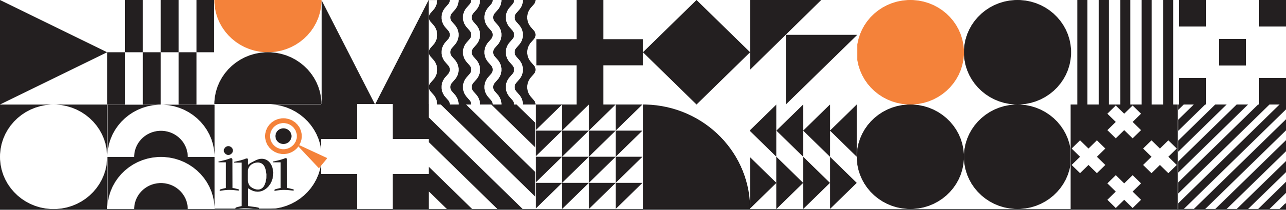

Journal of the Institute for Educational Research
Volume 57 • Number 2 • December 2025 • 269–292
UDC: 316.362.1-053.6
159.922.8
Received 15.9.2025.; accepted 8.12.2025.

ISSN 0579-6431
ISSN 1820-9270 (Online)
DOI: 10.2298/ZIPI2502269D
Original research paper

FAMILY FUNCTIONING AS A FACTOR OF YOUNG ADOLESCENTS' INTERNALIZING AND EXTERNALIZING PROBLEMS*

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ABSTRACT

Adolescence is marked by profound physical, emotional, psychological, and interpersonal changes that have long-lasting implications for mental health. During its early stages, the family system is viewed as a key contextual factor that can either support or hinder the psychological well-being of young adolescents. In this study, we examined whether the effectiveness of family functioning and its aspects predict young adolescents' internalizing and externalizing problems. A total of 181 upper elementary school students participated in the study. The results of hierarchical regression analysis indicated that the impact of family functioning on young adolescents' behavioral problems can be attributed to two main variables: dysfunctions in problem solving predicted more internalizing symptoms while ineffective family communication predicted more externalizing symptoms. These findings not only justify the use of family-intervention models for young adolescents' behavioral problems but also highlight the importance of tailoring interventions according to the specific type of problem.

Keywords:
family functioning, internalizing problems, externalizing problems, young adolescents, SDQ.

* **To cite this article:** Dovijanić, S. & Žunić-Pavlović, V. (2025). Family functioning as a factor of young adolescents' internalizing and externalizing problems. *Zbornik Instituta za pedagoška istraživanja, 57*(2), 269–292. DOI: 10.2298/ZIPI2502269D.

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INTRODUCTION

Adolescents occasionally or relatively persistently exhibit a wide range of mental health problems, especially behavioral ones (Wang et al., 2021), and their long-term impact on adolescents' overall functioning and psychological well-being is what makes them a persistent focal point of attention of both professionals and academics in the field (Lin & Guo, 2024). The categorization of behavioral problems into internalizing and externalizing domains is grounded in the directionality of the symptoms that comprise them (Donolato et al., 2022). Internalizing symptoms are directed inward, causing distress and harm to the adolescents themselves. These problems are usually covert and encompass a wide range of symptoms related to dysphoria, anxiety, social withdrawal, and somatic complaints (Whitcomb, 2017). Empirical data indicate that 9 to 15% (Danielson et al., 2021) or 20% of adolescents exhibit elevated internalizing symptoms (Hunduma et al., 2024), and that these symptoms are significantly more prevalent among girls (17%) than boys (2%) (Babicka-Wirkus et al., 2023). The available data pertaining to the Balkans suggests that 10% of adolescents feel depressed, with about 25% of them reporting anxiety (Sulejmanović, 2024). On the other hand, externalizing problems are disruptive in nature and outwardly directed, encompassing a range of aggressive, rule-breaking, and hyperactive behavioral manifestations (Whitcomb, 2017). Some of the common symptoms related are: frequent quarreling and yelling, smashing and destroying things, a tendency towards disobedience, getting into fights, and consumption of psychoactive substances (Žunić-Pavlović et al., 2010). It is estimated that 10 to 25% of adolescents display increased externalizing symptomatology (Danielson et al., 2021; Sulejmanović, 2024). Moderately strong systematic positive correlation has been established between the two behavioral problem clusters (De Francesco et al., 2024). Furthermore, studies point out a significant connection between the two symptom clusters and a variety of environmental risk and protection factors, with factors related to family environment being especially salient (Kim et al., 2022; Lee et al., 2024).

