Title: Examining Associations Between Marital Conflict and Sleep Quality in Children and Adolescents with Autism Spectrum Disorder

Authors: Sally Ho, Quynh Nguyen, Abbie Johnson, Deborah Rafferty, Naomi Ekas

Introduction: Parenting stress has a greater effect on families with autism spectrum disorder (ASD) in comparison to families with typically developing (TD) children (Hayes & Watson, 2013). In addition to elevated stress levels, couples who have a child with ASD experience more frequent, unresolved conflicts (Hartley et al., 2017). Interparental conflict often negatively impacts children in various aspects of their lives, including the child’s sleep quality. Increased marital conflict was associated with decreased quantity and quality of TD children’s sleep (El-Sheikh et al., 2006). Compared to TD children, however, children with ASD report more sleep problems, with 40% to 80% experiencing sleep dysregulation (Cortesi et al., 2009). While some research has examined the association between neurobiological and psychological factors and sleep irregularities, no research has explored whether marital conflict contributes to the aforementioned sleep difficulties in children with ASD. Therefore, this study aims to investigate the effects of marital conflict on the sleep behaviors of children and adolescents with ASD.

Method: Participants consisted of 71 families (mother, father, child). Children ranged in age from 10-17 years and were primarily male (n = 62). Children had a community diagnosis of ASD and diagnostic status was verified using the ADOS and ADI. During a follow-up laboratory visit, parents and children completed a series of questionnaires. The O’Leary Porter Scale was completed by mothers and fathers to assess marital conflict. Children completed the Security in the Interparental System Scale to measure their reactions to marital conflict the Cleveland Adolescent Sleepiness Questionnaire to assess sleep quality.

Results: Two separate mediation models were conducted using the PROCESS macro in SPSS. Higher levels of maternal-reported marital conflict were associated with children displaying increased behavioral dysregulation in response to marital conflict, b = .07, SE = .03, p = .02. Greater behavioral dysregulation, in turn, predicted increased daytime sleepiness, b = 2.65, SE = .97, p = .01. No direct association between marital conflict and sleepiness were found. The bootstrapped indirect effect was significant, effect = .02, SE = .01. The same model was tested for paternal-reported marital conflict and no evidence of mediation was found. Specifically, the path from paternal-reported marital conflict to child-reported behavioral dysregulation was non-significant.

Discussion: The current study examined a process-oriented model of the associations between marital conflict and sleep quality. Maternal report of marital conflict was associated with sleep via children’s behavioral dysregulation in response to marital conflict. This suggests that it may be important to consider family-level factors when examining sleep quality in children and adolescents with ASD. Unfortunately, our model containing father report of marital conflict was non-significant. Mother and father report of conflict were generally consistent; given the paucity of research that includes mothers and fathers, follow-up research is needed.

References/Citations: