
Brief Article

Family functioning components as predictors of internalizing and externalizing disorders in children

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Abstract

Introduction: The aim of the present research was to study correlation between family functioning components and internalizing and externalizing disorders as well as to determine the contribution of each family functioning component in creating these disorders in 7-11 year old children.

Methods: This was a descriptive (correlation of prediction type) kind of research. Family functioning components were as predictor variables and internalizing and externalizing disorders were as criteria variable. Research sample was in the form of cluster sampling in which 95 mothers responded to family assessment device (FAD) and child behavior check list (CBCL) questionnaires.

Result: In this research, statistical method of correlation and regression analysis with entry method were utilized. Findings showed that all subscales of emotional/behavioral disorders in children have negative correlation with family functioning indexes and all these indexes have meaningful negative correlation with internalizing disorders.

Conclusion: The two indexes of problem solving and control of behavior have meaningful negative correlation with externalizing disorders. Amongst family functioning indexes, the two indexes of emotional responsiveness and overall performance are capable of predicting internalizing disorders and only the control of behavior index is capable of predicting externalizing disorders in children.

Keywords: Family functioning, Internalizing disorders, Externalizing disorders, Children.

Introduction

Emotional-behavioral disorders in childhood period are considered rather prevalent disorders. These disorders include different types, namely: fears and anxieties, depression, disturbing behavior, attention-deficit/hyperactivity disorder, conduct disorder and somatization disorder. A review of the history of psychology shows that numerous factors play a role in creation and formation of these disorders. Kiesner and Kerr believe that most human behaviors are subject to several factors. Family, peers and different cultural contexts like school are factors affecting the emergence problematic behavior (1). There's also a meaningful relation be-

tween low marital adjustment in parents and lower efficiency in family functioning and existence of hyperactivity/attention-deficit disorder (2). Salari et al in a research indicated that depression symptoms in children has a direct relation with family dysfunction(3). Firoozsamadi has reported a positive relation between family conflicts and depression, nervousness, hyperactivity, psychosomatic problems, learning problems and aggression (4).

Some researchers showed that existence of family dysfunctions interfere in many psychiatric disorders, namely: conduct disorder, school phobia, substance abuse disorders, depression, eating disorders, internalizing and externalizing disorders (5). Family therapists believe in order to study mental problems, interactions existing in family and dynamics of system and structure governing family should be studied (6).

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Diverse models have been proposed to assessment of family functioning that measure diverse dimensions of roles, responsibilities, affective expression, method of addressing a problem by members, affective expression, meeting emotional needs and Amongst these, Beavers' model has considered internalizing disorders in centrifugal families where there's low affective expression and externalizing disorders in centripetal where control of behavior is less to be more (7). McMaster model is the most comprehensive model regarding family functioning and also a systemic model with clinical directionality too that specifies behavioral and structural characteristics of family group and significant sharing patterns existing between family members (8). This model has been designed for evaluation of family functioning and measures six dimensions which are: problem solving, communication, roles, emotional responsiveness, emotional involvement and control of behavior.

Notwithstanding that many researches have been carried out in the field of comparison of functioning of normal families and families having children suffering from emotional-behavioral disorders and contribution of different familial factors in emergence of kinds of disorders has been determined, but no research has been done based on using McMaster family functioning model and determining contribution of proposed factors in this model on emotional-behavioral disorders in primary school student children, therefore the major research question is "How much the contribution of each family functioning components is in emergence of emotional-behavioral disorders in children?" And research hypotheses are: 1- family functioning indexes are able to predict externalizing disorders in children 2- family functioning indexes are able to predict internalizing disorders in children.

Methods

Design of this research is descriptive (correlation of prediction type). Using simple correlation and multiple regression analysis attempt has been made to find most appropriate variables and study their independent and reciprocal relation with criterion variables. In this research, family functioning components have been considered as predictor variable and internalizing and externalizing disorders as criterion variable. Present research population is all referents to health houses of municipali-

ty district 4 of Tehran during summer of 2009 until end of summer of 2010 who referred consulting section for familial problems and or their child's problem and at least had one child in age range of 7-11. Using cluster sampling method. Finally, the number of research sample reached 95. The arrival criteria was all of mothers had a child between 7-11 years old and exit criteria was all of questionnaire that was completed.

