins)

Recap the session and emphasize the importance of habit formation with goal setting.
Train the body for sleep and the mind follows.

Homework: Work on their sleep SMART goal and continue to track Sleep Diary.

Below are additional facts for the Facilitator:

Screen time: Turn off TV, computers, tablets, and smart phones 1 hour Before Bedtime

• The short waves of blue light (emitted from the screens of TVs, laptops, iPads, smart phones, etc.) mimic daylight. Thinking it is daytime, your brain suppresses melatonin and becomes more alert because we have evolved to see this type of light only during the day. What is more, the overall stimulation we get from these devices serves to keep us more alert. If TV is your relaxing activity, try to move it up a bit earlier in the evening.



Caffeine found in energy drinks, teas, and coffees. Avoid Caffeine 6-8 Hours Before Bedtime

- Caffeine disturbs sleep, even in people who do not think they experience a stimulation effect.
- Individuals with insomnia are often more sensitive to mild stimulants than are normal sleepers.
- Caffeine is found in items such as coffee, tea, soda, chocolate, and many over-the-counter medications (e.g., Excedrin)
- Caffeine should be avoided in the afternoon and evening, preferably by 1pm. You might consider a trial period of no caffeine at all.

Nicotine: Avoid Nicotine Before Bedtime

- Although some smokers claim that smoking helps them relax, nicotine is a stimulant.
- The initial relaxing effects occur with the initial entry of the nicotine, but as the nicotine builds in the system it produces an effect like caffeine.
- Nicotine should be avoided near bedtime and during the night. Don't smoke to get yourself back to sleep.

Regular Exercise

- Exercise has been shown to aid sleep, although the positive effect often takes several weeks to become noticeable.
- Get regular exercise, preferably at least 20 minutes each day of an activity that causes sweating; but NOT within 2 hours of bedtime as it may elevate nervous system activity and interfere with sleep onset.

Bedroom Environment: Moderate Temperature, Quiet, and Dark

- Extremes of heat or cold can disrupt sleep.
- Noises can be masked with background white noise (such as the noise of a fan) or with earplugs.
- Bedrooms may be darkened with black-out shades or sleep masks can be worn.
- Position clocks out-of-sight since clock-watching can increase worry about the effects of lack of sleep.

Eating

- Avoid heavy or spicy meals before bedtime and any caffeinated foods (e.g., chocolate).
- Do not go to bed too hungry or too full.

Avoid/Reduce Naps

- The sleep you obtain during the day takes away from your sleep need that night resulting in lighter, more restless sleep, difficulty falling asleep, and/or early morning awakening.
- Avoid naps. If you must nap, keep it brief. It is best to set an alarm to ensure you don't sleep more than 15 minutes.

Limit Your Time in Bed

- Restrict your sleep period to the average number of hours you have slept per night during the preceding week. Quality of sleep is important. Too much time in bed can decrease the quality on subsequent night and contribute to the maintenance of existing sleep problems. Do not lie in bed for extended times when you cannot fall asleep. If you aren't asleep in about 15-20 minutes go ahead and get up. Do something outside the bedroom that is relaxing. When you feel sleepy (i.e., yawning, head bobbing, eyes closing, concentration decreasing), then return to bed. **Do not confuse tiredness with sleepiness, they are different. Tiredness does not lead to sleep, only sleepiness does.**
- Getting exposure to sunlight in the morning can help you sleep at night because it helps reset your body's inner "*sleep clock*." Light is an important cue for your body's sleep cycle.

Regular Sleep Schedule

- Keep a regular time each day, 7 days a week, to get out of bed. Keeping a regular awaking time helps set your circadian rhythm so that your body learns to sleep at the desired time.

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Session 3: Building and Maintaining Healthy Sleep Habits and Schedule

Objective:

1. Homework review – Sleep Diary and SMART goal/s
2. *Fine-tuning Personal Sleep Plan*
3. *Visualising success*
4. *Managing a Slip – When you get out of synch*
5. Introduce *Mindfulness Bedtime Meditation*

Materials needed:

- Adolescent's completed Sleep Diary and SMART goal (homework) from previous session
- Laminated Cards for the game
- Adolescent's mobile phone for recording of Mindfulness Bedtime Meditation
- Sleep Diary (clean copy available in Session 1)

Session Structure

Check-In and reviewing on homework – Sleep Diary and Sleep Goals (10 mins)

- Participants share progress on their sleep goals.
- Discuss successes, positive changes, and challenges.

Reinforcing Healthy Sleep Habits (25 mins)



Play the card sorting game: Using the laminated cards to reinforce sleep hygiene practices (consistent sleep schedule, relaxation techniques, screen time management), learnt from previous sessions.

Depending on the numbers of adolescents in the group, divide them equally into 2 groups.

Distribute the cards equally to each group. They are to sort the cards into categories of Day-time vs Night-time pro-sleep behaviours / actions.

- Reminder of *Training the body for sleep behaviours* (daylight in the morning, consistent and regular times for meals, avoid heavy dinner before sleep, avoid caffeine and late exercise before bedtime, dim the lights, wind down routine)
- Next, participants are to use the laminated cards to *Create a personalized bedtime routine*.

Self-control does not just happen, and it is not just Will Power.

It is cultivated. In last week's session, we discussed Behaviour Chaining. This is the strategy which helps us to form habits.

For sleep, this means practicing the actions that sets up and lead to development of good sleep habits.

Acting upon our intentions is a great way to establish habits.



For example, in the morning, you have decided to set your bedtime for the rest of week for 10.30pm each night. How are you going to hold to this intention?

Before this, there are steps taken to ensure success of holding to the set time. This may include you doing a list of behaviours or actions that enable you closer to holding to the set time.

Can you think of any steps? Okay, let's work backwards.

For example, 30 minutes before Bedtime: Brush teeth, read a book, relax, pack school bag, listen to music, etc.

One hour before Bedtime: the timer/alarm rings to remind you to turn off electronic devices and park electronic devices further away from the bed. This makes access to electronic devices harder.

Two hours before Bedtime: Restrict water intake, stop exercises, Do not have heavy meal, etc.

These are goals with action plans that specify the day, time, and location where certain behaviours will occur. For instance, *I will go to bed at 10.30 pm in my bedroom each night.*

When life interrupts these implementation intentions, an if-then formula can be used:

If I did not go to bed by 10.30 pm last night, I won't touch my phone for two hours before bed at 10.30pm tonight.



To help adolescents reflect on their habits, **identify their motivations, and create actionable plans for positive change.**

Below is a list of helpful prompts to guide adolescents in forming good sleep habits, these may be utilised to further strengthen their efforts for behavioural change:

1. Tie in with their SMART goals from previous session.

- What specific sleep delay or good sleep habits do you want to develop or change?
- Why are these habits important to you?
- How do you envision your life changing once you adopt these new behaviours or habits?

2. Self-Reflection

- What are some habits you currently have that support your sleep goals?
- Are there any habits that you feel are holding you back? Why?
- How do you feel when you engage in positive habits versus negative ones?

3. Motivation and Barriers

- What motivates you so far to make these changes?
- What challenges do you anticipate in forming these new habits?
- How have you successfully changed a habit in the past?

4. Continuation of the little steps on Action Planning

- What small steps you have taken to start developing good sleep habits?
- How will you track your progress?
- What can you do if you encounter setbacks?

5. Support Systems

- Who can you reach out to for support as you work on these habits?
- How can friends or family help you stay accountable?

6. Visualization and Reflection

- Can you visualize what your day would look like with this new habit in place?
- How do you think you will feel after successfully establishing this habit?

Visualizing going to bed early can be a powerful tool for encouraging positive sleep habits. Here is a guided visualization exercise on going to bed early to help illustrate this:



Visualizing going to bed early – Activity (**5 minutes**); read the script at a slow, calm pace. Invite adolescents to close their eyes if they are comfortable to do so.

Find a Comfortable Space

Take a deep breath in... and slowly breathe out. (Repeat a couple of times).

Next, let your body settle into a comfortable position, and gently close your eyes. With each breath, feel yourself becoming calmer, more peaceful, and relaxed.

Picture yourself standing in front of a cozy bedroom. The lights are dimmed, and the room feels cool and inviting. Everything is just how you like it—a calm, quiet space where you can rest.

Now, see yourself getting ready for bed—maybe brushing your teeth, changing into your favourite pyjamas, and turning off the lights. Feel the day slipping away as you make the choice to relax and recharge. Climbing into bed. Your pillow is soft, and the blankets feel just right. You settle in, feeling completely comfortable. Your body starts to relax, and you feel the tension of the day melt away.

As you close your eyes, imagine your room – your bed is your personal space. The lights are low, everything is quiet, and it is just right. This is Your time to chill and recharge - think about how wonderful it is to go to bed early. Your body is thankful for the chance to rest, and you know that

tomorrow will be better because of the sleep you are giving yourself; allowing your body and mind time to rest now.

Getting ready for bed doesn't have to be a drag. Brush your teeth, throw on those comfy PJs you love, and start winding down. Feel the stress of the day just... melt away. Seriously, your bed is calling your name. When you slide under the covers, take a moment to enjoy how good this feels? Your body is totally thanking you right now. This is self-care. Breathing in slowly, and then out again. Do this a few times (PAUSE).

Now, closing your eyes isn't about missing out – it is about giving yourself a serious upgrade. Sleep is like a secret weapon for teenagers. You want to be more focused in class? Nail it in sports? Have better moods? Re-charge your skin; Yes, sleep is your superhero, and those random worries from today? Well, they can wait. Right now, it is just you and this amazing moment of rest.

Breathe in calm, breathe out stress. (PAUSE & REPEAT breathing). Your mind is getting a total reset. Say this to yourself: "I'm choosing to take care of myself. I am getting stronger and more awesome with every minute of sleep." Getting good sleep is how you level up. You are literally giving your brain and body the ultimate power-up while you rest. How cool is that? Now just let go of any thoughts, and just feel the whole body and muscles relaxed. As you breathe in slowly and deeply, you say to yourself – "A good sleep is important to help me face tomorrow, I will be clear-headed, strong, and focused. Going to bed early is helping me to feel my best." Sleep well.

7. Adjustments and Flexibility

- If something isn't working, how might you adjust your approach?
- What alternatives can you consider if you find it hard to stick to your plan?

8. Rewarding Progress

- How will you celebrate your successes, no matter how small?
- What does success look like for you in this journey?

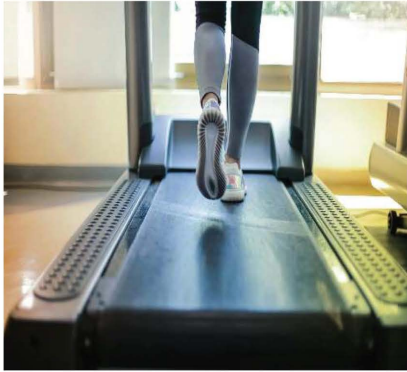
9. Mindset and Attitude

- What beliefs do you hold about yourself that might affect your ability to change?
- How can you shift negative thoughts into more positive ones regarding your habit formation?

10. Long-Term Vision

- How do you see these habits impacting your future?
- What kind of person do you want to become through these changes?

What to do in the event your routine gets out of synch?



So, we have established a Consistent Sleep Schedule by setting a regular bedtime and wake-up time every day, including weekends. Consistency helps regulate your body's internal clock (circadian rhythm), making it easier to fall asleep when it is time.

We have identified personal barriers and difficulties and addressed ways to change one goal at a time using SMART goal(s) and developing a wind-down routine or activities to signal to your brain it is time to rest and avoid stimulating activities (including exposure to screens) or avoid physical exercises 60

minutes before bed, as these actions interfere with the production of the sleep hormone melatonin (refer to sessions 1 and 2).

If you slip into procrastination and stay up later than planned, avoid criticizing yourself. Guilt or frustration can make it harder to break the bad habit. [Practice being Kind to yourself and Avoid Self-Criticism](#) – e.g., What the heck thinking and behaving such as “*I have failed to stick to my bedtime plan last night, why bother now?*”

Instead, focus on the small steps toward improvement and celebrate your successes, no matter how small. Self-encouragement and positive attitude go a long way in changing the frame of thinking. [Watch the slippery slope and reset](#) by “... *Oh yes, at least I have noticed the slip and what can I do now to reset my Body for sleep and the Mind follows?*”

Avoid "All-or-Nothing" Thinking: Don't expect perfection. If you don't fall asleep exactly at the time you planned, don't give up on the entire process entirely. Instead, focus on the immediate small steps. Developing good habits takes consistent effort.

Relax and Reset for sleep – a mindfulness practice
Sleep Mindfulness Meditation



- Allow participants to audio record the meditation
- Introduce mindfulness bedtime (see below for the script)
- Practice it together in session, participants are encouraged to record it and to play it before climbing into bed. Read it in a slow pace.

As you lie in bed, notice the stillness of the night. Sometimes, when sleep feels elusive, your mind becomes a whirlwind of thoughts - echoes of the day's experiences, whispers of future stress and anxieties. Perhaps you are replaying conversations, anticipating challenges, or wrestling with unresolved emotions or worries. These mental currents can feel overwhelming, creating a barrier between you and the peaceful rest you deserve.

