



CAUSAL MODEL OF BEHAVIOUR PROBLEMS PERCEPTION BY THE TEENAGERS` FAMILIES

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Abstract

The study was designed in order to allow the investigation of theoretical presumptions regarding the determinants of behaviour disorder. By the structural modelling we test the model of perception by the parents of the teenagers having behaviour issues. The sample included 109 parents of teenagers manifesting behaviour issues at subclinical and clinical level. The structural model is adequate in order to claim that the analysed variables: satisfaction with life, irrational values, self-esteem and the perception of social support are the causes and/or factors for maintaining, both distally and proximally, the distress generated to the parents by the teenagers` behaviour issues.

Keywords: parents, satisfaction with life, irrational values, social support, self-esteem

Introduction

Close relations between parents and teenagers, parenting abilities, the activities carried out together with the family and positive modelling of the parental role have well documented effects on the health and development of the teenager (Aufseeser, Jekielek, & Brown, 2006).

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The most important factor of the external environment for the child and for the teenager is the family as it confers emotional, material and cultural support, care and education and the modality or the form by which these needs of the child or teenager are fulfilled, influence to a great extent the teenager's psychological development and his mental health. Consequently, the decline of his family and difficulties or relationships between the members of his family can have severe consequences as compared to an equilibrate family environment which confers stability, safety and affection to the teenager (Milea, 2006).

Block, Block and Gjerde (1986) underline that a substantial risk for psychopathology is represented by the conflicts generated after the divorce if children and teenagers feel they are involved in them.

For children and teenagers with a genetic vulnerability, interpersonal interactions from their environment have a bigger impact and the effects of a disruptive family in association with stressing factors can create the path towards the development of behaviour issues. One single stressor factor combined with discordant and conflicts environment does not significantly increase the risk for children disorders development, but when the number of the stressors increases, the risk also increases. This relation was interpreted as an interactive effect of the interaction between environment factors, but it could also mean that the impact of these factors is higher when there is a genetic vulnerability (Rutter, 1994).

Rutter's study brings a solid proof of the fact that conflictual familiar environment can lead to the development of a behaviour disorder but we must mention the fact that although the conflictual family is a risk indicator, the mechanism by which it interacts has not been identified (Rutter, 1994).

In a study carried out by Olsson, Nordstrom, Arinell and von Knorring (1999) the results indicated that teenagers having depressive disorders have experienced more stressing events than the healthy ones. Teenagers who besides depressive disorder also have a behaviour disorder feel heavier with problems and they have more conflicts and changes in their family dynamic; those with behaviour disorder of oppositional defiant kind, registered problems in their relations with parents and personas of same age. Focusing less on the nature of life events, Olsson et al. (1999) claimed that the bigger risk was represented by long term threatening situations from psychological point of view. Repeated and serious conflicts between parents combined with physical and sexual abuse are included in the same category. Another important stress

factor is the disease within the members of the family.

Some authors claim the idea according to which the ability for solving problems is important for the impact that stressing events have on the teenager, and negative life events are associated with depression and behaviour disorders during adolescence only when this capacity is reduced. These aspects are important as the above mentioned disorders (such as behaviour disorder) are associated with dysfunctional coping mechanisms, with a problematic attributional style (Marian, 2012), cognitive errors and poor social competences (Adams & Adams, 1993; Szabo & Marian, 2012).

In developing this important theme among the researchers, one must consider the aspects related to both social and juridical statute of the family, the norms promoted by the members of the family, the component and the structure of the family, the roles that the adults assume and the reports between the members of the family. These aspects can be causes and risk factors with pre-dispositional, trigger risk, determinant or favouring in the apparition of psychical health disorders within children and teenagers.

Anti-social and aggressive behaviour at children is an interest theme for research in the domain of child psychology for at least two reasons. First of all, behaviour issues represent the main cause for which children and teenagers arrive to mental health clinics or to treatment centres. Second of all, behaviour disorders are strongly associated to delinquency as there was registered an alarming increase of juvenile delinquency. As a result of this interest, many researches were carried out in order to understand and to treat the psychopathology forms of externalisation at the level of mechanism (Maddux & Winstead, 2005, p. 335).

Negative parental style characterised by a severe and inconsistent disciplinary measures is clearly associated to the child's antisocial behaviour, the prevalence of severe behaviour issues for the child being twice bigger than the cases in which the parental style is the adequate one. Together with punitive attitudes, passive attitudes or neglecting ones, these factors can lead to juvenile delinquency. It is also important to underline the fact that the parents of the children with behaviour disorder, have a difficult task in managing these behaviour problems and most of times, in these situations the parental style is less positive, permissive being inconsistent with violent disciplinary modalities which maintain or even worsen behaviour issues of the child (Scott, Doolan, Beckett, & Cartwright, 2010).

