

The Relationship between Behavioral Problems of Primary School Students in Pre-Adolescence Period and Family Functionings¹

(Ön-Ergenlik Dönemindeki İlköğretim Öğrencilerinin Davranış Sorunları ile Aile İşlevleri Arasındaki İlişki)

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Abstract: The aim of this study is to examine the relationship between primary school student's behavior problems and family functionings in early puberty. The sampling of the study consists of 389 adolescent students attending 6th, 7th and 8th grades. The data of the study was collected via using Youth Self Reported /11-18 and Family Assessment Device. The data was analyzed with the help of Pearson's Correlation of Coefficient technique. As a result, a quite positive relation between adolescents' behavioral problems and family functionings was found and it was determined that as the family functionings became maladaptive, behavior problems tended to increase. In this sense, this study underlines the importance of family, which can carry out their family functions completely, bringing up of adolescents healthily. It is suggested that further studies should make use of different age groups from the point of such an analytic concept.

Keywords: Pre-adolescence period, behavioral problems, family functioning.

Öz: Bu araştırmada, ön-ergenlik dönemindeki ilköğretim öğrencilerinin davranış sorunları ile aile işlevleri arasındaki ilişki incelenmektedir. Araştırmanın katılımcıları, ilköğretim 6. 7. ve 8. sınıflarına devam eden 229 kız ve 160 erkek olmak üzere 389 ergenden oluşmaktadır. Araştırmada veri toplama aracı olarak, Aile Değerlendirme Ölçeği ve 11-18 Yaş Grubu Gençler İçin Kendini Değerlendirme Ölçeği kullanılmış; elde edilen veriler betimleyici istatistik ve Pearson Korelasyon Katsayısı teknikleri ile analiz edilmiştir. Araştırmanın sonucunda, ön-ergenlik dönemindeki ilköğretim öğrencilerinin davranış sorunları ile aile işlevleri arasında anlamlı düzeyde bir ilişki olduğu; ergenlerin aile işlevleri bozuldukça davranış sorunlarının arttığı belirlenmiştir. Gelecekte yapılacak araştırmalarda konunun farklı örneklem gruplarında boylamsal olarak incelenmesinin yararlı olacağı düşünülmektedir.

Anahtar Kelimeler: Ön-ergenlik dönemi, davranış sorunları, aile işlevleri

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Introduction

Adolescence is defined as a period of growth or transition from childhood to adulthood and adolescence is a movement from dependence on adult direction and protection to self-direction and self-determination (Rice, 1996). Newton (1995) adds that it is a process of development that involves “multiple dimensions” such as maturation of neurological organization in the brain, physical maturation of the body, maturation of the sexual/reproductive system (physically and behaviorally), sense of self as an adult, acquisition of adult status in the social group or the culture, and behavioral self-control in interaction in the community. Concerning this development period, some scholar has used distinct terminology: Freud defined it as secondary oedipal period, homosexual intentions and heterosexual attachments; Gessel as negativity, introversion and rebelliousness; Hall as storm, stress and rebirth; Krob and Remplein as ego experiences and second period of forming a new identity concept; Inheleder and Piaget as transition from concrete idea to abstract idea; Sullivan as puberty and first adolescence (cited in Onur, 1987).

Adolescence period can be analyzed mainly under three sections: puberty period (covers age 12-14), middle adolescence period (approximately age 15-17) and last period (covers age 18 to the point where identity has been found). Recently, it has been stressed that puberty period has been shortened and adolescents prepare this period better. However, changes, brought by puberty, may still cause serious reactions from time to time. These physiological changes in puberty arouse adolescents’ interest on his/her changing and improving body. This situation may trigger alienation for adolescents from their bodies and selves (Ekşi, 1999). Olmans and Emery (1995) stated that it may be accepted normal for adolescents to experience some emotional stresses in this period, but as soon as these behaviors began to hinder a big part of adolescent’s life and this should be evaluated as a behavior problem.

Family relationships have great importance during the adolescence of children: it is for this reason that the family was (also) taken into consideration in this period. In fact, according to the systemic-relational theory, family is characterized by a process of *co-evolution*: parents and adolescents are engaged together in a *developmental challenge*, as is amply evident in international literature. Therefore, both adolescents and parents are obliged to take on different tasks during the adolescence of children: the most important aim, in this period, is to make *the new generation grow up* through a *transformation of intergenerational ties*. This process requires the participation of both generations (Tafa & Baiocco, 2009). The development of the adolescent’s sense of “self” does not depend solely upon the different contexts to which she/he belongs, but also to the reciprocity of relational exchanges between parents and children (Scabini & Cigoli, 2006).

Family functioning is “a very complex phenomenon which can be assessed in a variety of ways” (Epstein et al, 1983). It generally refers to the quality of family life at systemic and dyadic levels and concerns wellness, competence, strengths and weaknesses of a family (Shek, 2002). Family functioning is often examined and interpreted through a family systems theoretical perspective (Orthner & Mancini, 1991). Family systems theory focuses on family dynamics, which include power, relations, structures, boundaries, communication patterns, and roles (Rothbaum et al, 2002). Using this framework, family behavior can be understood by viewing the family as a unit rather than as individual parts. Changes in individuals affect the family system's behavior as a whole, just as changes in the system affect each individual family member's behavior (White & Klein, 2002). Zabriskie and McCormick (2001) summarize family systems theory by stating that family systems theory "holds that families are goal directed, self-correcting, dynamic, interconnected

systems that both affect and are affected by their environment and by qualities within the family system itself" (p. 281).

The process model of family functioning proposes that the overriding goal of the family is the successful achievement of basic developmental and crisis tasks that provide for the continued development of individual family members in a secure, cohesive, and effective environment. Successful accomplishment of these tasks requires the assumption of appropriate roles, engagement in effective communication, and appropriate expression of affect among family members. Family members must be emotionally involved with each other and be able to influence each other's behavior in a consistent and productive fashion. All of this occurs against a background of cultural norms and values that the family shares. Theoretically, children of substance-dependent parents are at a high risk for subsequent substance abuse, not only because of the transmission of some as-yet-unidentified heritable influence, but also because they grow up in dysfunctional families that negatively affect their capacity for normal development (Steinhauer, 1984).

The McMaster Model of Healthy Family Functioning is based on a model of health and positive features of a family, rather than on negative characteristics. It is based on family systems theory and posits that three task areas comprised of a "Basic" task area, a "Developmental" task area and a "Hazardous" task area must be performed adequately by a family for healthy functioning (Epstein et al, 2003). The authors state that families "unable to deal effectively with these three task areas are most likely to develop clinically significant problems and/or chronic maladaptive functioning in one or more areas of family functioning" (p. 584). The McMaster Model of Family Functioning is a clinical conceptualization that takes a systems approach, attributing family function or dysfunction to a dynamic interplay of sub-systems (individual, marital, dyad) and external systems (extended family, schools, industry, religion), rather than to any single dimension of the family. Six dimensions of family function are used to investigate family interactions. Dimensions such as problem solving, communication, roles, affective responsiveness, affective involvement and behaviour control are all taken into consideration in the determination of a seventh general functioning domain (Barney & Max, 2005).

The family is generally considered to play a crucial role in various components of child development, including cognition, emotion and social development (Belsky, 1981). Numerous theoretical and empirical attempts have been made to delineate salient structural and functional dimensions of families that relate to normal and abnormal lines of development (Olson, 1986). The findings of the some studies showed that family functioning was associated with adolescent psychological symptoms, positive mental health (including existential well-being, life satisfaction, self-esteem and a sense of mastery), academic performance, substance abuse, and delinquency (Shek, 2002). Maladaptive family functioning has been strongly linked to both adolescent drug abuse and antisocial/delinquent behaviors (Glynn & Haenlein, 1988; Dishion & Andrews, 1995). Parents of youths with behavior problems show less acceptance, warmth, affection, and emotional support (Loeber, & Dishion, 1984) and use reinforcement inappropriately (Patterson, 1982). Hawkins et al (1992) show that many of these family factors place youth at increased risk for problem behaviors, including substance abuse.

In particular, the importance of family dynamics in the development and maintenance of violent and aggressive behavior among adolescents has been evidenced by studies showing that intra-familial problem behaviors among children often extend to delinquent behavior with peers in the school environment (Cohen & Rice, 1997). Although family problems such as family violence, dysfunctional parental partner dynamics and poor

family functioning are not always directly related to troublesome or violent behavior among adolescents, they are important factors to consider in this context (Snyder et al, 1996). Studies have shown that delinquent and aggressive behavior by children and adolescents can be predicted by dimensions of family functioning such as parental neglect, family conflict and disruption, child sexual abuse, and parental deviance (Deschenes & Esbensen, 1999)

In some studies concerning the connection between behavioral problems of children-adolescents and some family variables; along with psychological problems resulted from negative familial environment (Cummings et al. 1994), especially high-rated family struggles (Stevens, 2002), negative relations with family and lack of family support (Barrera & Li, 1996) are said to be important factors in the development of behavioral and psychological problems; moreover there appeared stress-based behavior problems resulted from negative family environment (Overbeek, 2002); actually, close family relations characterized by positive communication, acceptance and calmness are regarded as having protective function against anxiety, depression and violent behavior (in cited Estevez et al. 2005). It is indicated that disorder and contradictions in family brakes down behavioral harmony of the child and adolescents (Werner, 1985) besides low family functions are important factors for behavioral disorders (Rae-Grant et al, 1989) and Boyle & Offord (1990) suggested that family conflicts cover the most powerful risk in constitution of behavioral problems.

Problem behavior in children and adolescents can be distinguished into internalizing and externalizing behaviors. Internalizing behaviors (i.e., anxious, withdrawn, and depressed behavior) reflect ways of adapting to the environment that cause internal distress, whereas externalizing behaviors are characterized by acting out (i.e., aggressive and rule breaking behavior), resulting in conflict with others (Achenbach & Edelbrock, 1984). A dimensional conceptualization of problem behavior posits that, throughout the general population, children and adolescents exhibit these behaviors to varying degrees ranging from adaptive to maladaptive (Pickles & Angold, 2003).

Prevalence estimates indicate that about 12 to 22% of children and adolescents have significant maladaptive behavior problems (Verhulst, 1995) with a considerable number exhibiting both internalizing and externalizing problems (Angold et al, 1999). In a study carried out among Turkish primary school students by Doğan et al (2008); according to evaluation of teachers, there has been found mental maladjustment problem in 27,5% of the children and according to mothers' evaluation in 24,7 % of them.

Students attending Primary School need to compensate their developmental needs properly under the effect of fast and deep change in this period called pre-adolescence. Parents, who shows their love for their children unconditionally, who meet children's independence needs with understanding and who discover and support their children's abilities and interests without bringing pressure on them, are democratic and honest-open in the relations with children. In such families, rules are definite and children are grown with disciplinary understanding. Thus child can feel self-respect for both himself and his environment; can feel intimacy and can control his feeling (Akboy, 2005). Analyzing the problems of adolescents in this period requires a help through an effective social circle consisting of family, friends, school and teachers. Also, in preventing the emergence of behavioral problems, it is very important to bring in effective dealing skills via school-based prevention programs to the child and the adolescent groups. Aim of this research is analysis of the connection between behavior problems of primary school students and family functions in the pre-adolescence period.

Method

Subjects

A general scanning model was used in this descriptive research study. By means of this method, it was possible to examine the relationship between primary school students and family functions. Random sampling approach was used, and sampling of the study consisted of 389 students (229 female and 160 male) chosen using random numbers from a table including 9 primary schools in the city center of Izmir.

Procedure

Concerning the application of the study, an official permission was requested and received from the Ministry of Education. In schools, the samples were chosen randomly from different levels (6th, 7th and 8th grade) via using “random numbers table”. The researchers were present in the classroom to make required explanations, answer students’ questions and make sure that scales were filled correctly and suitably. We gave brief information to the participants and privacy principle was explained, moreover the participants were instructed about voluntariness basis and if they did not want to, they might not participate. Despite the range of age distribution, the scale applications took nearly 30 minutes.

The Instrument

The Youth Report (YSR 11-18)

YSR form of the Achenbach System of Empirically Based Assessment, (Achenbach, 1991); was adapted to Turkish by Erol et al. (1997), which measures internalizing and externalizing behavior problems of students aged between 11–18. It consists of 112 statements about how the respondents thought or felt about themselves within the past 6-month period, employing a 3-point scale (0=“not true,” 1=“somewhat or sometimes true,” 2=“very true or often true”). Each item loads onto a Competency Scale or a Problem Scale, which is further broken down into eight subscales: Withdrawn, Somatic Complaints, Anxious/depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Problems, and Aggressive Behavior. For the purposes of this study, Delinquent Problems items – those included in the Externalizing scales – were analyzed. The reliability and validity of the YSR were supported. Coefficient alphas ranged from 0.59 to 0.86 for individual subscales comprising externalizing measures, with coefficient alphas of 0.89 reported for both the Total Externalizing Problems scales. Test-retest reliability was established over a one-week period for the Externalizing scales ($r=0.81$), and over a seven-month period for the Externalizing scales ($r=0.49$).

Family Assessment Device (FAD)

The Family Assessment Device is a 60-item self-report questionnaire assessing family functioning on six ‘dimensions’, Problem-Solving, Communication, Roles, Affective Responsiveness, Affective Involvement and Behaviour Control, plus a summary scale, General Functioning. Problem-Solving (PS) reflects family’s ability to resolve problems together, Communication (CM) refers to effectiveness, extent, clarity and directness of information exchange, Roles (RL) describes the efficacy with which family tasks are allocated and accomplished, Affective Responsiveness (AR) is the ability of family members

to respond to situations with appropriate emotions, both positive and negative, Affective Involvement (AI) reflects the interest and concern that they have for each other and Behaviour Control (BC) describes the standards and latitudes for behaviour. General Functioning (GF) gives an overall rating. Mc Master Family Assessment Device was adapted to Turkish by Bulut (1990), items are marked by the respondent as 'strongly agree', 'agree', 'and disagree' or 'strongly disagree', scoring from one to four. Average scores are computed for each scale, with higher scores indicating less healthy functioning. The degree of unhealthy family functioning is estimated by adding the number of scales on which a family is categorized as unhealthy. Pearson-moments correlations coefficients were: Problem Solving (.90), Communication (.84), Roles (.82), Affective Responsiveness (.78), Affective Involvement (.62), Behaviour Control (.80) and General Functioning (.89).

Data Analysis

In this research, firstly the participants' socio-demographic characteristics were found and the relation between adolescents' behavior problems and family functions were analyzed inferentially by means of correlation analysis.

Findings

1 - Below, first findings of the study regarding the participants' socio-demographic characteristics are presented.

Table 1: Participants' socio-demographic characteristics; gender, age and class level

Characteristics		n	%
Gender	Female	229	58.86
	Male	160	41.14
Age	12	85	21.85
	13	102	26.22
	14	87	23.36
	15	115	29.56
Grade Level	6 th grade	130	33.41
	7 th grade	101	25.96
	8 th grade	158	40.61

Table 1 indicates that 58.86% (n=229) of the adolescents are female, 41.14% (n=160) of them are males; age groups they belong to are 21.85% (n=85) of them are 12 years old, 26.22% (n=102) of them 13, 23.26% (n=87) of them 14 and 29.56% of them (n=160) 15; and concerning their grades, 33.41% (n=130) of them attend 6th grade, 25.96% (n=101) 7th grade and 40.61% (n=158) 8th grade.

2 - Correlations between family functions and behavior problems of pre-adolescents

As seen in Table 2, there is a positive correlation between family's problem solving function and social withdrawn, anxiety-depression, thinking problems, attention problems, internalizing problems, externalizing problems (at $p < .01$ level); aggression, social problems, total problems (at $p < .05$ level).

Table 2 also shows a negative correlation between family's function of communication and somatic complaints, anxiety-depression, social problems, attention problems, aggression, internalizing problems, externalizing problems, total problems (at $p < .01$ level), thinking problems (at $p < .05$ level); between family's function of roles and social withdrawn, somatic complaints, anxiety-depression, social problems, thinking problems, attention problems, delinquent problems, aggression, internalizing problems, externalizing problems, total problems (at $p < .01$ level); between family's function of affective responsiveness and social withdrawn, somatic complaints, thinking problems (at $p < .05$ level), anxiety-depression, social problems, attention problems, delinquent problems, aggression, internalizing problems, externalizing problems, total problems (at $p < .01$ level); between family's function of affective involvement and social withdrawn, somatic complaints, anxiety-depression, social problems, thinking problems, attention problems, delinquent problems, aggression, internalizing problems, externalizing problems, total problems (at $p < .05$ level); between family's function of behavior control and social withdrawn, somatic complaints, social problems, thinking problems, attention problems, delinquent problems, aggression, internalizing problems, externalizing problems, total problems (at $p < .01$ level) and no significant relationship between anxiety-depression; between family's of general Functionings and anxiety-depression, attention problems, delinquent problems, externalizing problems, total problems (at $p < .05$ level), but no significant relationship between social withdrawn, somatic complaints, aggression, internalizing problems.

Table 2: Correlations between family functions and behavior problems of pre-adolescents

Behavior Problems	Family Functions						
	<i>Problem Solving</i>	<i>Communication</i>	<i>Roles</i>	<i>Affective Responsiveness</i>	<i>Affective Involvement</i>	<i>Behavior Control</i>	<i>General Functioning</i>
Social Withdrawn	.162**	.016	.205**	-.111*	.184**	-.136**	-.033
Somatic Complaints	.044	.221**	.180**	-.127*	.158**	-.159**	-.055
Anxiety-Depression	.175**	.192**	.231**	.172**	.279**	-.208	-.101*
Social Problems	.119*	.174**	.290**	.226**	.305**	-.197**	-.102*
Thinking Problems	.175**	-.105*	.181**	-.102*	.178**	-.158**	.012

Attention Problems	.182**	.161**	.330**	.142**	.331**	-.247**	-.104*
Delinquent Problems	.083	-.233	.277**	.211**	.328**	-.273**	-.122*
Aggression	.104*	-.213**	.247**	.158**	.249**	-.171**	-.097
Internalizing Problem	.135**	.225**	.265**	.185**	.266**	-.225**	-.084
Externalizing Problem	.105**	.253**	.294**	.204**	.310**	-.231**	-1.16*
Total Problem	.105*	.256**	.336**	.225**	.348**	-.267**	1.02 *

*p < .05; **p < .01;

Discussion and Conclusion

The primary focus of this study is on the relationship between behavior problems of pre-adolescence period and family functioning. The analysis revealed a positive correlation between problem solving functioning and adolescents' behavior problems; on the other hand a negative correlation is determined between general functioning and communication, roles, affective responsiveness, affective involvement, behavior controls. Under the light of the findings provided by this research, it can be said that families of adolescents who experience behavior problems do not carry out their problem solving function properly and those families are insufficient at solving physical and psychological problems. Comparing studies which have similar results, some common findings are as such: while behavior problems seem to be scarce among adolescents whose families are well-adjusted (Wang et al., 1989), a meaningful relation between parental attitude and family functionings was found; and it seemed that understanding and helpful parental attitudes are connected with both healthier family functionings and higher adaptation levels of children (Harmanlı, 2005). Much similarly, a study carried out by Avcı (2006) revealed the fact that families of adolescents who present violent behaviors seem to experience more feelings of inadequacy compared with other families of comparison group-regarding problem solving, communication, roles, affective responsiveness, involvement responsiveness, behavior controls and general functionings.

Walsh (1982) indicated that dysfunctional families do not have enough flexibility about changes in roles connected to new conditions. Bahçivan & Gençöz (2005) regarded problems of family's function of affective responsiveness as having an explanatory quality concerning adolescent's problem behaviors. Results confirmed that adolescents, who present violent behaviors, experience problems in expressing their emotions such as happiness, distress, anger and soreness in family. It is a well-known fact that individuals' inability to express their feelings like anger causes emotions to repress those feelings resulting in further emotional disorders such as depression. Doğan (2001) suggests that children who experience indifference, neglect and repulse in familial relations tend to employ a great risk for antisocial and aggressive behaviors.

Relationships grounded in open communication enable adolescents to weather transitional stressors and to negotiate their growing independence and individuation (Marta, 1997; Scabini, et al., 1999). Families with better parent–adolescent communication tend to be closer, more loving, flexible in resolving family problems and ultimately, more satisfied with their family than families where parent–adolescent communication is less effective (Barnes & Olson, 1985). Several studies have shown that positive interactions with parents, based on closeness and open communication, better equip adolescents with personal resources that facilitate social–emotional adjustment, effective coping with life’s problems and enhance the quality of their adult life (Ben-Zur, 2003). On the contrary, problematic communication with parents is positively associated with aggressive style and escalation of conflict (Jackson et al., 1998). Kim & Kim (2008) found that delinquent adolescents showed more dysfunctional parental partner dynamics, poorer family functioning, and higher levels of family violence compared to student adolescents.

Parental process factors have also shown links to externalizing behavioral problems; these include parental conflict (Abidin et al., 1992), poor supervision, low parental involvement (Shaw et al., 2003), harsh parental discipline and physical abuse (Fisher & Fagot, 1993). Aggressive parental behaviour observed by children is also associated with externalizing symptoms; there is an increased likelihood of aggression in peer relationships. Negative punitive parenting creates a coercive cycle of child–parent conflict (Patterson, 1982). In research that examines parental warmth and child outcomes, empirical evidence establishes that when parents have warm, responsive relationships with their sons and daughters, children demonstrate fewer aggressive and delinquent behaviors and lower levels of social withdrawal, psychological distress, and somatic symptoms (Pettit et al., 1997). In terms of the control dimension, parents’ use of firm behavioral control relates to lower levels of adolescents’ externalizing problems (Galambos et al., 2003) and lower levels of adolescents’ aggressive behavior (Mazefsky & Farrell, 2005). Stranger et al. (2002) found the significant correlations between parent and family problems and between children’s internalizing and externalizing problems, family problems. Equally clear is the link between harsh parenting and child problem behavior, especially of externalizing nature. In addition to seeing it as a form of behavior, harsh parenting can also be seen as a form of affect communication. Its effect on children occurs both directly through behavioral modeling (Rothbaum & Weisz, 1994) and indirectly via emotion dysregulation. This conception is consistent with the common experience that when a parent hits or scolds a child, she/he communicates anger.

Besides, among the families whose behavior control seems dysfunctional, accepting domination of children via applying greatly loose discipline will possibly result in children’s transformation into more overpowered over parents and after some time they will try this domination outside family. Reason for lower social consistence inside and outside the house for this kind of children seems to be uncontrolled freedom of child to express his/her motives with ease. Over-though and authoritative discipline management in familial behavior problems results in nurturing children who do not obey rules on the whole. Thus, this mutual interaction may cause increase of children’s adaptation problems and becoming permanent (Yavuzer, 1997). In order to achieve the goal of attaining a healthy personality and carrying out development tasks successfully, importance of healthy families which can perform their functions properly is clear. These families seems to have adopted problem solving, emotionally connected and effective role taking in accordance with a direct and open communication (Bulut, 1990). Level of strictness, defined as the amount of parental autocratic domination of the parent–adolescent relationship (Fuligni & Eccles, 1993), can be considered as another component of behavioural control (Barber et al., 1994). Although

parental knowledge seems to have a positive effect on adolescent adjustment, restrictive parenting, on the other hand, appears to have negative effect. High levels of strictness during adolescence do not seem to be appropriate in that period, for strict parenting appears to restrict the psychosocial development of adolescents (Baumrind, 1991). For example, overly restrictive parenting has been found to be related to adolescent withdrawal and depression (Maccoby & Martin, 1983). Patterson and colleagues are proponents of a developmental paradigm of antisociality that posits that adolescent and adult dyssocial behavior is a consequence of poor parental family management practices interacting with the child's aggressive and oppositional behavior (Dishion, 1991).

In conclusion, it is apparent from the results of the present study that there is a relationship between family functioning and behavior problems of Turkish's pre-adolescence. It is found that as family functioning maladaptive, adolescences' behavioral problems increase. However several limitations of this study should be noted. First, causal relationships between family functioning and behavior problems cannot be inferred from analyses conducted on cross-sectional data. Since it is possible that the noted effects on behavior problems among adolescents of different ages, further research should be undertaken to separately examine these relationships for high school students. Additionally, the present study was limited in that the measurement of research variables was based on the participants' reports, and there was no independent method for testing the validity of their responses. Future studies could benefit from the use of qualitative research methods aimed at understanding and identifying the motives for behavior problems and the relationships between family functioning and behavior problems. Finally, since the participants were limited to pre-adolescence in Primary School, the findings from the study can not necessarily be generalized to other age groups.

Since the family provides the first level of social contact for the child, it is necessary to understand the family factors that influence adolescent behavior. More importantly it is essential that family members understand their roles in their adolescent's development and be armed with the information and skills necessary to raise healthy and well-adapted adolescent. It is incumbent upon our society to promote these learning opportunities for families, as behavior problems among adolescents are serious and growing in Turkey as well as in other countries.

On the basis of the findings collected in this research, adolescents and their families should be supported in order to prevent behavior problems and solve them in a healthy environment. In this sense, primary school's psychological guidance and educational guidance programs should be extended in order to protect psychological health of adolescents. In addition, adolescents should be trained in a manner which will include programs such as struggle solution education, anger control, social talent educations, raising selfness value and along with them ways of coping with pre-adolescence period problems in a healthy way. It is also suggested that such programs should be formed by taking families and educators into account.

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