



# Children's Early Disruptive Behavior Predicts Later Coercive Behavior and Binge Drinking by Mothers<sup>1,2,3</sup>



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## ABSTRACT

**Purpose:** We examined the prospective influence of early child problematic behavior on later coercive interactions and binge drinking by mothers.

**Design and methods:** Canadian participants are from the Quebec Longitudinal Study of Child Development, born between spring 1997 and 1998, which allowed a longitudinal birth cohort design. At the 41 months, 628 parents reported on children's oppositional, aggressive, turbulent, and inattentive/hyperactive behavior. Mothers then reported on their own coercive and binge drinking behavior at the 60 month follow-up.

**Results:** We estimated a series of ordinary least-squares regressions to examine the relationship between early child behavior problems and later parental coercion and binge drinking, above and beyond many key pre-existing/concurrent confounding factors including prior parenting stress and binge alcohol use. Oppositional, aggressive, and turbulent child behaviors at 41 months predicted harsh, negative parenting at 60 months. Early inattentive/hyperactive child behavior also forecasted later binge alcohol use by mothers within the same time frame.

**Conclusion:** Negative preschool behavior predicted harsh, negative maternal behavior kindergarten entry. Early inattentive/hyperactive behavior also forecasted later binge alcohol use by mothers. Coercive parenting and alcohol use are clinically signs of adult distress. Such parents might use alcohol excessively because of its perceived stress-dampening effects and mental evasion from their life difficulties and frustration experiences.

**Practice implications:** Problematic preschool behavior can lead to less effective child-rearing and unhealthy parental behavior. Such at-risk mothers would benefit from professional caring practices. Practitioners can inspire change, especially using interaction interventions which encourage positive parent-child relations that, in turn, diminish parental distress.

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## Introduction

Even in good circumstances, parenting can be a source of strain, especially with young children (Edwards, Homish, Eiden, Grohman, & Leonard, 2009; Sameroff, 2010). Being the parent of a very young child with emerging behavior problems requires more resources and skills for parental adaptation and family functioning (Barkley, 2012; Daly, Creed, Xanthopoulos, & Brown, 2007; Williams & Wright, 2014).

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Undercontrolled childhood behavior problems often emerge during the preschool period and typically take form of either externalizing (aggressive and noncompliant) or impulsive (hyperactive and inattentive) child behaviors (Sameroff, 2010). Children who eventually reach the diagnostic criteria of ADHD often have comorbid difficulties across these two dimensions (Barkley, 2012; Chronis-Tuscano et al., 2016). Such comorbidity, compared to the clinical presentation of inattention and hyperactivity alone, exacerbates long-term risks for children and parents alike (Lieneman, Brabson, Highlander, Wallace, & McNeil, 2017). Over the long-term, externalizing behaviors are associated with peer rejection, suboptimal academic progress, and delinquency (Bugental et al., 1993; Campbell, Spieker, Burchinal, & Poe, 2006; Masten et al., 2005; McLeod & Fettes, 2007; Patterson, 1982; Patterson, Reid, & Dishion, 1992), whereas inattentive and hyperactive child behaviors predispose affected individuals toward a life course pathway of academic difficulty and substance use problems (Barkley, 2012).

It has long been known that mothers of children with behavior problems feel less competent, and experience more negative affect, physiological distress, and strained parent-child interactions compared to mothers of children without such symptoms (Bugental et al., 1993; Mash & Johnston, 1990). More recently, Beernink and colleagues examined the emergence of early childhood behavior problems between 14 and 21 months of age and subsequent parenting stress (Beernink, Swinkels, Van der Gaag, & Buitelaar, 2012). Early oppositional and aggressive behavior led to higher parental perception scores on incompetence and depression; whereas inattentive and hyperactive behavior led to lower scores for parent-child attachment. Changes in oppositional and aggressive and inattentive and hyperactive behaviors also showed different associations with subsequent parenting stress. Increases in oppositional and aggressive behaviors between 14 and 21 months of age were associated with maternal perceptions of feeling isolated from others and role restriction in terms of personal freedom and identity when children were 21 months. Increases in child inattentive and hyperactive behavior between 14 and 21 months showed a comparatively greater impact on negative parent-child interactions and attachment when children were 21 months. In a comparable study, parents of young school age children with ADHD report that symptoms of attention and hyperactivity represent the most important contributing factors toward daily parental stress (Daly et al., 2007; Graziano, McNamara, Geffken, & Reid, 2011). The influence of child behavior on parents has been the focus of parent-child interventions (Lieneman et al., 2017; N'zi, Lucash, Clionsky, & Eyber, 2017).