The concept of family functioning refers to the procedural and structural characteristics of a family environment that are based on the quality of family relations and interactions (Alderfer et al., 2008; Miller et al., 2000). This study applied the McMaster Model, which differentiates between the six core family functioning dimensions – Communication, Problem Solving, Roles, Affective

Responsivity, Affective Involvement (defined as the degree and manner in which family members show interest in one another and emotionally invest in family relationships), and Behavioral Control. According to this model, effective family functioning is characterized by a pattern of clear and open communication, effective problem solving, equitable distribution of responsibilities among family members, an adequate range and intensity of emotional reactions, involvement in the lives of other members, and freedom in managing one's own behavior. Conversely, ineffective family functioning is associated with indirect or masked communication, allowing issues to accumulate, inequitable distribution of family duties, the presence of emotional distance or entanglement among family members, and impaired behavioral regulation (Epstein et al., 1993).

Family Functioning and Adolescents' Internalizing Problems

Effective family functioning has a buffering effect on internalizing problems (Vacary et al., 2022) and correlates positively with young adolescents' life satisfaction, self-confidence, and internal locus of control (Shek, 2002). At the same time, empirical evidence points to significant links between problems in family functioning and emotional symptoms (Kim et al., 2022; Ma et al., 2013). Increased symptoms are associated with families with conflictual interpersonal relations (Raposo & Francisco, 2022), saturated with negative emotions (Gunlick-Stoessel & Powers, 2008), in which the problem-solving patterns are inflexible (Nguyen et al., 2025) and accompanied by one-way, unconstructive communication (Lavaf & Shokri, 2021). Family members are often described as less warm (Aguilar-Yamuza et al., 2023), uninterested (Santesteban-Echarri et al., 2018), but also prone to forming symbiotic relationships (Bernstein et al., 1999) that entail intrusive behavioral control (Vasey et al., 2014). Unstable patterns and unclear expectations regarding the distribution of family tasks have also been observed in such families (Manczak et al., 2017). Finally, when it comes to the role of behavioral control in maintaining internalizing symptoms, research has been inconclusive – some authors identify low levels of control as a facilitating factor (Arim et al., 2011), while others emphasize the predictive significance of strict rules (Bernstein et al., 1999).

Family Functioning and Adolescents' Externalizing Problems

Impaired family functioning has also been observed in youth with externalizing problems (Kim et al., 2022). Such families are characterized by their structure being damaged (Kuralić-Ćišić i sar., 2020) or a large family size (Nilsson et al., 2024), heightened levels of interpersonal conflict (Li et al., 2023) especially within the marital dyad (Peng et al., 2021), elevated stress and harsh parenting (Labella & Masten, 2018), presence of psychopathological symptoms in parents (Kaba et al., 2024), which are followed by emotional coldness and rejection of the child (Ma et al., 2013; Spasić-Šnele, 2018). Both low supervision (Das et al., 2023) and excessive behavioral control tend to exacerbate these symptoms (Rothenberg et al., 2020).

Taken together, the available evidence suggests that family dysfunction tends to be somewhat more pronounced in families of youth with externalizing problems, especially when it comes to key family regulatory processes. Compared to families of youth with internalizing problems, these families show greater difficulties in general functioning (Rodriguez et al., 2014), face additional burdens, such as poverty (Comeau & Boyle, 2018), engage in more negative and less positive communication (Kullberg et al., 2023), show less supportive and more harsh parenting (Anderson et al., 2022), and have more ineffective behavioral control (Wamboldt & Wamboldt, 2000). In contrast, youths' internalizing symptoms appear to be more strongly influenced by parental depression (Aaron et al., 2024).

The Current Study

Building on previous findings on the family environment characteristics of adolescents with behavioral problems, the present study seeks to address two research questions. First, does family functioning predict young adolescents' internalizing and externalizing problems? Second, do different aspects of family functioning show differential associations with internalizing versus externalizing problems? The rationale for grounding the study in these questions is twofold. First, we examined whether the previous findings on the associations between adolescents' behavioral problems and various aspects of family functioning generally apply to young adolescents in our contexts. Second, family functioning was operationalized according to the McMaster Model, which, despite its theoretical relevance and international recognition, has only seen limited application in domestic studies. Applying this model allows for an examination of whether the dimensions of family

functioning associated with behavioral problems remain stable across various theoretical frameworks.