Invite yourself to find a position of comfort and surrender. There is no single "perfect" way to rest - only the way that feels most nurturing to you in this moment. Perhaps you will lie

on your back, arms slightly away from your body, palms turned upward in a gesture of openness; Or you might curl on your side, allowing your body to find its natural alignment.

Observe your thoughts with a compassionate, non-judgmental awareness. Imagine them as clouds drifting across the vast sky of your consciousness - some light and wispy, others dense and heavy. You are not these thoughts. You are aware you are witnessing them from a distance.

Now, gently draw your attention to the rhythm of your breath - a natural meditation, a constant flow of life moving through you. Notice the subtle rise and fall of your belly, the gentle expansion and contraction of your chest. Each breath is an invitation to release, to let go, to return to the present moment.

When your mind inevitably wanders - and it will, with the creativity of a teenage brain - simply notice. There is no failure in distraction, only an opportunity to practice compassionate return. Like a kind friend, softly guide your attention back to the breath. No self-criticism, just gentle redirection; bring your attention back to your breathing.

*Breathe in possibility.
Breathe out tension.
Breathe in calm.
Breathe out worry.*

You are creating a sanctuary of peace within yourself. Each breath is a reminder of your innate capacity for stillness, for healing, for restoration. Sleep is not something to be conquered, but a natural state to be welcomed. Your body knows how to rest. Your mind knows how to quiet. Trust in this inherent wisdom. You are supported. You are exactly where you need to be.

As thoughts continue to drift like clouds, allow yourself to sink deeper into the mattress. Feel the gentle weight of relaxation moving through your body - from the top of your head, the softness of your facial muscles, down through your neck and shoulders, your arms, your torso, legs, to the tips of your toes.

*Silently repeat to yourself:
"I am calm. I welcome rest, the sweet embrace of sleep awaits me."*

Wrap-Up and Homework (10 mins)

- Encourage participants to implement their bedtime routines and predict any relapses
- Homework: Practice their personalized bedtime routine for one week.

Session 4: Review, Reflection, Reset

Objective:

1. Review progress
2. Reflect on changes
3. Plan for sustaining healthy sleep habits

Materials needed

- Copies of Sleep Measures (same suite used in Session 1)
- Treats or prizes for the Quiz game (if budget allows)
- Copies of “Where to seek help?” Handouts

Session Structure

Check-In on Homework - Bedtime Routines (15 mins)

- Participants share their experiences with their bedtime routines.
- Discuss any adjustments made and their effects on sleep quality.
- Discuss what else requires finetuning?
- What was successful?
- The use of Mindfulness Bedtime Meditation and Visualisation

Reflecting on the Journey (15 mins)

- Group discussion: What have you learned about sleep and yourself?
- Share stories of improvement and ongoing challenges.

Future Planning

Continue to practice mindfulness

Sustaining Healthy Sleep Habits (15 mins)

- Discuss strategies for maintaining healthy hygienic sleep habits in the long term.
- Introduce the idea of a support network (friends, family) who share the same philosophy of prioritising sleep.

Activity: Play Quiz; Truth or Myth Game (20 mins)



Depending on the size of the group, organise the cohort of adolescents into 2 groups/teams for a mini competition. Below is a list of statements for the quiz. Teams are to answer either **Truth or Myth**. Correct answer gets a point, and a further bonus point for a correct explanation offered. Toss a coin to see which team begins first.

1. Sleep deprivation can impair your ability to think clearly.
Answer: Truth.
Lack of sleep affects cognitive functions such as memory, attention, and problem-solving.
2. Adolescents need at least 9 hours of sleep each night for optimal health.
Answer: Truth
Adolescents need 8 – 10 hours of sleep for optimal health.
3. Drinking caffeine e.g. found in Energy drinks in the evening doesn't affect your sleep if you're used to it.
Answer: Myth.
Even if you are accustomed to caffeine, it can still interfere with sleep quality, especially if consumed late in the day.
4. Everyone dreams every night, even if they don't remember it.
Answer: Truth.
Most people experience dreams during REM sleep, even if they don't remember them.
5. Sleepwalking is dangerous and should be avoided at all costs.
Answer: Myth.
While sleepwalking can be risky, many cases are harmless. However, safety precautions are necessary to prevent injury.
6. It is okay to catch up on sleep during weekends after a week of poor sleep.
Answer: Myth.
While sleeping in on weekends may help you feel better temporarily, it doesn't fully make up for sleep debt accumulated during the week.
7. People with chronic insomnia need medication to improve their sleep.
Answer: Myth.
While medication can help in the short term, psychological therapy for insomnia (i.e., CBT-I) is often more effective for long-term relief.

8. Exercising before bed can help you sleep better.
Answer: Myth.
Vigorous exercise close to bedtime can increase adrenaline and heart rate, making it harder to fall asleep. Moderate exercise, however, may help.
9. Sleep cycles last about 90 minutes, and you go through several of them each night.
Answer: Truth.
Sleep cycles generally last around 90 minutes, and adults typically go through 4-6 cycles per night.
10. You can get used to needing less sleep as you get older.
Answer: Myth.
While sleep patterns may change with age, older adults still need about 7-8 hours of sleep to function optimally.
11. A warm bath before bed can help you sleep better.
Answer: Truth.
A warm bath can relax muscles and raise body temperature, which, when it cools afterward, can signal to the body that it is time to sleep.
12. Snoring is always a sign of sleep apnoea (sleep disorder).
Answer: Myth.
Snoring is common, but not everyone who snores has sleep apnoea. It can also occur without any underlying health issues.
13. Using electronic devices before bed disrupts your sleep.
Answer: Truth.
The blue light emitted by screens suppresses melatonin production, making it harder to fall asleep.
14. People can learn to control their dreams through a technique called lucid dreaming.
Answer: Truth.
Lucid dreaming is a practice where you become aware of and can sometimes control your dreams.
15. Taking naps during the day will always make it harder to fall asleep at night.
Answer: Myth.
Short naps (20-30 minutes) can improve alertness without significantly affecting nighttime sleep. However, long naps can interfere with sleep later.

16. Sleep helps your body recover from illness and repair muscles.
Answer: Truth.
Sleep plays a crucial role in immune function and muscle repair through processes like cell regeneration and protein synthesis.
17. The position in which you sleep can affect the quality of your rest.
Answer: Truth.
Sleep positions can affect factors like spinal alignment, breathing, and the risk of snoring or acid reflux.
18. Alcohol helps you fall asleep faster but disrupts the quality of your sleep.
Answer: Truth.
While alcohol may help you fall asleep, it reduces REM sleep and causes disturbances later in the night.
19. Sleep can affect your emotional well-being and mental health.
Answer: Truth.
Poor sleep is linked to mood disorders, including depression and anxiety, as it affects the brain's regulation of emotions.
20. You need to sleep in complete darkness for the best quality of sleep.
Answer: Truth.
Exposure to light during sleep, especially blue light, can disrupt the production of melatonin and impact sleep quality.

Where to from here?

Re-administer the four Sleep measures

- When completed, check the scores of your participants.
- Note those who may require further tailored interventions (e.g., Tier 3 or 4 interventions), and consider discussions with their parents and refer them.
- Provide them with the **Tip Sheet: When and Where to Seek Help?**

Wrap-Up and Celebration (10 mins)

- Ask individually what is the one thing they have learnt?
- What improvements or positive sleep behaviours will they stick with?

When to seek further help?

If you find that your sleep problems are ongoing, causing significant daytime sleepiness, or notice new sleep-related problems, please contact your doctor, who can determine if you are affected by a sleep disorder and may refer you to sleep specialists.

Such problems can include:

- loud snoring
- stopping breathing, breathing pauses, gasping or snorting during sleep
- falling asleep unintentionally/dozing during the day
- a creepy-crawly sensation in your lower legs in the evening along with an irresistible urge to move your legs to get rid the sensation
- very frequent leg jerking during your sleep
- walking or the urge to walk while asleep
- excessive weight gain or loss
- chronic repeating nightmares
- feelings of panic disrupting your sleep

Sleep Specialists

Changi General Hospital Department of Sleep Medicine, Surgery & Science Sleep & Assisted Ventilation Centre Medical Centre, Level 2 2 Simei Street 3, Singapore 529889 (+65) 6850 3333	Institute of Mental Health, Clinic B 10 Buangkok View Buangkok Green Medical Park, Singapore 539747 (+65) 6389 2000
Institute of Mental Health Sayang Wellness Clinic (SWC) 10 Buangkok View Buangkok Green Medical Park, Singapore 539747 (+65) 6389 2000	KK Women's and Children's Hospital Sleep Disorder Clinic Children's Tower, Level 1 Clinic K, Clinic M 100 Bukit Timah Road, Singapore 229899 (+65) 6225 5554
National Dental Centre Sleep Clinic 5 Second Hospital Avenue, Singapore 168938 (+65) 6324 8798	National Neuroscience Institute Sleep Disorder Clinic Tan Tock Seng Hospital 11 Jalan Tan Tock Seng, Singapore 308433 (+65) 6357 7095
Sengkang General Hospital Sleep Medicine Clinic 110 Sengkang East Way, Singapore 544886 (+65) 6472 2000	SGH Sleep Centre @ Singhealth Tower (Outram Community Hospital), Level 3 10 Hospital Boulevard, Singapore 168582 (+65) 6321 4377

-----The End -----

References

- Allan, N. P., Lonigan, C. J., & Phillips, B. M. (2015). Examining the Factor Structure and Structural Invariance of the PANAS Across Children, Adolescents, and Young Adults. *Journal of Personality Assessment*, 97(6), 616–625.
- Bastien, H., Vallieres, A. & Mori, C.M. (2001). Validation of the Insomnia Severity Index as an outcome measure for insomnia research. *Sleep Medicine* 2(4), 297-307.
- de Bruin, E.J., van Kampen, R.K.A, van Kooten, T. & Meijer, A.M. (2014). Psychometric properties and clinical relevance of the Adolescent Sleep Hygiene Scale in Dutch adolescents. *Sleep Medicine* 15(7), 789–97. 10.1016/j.sleep.2014.03.015 - PubMed.
- Kadzikowska-Wrzosek. (2020). Insufficient Sleep among Adolescents: The Role of Bedtime Procrastination, Chronotype and Autonomous vs. Controlled Motivational Regulations. *Current Psychology*, 39, 1031–1040.
- Kroese, F.M, Evers, C. & de Ridder, D. (2014). Bedtime procrastination: A self-regulation perspective on sleep insufficiency in the general population. *Journal of Health Psychology*, 21(5), <https://doi.org/10.1177/1359105314540014>.
- Kuhnel, J, Syrek, C.J., & Dreher, A. (2018). Why Don't You Go to Bed on Time? A Daily Diary Study on the Relationships between Chronotype, Self-Control Resources and the Phenomenon of Bedtime Procrastination. *Frontiers in Psychology*, 9. <https://doi.org/10.3389/fpsyg.2018.00077>.
- Paruthi, S., Brooks, L. J., D'Ambrosio, C., Hall, W. A., Kotagal, S., Llyod, R. M., Malow, B. A., Maski, K., Nichols, C., Quan, S. F., Rosen, C. L., Troester, M. M., & Wise, M. S. (2016). Consensus Statement of the American Academy of Sleep Medicine on the Recommended Amount of Sleep for Healthy Children: Methodology and Discussion. *Journal of Clinical Sleep Medicine*, 12(11), 1549-1561. <https://doi.org/10.5664/jcsm.6288>
- Scribd. (n.d.). *Sleep Hygiene*. <https://www.scribd.com/document/344425227/sleep-hygiene-handout-new>
- Sufrinko, A.M., Valrie, C.R., Lanzo, L., Bond, K.E., Trout, K.L., Ladd, R.E. & Everhart, E. (2015). Empirical validation of a short version of the Adolescent Sleep–Wake Scale using a sample of ethnically diverse adolescents from an economically disadvantage community. *Sleep Medicine*, 16 (10), 1204-1206.
- U.S. Centers For Disease Control And Prevention. (2024). *Sleep*. <https://www.cdc.gov/sleep/about/index.html>
- Vidal, H. & Shochat, T. (2023). *Sleep in adolescents*. Academic Press.

Appendices

All materials for each session as follow

Your Name:

Age:

Date:

ISI (Insomnia Severity Index)

Please read the statements below and circle the number most appropriate to you in the LAST 2 WEEKS only.

Sleep Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

4. How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied Satisfied Moderately Satisfied Dissatisfied Very Dissatisfied
 0 1 2 3 4

5. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

Not at all
 Noticeable A Little Somewhat Much Very Much Noticeable
 0 1 2 3 4

6. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all
 Worried A Little Somewhat Much Very Much Worried
 0 1 2 3 4

7. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

Not at all
 Interfering A Little Somewhat Much Very Much Interfering
 0 1 2 3 4

Guidelines for Scoring/Interpretation:

Add the scores (questions 1 + 2 + 3 + 4 + 5 + 6 + 7) = _____ your total score

Total score categories:

0-7 = No clinically significant insomnia

8-14 = Sub-threshold insomnia

15-21 = Clinical insomnia (moderate severity)

22-28 = Clinical insomnia (severe)

(ASHS) Adolescent Sleep Hygiene Scale

Directions: Using the choices below, circle **how often** the following things have happened **during the past month.**

- Never** – has not happened
- Once in a while** – happened 20% of the time
- Sometimes** – happened 40% of the time
- Quite Often** – happened 60% of the time
- Frequently, if not always** – happened 80% of the time
- Always** – happened 100% of the time

		Always (100%)					
		Frequently, if not Always (80%)					
		Quite Often (60%)					
		Sometimes (40%)					
		Once in a while (20%)					
		Never (0%)					
During the day...							
1.	...I take a nap that lasts more than 1 hour.	N	O	S	Q	F	A
2.	...I play or exercise for more than 20 minutes.	N	O	S	Q	F	A
After 6:00 in the evening...							
3.	...I have drinks with caffeine (for example: cola, root beer, iced tea, coffee).	N	O	S	Q	F	A
4.	...I take a nap.	N	O	S	Q	F	A
5.	...I do some kind of physical activity (for example: exercise, play sports).	N	O	S	Q	F	A
6.	...I smoke or chew tobacco.	N	O	S	Q	F	A
7.	...I drink beer (or some other drinks with alcohol).	N	O	S	Q	F	A
During the 1 hour before bedtime...							
8.	...I do things that make me feel calm or relaxed (for example: taking a hot bath/shower, listening to soft music, reading).	N	O	S	Q	F	A
9.	...things happen that make me feel strong emotions (sadness, anger, excitement).	N	O	S	Q	F	A
10.	...I am very active (for example: playing outside, running, wrestling).	N	O	S	Q	F	A
11.	...I do things that make me feel very awake (for example: playing video games, watching TV, talking on the telephone).	N	O	S	Q	F	A

12	...I drink more than 4 glasses of water (or some other liquid).	N	O	S	Q	F	A
----	--	---	---	---	---	---	---

		Always (100%)					
		Frequently, if not Always (80%)					
		Quite Often (60%)					
		Sometimes (40%)					
		Once in a while (20%)					
		Never (0%)					
I go to bed...							
13	...and do things in my bed that keep me awake (for example: watching TV, reading).	N	O	S	Q	F	A
14	...and think about things I need to do.	N	O	S	Q	F	A
15	...feeling upset.	N	O	S	Q	F	A
16	...and replay the day's events over and over in my mind.	N	O	S	Q	F	A
17	...and worry about things happening at home or at school.	N	O	S	Q	F	A
18	...with a stomachache.	N	O	S	Q	F	A
19	...feeling hungry.	N	O	S	Q	F	A
I fall asleep...							
20	...while listening to loud music.	N	O	S	Q	F	A
21	...while watching TV.	N	O	S	Q	F	A
22	...in a brightly lit room (for example: the overhead light is on).	N	O	S	Q	F	A
23	...in one place and then move to another place during the night.	N	O	S	Q	F	A
24	...in a room that feels too hot or too cold .	N	O	S	Q	F	A
I sleep...							
25	...in a home where someone smokes cigarettes, cigars, or a pipe.	N	O	S	Q	F	A
I...							
26	...get too little sleep.	N	O	S	Q	F	A
27	...use a bedtime routine (for example: bathing, brushing teeth, reading).	N	O	S	Q	F	A
28	...use my bed for things other than sleep (for example: talking on the telephone, watching TV, playing video games, doing homework).	N	O	S	Q	F	A

29	...check my clock several times during the night.	N	O	S	Q	F	A
----	---	---	---	---	---	---	---

		Always (100%)					
		Frequently, if not Always (80%)					
		Quite Often (60%)					
		Sometimes (40%)					
		Once in a while (20%)					
		Never (0%)					
During the school week, I...							
30	...stay up more than 1 hour past my usual bedtime. My usual school night bedtime is ___ am pm	N	O	S	Q	F	A
31	..." sleep in" more than 1 hour past my usual wake time. My usual school day wake time is ___ am pm	N	O	S	Q	F	A
On weekends, I...							
32	...stay up more than 1 hour past my usual bedtime. My usual weekend bedtime is _____ am pm	N	O	S	Q	F	A
33	..." sleep in" more than 1 hour past my usual wake time. My usual weekend wake time is __am / pm	N	O	S	Q	F	A

----- End -----

ASHS Scoresheet

Transfer your scores into the respective item-number boxes below. For example, if your response for Q3 is 'Quite Often / Q', your numerical score is therefore 4. Add up each table's scores, before dividing them by a specific number.

1	Never – has not happened
2	Once in a while – happened 20% of the time
3	Sometimes – happened 40% of the time
4	Quite Often – happened 60% of the time
5	Frequently, if not always – happened 80% of the time
6	Always – happened 100% of the time

A. Physiological

Q3	Q10	Q12	Q18	Q19	TOTAL
Divide TOTAL by 5					

B. Behavioural Arousal

Q11	Q13	Q28	TOTAL
Divide TOTAL by 3			

C. Cognitive/Emotional

Q9	Q14	Q15	Q16	Q17	Q29	TOTAL
Divide TOTAL by 6						

D. Sleep Environment

Q20	Q21	Q22	Q23	Q24	TOTAL
Divide TOTAL by 5					

E. Sleep Stability

Q11	Q13	Q28	TOTAL
Divide TOTAL by 3			

F. Daytime Sleep

Q1	Q4	TOTAL
Divide TOTAL by 2		

G. Substances

Q6	Q7	TOTAL
Divide TOTAL by 2		

Reverse score **Item 27 (Bedtime Routine)** according to the conversion table below; so, if the original score is 1, reverse score it is a 6:

1 → 6	4 → 3
2 → 5	5 → 2
3 → 4	6 → 1

To obtain the **Total Sleep Hygiene score**, add the total scores for A – G and the **reverse score item 27**.

A	B	C	D	E	F	G	Item 27	TOTAL

Adolescent Sleep -Wake Scale:** Short version

Directions:

Using the choices below, circle how often the following things have happened during the past month.