The influences of the community

It is not very clear though, to what extent the school as an institution influences the antisocial behaviour by the educational organization, climate and practice, or if the number of pupils with antisocial behaviour is a main function in the contribution that the school has in maintaining these problems within the school environment. The studies indicate that in the schools with consistent, correct and precise rules, the number of students with inadequate and antisocial behaviours tends to be lower (Graham, 1988; Farrington, 1972; Gottfredson, 2001; Herrenkohl, Hawkins, Chung, Hill, & Battin-Pearson, 2001).

With regards to the influences of the community, the studies indicate that the boys who live in urban areas are more violent as compared to those who live in rural areas. Within urban areas, disreputable neighbourhoods or with an increased rate of criminality, increases the frequency of antisocial and aggressive behaviours in children and teenagers. Some researchers concluded that influences of the neighbourhood or of the community on the antisocial behaviour were indirect by the effects they had on the individual and on the family (Gottfredson, McNeil, & Gottfredson, 1991; Rutter, 1971; 1981).

The results obtained by Offord and collaborators indicated the fact that teenagers with behaviour disorders in most of the cases come from families with a poor social and economic statute, with jobless parents who live in houses given by the state and who depend on social security benefits. Also, social economic statute, the income and the poor educational level of the parents are predictors for children`s behaviour disorder (Offord et al., 1987).

Objectives

We investigate the relation between the perception of teenagers` behaviour issues semeiology by the family members (parent) and self-esteem, satisfaction with life and the perception of social support (as causal factors with direct action).

From experimental point of view we shall investigate under which conditions the irrational believes/values of the parents and satisfaction with life directly intermediately act on the perception of teenagers` semeiology/problems.

Method

Participants

The study included 109 parents of teenagers with behaviour issues, aged between 39 and 59 years old ($m=46,47$; $SD=4,59$). The participants included in the study were 18 males (16,5%) and 91 females 91 (83,5%). From ethnical point of view 84 (77,1%) of the participant were Romanian and 25 (22,9%) of them were Hungarians. From the point of view of the marital status, 4 (3,7%) parents were unmarried, 80 (73,4%) married, 22 (20,2%) divorced and 3 (2,8%) widowed.

Research instruments

Zimet, Dahlem, Zimet and Farley (1988) proposed social support evaluation by the means of *The Multidimensional Scale of Perceived Social Support* (MSPSS), an instrument designed to measure the way in which people perceive social support coming from three sources: family, friends and from other significant persons for them. The instrument makes the distinction between social support given by friends and the perception of the social support given by other persons significant for the subject; it is admitted the fact that there is not always a clear demarcation between these categories (Marian, 2006). The fidelity of MSPSS was estimated by using alpha Cronbach coefficient. In the case of the total SMSSP was obtained a coefficient of .89 (12 items).

Satisfaction With Life Scale (SLS; Pavot & Diener, 1993) was built in order to evaluate the satisfaction with life of the subjects as a whole. SLS is designed in order to evaluate global judgement of satisfaction with life which is a theoretical prediction addicted to comparing life circumstances with the subject's own standards (Marcu, 2013). The fidelity in the case of total SLS was obtained a coefficient of .81 (5 items). This value indicates a good internal consistency (Stevens, Constantinescu, Lambriu, Butucescu, Sandu, & Uscătescu, 2012; Marian, 2007).

Rosenberg Self-Esteem Scale (RSES) Rosenberg (1965) proposed an instrument made out of 10 items which in time became a bench-mark for self-esteem evaluation on international plan. RSES has a good internal consistency, alpha Cronbach coefficient being .89, and test-retest fidelity between .85 and .88 (Rosenberg, 1965). Băban (1998) indicated that in practice, the values

which could be obtained at RSES were between 15 and 39. As compared to other studies, Băban (1998) did not indicate but a satisfactory fidelity of RSES (.75).

Irrational Values Scale (SVI; MacDonald & Games, 1972) measures the credit given by the respondent to the nine irrational values based on the research of A. Ellis. SVI was seen as the instrument which provided the construct validity for the ideas promoted by Ellis. SVI has a good internal consistency, alpha Cronbach coefficient being from .73 to .79 without reporting the stability of the results by test-retest method (MacDonald, 2000, p. 418). In our study alpha Cronbach coefficient being .85 .

