

Early family regularity protects against later disruptive behavior

Children's temperamental anger or frustration reactions, defined as negative affect in reaction to interruption of ongoing tasks or blocking the child's goal, are already observable in the first 2 to 3 months of life, and may decline across early childhood as a function of maturation and experience. However, some children retain their anger or frustration reactions across early childhood and develop disruptive behavior problems such as oppositional behavior and aggression. These disruptive behavior problems, in turn, are considered primary precursors to conduct problems and the development of antisocial personality disorder. The identification of protective factors that buffer the association between infant temperamental anger or frustration reactions and later disruptive behavior problems is important to the development of intervention strategies.

This study examined family regularity, conceptualized as the consistency of mealtime and bedtime routines, as a protective factor against the development of oppositional and aggressive behavior. We used prospectively collected data from 3,136 families participating in the Generation R Study. Infant anger or frustration reactions and family regularity were reported by mothers when children were ages 6 months and 2-4 years, respectively. Multiple informants (parents, teachers, and children) and methods (questionnaire and interview) were used in the assessment of children's oppositional and aggressive behavior at age 6.

Family regularity reduced the risk for child aggression and showed a gender-specific protective effect against child oppositional behavior associated with temperamental anger or frustration reactions. Families that ensured regularity of mealtime and bedtime routines protected their infant sons high in anger or frustration reactions from developing oppositional behavior. The protective function of family regularity might be explained by processes of modeling and social learning. For example, infants may observe their parents set the table and gathering family members to attain regularity in mealtime routines, learning that rules and boundaries can be established and that behavior can be organized accordingly. Although speculative, the finding of a gender-specific protective function of family regularity may be due to differential developmental trajectories of disruptive behavior (e.g., aggression, opposition, delinquent and criminal behaviors). It has been previously indicated that whereas more males compared to females follow an early-onset persistent trajectory (i.e., manifest antisocial behaviors starting early and persisting over time), an adolescence-delayed-onset trajectory is considered more appropriate to characterize females' disruptive behavior. Females following an adolescence-delayed-onset trajectory are hypothesized to have childhood risk factors (e.g., family risk factors) and adult consequences (e.g., persistence of antisocial behaviors) similar to early-onset males, but a delayed onset of disruptive behavior. This delayed onset could be explained by socialization processes that discourage girls from aggression and encourage the "channeling" of girls' early problem behavior into predominantly emotional problems, leading to the inhibition of childhood disruptive behavior even for females exposed to risk factors.

In conclusion, Family regularity reduced the risk for child aggression and showed a gender-specific protective effect against child oppositional behavior associated with anger or frustration reactions. Although the adverse effects of temperamental anger or frustration reactions may be somewhat difficult to address with an intervention, they may be successfully buffered by helping parents to adhere to consistent, predictable day-to-day family routines. Findings of this study may further our understanding of resiliency and provide a platform for intervention research to prevent the emergence of disruptive behavior problems.

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