We hypothesized that difficulties in general family functioning would predict more internalizing and externalizing symptoms (H1). Guided by previous findings on the one hand and the McMaster Model's conceptualization of family functioning dimensions on the other, we further hypothesized that emotional dimensions – problem solving, affective responsivity, and affective involvement – would be most strongly associated with internalizing problems. In contrast, dimensions pertaining to the family's regulatory functions, which can affect the likelihood of a disorganized family environment – communication, roles, and behavioral control were expected to be most relevant to externalizing problems (H2).

METHOD

Participants

The study employed convenience sampling. The sample consisted of 181 seventh- and eighth-grade students, with a mean age of 14.16 (*SD*=0.79), of whom 59.7% were female. Participants were recruited from two elementary schools in Ivanjica, from which three classes from each of the two grade levels were randomly selected. The proportions of seventh- and eighth-grade students were approximately equivalent (50.3 and 49.7%, respectively).

We conducted a post-hoc power analysis based on four input parameters – medium effect size (f^2=.15), a significance level of α=.05, a total sample size of N=181, and a total number of predictors n=10. The resulting power estimate was 1-β=.96, which meets the standard recommended in the literature (Aiken & West, 1991).

Variables and Measures

The Strengths & Difficulties Questionnaire (SDQ; Goodman, 1997) was used to measure internalizing and externalizing behavior problems. SDQ consists of five subscales, five items each – Emotional Problems (e.g., *I worry a lot*), Peer Problems (e.g., *Other people my age generally like me*), Conduct Problems (e.g., *I am often accused of lying or cheating*), Hyperactivity (e.g., *I am constantly fidgeting or squirming*), and Prosocial Behavior (e.g., *I usually do as I am told*). The first two subscales together constitute the broad scale of internalizing problems, while the

other two form the broad scale of externalizing problems. The Prosocial Behavior subscale was not used in the study. We used the self-report version of SDQ, which was intended for children and adolescents aged 11 to 16. The time interval to which the assessment on the three-point Likert scale (0 – "not true", 1 – "somewhat true", 2 – "completely true") referred was the preceding six months. SDQ demonstrated satisfactory internal consistency (α=.74).

Family functioning was measured using the short version of The McMaster Family Assessment Device (Turliuc et al., 2016), with 35 items and seven subscales – General Functioning (seven items, e.g., *We don't get along well together*), Problem Solving (five items, e.g., *We resolve most everyday problems around the house*), Communication (four items, e.g., *We are honest with each other*), Roles (four items, e.g., *We have trouble meeting our bills*), Affective Responsiveness (four items, e.g., *Some of us just don't respond emotionally*), Affective Involvement (five items, e.g., *We are too self-centered*), and Behavioral Control (six items, e.g., *You can easily get away with breaking the rules*). Items were rated on a four-point Likert-type scale (ranging from 1 – „strongly disagree" to 4 – „strongly agree"). Internal consistency was satisfactory for the problem solving (α=.84), affective involvement (α=.78), and general functioning (α=.73) subscales, while the remaining subscales did not reach this level.

For each scale, the total score is computed by averaging item scores, with a range from 0 to 2 for SDQ subscales and 1 to 4 for subscales of the family functioning measure. Larger total scores indicate a greater presence of the measured behavioral symptoms and family functioning difficulties.

The data was collected using the survey technique. The final questionnaire was created to include items assessing social-demographic characteristics relevant to the study (gender, date of birth, grade, and school), as well as items drawn from the aforementioned assessment scales.

Procedure

The data was collected during homeroom periods by administering an online survey (Google Forms). After obtaining verbal consent from the schools' directors for conducting the study, the homeroom teachers of the selected classes were contacted and briefed on the research topic. The link to the survey was provided alongside instructions for its distribution. We explained that the data would be anonymized

and used exclusively for research purposes. It was emphasized that participation in the study was voluntary.

