**Participants and Procedures**

Inclusion criteria were: (a) were between 10 and 18 years old, living with a parent or guardian, and attending a class/job by 9am at least 3 days per week; (b) were fluent in English; (c) were able and willing to give informed assent; (d) reported eveningness as demonstrated by scoring within the lowest quartile of the Children’s Morningness-Eveningness Preferences Scale (CMEP; 27 or lower) (Dagys et al., 2012) and had a 7-day sleep diary showing a sleep onset time of 10:40pm or later for 10-13 year olds, 11pm or later for 14-16 year olds, and 11:20pm or later for 17-18 year olds at least 3 nights per week for the last 3 months (How was 3-month determined?); and e) participants must fall into an ‘at risk’ range on measures of at least one of the five health domains (see Table 1).

**Measures**

**Sleep and Circadian Outcomes**

***Sleep Diary.*** 7-days sleep diary was collected every morning via phoneby trained research assistants for the week leading up to the treatment, the week after treatment, and the week leading up to the 6-month follow-up assessment [check if this is accurate].

**Demographic and Descriptive statistics**

Figure 1 summarizes the flow of participants from baseline through 6-month follow-up. The attrition rate was X during treatment and at the 6-month follow-up. Attrition was not significantly different across treatment groups at posttreatment (TranS-C: XX, PE: XX, *p* = ) or at 6-month follow-up (TranS-C: XX, PE: XX, *p* =). Table X presents the descriptive statistics of all outcome variables.