- Never
- Once in Awhile
- Sometimes
- Quite Often
- Frequently, if not always
- Always

Questions 1 - 3 only concern you Going to Bed.							
							Always
						Frequently, if not Always	
					Quite Often		
				Sometimes			
			Once in Awhile				
		Never					
When it's <i>time to go to bed</i> , I...							
1	...want to stay up and do other things	N	O	S	Q	F	A
2	...are ready for bed at bedtime	N	O	S	Q	F	A
3	...try to "put off" or delay going to bed	N	O	S	Q	F	A
Questions 4 - 8 only concern you Falling Asleep & Reinstating Sleep.							
When it's <i>time to go to sleep</i> (lights-out), I...							
4	...have trouble settling down	N	O	S	Q	F	A
5	... <i>need help</i> getting to sleep (for example: you need to listen to music, watch TV, take medication, or have someone else in bed with you)	N	O	S	Q	F	A
After waking up during the night, I...							
6	...have trouble going back to sleep	N	O	S	Q	F	A
7	...have trouble getting comfortable	N	O	S	Q	F	A
8	... <i>need help</i> to go back to sleep (for example: you need to watch TV, read, or sleep with another person)	N	O	S	Q	F	A
Write in <u>how long</u> it usually takes you to fall asleep: ____ minutes							
Write in how many times do you usually awaken during the night: ____ times							
Write in <u>how long</u> it takes you to <u>go back to sleep</u> after arousing/awakening: ____min							

Questions 9 - 10 only concern you Waking in the Morning							
Always							
Frequently, if not Always							
Quite Often							
Sometimes							
Once in Awhile							
Never							
In the morning, I wake up...							
9	...and feel ready to get up for the day	N	O	S	Q	F	A
10	...feeling rested and alert	N	O	S	Q	F	A
	Write in <u>how long</u> it takes you <u>to become alert</u> in the morning: _____ minutes						

Adolescent Sleep Wake Scale – short version (ASWS) ** Scoring

- The ASWS provides 3 subscale scores and an overall sleep quality score.
- Higher scores indicate better success on each of the dimensions (or sleep quality).
- Write down your scores for each question in the tables below.

- Never = 1 point
- Once in Awhile = 2 points
- Sometimes = 3 points
- Quite Often = 4 points
- Frequently = 5 points
- Always = 6 points

However, some items will require **reverse scoring** and are indicated with a *****. So, this means for a score of 1, reverse scoring gives a 6. Then add up the scores for questions in each table. Finally, divide the sum of the total obtained by a specific number.

D. Going to bed

Q1*	Q2	Q3*	TOTAL (Q1+2+3)
Divide TOTAL by 3			

E. Falling Asleep and Reinitiating Sleep

Q4*	Q5*	Q6*	Q7*	Q8*	TOTAL
Divide TOTAL by 5					

F. Returning to Wakefulness

Q9	Q10	TOTAL
Divide TOTAL by 2		

To obtain your **Total Sleep Quality score**, sum up the Total scores of A, B, and C.

A	B	C	GRAND TOTAL

PANAS – Adolescent version (Positive Affect Negative Affect Schedule)**

This scale consists of several words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have felt this way for the **past two weeks**.

Use the following scale to record your answers. At the end, please total your scores for each column.

1 Very Slightly or Not at all	2 A Little	3 Moderately	4 Quite a Bit	5 Extremely
-------------------------------------	---------------	-----------------	------------------	----------------

_____ Interested

_____ Irritable

_____ Alert

_____ Distressed

_____ Excited

_____ Ashamed

_____ Inspired

_____ Upset

_____ Strong

_____ Nervous

_____ Determined

_____ Guilty

_____ Attentive

_____ Scared

_____ Active

_____ Jittery

_____ Enthusiastic

_____ Hostile

_____ Proud

_____ Afraid

_____ **TOTAL**

_____ **TOTAL**

Not getting enough sleep can lead to:



Having trouble paying attention, concentrating, learning and solving problems.



Doing poorly at school, impairment in sports performance or other hobbies, too little energy to spend quality time with friends or family.



Increased risk of injury.



Increased risk of mental health problems.



Increased risk of physical health problems.



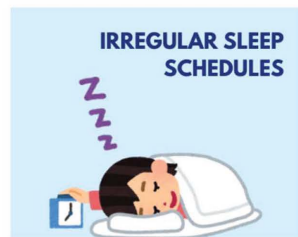
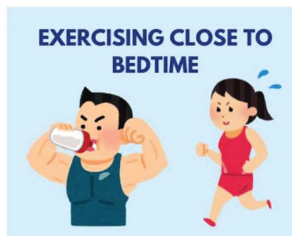
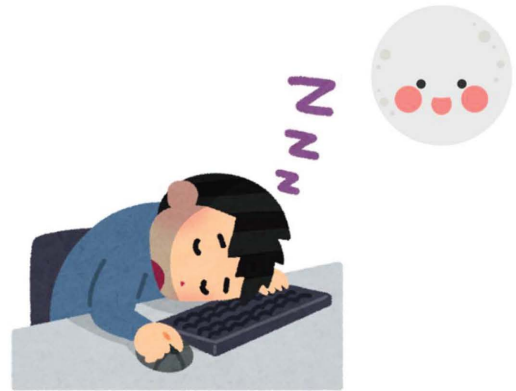
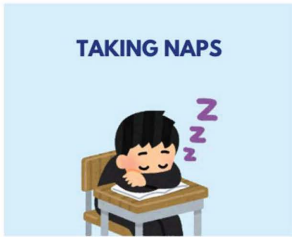
Irritability, aggression, difficulty dealing with stress, outbursts towards friends or family.

How much sleep do we need?



American Academy of Sleep Medicine on the Recommended Amount of Sleep for Healthy Children

Things that get in the way of good sleep:
Common reasons why people don't get enough sleep



Good sleep habits:
What can you do to improve sleep?




DECOMPRESS & OFFLOAD NEGATIVE EMOTIONS BEFORE BED

AVOID NAPPING WHEN TIRED



REFRAIN FROM CONSUMING CAFFEINE MINIMALLY 6H BEFORE BEDTIME



HAVE A NIGHTTIME WIND DOWN ROUTINE

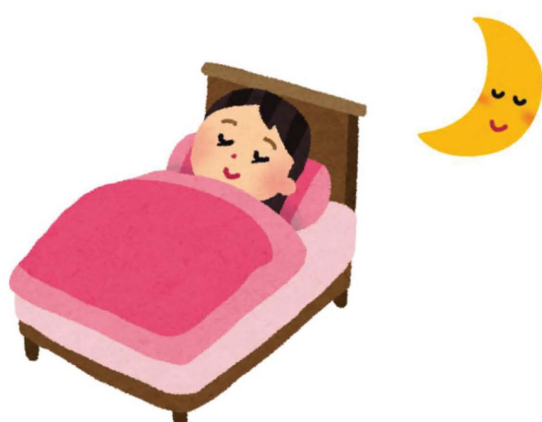


CREATE A CONDUCTIVE ENVIRONMENT TO SLEEP IN



DARK, QUIET, (YOUR) OPTIMAL SLEEPING TEMPERATURE

HAVE CONSISTENT BEDTIMES & WAKE UP TIMES



FINISH ALL MEALS AT LEAST 3H BEFORE BED



SCHEDULE YOUR TIME AFTER SCHOOL



USE YOUR BED ONLY FOR SLEEPING




CEASE SCREEN TIME AT LEAST 1H BEFORE BED



ENGAGE IN RELAXING ACTIVITIES TO WIND DOWN FOR THE NIGHT



AVOID SACRIFICING SLEEP FOR REVISION /SCHOOLWORK /SOCIAL ACTIVITIES



MY SLEEP DIARY



IN EACH ROW, INDICATE HOW YOU SLEPT THE NIGHT BEFORE.

