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WITHDRAWN

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### SLEEPING DURING THE PANDEMIC: COVID-19-RELATED STRESSORS AND THEIR INFLUENCE ON PARENTAL SLEEP, PARENTING, AND CHILDREN'S PSYCHOSOCIAL HEALTH

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**Introduction:** The COVID-19 pandemic has affected millions of parent in the United States by creating physical health-related stress, changes to work and parenting demands, and the possibility of losing a job or not being able to pay bills (Brooks et al., 2020). Such stressors have the potential to disrupt parents' basic, essential needs, such as sleep (e.g., Sadeh et al., 2004). Although ample research suggests that disturbances to parents' sleep can have diverse, negative repercussions on their own behavior and functioning (e.g., Grandner et al., 2020), there remains relatively little evidence linking parents' sleep problems to potentially disrupt parenting processes and children's behaviors. Given the emerging and established links between these diverse constructs, the proposed study will examine the potential for COVID-19-related stressors to prospectively influence children's behavior via parents' sleep quality and subsequent parenting practices.

**Methods:** The sample is comprised of 1003 parents of school-aged (5-18 years old) children who completed an initial online survey (from March 27th to April 30th of 2020) followed by up to 8 weekly online diary assessments. During the initial survey, parents reported on three forms of COVID-related stress: health-related stress, stress associated with work/parenting demands, and finance-related stress. In the follow-ups, parents completed measures of sleep (i.e., PROMIS sleep disturbance questionnaire), parenting (e.g., Alabama Parenting Questionnaire), and child behavioral problems (i.e., CBCL).

**Results:** Multi-level modeling results, at the between-person level, suggested that the influence of COVID-related financial stress on children's behavioral problems was mediated by parental sleep disturbance and angry/hostile parenting behaviors. At the within-person level, weekly spikes in parental sleep disturbance were associated with corresponding spikes in angry/hostile parenting, which, in turn, were associated with subsequent spikes in children's behavior problems.

**Conclusion:** Our results highlight the longitudinal impact of parental sleep disturbance as a mechanism linking COVID-19-related stressors, parenting, and child functioning.

**Support (If Any):**

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### CHRONOTYPE PREDICTS HEALTH OUTCOMES BUT NOT SLEEP DURATION IN EARLY PANDEMIC SLEEP SCHEDULES

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**Introduction:** Lockdowns associated with the COVID-19 pandemic allowed for individuals to change their schedules. Chronicity is a trait-like preference for individuals' times of the day for activity and feeling best. As a result of the lockdowns, some individuals were able to adjust their schedule to reflect personal chronotype needs. This study examined whether chronotype predicted sleep duration and health outcomes.

**Methods:** A sample of 304 participants were recruited through Amazon's Mechanical Turk service to fill out surveys relating to personality and health. Individuals responded with their normal bedtime and waketime for weeknights and weekends and filled out the Morningness-Eveningness Questionnaire (MEQ; Horne & Östberg, 1976). Self-reported health outcomes were measured via 9 items on the Patient Reported Outcomes Measurement Information System (PROMIS; Cella et al., 2010). Data were cleaned and analyzed via linear regressions in SPSS with age, sex, race, ethnicity and education as covariates.

**Results:** Participants reported an average of 8.52 hours of sleep (SD = 1.97 hours). 35.3% of the sample scored strong- or moderately morning-type, 54.7% were neither morning-nor evening-type and 10% scored as evening- or strong-evening types (M = 54.95; SD = 9.42). Results from the PROMIS ranged from 18 to 45 (M = 32.24, SD = 5.49). The model predicting sleep duration (R<sup>2</sup> = .06, p = .03) produced a significant effect of ethnicity but not chronicity. Hispanic or Latino ethnicity reported shorter sleep durations relative to those who self-identified as non-Hispanic or Latino. The model predicting PROMIS (general health) scores (R<sup>2</sup> = .14, p < .001) produced effects of education (b = .46, p = .04) and Morningness (b = .21, p < .001). People with higher educational levels and those with morning preferences reported better health.

**Conclusion:** Morningness is often associated with better self-regulation, lower risky behaviors, better physical and mental health and better sleep. During the early stages of the COVID-19 pandemic, lockdowns allowed many individuals more scheduling flexibility. As a result, sleep duration differences across chronotypes were absent, though health differences remained. Future research should continue to explore differences in sleep schedules in predicting health outcomes.

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### COVID-19 RELATED DISTRESS AND SLEEP AMONG TRAUMA-EXPOSED SOUTH ASIANS: DOES GENERATIONAL STATUS MATTER?

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**Introduction:** The COVID-19 pandemic has resulted in substantial changes in social interactions, work schedules, and socioeconomic factors that may negatively impact sleep onset, maintenance, and quality. The ongoing stress of the pandemic also may exacerbate existing racial/ethnic disparities in sleep health. In this study, we examined the effects of COVID-19 related distress on sleep-related impairment and sleep disturbances among trauma-exposed South Asian adults. Since a health advantage among foreign-born individuals has been previously noted in the literature (the "immigrant paradox"), we also assessed whether generational status (i.e., being born in the U.S. or not) moderated associations between COVID-19 related distress and sleep outcomes.

**Methods:** Participants were recruited through Amazon's Mechanical Turk and completed online surveys on demographic information, the COVID-19 Stress Scale, The Life Events Checklist for DSM-5 (LEC-5), and PROMIS™ Sleep-Related Impairment and Sleep Disturbances Scale. The final sample included 316 South Asian adults residing in the U.S., who had been exposed to a traumatic event at some point in their lifetime. Most participants were male (55%) and U.S.-born citizens (64%), with an average age of 35.32 (SD = 9.52) years.