Stressed parents are more likely to use more authoritarian, harsh, and negative parenting strategies with their children (Chronis-Tuscano et al., 2016). Because they are hostile and are threatening in nature (toward punishment), it is not surprising that parent-child relations are often characterized as coercive in this context (Lieneman et al., 2017; Lifford, Harold, & Thapar, 2008). Coercive parenting represents a constellation of adult antisocial behavior characteristics (Wachlarowicz, Snyder, Low, Forgatch, & DeGarmo, 2012), which include harsh parenting (Li, Chen, Li, & Deater-Deckard, 2015). These in turn, strongly predicts the intergenerational transmission of persistent antisocial developmental psychopathology in children and adolescents (Pagani, 2009). On an encouraging note, Leve, Harold, Ge, Neiderhiser, and Patterson (2010) suggest that intervening with coercive parenting is among the most effective strategies for offsetting negative genetic predispositions. Interventions that succeed in reducing such behaviors in parents result in diminishing children's behavior problems and, ultimately parental stress (Verreault, Verret, Massé, Lageix, & Guay, 2011). It is known that reductions in proactive and reactive child aggression in response to an intervention led to improvements in parental caregiving behavior. As an example, Raine, Portnoy, Liu, Mahomed, and Hibbeln (2015) found that parents whose school age children took part in a nutritional intervention showed significant posttreatment reductions in their own antisocial and aggressive behavior and their improvement in caregiving behavior was mediated in large part by the improvements observed in child behavior (Raine et al., 2015). Therefore, stressed parents can engage in better adult behavior if troubling child behavior is reduced. Conversely, increases in troubling child behavior can lead to troubled parenting and other adult behaviors (Chronis-Tuscano et al., 2016; Lieneman et al., 2017).

Although early childhood externalizing behaviors are often maintained through coercive parent-child interactions (Beernink et al., 2012; Lieneman et al., 2017), this may not necessarily apply to impulsive behavior problems (Barkley, 2012). In a cross-sectional study, Graziano et al. (2011) found that the link between impulsive behaviors and parenting stress was explained by co-occurring aggressive, oppositional, and emotionally labile behavior. This study underscores how different sorts of behavior problems contribute to parenting stress and does suggest that such problems likely disrupt healthy parental practices. Thus, few doubt that parents of problem children likely experience distress, yet it remains to be seen if their findings remain robust in the

context of a longitudinal design that prospectively controls for competing explanations and confounding factors.

People in distress are often motivated to use alcohol because of its perceived stress-dampening effects (Cox & Klinger, 2011). As they settle into adulthood and its responsibilities, the most important motivating factor for excessive alcohol use is mental evasion from perceived life difficulties (Patrick & Schulenberg, 2011), especially for women (Patrick, Lee, & Larimer, 2011). Alcohol use by parents tends to amplify negative perceptions of child behaviors, creating an iterative cycle of unhealthy parental behavior and parent-child interactions (Webster-Stratton, 1990).

Although light to moderate regular alcohol consumption is associated with lower risks for heart disease, physical disability, diabetes, and mortality in individuals with good mental and physical health, excessive drinking on an irregular basis does not have the same benefits (Karlamañgla et al., 2008). Binge drinking can be defined as isolated episodes of excessive drinking (Courtney & Polich, 2009). Both animal and human studies have shown that binge drinking experiences can increase predispositions toward later physical dependence on alcohol (Courtney & Polich, 2009; Strong et al., 2010). Because it can affect frontal lobe processing and working memory operations, binge drinking can also affect responsible and effective parenting (Courtney & Polich, 2009). In one longitudinal study, Edwards et al. (2009) examined the use of discipline techniques in a community sample of heavy drinking parents of children from toddlerhood to kindergarten entry (Edwards et al., 2009). They found that heavy drinking parents were more likely to consistently use dysfunctional child-rearing practices, characterized by inconsistent laxness and/or over reactivity. In that study, heavy drinking parents were found to be increasingly harsh in their parenting and overly demanding of their children from 12 to 60 months of age, thus increasing the risk for poor child outcomes.

Practitioners in community nursing could benefit from acknowledging that the chronic strain of difficult child behavior can lead to less effective parenting and less healthy behavior in adults. Coercive parenting and alcohol use are both documented as risk outcomes of parenting in distress, and problem child behaviors are established predictors of parenting stress (Chronis-Tuscano et al., 2016; Williams & Wright, 2014). However, studies have yet to look at how early difficult child behavior forecasts subsequent unhealthy parental behavior. Moreover, the unique contribution of specific kinds of behavior problems must be examined in the context of such a research objective. Thus, the aim of this study is to examine the prospective influence of specific child behavior problems at 41 months on coercive interactions and parental binge drinking at 60 months, above and beyond other risk factors that may covary with child behavior problems, such as low maternal education or marital dysfunction or even difficult temperament during infancy. We conducted secondary analyses, using a time-oriented design with prospective birth cohort data and hypothesize that early behavior problems will show a prospective association with unhealthy parental habits, while accounting for pre-existing parenting distress and alcohol binge use.

## Methods

### Participants

Participants for this IRB-approved study are drawn from the Québec Longitudinal Study of Child Development (QLSCD). This birth cohort originates from a randomly selected stratified sample of 2837 infants born between spring 1997 and spring 1998 in Quebec, Canada. The sample was drawn from the birth registry. Reflecting the demographics of Quebec, most children were ethnically Canadian (71%) while 9% reported being European, 6% reported being African/Haitian or Native, respectively, and 14% reported belonging to the category "Other." Of the eligible children ( $N = 2572$ ), 438 parents refused participation and 14 were unreachable. From 5 months postpartum onward, 2120 infants

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