Database Preparation and Statistical Analyses

There were eight missing values for the date of birth variable, so these participants were excluded from the analysis of the sample's mean age. The winsorization technique was utilized for treating the outliers that were detected on main variables – externalizing problems (five outliers, or 2,8% of total number of scores of externalizing problems), internalizing problems (one outlier, or 0,5% of total number of scores of internalizing problems), and family functioning (18 outliers, or 1,4% of total number of total scores on seven subscales). These atypically high values were lowered to the upper limit of the variables' acceptable values, which were determined through an inspection of boxplots.

Descriptive statistical analyses were performed to examine internal consistency, data distribution, and main variables' intercorrelations (Spearman's coefficient). A series of statistical tests was then conducted to assess gender differences in behavioral problems (t-test for independent samples), differences in family functioning scores (MANOVA), and to create regression models predicting behavioral problems. To disentangle the effects of general family functioning from those of the specific dimensions in predicting problems, hierarchical multiple regression analyses were performed. All analyses were conducted using IBM SPSS Statistics 26 and JASP 0.18.1.0.

Ethical Statement

Following a review of the study's aims and procedures, approval for conducting the research was obtained from the school board, along with the consent of the school principals. At the beginning of the survey, participants were provided with information about the study and informed that their participation was voluntary. The research was conducted according to the ethical principles of the Declaration of Helsinki.

RESULTS

The data presented in Table 1 indicates that, relative to the theoretical range of mean scores, participants exhibited relatively low levels of behavioral problems (range 0–2), as well as low levels of family functioning ineffectiveness (range 1–4).

TABLE 1. Means, standard deviations, internal consistencies, and Spearman partial correlation coefficients (*N*=181)

	M(*SD*)	n_{items}	1	2	3	4	5	6	7	8	9
1. Internalizing Problems	0.46 (0.33)	10	**.74**								
2. Externalizing Problems	0.49 (0.32)	10	.34***	**.74**							
3. General Functioning	1.74 (0.60)	5	.15*	.28***	**.73**						
4. Problem Solving	1.93 (0.78)	4	.11	.02	.32***	**.84**					
5. Communication	1.92 (0.69)	4	-.05	.18*	-.01	.75**	**.69**				
6. Roles	1.93 (0.63)	4	.15*	.06	.18*	-.11	.09	**.60**			
7. Affective Responsivity	1.94 (0.66)	5	.11	.00	.15†	-.02	.02	.21**	**.55**		
8. Affective Involvement	1.62 (0.65)	6	-.01	.11	.32***	.09	.04	.21**	.35***	**.78**	
9. Behavioral Control	1.74 (0.60)	7	-.13†	.09	.15*	.08	-.04	.16*	.26***	.25***	**.60**

Note. † marginal significance; * p<.05, ** p<.01, *** p<.001.

Sex related differences were observed for internalizing problems mean scores, with a small effect size ($t(179)=4.94$, $p<.001$; $d=.16$), such that girls reported more symptoms ($M=0.55$, $SD=0.33$) than boys ($M=0.32$, $SD=0.27$). Externalizing problems scores did not differ significantly by sex ($t(179)=1.54$, $p>.05$). Subsequently, differences were found across family functioning subscales, $F(2, 147)=4.60$, $p<.05$, $\omega^2=.03$. The most effective functioning was observed in the domains of affective responsiveness ($M=1.62$, $SD=0.65$) and behavioral control ($M=1.83$, $SD=0.57$). Nevertheless, these differences were very small in magnitude.

The pattern of significant partial correlations indicates that difficulties in general family functioning, family roles, and behavioral control could be relevant for young adolescents' internalizing problems, whereas externalizing problems appear to be more closely linked to ineffective family communication and poorer general family functioning (Table 1).

In order to test the hypotheses that general family functioning, as well as its specific dimensions, predict internalizing (Table 2) and externalizing problems (Table 3), two hierarchical multiple regression analyses were performed. For internalizing problems, predictors were entered in three steps. In step 1, sex and

age were included as predictors. In step 2, the variable of general family functioning was added, and in step 3, six variables that represent specific dimensions of family functioning were entered. The gradual introduction of variables was used to identify the specific source of problem prediction based on family functioning.