Achenbach System of Empirically Based Assessment (ASEBA - CBCL; Achenbach & Rescorla, 2001) is an instrument validated on Romanian population, and which allows a relatively rapid and efficient assessment of the aspects related to adaptation. Having at the basis scales derived from DSM, the instrument measures affective problems, anxiety problems, somatic accuses, problems related to ADHD, opponent behaviour and behaviour problems. Besides that, ASEBA measures Internalization and Externalization by the means of which they generally group the problems; consequently it represents an extremely ordered level of the scores in ASEBA. Reported fidelity is very good (.96) and test-retest stability is .95.

Procedure

The study aimed to apply some assessment criteria to the participants according to the level of their behaviour problem. In the case of the parents who accepted to be part of our research, the grouping was realised with ASEBA - CBCL. The parents of the teenagers filled in the documents in order ASEBA - CBCL, MSPSS, SLS, RSES and SVI. The scale battery was applied individually. The participants received the necessary instructions, so that the scales to be adequately filled in.

Experimental design

In order to verify the hypothesis, the experimental design is a multifactorial one. Considering the fact that the predictors are numeric and continuous variables we use *the way analysis*.

The predictors (exogenous variables) are self-esteem, satisfaction with live and the perception of social support; the criterion is represented by the

behaviour problems measured with ASEBA - CBCL (parents). The exogenous variables with distal action (with mediated action) are the irrational values/beliefs. Satisfaction with life (parents' satisfaction with life) is both cause variable and effect variable of the behaviour problems (ASEBA - CBCL). The variable with mediatory role in report to behaviour problems, is the perception of the social support in the case of the parents.

The way analysis allows the testing of the experimental causal model and of the relation between variables and the identification of the mediators (such as the perception of social support or satisfaction with life).

Results and interpretation

By the structural modelling we test the model of perceiving (teenagers') behaviour problems by the parents, model which grants the mediation effect to the social support (Sobel, 1986; Preacher & Hayes, 2004), process by which daily events create deficits.

We use *structural modelling* (Judd, Kenny, & McClelland, 2001) in order to examine a model of the relations between cognitive, social variables and behaviour problems (ASEBA - CBCL; with scores which indicate the sub-clinic and the clinic level) assessed by the parents. For this statistical analysis the scores of the participants to the dimensions Self-esteem, irrational values/beliefs, satisfaction with life and the perception of social support were used as observed variables (cause variables) which influence the effect variable: Behaviour problems (measured with ASEBA - CBCL).

We used the scores obtained by the parents who took part in the research (score for sub-clinic level - gross scores between 8 and 10 for ASEBA - CBCL and for the clinical level - gross scores over 11 for ASEBA - CBCL) in order to form the lot necessary for the examination of the theoretical predictions regarding the determinants of the behaviour disorder and its impact on the family.

The model is not functional from experimental point of view (we register calculation error) in the case of the parents without behaviour problems (gross scores under 7 for ASEBA - CBCL) and for that reason we shall not present data related to them.

The statistical method (structural modelling) chosen by us is efficient in testing the causal model for perceiving behaviour problems by the parents (presented in figure 1).

The exogenous variables (observed) in our model are: Irrational values and Self-esteem. The variable Satisfaction with life is both cause and effect for the Perception of behaviour problems by the parents; the variable Perception of social support is exogenous variable in the relation with behaviour Problems and endogenous variable (effect) of the irrational values/ believes. The perception of teenagers` behaviour problems by their parents is the effect variable of the four variables previously presented and cause variables of the Satisfaction with life.

Exogenous variables (unobserved) are also represented by the measuring errors noted in Figure 1 with cu $er1$, $er2$... $er5$ which represent the fluctuations of the way in which the participants (parents) answered to the scales used in the research (Bollen, 1987). In other words, the measuring error indicates in our study the variables which were not directly measured.

The applicability of the model in counselling the teenagers with behaviour problems and their families imposes some mentions on the relationship between the variables.

The irrational values play the exogenous variable role (cause variable) in the relation with the Perception of the social support, so it has a distal effect on the behaviour problems and on their interpretation by the parents. In the case of social support perception, the scores for the manifest variables (family, friends and other significant ones) were taken into account by the means of the composite score (global score). Consequently, the results of the parents/ family regarding the appreciation of the global social support are influenced by the irrational personal values/believes, but they also have a distal effect on the perception of their children (teenagers).