PLEASE DO THIS THE MOMENT YOU WAKE UP.

BUILD A SLEEP DIARY TO UNDERSTAND YOUR SLEEPING PATTERNS

	WHAT TIME DO YOU GO TO BED?	WHAT TIME DO YOU ACTUALLY FALL ASLEEP?	WHAT TIME DO YOU WAKE UP?	WHAT TIME DO YOU ACTUALLY GET OUT OF BED?	HOW MANY TIMES DO YOU WAKE UP AT NIGHT? (1, 2, 3, 4+)	HOW DO YOU FEEL NOW? VERY GOOD GOOD NEUTRAL POOR VERY POOR 1 2 3 4 5
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



WHEN PATTERNS EMERGE


Notice the patterns that build on your sleep – what works and what does not to help you fall asleep quickly, deeply, & comfortably?

Feel free to talk to a family member, school teacher/counsellor, or health professional if you have any concerns about your sleep!

Barriers and Difficulties Worksheet

Instructions: Below are activities and foods/drinks which get in the way of good sleep. Please circle the ones that apply to you. Next, in the orange boxes rate how easy it is for you to change - 1 (easy) to 10 (very difficult to change).

NO PRE-BEDTIME ROUTINE



1

NOT ENGAGING IN CALM/RELAXING ACTIVITIES BEFORE BEDTIME



1

GOING TO BED HUNGRY



1

SLEEPING IN A ROOM THAT IS TOO HOT/COLD




1

EATING A HEAVY MEAL CLOSE TO BEDTIME




1

PULLING ALL-NIGHTERS TO COMPLETE TASKS




1

TAKING NAPS



1

DRINKING CAFFEINATED BEVERAGES IN THE AFTERNOON &/OR EVENING



1

TRAINING ONESELF TO SURVIVE ON LESS SLEEP VIA LATER BEDTIMES




1

USING ELECTRONIC DEVICES BEFORE BED



1

EXERCISING CLOSE TO BEDTIME



1

SACRIFICING SLEEP FOR LEISURE ACTIVITIES



1

SHARING A ROOM WITH A DISRUPTIVE ROOMMATE




1

INSUFFICIENT EXERCISE DURING THE DAY



1

INCONSISTENT BEDTIMES & WAKE UP TIMES



1

Behavioural Chaining Handout

Things You Can Do To Train Your Body & Mind For Sleep

6 - 7 AM
WAKE UP TO NATURAL LIGHTING
Sunlight helps regulate our circadian rhythms to promote a healthy sleep-wake cycle

2 - 4 PM
ENGAGE IN LIGHT TO MODERATE EXERCISE
To boost sleep quality & regulate the body's internal clock
Avoid vigorous activity close to bedtime

3 - 4 PM // **3.30 - 5 PM**
LIMIT CAFFEINE INTAKE // **EAT A LIGHT, BALANCED SNACK**
By mid-afternoon // Avoid large meals & food too heavy in fat or sugar
Caffeine stays on your system for hours & hinders your from falling asleep

4 - 6 PM // **5 - 7 PM**
TAKE A BREAK FROM SCREENS // **DIM LIGHTS**
At least 1-2 hours before bedtime // To signal to your brain to start winding down for bedtime
Blue light from screens affect melatonin production, making it harder for your to fall asleep

5.30 - 7 PM // **7 - 8 PM**
ENGAGE IN RELAXING ACTIVITY // **WIND DOWN IN A COMFORTABLE SPACE**
To reduce stress and start preparing your body for sleep // Retreat to a calm environment
PREPARE DINNER // Prepare a conducive environment for sleep - quiet, dark, & cool
Eat a lighter dinner, at least 3 hours before bed to give your body sufficient time for digestion

9.30 - 10 PM
PREPARE FOR BEDTIME
Start your bedtime routine - brush your teeth, change into pyjamas, put phones/electronic devices away, relax

10 - 6 AM ----- **SLEEP**

Impactful sleep Hygiene Strategies Handout

Establish a nighttime routine

Get up and go to sleep at the same time

Create a healthy sleep environment

Turn off electronics an hour before bed

Limit caffeine

Exercise

Reduce stress

Avoid large, fatty meals prior to sleeping

Impactful Sleep Hygiene Practices

verywell

SLEEP HYGIENE

"SLEEP HYGIENE DESCRIBES GOOD SLEEP HABITS AND ROUTINES"

1 GET REGULAR



Go to bed and get up at the same time everyday, even on weekends! The bed is only for sleep. Don't avoid activities if you are tired.

2 SLEEP WHEN SLEEPY



Sleep when tired. If you have to nap, make it less than an hour and take the nap before 3pm.

3 AVOID CAFFEINE & NICOTINE

Avoid drugs and caffeinated drinks 4-6 hours before bed. These will keep you wide awake.



4 SLEEP RITUALS

Relax 15 minutes before bed, drink caffeine-free tea, or take a hot bath 1-2 hours before bed.



5 EXERCISE



Don't exercise 4 hours before bed. Morning walks leave you feeling refreshed!

6 EAT RIGHT



Eat a healthy, balanced diet. Don't sleep on an empty stomach. No heavy meals before bed.

7 NO CLOCK WATCHING



Checking the clock during the night wakes you up causing anxiety.

8 RIGHT SPACE



Bedroom should be quiet and comfortable. Cool room (18-22 degrees Celsius) with blankets, curtains to block sun, and ear plugs for noise.