TABLE 2. Results of hierarchical regression analysis of predictors of internalizing problems

	Step 1		Step 2		Step 3		
	B	***β***	***B***	***β***	***B***	***β***	r_0
Sex (Male)	-0.22	**-.33*****	-0.23	**-0.34*****	-0.22	**-0.32*****	-0.36***
Age	0.00	0.00	0.00	0.00	-0.01	-0.02	.09
General Functioning			0.20	**0.34****	0.08	0.13	.28***
Problem Solving					0.11	**0.26***	.23**
Communication					0.00	0.01	.21**
Roles					0.06	0.12	.28***
Affective Responsivity					0.05	0.11	.25***
Affective Involvement					0.01	0.01	.22**
Behavioral Control					-0.06	-0.10	.12
Model fit	$F(2, 168)=10.15$***		$\Delta F=24.59$***		$\Delta F=2.22$*		
Explained variance	$R^2=.11$		$\Delta R^2=.11$		$\Delta R^2=.06$		

Notes. * $p<.05$, ** $p<.01$, *** $p<.001$.

The sociodemographic variables included in step 1 accounted for 11% of total variance in the criterion variable. By introducing general family functioning in the second step, the model's predictive power increased by an additional 11%. Adding the block of variables representing family functioning dimensions further increased the proportion of explained variance, which reached 28% in the final model. When family functioning dimensions were introduced, general functioning lost its predictive ability, suggesting that its effects may be accounted for by the effects of these specific dimensions. By analyzing the individual variable contribution in the final model, we determined that only female sex and ineffective family problem solving were significant (positive) predictors of internalizing problems.

Next, we tested whether the effects of family functioning variables remain significant in accounting for internalizing symptoms, after controlling for the effects of externalizing problems. Externalizing problems were introduced in the first step, together with the sociodemographic variables. In the final model ($F(10, 160)=8.61$,

p<.001, *R*=.34), we received a positive answer to our question. Significant values of the beta coefficients, apart from externalizing problems (β=.30, *p*<.001) and female sex (β=-.28, *p*<.001), were only related to difficulties in problem solving (β=.23, *p*=.04).

The same analytic strategy was applied to examine predictors of externalizing problems. Predictors were entered in three steps, as shown in Table 3.

TABLE 3. Results of hierarchical regression analysis of predictors of externalizing problems

	Step 1		Step 2		Step 3		
	B	***β***	***B***	***Β***	***B***	***Β***	r_0
Sex (Male)	-0.09	-0.14†	-0.10	**-0.15***	-0.09	**-0.14***	-0.12†
Age	0.01	0.05	0.01	0.05	0.01	0.04	.07
General Functioning			0.20	**0.36****	0.00	0.01	.37***
Problem Solving					0.04	0.09	.34***
Communication					0.11	**0.23***	.40***
Roles					0.07	0.13	.32***
Affective Responsiveness					-0.00	-0.00	.31***
Affective Involvement					0.06	0.12	.38***
Behavioral Control					0.05	0.10	.31***
Model fit	*F*(2, 168)=1.84		Δ*F*=25.51***		Δ*F*=4.19**		
Explained variance	R^2=.02		Δ*R*2=,13		ΔR^2=.11		

Notes. † marginal significance, * *p*<.05, ** *p*<.01, *** *p*<.001.

The initial model did not prove to be statistically significant and accounted for no more than 2% of variance in externalizing symptoms. When general family functioning was added in step 2, a significant regression equation was found, and the proportion of explained variance increased by 13%. The inclusion of the 6 specific variables representing the dimensions of family functioning in step 3 further improved the model by an additional 11%. The role of general functioning changed across the first two steps of the model. However, it did not retain a significant contribution in the final model. In contrast, ineffective communication and female sex emerged as significant positive predictors of the criterion variable, jointly accounting for 27% of symptom variance.

Finally, we examined the contribution of family functioning variables to the prediction of externalizing problems after controlling for the effects of internalizing problems. Internalizing problems were entered in the first step. The model was

statistically significant ($F(10, 160)=8.61$, $p<.001$, $R=.33$), with communication remaining the only family functioning variable that predicts the criterion (β=.23, $p=.03$). After introducing internalizing problems in the model (β=.31, $p<.001$), sex lost predictive ability (β=-0.04, $p=.57$), suggesting that the effects of sex on externalizing problems may be attributable to underlying tendencies toward experiencing psychological distress.

Across both regression models, zero-order correlations of small to moderate magnitude were observed between problem behaviors and family functioning variables, with stronger associations found for externalizing problems than for internalizing problems.