Instruments : McMaster Family assessment device (FAD): "Family Assessment Device" is a 60-item questionnaire developed by Epstein, Baldwin, and Bishop in 1938 based on McMaster's model. In Amini's study (9), the Cronbach's alpha for the total scale and subscales problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control was 0.92, 0.61, 0.38, 0.72, 0.64, 0.65, 0.61, and 0.81, respectively. This instrument has a medium correlation with "Locke - Wallace Marital Satisfaction Scale" and a relatively favorable power for predicting scores of "Philadelphia Geriatric Morale Scale" (10).

Child behavior checklist (CBCL) – the parents' form: the child behavior checklist is a questionnaire designed on the basis of Achenbach's experience . The validity of the questionnaire through test-retest with a one-week interval and also the reliability between interviewers in the child behavior checklist were 0.93-1. This reliability for behavioral-emotional syndrome scale for the parents' behavior checklist was 0.90 (11). In Iran, Minayi examined the checklist using cluster sampling method on 1438 boys and girls from northern, southern, and central Tehran and obtained the internal consistency of internalizing and externalizing scales as 0.87 and 0.86, respectively(12).

Results

Majority of research samples were mothers with more than one child (77.89 percent) having high school diploma and higher education (50.52 percent) and majority of 7-11 children were girls (64.21 percent). Amongst 8 child behavioral-emotional disorders evaluated in present research, anxiety/depressive and withdrawal/depressive correlation coefficients have more values with family functioning indexes compared with other disorders that's a sign of strong relation of these two disorders with family functioning indexes($p < 0.05$).

Table 1. family functioning regression analysis in predicting internalizing and externalizing disorders

<i>Indexes Transmittal</i>	Aggregate squares	Freedom rank	Mean squares	F	Meaningfulness level	R	R ²
Regression	2089.93	9	232.921	2.96	0.0001	0.49	0.24
Residual (Error)	6665.29	85	78.41				
Overall	8755.22	94					
Regression	960.74	4	240.18	2.77	0.019	0.33	0.11
Residual (Error)	7794.48	90	86.6				
Overall	8755.22	94					

Amongst family functioning indexes, only emotional involvement correlation coefficient with anxiety/depression in children wasn't meaningful ($p>05$) and other coefficient indexes had meaningful negative with anxiety/depression ($p<05$). Somatic complaint in children had meaningful negative relation with communication, roles, emotional involvement, control of behavior and overall family performance indexes ($p<05$).

As data shows, obtained F value ($F=2.96$) at $\alpha=01$ level is meaningful and according to determination coefficient value, it can be said that in all 24 percents of internalizing behavioral disorders variance in children is predicted by family functioning indexes. The results of multiple regression anal-

ysis of predicting externalizing disorders in children based on family functioning indexes. As it is observed, obtained F value ($F=2.77$) is meaningful at $\alpha=05$ and according to determination coefficient value it can be said that in all 11 percents of externalizing disorders variance in children is predicted by family functioning indexes.

Data show that amongst family functioning indexes only emotional responsiveness ($\beta=3.27$) and overall performance ($\beta=2.42$) beta coefficients are meaningful .

Data show that amongst family functioning indexes only control of behavior beta coefficient ($\beta=2.20$) is meaningful.

Table 2. Family functioning indexes beta coefficients for predicting internalizing disorders in children

Variables	B	SEM	Beta	T	P
Problem solving	0.23	0.25	0.12	0.93	0.35
Communication	0.10	0.18	0.08	0.58	0.56
Roles	0.30	0.23	0.13	1.29	0.19
Emotional responsiveness	0.65	0.2	0.34	3.27	0.002
Emotional involvement	0.02	0.09	0.03	0.29	0.77
Control of behavior	0.09	0.26	0.04	0.35	0.72
Overall performance	0.50	0.20	0.36	2.42	0.01

Table 2. Family functioning indexes beta coefficients for predicting internalizing disorders in children

Variables	B	SEM	Beta	T	P
Problem solving	0.08	0.07	0.20	1.14	0.25
Communication	0.03	0.07	0.05	0.02	0.97
Roles	0.11	0.22	0.06	0.50	0.61
Emotional responsiveness	0.04	0.15	0.04	0.26	0.72
Emotional involvement	0.02	0.08	0.04	0.28	0.77
Control of behavior	0.42	0.19	0.39	2.20	0.03
Overall performance	0.16	0.17	0.14	0.96	0.33

Conclusion

Childhood is amongst most important life stages when individual's character is founded and formed. Often behavioral disorders and incompatibilities after childhood is a result of attention deficit to critical childhood period and lack of correct security in growth and evolution trend. This inattention results in lack of compatibility and adaptation to environment and emergence of diverse deviations in different dimensions for child.

Generally, all internalizing disorders in children, i. e. anxiety/depression, withdrawn/depression, somatic complaints, social problems and attention and thought problems have meaningful correlation with all family functioning indexes .Davies et al research has shown that children when faced with anger or aggressive communication of father and mother show more stress and this stress increases with steady encounter with anger and lack of parents' behavior control, and this stress results in emergence of aggressive and illegal behavioral disorders in children and Beavers has proposed that in centripetal families where there's low control of behavior, externalized disorders in children is observed more in children too (13).

In sum, it's concluded that family is first and most durable growth bed and refers to relation of responses of everyone to each other, so is deemed most influential institution on child behavior and emotion. And as expressed by family systems theory expresses, family is a collection of related systems with each other and dysfunction in a system is conveyed to other systems and entire family and existence of problems and evil doings in family is proposed as a threat to integrity of entire family. So identification of familial risk factors and mechanism of their effect can be useful for interventionist planning for reducing children pathological signs and or protecting them against familial risk factors. Limitations in this research were more questions in questionnaire and mother's fatigue factor.

References

1. Kiesne J ,Kerr M .Families peer, and context as multiple determinant
2. Malekkhosrowi, Gh (2003). Family functioning in children suffering from hyperactivity/at-

tention-deficit disorder. M. A. thesis. Welfare and rehabilitation sciences university of adolescent problem behavior .j of adolescence.2004(27). P493-495.

3. Salari R, Shamloo S, Hooman H, Poorshahbaz E. Comparison of family functioning in depressed and normal adolescents. Tehran: First nation wide psychology congress of Iran.2002.

4. Firoozsamadi Kh. Study of effect of familial conflicts in emergence of secondary school period girl students behavioral disorders kind of Tehran city. M. A. thesis. Training and psychology sciences university of Alzahra university.2001.

5. Stanger C. Accounting for risk to children of drug abusers. Paper presented at the American psychological association meeting.2003.

6. Frankli NB,Hafer-bra B. Reaching out in family therapy.Newyork:Guilford.2000.

7. Barker P . Basic family therapy. London:William Collins Sons&Co.Ltd.1986.

8. Keitner GI,Miller IW, Ryan CE. Model disorder and the family:In F . W.Kasiow(Ed).Handbook of relational diagnosis and dysfunction family pattern. New York:Wiley. (overview. Am j of psy.1996.P 432.

9. Amini F. Comparing family performance in dependant and independent students. M. A. thesis. Tarbiat Mo'allem university.2000.

10. Sanai B. Family and marriage measurement scales. Tehran: Besat publications.2008.

11. Achenbach TM., Rescolar LA. Ratings of relations between DSM-IV diagnostic categories and itms of the CBCL/6-18,TRF,and YSR. Burlington, VT:University of Vermont. Research Center for children.Youth&Families.2001.

12. Minai A. School age forms guide of measurement system based on Achenbach experience. Family and child specialized clinic.2005.

13. Davies PT, Cummings EM, Winter MA. Pathways between profiles of family functioning,child security in the interparental system, and child psychological problems. Dlp and Psy.2006(16) P 525-50