We consider that self-esteem has a direct impact on the appreciation of behaviour problems by parents. According to the extent to which behaviour problems are perceived, satisfaction with life fluctuates increasing or decreasing their impact on the parent`s personal life.

Behaviour problems (ASEBA - CBCL) play the role of endogenous variable (effects variable).

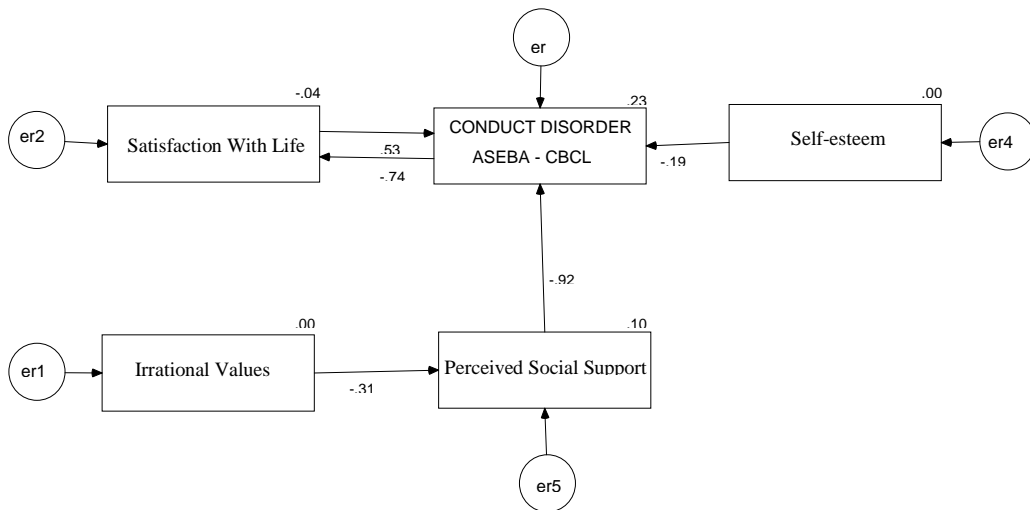


Figure 1. Structural model for the parents of teenagers with behaviour problems at clinical and sub-clinical level

The structural equation in the case of the causal model for behaviour problems perceived by parents, tested by the means of AMOS program (Table 1) indicates a high matching degree ($\chi^2 = 3,467$; $p > .62$) considering the fact that there are no significant differences between the data of the participants and the matrix obtained based on the connections mentioned in our model (Figure 1).

Table 1. The values of the absolute indicators of the tested model for the parents of teenagers with behaviour problems at clinical and sub-clinical level

Modelt	χ^2	df	p	RMR	RMSEA	GFI	AGFI
Causal model for the parents of teenagers with behaviour problems at clinical and sub-clinical level	3,467	5	.62	.08	.08	.98	.96

RMR indicator shows an efficient model of behaviour problems (.08) which means that we explain adequately the evolution of the data observed. According to the prescriptions of Judd and collaborators (2001) RMSEA indicator does not pass over .08 which indicates a matching degree of 80%. In the case of the model proposed for behaviour problems appreciated by the family, GFI supports the data previously presented and the adjusted form of the

indicator AGFI has a very close value and it confirms and supports the data presented in table 2.

In table 2 we present the testing of the differences between our model and a null model; consequently NFI, RFI IFI and CFI (Bollen, 1987; Judd et al., 2001) indicate the desirability of the structural model in the case of parents. Considering the values obtained we give the credit to the model implemented by us, as in this case, as we have seen, there are no parameters which indicate discordances.

Table 2. The values of comparison indicators of the tested model for the parents of teenagers with behaviour problems at clinical and sub-clinical level

Model	NFI	RFI	IFI	CFI
Causal model for the parents of teenagers with behaviour problems at clinical and sub-clinical level	.97	.93	.76	.85

Structural model (Figure 1) is proper for claiming that the analyses variables: satisfaction with life, irrational values/ believes, self-esteem and the perception of social support are causes and/or factors for maintaining, both distally and proximally, the distress generated to the parents by the teenagers` behaviour problems.