DISCUSSION

The present study has investigated the relationship between family functioning and behavioral problems in young adolescents. The first research question examined whether family functioning predicted levels of behavioral problems.

The results indicate spurious negative effects of general family functioning on behavior, which may be attributed to family problem solving (for internalizing problems) and communication (for externalizing problems). In other words, the fact that general functioning no longer retained its predictive ability once the effects of its dimensions were taken into account implies that the first hypothesis was not supported.

The results obtained from the preliminary analyses demonstrated a slightly above-average (*M*=2.00; Staccini et al., 2014) perception of family functioning effectiveness, reflecting a generally positive perception of the family environment among the study participants. Consistent with earlier findings, girls exhibited greater vulnerability to emotional problems (Babicka-Wirkus et al., 2023; Gutman & Codiroli McMaster, 2020; Nikstat & Reimann, 2020). It seems possible that this result is in part due to gender socialization norms, including expectations of heightened emotional sensitivity in girls, especially within the interpersonal context (Van Droogenbroeck et al., 2018). Conversely, a closer examination of incongruent findings concerning the role of sex in externalizing problems showed that sex-related effects may, in fact, be attributable to heightened levels of internalizing symptoms. In

other words, early adolescents experiencing emotional difficulties and peer problems may also be more likely to develop disruptive and hyperactive behaviors.

The second question in this research focused on identifying which dimensions of family functioning serve as significant predictors of internalizing versus externalizing problems. The only family functioning variable that negatively predicted internalizing symptoms was effective problem solving, encompassing both emotional and instrumental processes. Accordingly, the hypothesis that primarily affective dimensions would predict internalizing symptoms was supported only for this dimension and was not confirmed for affective responsiveness or affective involvement. These results may be explained by a number of different factors. For instance, the emotional responsiveness subscale demonstrated unsatisfactory internal consistency, making us question whether this subscale adequately represents this dimension of family functioning. Moreover, there appears to be a certain degree of conceptual overlap among the dimensions, such that the problem-solving variable may have captured variance shared with other family functioning variables. Considering the affective involvement dimension, it is assumed that extremely high as well as extremely low levels of involvement may serve as risk factors in behavioral development. This suggests a non-linear relationship with behavioral problems, which may not be captured by linear regression analysis.

Several points can be drawn from these findings. First, the apparent association between general family functioning and internalizing problems may be attributable to the problem-solving dimension of family functioning. Notably, the partial correlation between this dimension and internalizing problems did not reach statistical significance, perhaps suggesting a more complex relationship that warrants further investigation.

The significance of family members' approaches to coping with everyday problems in relation to adolescents' internalizing problems has been recognized in previous research (Jin et al., 2025; Lee et al., 2024; Oltean et al., 2020; Peng et al., 2024). At least two broad groups of findings can be distinguished. The first emphasizes the concept of modeling as a potential explanatory mechanism and implies that dominant problem-solving styles in the family serve as models for observation and imitation. Empirical studies indicate that adolescents and their parents use similar problem-solving strategies, which some authors interpret within the framework of observational learning (Flynn et al., 2018; Liga et al., 2020), but there is also the possibility of a genetic origin of this shared characteristic. Other

authors observed similarities between parental strategies of managing marital conflict and adolescents' strategies for dealing with interpersonal problems, with boys tending to imitate their fathers' behaviors and girls their mothers' (Lue et al., 1997). The habit of family members to passively withdraw in the face of problems positively correlates with its young members' anxiety, insecurity, depression, and peer subordination (Hetherington, 2006). This may in part be explained by the process of modeling maladaptive coping strategies and withdrawing behaviors (Jin et al., 2025). In contrast, the solution-oriented approach encourages greater emotional security (Cheung, 2021). In line with this, previous research pointed to positive effects of fathers' constructive problem-solving strategies in relation to their sons' potential social withdrawing behavior (Miller et al., 2005).

