

## **Treating Disruptive Behavior Problems Associated with Prenatal Exposure**

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Children exposed to drugs and alcohol prenatally often have significant behavior problems. Most of these are of the kind labelled, “Externalizing Disorders”. Externalizing disorders include actions that are disruptive to others as well as causing a problem for the child both at home and at school. These can be temper tantrums or “melt downs”, oppositional behaviors like refusal to follow directions and defiance, aggression toward self and others and behaviors that violate social rules (lying, taking things that do not belong to them, not following rules).

These behaviors are seen frequently enough that we think that they are related to prenatal exposures. There is specific evidence that stimulant drugs like cocaine and methamphetamines, as well as tobacco are associated with externalizing behavior and with problems later in life. However, children whose parents abuse drugs often have problematic home lives and may not stay with their birth families. These kinds of environmental problems, chaotic family life and changes in custody, can lead to disruptive behavior, as well.

Disruptive behavior can present families, including foster and adoptive families, and teachers with a dilemma. Although it is understandable that children affected by alcohol and drugs have behavior problems, it is important to help them to learn to control their behavior so that they can get along with others and learn what they need to know. Sometimes children are so affected by their early experiences that they do not understand that parents and teachers are trying to help them. Trying to apply rules and talking to them about the right way to behave, may not be effective. Caregivers are often very frustrated by children’s behavior and teachers may want to have such children removed from their classes.

Clinical studies on treating disruptive behavior problems in children between 3 and 12 years have found that the best way to change this behavior is by working with the child's caregivers. Recently Kaminski and Clussen (2017) reviewed 64 studies on treatment of disruptive behavior and found that the most effective method overall was Parent Behavioral Management. This method involves teaching the caregiver methods for changing the child's behavior. This could be done in a group or individually and usually included the child as well. In contrast, studies where the therapist worked only with the child did not show significant improvement.

In our clinic, we developed the GoFAR approach for alcohol-affected children that includes both Parent Behavioral Management and teaching the child a metacognitive strategy, the FAR method. We found that families who completed this training reported that children's behavior was significantly improved and that the number of "melt downs" was reduced. We are planning to study this method further to see if it can be recommended to other groups of children. In summary, parents and caregivers can be the most effective "agents of change" for their children. By learning how to manage behavior effectively, parents can free the child from disruptive behavior that interferes with both home life and functioning at school.

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Further Reading

Coles, CD, Kable, JA, Taddeo, E., Strickland, DC (2015) A Metacognitive Strategy for Reducing Disruptive Behavior in Children with Fetal Alcohol Spectrum Disorders: GoFAR Pilot Alcoholism: Clinical and Experimental Research, 39 (11), 2224-2233.PMID: 265030669

Kaminski, JW, Claussen, AH (2017) Evidence base update for psychosocial treatments for disruptive behavior in children. Journal of Clinical Child and Adolescent Psychology.

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