INSOMNIA

To be unable to sleep; Can be linked with sleep apnea, depression, and anxiety



Adapted from:

Scribd. (n.d.). Sleep Hygiene. <https://www.scribd.com/document/344425227/sleep-hygiene-handout-new>

My SMART Goal for Sleep Handout & Example

My SMART Goal for Sleep

SMART GOAL		
BENEFITS		
ACTION AND TIMELINE	ACTION STEPS	TIMELINE
Remember to break these goals into doable steps. Make sure you consider the SMART goal criteria: Specific Measurable Attainable Realistic Timely	1. 2. 3.	1. 2. 3.
SUPPORT NETWORK		
OBSTACLES		

My SMART Goal for Sleep - EXAMPLE

SMART GOAL	I will go to bed by 10pm every night	
BENEFITS	Good skin, more energy, stronger immunity	
ACTION AND TIMELINE	ACTION STEPS	TIMELINE
Remember to break these goals into doable steps. Make sure you consider the SMART goal criteria: Specific Measurable Attainable Realistic Timely	<p>SPECIFIC - By 9.30pm, I will start winding down for bed</p> <p>MEASURABLE – I will execute this goal for 6 nights out of 7</p> <p>ATTAINABLE – By 10pm, I shall be in bed</p> <p>REALISTIC – When I am not having school holidays, not at school camps</p> <p>TIMELY – Set a phone alarm to put phones away and start winding down for sleep</p> <p>1. 2. 3.</p>	1. 2. 3.
SUPPORT NETWORK		
OBSTACLES		
ADJUSTMENTS		

Reinforcing Healthy Sleep Habits – Card Game

NB for Facilitator's use (cut and laminate) for the game*

HAVING A MORNING ROUTINE



TRAIN YOURSELF TO STAY AWAKE LONGER



LOCKING IN ON TASKS DURING THE DAY



CEASE SCREEN TIME AT LEAST 1H BEFORE BED



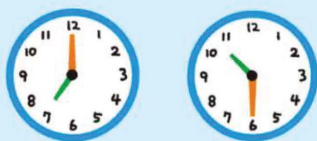
EAT BALANCED MEALS THRIICE A DAY



SWADDLE YOURSELF TO HIDE FROM MOSQUITOES



WAKE UP AND GO TO BED AT THE SAME TIME EVERYDAY



ENGAGE IN COMPLICATED CONVERSATIONS AT NIGHT

**SNOOZING 500
MORNING
ALARMS**



**GAMING WITH SIBLINGS
AT 13:45**



**EXERCISING AFTER
WAKING UP**



**SNACKING BEFORE
BEDTIME**



**WASHING UP BEFORE
BEDTIME**



**BELIEVING ONE CAN
FUNCTION WITH
MINIMAL SLEEP**



**WRITING DOWN
FEELINGS IN A MOOD
DIARY**



**DOING LIGHT AEROBICS
AFTER DINNER**



**REVISING AT NIGHT
WITH WHITE LIGHT**



**POWER NAP EARLIER IN
THE EVENING**



**FALL ASLEEP TO YOUR
FAVOURITE MUSIC**



**SELF CARE IS SCROLLING
BEFORE SLEEPING**



**REFRAIN FROM
CONSUMING CAFFEINE**



**IGNORING YOUR
HUNGER**



**SACRIFICING SLEEP FOR
REVISION
/SCHOOLWORK
/SOCIAL ACTIVITIES**



**ENGAGE IN
CALM/RELAXING
ACTIVITIES BEFORE
BEDTIME**



WIND DOWN TIPS

These tips may be used in two ways:

- a. Cut out individual pictures and laminate them for an in-seminar game. Here, you may divide the adolescents into groups and ask them to decide if the picture depicts activities for improving **sleep, relaxation, sleep drive, or if it is a daytime or nighttime activity**. The group with the most correct answers win.
- b. Print these out as tipsheets for the adolescents.

HOT SHOWER



READ A BOOK



**LISTEN TO
RELAXING
MUSIC**



**PUT ON A
CHILLED
FACIAL
MASK**



**PACK YOUR BAG
FOR TOMORROW**



**AVOID LARGE
MEALS / SNACKS
BEFORE BED**



**FOLD CLOTHES
& TOWELS**



**HELP
AROUND
THE
HOUSE**



**CHAT WITH LOVED
ONES IN THE ROOM**



**MEAL PREP.
FOR
TOMORROW**



**THINK OF 3 HAPPY
MOMENTS FROM TODAY**



**REDUCE
SCREEN TIME
AT LEAST
30MINS
BEFORE BED**



**DON'T DRINK
TOO MUCH
RIGHT BEFORE
BED!**



**FINISH YOUR HOMEWORK
EARLIER IN THE DAY**



**AVOID THINKING ABOUT
THE DAY'S INTERACTIONS**



**LISTEN TO
SEE IF
ANYONE IS
SNORING**



**AVOID RIGOROUS
EXERCISE BEFORE BED**



**HAVE A FAMILY GAME
NIGHT BEFORE WASHING
UP FOR BED**





When to seek further help?

If you find that your sleep problems are ongoing, causing significant daytime sleepiness, or notice new sleep-related problems, please contact your doctor, who can determine if you are affected by a sleep disorder and may refer you to sleep specialists.

Such problems can include:

- loud snoring
- stopping breathing, breathing pauses, gasping or snorting during sleep
- falling asleep unintentionally/dozing during the day
- a creepy-crawly sensation in your lower legs in the evening along with an irresistible urge to move your legs to get rid the sensation
- very frequent leg jerking during your sleep
- walking or the urge to walk while asleep
- excessive weight gain or loss
- chronic repeating nightmares
- feelings of panic disrupting your sleep

Sleep Specialists

<p>Changi General Hospital Department of Sleep Medicine, Surgery & Science Sleep & Assisted Ventilation Centre Medical Centre, Level 2 2 Simei Street 3, Singapore 529889 (+65) 6850 3333</p>	<p>Institute of Mental Health, Clinic B 10 Buangkok View Buangkok Green Medical Park, Singapore 539747 (+65) 6389 2000</p>
<p>Institute of Mental Health Sayang Wellness Clinic (SWC) 10 Buangkok View Buangkok Green Medical Park, Singapore 539747 (+65) 6389 2000</p>	<p>KK Women's and Children's Hospital Sleep Disorder Clinic Children's Tower, Level 1 Clinic K, Clinic M 100 Bukit Timah Road, Singapore 229899 (+65) 6225 5554</p>
<p>National Dental Centre Sleep Clinic 5 Second Hospital Avenue, Singapore 168938 (+65) 6324 8798</p>	<p>National Neuroscience Institute Sleep Disorder Clinic Tan Tock Seng Hospital 11 Jalan Tan Tock Seng, Singapore 308433 (+65) 6357 7095</p>
<p>Sengkang General Hospital Sleep Medicine Clinic 110 Sengkang East Way, Singapore 544886 (+65) 6472 2000</p>	<p>SGH Sleep Centre @ Singhealth Tower (Outram Community Hospital), Level 3 10 Hospital Boulevard, Singapore 168582 (+65) 6321 4377</p>

Temasek Foundation Youth Connect

An initiative by



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In partnership with



This Skills Manual addresses the common issue of sleep delays in adolescents. It explains why teens often put off going to bed, including distractions like screen time, social media, and homework. The manual highlights how poor sleep affects mood, focus, and health.

Offering practical tips, the manual helps counsellors guide teens in setting better sleep habits, limiting screen use, and sticking to a bedtime routine. It also gives strategies for parents and educators to support teens in overcoming sleep procrastination, ultimately improving sleep quality and overall well-being.