

Healthy Sleep Habits

Middle School

High school



Intervention Overview

Poor sleep affects many school-aged children and adolescents. The Centers for Disease Control and Prevention (2020) report that between 60-70% of middle and high school students do not get the recommended amount of sleep each night. Among younger children, resistance to bedtimes and frequent night waking contribute to most sleep problems (Quach et al., 2011). Adolescents whose sleep/wake times are not always as easily monitored by parents, and are often affected by electronic device use and caffeine consumption. Poor sleep not only affects students' academic performance and engagement, but it also increases the rates of drowsy driving accidents among teenagers, and obesity risk (Owens et al., 2015). Conversely, it has been found that good sleep habits are associated with higher levels of hope and happiness, and fewer emotional regulation problems in children and teens (Lau et al., 2021). Sleep education interventions have been shown to improve students' perceptions regarding the importance of sleep (Moseley & Gradisar, 2009). This intervention could be incorporated into a physical education class, psychology class, or as a school-wide intervention.

Intervention Guide

Grade Level:	6th-12th (can be adapted to younger levels)
Materials:	Worksheets, informative booklets on sleep hygiene
Duration:	Several 30-50 minute sessions, repeat as needed.
Implementation:	<ol style="list-style-type: none">1. Collect worksheets and informational handouts regarding sleep benefits and practices.2. Have a discussion with your students regarding different sleep themes, such as:<ol style="list-style-type: none">a. Symptoms and consequences of poor sleep habitsb. Positive sleep habits: consistent sleep/wake schedule, eliminating distractions, etc.c. Cognitive and Behavioral strategies to improve sleep, such as relaxation/mindfulness exercises

3. Have students create a sleep management plan.
4. Follow-up with students on successes and limitations they face as they attempt to change their sleep habits.

Does it work?

Several studies have found that sleep interventions can help improve overall wellbeing in children and adolescents. One study educated adolescents from 2 schools in southern Australia on how to promote and maintain healthy lifestyles in a cognitive behavioral framework (Moseley & Gradisar, 2009). Each adolescent was selected for the intervention because they woke up at significantly different times on weekdays versus weekends and got insufficient sleep on weekdays: both symptoms of poor sleep hygiene. Across several 50 minute classes, with one class each week for 4 weeks, adolescents learned about, “ (i) adolescent sleep needs and practices; (ii) consequences of poor sleep practices; (iii) good sleep hygiene practices; (iv) regularization of sleep/wake schedule and early morning bright light exposure; (v) stimulus control therapy instructions; and (vi) sleep-compatible cognitive and behavioral strategies” within the context of general wellbeing (Moseley & Gradisar, 2009, p.335). More details about each lesson plan can be found in the Appendix I (Moseley & Gradisar, 2009, p.340). As a result of this intervention, adolescents reported increased sleep knowledge and actions towards increasing general wellbeing. However, the study concluded the future interventions should focus on motivating simple behavior changes and integrating more hands-on exercises.

Another study with elementary students used several consultations about behavioral sleep strategies to help improve participants’ wellbeing (Quah et al., 2011). Participants were children with moderate to severe sleep problems across 22 government primary schools in Melbourne Australia. Consultations covered sleep norms for each child’s age, provided information on behavioral strategies specific to sleep problems, and resulted in a sleep management plan (Quah et al., 2011, p. 694). As a result of these consultations, participants’ sleep problems resolved more quickly than the control groups’. Participants reported more prosocial behaviors and better sleep-habits, while caregivers reported decreased symptoms of anxiety(Quah et al., 2011).

References:

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