The second group of findings interprets the link between family problem solving and internalizing symptoms from a family stress perspective, highlighting how the accumulation of stressors and unresolved problems may exacerbate adolescents' symptoms. Chronic family stress and ineffective problem-solving strategies directly impact adolescents' well-being, with indirect effects also observed, through decreasing resilience and active coping (Wang et al., 2025), disrupting the family emotional climate (Cheung et al., 2020) and relations quality (Hansotte et al., 2021), as well as parenting skills (Hetherington, 2006). It should be added that research examining mediating mechanisms has revealed both direct effects of unsuccessful family functioning, and indirect effects through reducing positive youth development characteristics (e.g., socioemotional competence, self-determination, positive identity, self-efficacy, connecting, and resilience) (Wang et al., 2021). This explanatory model should also be tested with family problem solving as an independent variable.

It is worth noting that a lack of communication and support during the problem-solving processes, or even leaving certain family members out of these processes, may decrease their emotional closeness, hinder the development of problem-solving skills (Hetherington, 2006) and foster feelings of isolation (Jin et al., 2025). On the other hand, a cooperative approach promotes self-confidence and self-efficacy (Fry et al., 2021). Finally, the internalization of negative emotions may be adaptive in nature, preventing further disruption of already compromised family dynamics.

Externalizing problems had negative correlations with all family functioning dimensions. However, only ineffective family communication contributed significantly to the symptom variance explanation. The negative value of the regression

coefficient indicated that family patterns of indirect and masked communication, along with a lack of insight into other members' feelings and intentions, are associated with increased externalizing symptoms during early adolescence. At the same time, no evidence was detected for our second hypothesis – that problem solving, roles, and behavioral control dimensions would predict externalizing symptoms. While the latter two subscales demonstrated unsatisfactory reliability, another possible explanation may be that the constitutive elements of the externalizing problems construct – conduct problems and hyperactivity – may be differentially related to these family functioning dimensions.

Previous studies have recognized ineffective family communication as a risk factor for externalizing problems during adolescence (Demetriou, 2025; Dukanac i sar., 2014; Đurišić, 2018). At the same time, it should be noted that disruptive behavior during adolescence may interfere with open communication between family members and that, as in the case of internalizing problems, bidirectional effects are likely (Wang et al., 2021). One longitudinal study addressing this issue found that externalizing problems and ineffective family communication have mutually reinforcing effects (Moscato et al., 2021).

The majority of studies on the effects of family communication have not considered bidirectional influences. However, these studies should also be considered. One broad group of findings emphasizes the harmful effects of dishonest communication, such that frequent lying within the family fosters antisocial dispositions and secondary psychopathy traits (e.g., impulsivity, low frustration tolerance, and a preference for immediate needs gratification), aggression, rule-breaking (Roza et al., 2024), and deceptive behaviors in children (Setoh et al., 2020). Such practices implicitly convey that dishonesty is a desirable personality trait, thereby weakening mutual trust among family members. Children exposed to deception are often less motivated to behave prosocially and may disregard family behavioral rules (Hays & Carver, 2014).

The second group of findings focuses on disorganized communication, characterized by a lack of clarity, trust, and closeness among family members. Such communication is associated with pronounced externalizing problems (Đurišić, 2018), while connectedness, trust, and reliance on parental advice have been linked to symptom reduction (Fosco et al., 2012). Parents' unwillingness to engage in discussions, and their excessive focus on their own needs at the expense of their child's, have been shown to increase the odds of serious delinquent behavior tenfold

(Thoyibah et al., 2017). Indicators of diffuse communication, such as conversational intrusion and delaying important discussions, have also been documented in previous studies, and are associated with poorer expression of needs and heightened interpersonal tensions. In such families, members often lose focus during arguments and overlook the initial source of disagreement, while parents tend to avoid eye contact and ignore their adolescent's input (Al-Zaben et al., 2023). It appears that, because of deficient communication, caregivers may miss opportunities to teach their adolescents behavioral control, as well as other prosocial skills, which has also been proposed by other authors (e.g., Santos et al., 2017). Another possible explanation of the observed relation is that feeling left out of communication may also contribute to problem behavior (Rogers et al., 2018). Altogether, it seems plausible that closed communication serves as an indicator of cold, or insufficiently close, family relations (Xiao et al., 2011), which may be of particular importance during early adolescence.

Study Limitations

Our findings in this report are subject to at least four limitations. First, with convenience sampling, caution must be applied, as the findings may not be transferable to all young adolescents. Second, the short version of The McMaster Family Assessment Device has not previously been standardized, and the items were independently translated into Serbian. Together with the small number of items per subscale, this has negatively impacted the reliability of this measure. Third, the use of self-report measures limits the possibilities of concluding whether family dysfunction reflects objective deficits or subjective perceptions, as well as which of these two factors is more closely associated with young adolescents' behavioral problems. Finally, a simple research design that does not account for the effects of other variables constrains a clear interpretation of the nature of the observed relationships.

