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THE ROLE OF PARENTAL ABSENCE AND PARENTAL CONFLICT ON CHILD AND ADOLESCENT SLEEP

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Introduction: Parents are one of the most salient contexts for child development, and parental divorce and death are substantial stressors for children. Previous research suggests parental conflict is related to difficulties in attachment, emotion regulation, self-esteem, and academic performance in children. A growing body of research suggests parental conflict can negatively affect sleep duration, latency, sleepiness, and wake after sleep onset. There is limited evidence that some children who experience parental death report worse sleep. Our goal was to begin to investigate the impact of parental divorce and death on multiple sleep measures in a lifespan archival sample.
Methods: Data was refined from the Terman Life Cycle Study, which has followed 1,528 gifted Californian children since 1921. For this analysis, we utilized cross-sectional data from the 1921 assessment (max. N=1202; 44% female, M age=12y, range=6-21y). Participants or their parents reported whether parental death (N=123) or divorce (N=62) had occurred, as well as the child's usual hour of sleeping or waking, how long it took them to fall asleep, the quality of their sleep, and whether they had night terrors. In this preliminary analysis, we evaluate exposure to parental divorce and death on children's sleep descriptively.
Results: Parental divorce was associated with sleep quality (p=.01), but we mostly found no significant impact relations of parental divorce or death on children's sleep (ps=.21-.90). In this sample, 97% of children from intact families (N=1112) had good sleep quality compared to the 92% of children from families with divorced parents (N=62).
Conclusion: In this well-characterized archival longitudinal study of children followed since 1921, we found little evidence that parental divorce or death were related to sleep cross-sectionally. Multiple waves of sleep data are available, and we will evaluate associations longitudinally in follow-up analyses, as well as possible associations between time-limited effects (length of time since the event) or sensitive periods in terms of age. Our null results may be the result of cohort differences (the sample was born, on average, in 1910) or limited reporting on sleep by participants and their parents.
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SLEEP HYGIENE EDUCATION INTERVENTION: PSYCHOLOGICAL AND PHYSIOLOGICAL ASSOCIATIONS WITH SLEEP IN COLLEGE STUDENTS

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Introduction: College students tend to struggle with managing healthy sleep habits; these unhealthy behaviors can lead to poor sleep and impact their overall mental and physical health. More specifically, sleep is intimately connected to psychological and physiological factors such as anxiety, depression, and blood pressure. The focus of the current study was to examine habitual sleep habits in college students, provide a brief educational intervention, and investigate potential changes in psychological and physiological health.
Methods: Participants included 14 undergraduate students (6 men, average age M=20.64 years, SD=2.13) who wore wrist actigraphs to measure their typical sleep habits. After one week, participants completed questionnaires about sleep (Pittsburgh Sleep Quality Index, PSQI), sleepiness (Epworth Sleepiness Scale, ESS), fatigue (Multidimensional Assessment of Fatigue Scale, MAF), and psychological symptoms (i.e., depression, anxiety, and stress; Depression Anxiety Stress Scales, DASS-21). Blood pressure and heart rate were measured using a wrist device. Subjects participated in a short lecture about healthy sleep hygiene habits and the importance of sleep and then repeated the one-week observational study.
Results: Paired sample t-tests revealed a significant increase from baseline average sleep duration (M=5.83 hours) to post-intervention sleep duration (6.64 hours; t(13)=-2.532, p=.013). Sleep efficiency (actigraphy) and quality (PSQI) did not improve significantly. ESS scores decreased significantly (t(13)=3.76, p=.002 (pre M=9.29; post M=5.43) and MAF scores decreased significantly (t(13)=2.19, p=.047 (pre M=20.48; post M=15.60). No significant differences were found in depressive, anxiety, or stress symptoms when comparing DASS-21 scores pre- vs post-intervention. Baseline systolic blood pressure (M=114.88) significantly decreased compared to post-intervention recordings (M=108.21). Diastolic blood pressure and heart rate did not differ significantly.
Conclusion: The results of this study suggest that one educational lecture about sleep hygiene may be a start to improving sleep in college students. Even a 48-minute increase resulted in decreased sleepiness and fatigue. However, no improvements were found in sleep quality or efficiency. Although a slight improvement was found in systolic blood pressure, no other physiological or psychological benefits were noted. More research should be conducted on how to improve sleep habits in college students beyond an educational approach.
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THE ASSOCIATION BETWEEN SLEEP HEALTH AND MOOD IN SEDENTARY DESK WORKERS

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Introduction: Poor sleep, most commonly insufficient sleep duration or low sleep quality, has been linked with disruptions of mood. However, it is unclear how sleep health—more broadly, other multiple dimensions of sleep—is associated with mood. The purpose of this study was to investigate the associations between sleep health and mood in a sample of desk-working sedentary adults.
Methods: This cross-sectional study used baseline data from inactive adults with desk-based jobs (N=125, 49.6% female, 43.9±10.6 years) who enrolled in an ongoing clinical trial. Sleep was assessed using validated questionnaires and 7 nights of actigraphy. Collectively, these measures were utilized to assess six different sleep dimensions: regularity, satisfaction, alertness, timing, efficiency, duration. Each dimension was categorized as "good" or "poor". A sleep health score was calculated by summing the number of good dimensions (range: 0-6; higher is better).