Table 3. Weight of regression in the structural model in the case of parents who have teenager children with behaviour problems at clinical and sub-clinical level

			Estimate	S.E.	C.R.	P
Perceived Social Support - parents	<---	Irrational Values - parents	-,017	,005	-3,374	***
Behaviour problems	<---	Perceived Social Support - parents	-5,281	,654	-8,072	***
Behaviour problems	<---	Self-esteem - parents	-,286	,129	-2,221	,02
Behaviour problems	<---	Satisfaction With Life - parents	,608	,180	3,384	***
Satisfaction With Life - parents	<---	Behaviour problems	-,650	,127	-5,109	***

In tables 3 and 4 we present the weight of regression in the structural model proposed, that being the influence of the causal variables (exogenous) on the endogenous variables. We consider that a major role on behaviour problems

is played by the perception of social support and by satisfaction with life.

Table 4. Standardised estimation of regression weight in the case of parents who have teenager children with behaviour problems at clinical and sub-clinical level

			Estimate
Perceived Social Support - parents	<---	Irrational Values - parents	-,309
Behaviour problems	<---	Perceived Social Support - parents	-,922
Behaviour problems	<---	Self-esteem - parents	-,190
Behaviour problems	<---	Satisfaction With Life - parents	,533
Satisfaction With Life - parents	<---	Behaviour problems	-,742

Consequently, the less support a parent considers he receives at social level for the coordination of the teenager facing behaviour problems, the more he will appeal to irrational or absolutist values or believes, the bigger is the possibility for him to fail in the proper interpretation of the problems the teenager is facing. Fluctuant self-esteem or unrealistic self-appreciation shall also lead to wrong assessment and interpretation of the teenager's problems together with satisfaction with life with which they are in a inter-conditioning phase.

Conclusions

The study is included in the area of recent preoccupations for the implications at psychological social level of Behaviour Disorder. The adolescence has had a great attention from the scientific community as it was considered a transition period and amongst the few development periods characterised by many changes at different levels.

The study was designed in order to allow the investigation of theoretical predictions regarding the determinants of the Behaviour Disorder. By structural modelling we test the model of perceiving the teenagers' behaviour problems by their parents.

For this statistical analysis, the scores of the participants to the dimensions Self-esteem, Irrational values, Satisfaction with life and the Perception of social support were used as observed variables (cause variables) which influence the effect variable: Behaviour problems (measured with

ASEBA - CBCL).

The applicability of the model in counselling teenagers with behaviour problems and their families imposes many determinations on the relations between variables.

Irrational values are a cause in the relation with the Perception of the social support, so a distal effect on the behaviour problems and on their interpretation by the parents. The results of the parents/ family at the interpretation of global social support are influenced by irrational personal values, but they also have a distal effect on the Perception of teenagers' behaviour problems.

We consider that self-esteem has a direct impact on the appreciation of Behaviour problems by the parents. According to the degree that Behaviour problems are perceived, Satisfaction with life fluctuates, increasing or decreasing their impact on the parents' personal life.

Structural model is adequate for claiming that the analysed variables: satisfaction with life, irrational values, self-esteem and the perception of the social support are causes and/or factors for maintaining both proximally and distally the distress generated to parents by the behaviour problems of the teenagers.

Finally, we consider that the less support a parent considers he receives at social level for the coordination of the teenager facing behaviour problems, the more he will appeal to irrational or absolutist values or believes, the bigger is the possibility for him to fail in the proper interpretation of the problems the teenager is facing. Fluctuant self-esteem or non-realistic self-appreciation shall also lead to wrong assessment and interpretation of the teenager combined with the satisfaction with life with which they are in an inter-conditioning phase.

We indicate that the family members and the environment represent elements which confer opportunities for starting more profound interactions mainly during adolescence, interactions which are necessary for maintaining the psychical equilibrium and the typical course of the development. If these characteristics belonging to social familial environment are missing, psychical disorders and sufferings can appear and they can affect not only the functionality and the adjustment of the teenager, but they also can have an influence on the adult he will become later and on the family members; they can also harm the relations between the family members, so a vicious circle with severe consequences on both sides can be forms and with function for

maintaining the problem.

We consider that the bigger the number of the risk factors is, the lower become both physical and mental health and the optimal development of the teenagers.

As a result of the corroboration of the information presented in the study, we consider that the relations parent-child which include the disciplinary practices, minimal involvement and surveillance, low emotional involvement and negative behaviour towards the teenager can represent risk factors for behaviour disorder.

On the other side, the modalities proposed for assessment observed in a more specific manner the changes which interfere (both at clinical and social level) and they clarify controversial aspects in this domain of research.

The results which shall be obtained in the future must be compared to those belonging to different nosologic categories in order to adequately catch the behaviour problems phenomenon. Besides that, starting from the results obtained the development of specific prevention and intervention programs would be useful not only in the domain of psychopathology and counselling but also in the educational and social domain.

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