Implications

Among the central goals of research on behavioral problems and their determining factors is the development of effective interventions. Examining the specific contributions of various factors operating within the family environment to the emergence, continuity, and change in behavioral symptoms provides an evidence-based framework for designing family interventions. Results of our study point to

potential benefits of interventions that develop family problem solving skills which contribute to the prevention and treatment of internalizing problems, whereas interventions aimed at enhancing family communication may be a good choice for addressing externalizing problems. For example, interventions that promote cooperative problem solving may decrease the overall family stress levels, increase closeness, and lower the risk of internalizing problems. It is beneficial for parents to foster adolescents' problem-solving skills, thereby reducing the likelihood of withdrawal, somatization, and anxious-depressive reactions to challenges. On the other hand, interventions that promote honest and unambiguous communication in the family provide a developmentally appropriate model of behavior, increase mutual trust and closeness. Clear behavioral expectations should be explicitly communicated, thereby helping to establish a stable, predictable family environment that may reduce the risk of disruptive behaviors.

Educational implications can also be drawn from these findings. School-based treatment programs for internalizing and externalizing problems and programs that promote positive youth development should be focused, among other things, on students' problem-solving skills, emotional competence, and communication practices, as well as on strengthening the resilience of students exposed to ineffective family functioning. We emphasize the importance of a multisystemic approach to prevention and treatment, which involves cooperation with the family.

A school setting can be appropriate for implementing family-focused interventions. Family interventions implemented in school have certain advantages over interventions implemented in clinical settings – they are less stigmatizing for the family, reduce financial costs, allow for better information exchange, stimulate parental involvement, and provide other benefits (Rickard et al., 2016). Previous studies have shown that parent and family interventions implemented in school settings effectively mitigate behavioral problems (Valdez et al., 2005). A recent meta-analysis reports that interventions that encourage parental participation and school partnership have a positive effect on students' socio-behavioral competence and mental health (Sheridan et al., 2019). The components that are significantly associated with positive outcomes are: school-family communication, parental involvement in adolescents' activities at home, behavioral support, productive parent-teacher relationships, as well as collaborative planning and problem solving between these parties. Results of a meta-analysis of the effectiveness of consultation-based family-school engagement indicate positive effects on students' social-

behavioral competence and mental health, parental attitudes and practices, and parent-teacher relationship (Smith et al., 2021). Counseling was found to be effective when combined with parent training, teacher training, and joint activities between children and parents. Nonetheless, family interventions are rarely implemented in school contexts, which may be due to limited resources, and specifics of the staff competencies, leadership, school climate, and other factors (Stormshak et al., 2016).

Although it has been established that family functioning is a relevant factor in the social-emotional development of early adolescents, certain ideas mentioned here need further investigation. Specifically, the nature, underlying mechanisms, and directionality of the observed relations remain insufficiently understood. Therefore, we believe that future research should focus on testing various mediation and/or moderation models that include additional family-related variables – such as family relations, family structure, and the personal characteristics of parents and siblings.

CONCLUSION

Early adolescence represents a period in which young people are particularly vulnerable to developing behavioral problems. In addition to individual characteristics, research indicates that various contextual factors, to a lesser or greater extent, contribute to symptom genesis. Our study is in agreement with this claim, showing that ineffective family problem solving predicts more internalizing symptoms, including dysphoric mood, anxiety, somatic complaints, and social withdrawal, whereas unclear and masked family communication emerged as a significant predictor of externalizing problems, such as conduct problems and hyperactivity. It is assumed that these relations may in part be accounted for by the processes of observational learning. However, other mechanisms should be investigated in future studies as well. Overall, the findings indicate that interventions aimed at improving family communication and problem-solving skills may be effective in the prevention and treatment of early adolescents' behavioral problems.

Note. The implementation of this study was financially supported by the Ministry of Science, Technological Development, and Innovation of the Republic of Serbia, as part of the funding for scientific research activities at the University of Belgrade – Faculty of Special Education and Rehabilitation (Contract No. 451-03-137/2025-03/200096).

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