

EXTERNALIZING AND INTERNALIZING BEHAVIORAL PROBLEMS IN ADOLESCENTS

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Abstract: Socio-emotional problems and behavioral issues in children and adolescents can pose a risk for the development of more serious disorders later in life. As part of mental health care, it is essential to pay special attention to measuring the overall emotional state and health problems that are becoming increasingly frequent and visible. The prevalence of behavioral problems among youth is a growing concern. These issues are typically categorized into externalizing and internalizing disorders, reflecting the various ways adolescents manifest and cope with internal and external conflicts.

The aim of this study was to examine the prevalence of externalizing and internalizing behavioral problems in adolescents, explore potential sociodemographic differences, and investigate the relationship between these two types of behavioral issues. The research applied the YEPS questionnaire to measure externalizing problems and the DASS-21 scale to measure internalizing problems. The study sample consisted of 1086 adolescents, aged 14 to 19 years ($M=16.98$, $SD=1.58$), with the majority being female (678, or 62.4%).

The main findings of the study indicate the presence of both externalizing and internalizing behavioral problems among adolescents, with externalizing issues being more prevalent in males and internalizing problems more common in females. The results indicate moderate symptoms of behavioral problems, while statistically significant intercorrelations were found between externalizing and internalizing behavioral problems.

Key words: adolescents, behavioral problems, externalizing problems, internalizing problems.

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INTRODUCTION

Adolescence is a developmental stage in an individual's life characterized by significant, numerous, and intense changes in emotional, cognitive, and social functioning. This turbulent period is accompanied by numerous crises (Erikson, 1994), during which young people face various challenges that can affect their mental health, including behavioral problems that may manifest in different ways. Adolescents who have experienced some kind of behavioral problems might be exposed to increased risk of endangered mental health, and vice versa.

Behavioral problems in adolescents present a significant challenge for parents, teachers, and mental health professionals. In light of recent global crises such as the COVID-19 pandemic and armed conflicts in various parts of the world, behavioral problems in adolescents have become an increasingly important public health challenge, and research on the prevalence of behavioral problems emphasizes the need for timely recognition and intervention. These problems are typically classified within child and adolescent psychopathology as externalizing and internalizing behavioral problems (Davison & Neale, 2002), with each type having its own specific characteristics and implications. Externalizing problems encompass behaviors such as aggression and delinquency, and are typically manifested through outward actions that disrupt relationships with peers and authority figures, while internalizing problems include emotional disorders such as anxiety and depression, and often occur when adolescents direct their internal stress and emotional pain inward, towards themselves.

According to data from the World Health Organization, 10 to 20% of children develop some kind of mental health disorder by the age of eighteen (Ričković & Ladika, 2021), and around 50% of psychiatric illnesses develop during this life period (Boričević Maršanić et al., 2017).

BEHAVIORAL PROBLEMS IN CHILDREN AND ADOLESCENTS

The World Health Organization (WHO) defines the mental health of children and adolescents (up to 19 years of age) as the capacity to achieve and maintain optimal psychological and social functioning and well-being. The emphasis in this definition is on positive psychological states, acquired skills and competencies, as well as the ongoing developmental process. Children and adolescents with good mental health have a sense of identity and self-worth, the ability to learn and be productive, stable and strong family and peer relationships, as well as the capacity to utilize developmental challenges and community resources in order to develop to their fullest potential (World Health Organization, 2005). The fact that adolescents are often exposed to additional pressures, such as educational challenges, changes in family structures, and the influence of social media, further complicates their situation and increases the risk of developing these problems (Loades et al., 2020).

In the Psychological Dictionary of the American Psychological Association (American psychological association, 2015, p. 639), a mental disorder is defined as any condition characterized by problems in cognitive and emotional functioning, abnormal behavior, difficulties in overall functioning, or a combination of these issues. Behavioral disorders are those forms of reaction in children or adolescents that are inconsistent with expectations based on the child's age, situation, or environment (Uzelac, 1995). Koller-Trbović and Žižak (2012) define behavioral problems as a phenomenon that exists on a continuum, ranging from milder, more internalized disturbances where the child harms themselves the most, to more severe behaviors that are dangerous and threatening not only to the child but also to their surroundings and society as a whole. Understanding the differences between externalizing and internalizing behavioral problems is crucial for the development of effective support strategies and interventions.

Achenbach and Edelbrock (Achenbach & Edelbrock, 1978) state that adolescence is a critical period when numerous risks for the development of internalizing problems emerge, and later research shows that, without adequate intervention and support programs, socio-emotional problems and behavioral issues in early childhood tend to increase (Carter et al., 2004). Since the origins of these problems often lie in early childhood, typically during the preschool years, it is particularly important for interventions to be applied at this stage. Children and adolescents can manifest different forms of socio-emotional difficulties and behavioral disorders, with the most basic distinction being between those that are visible outwardly, i.e., externalizing or active, and those that are inwardly directed, i.e., internalizing or passive behavioral problems (Liu, 2004).

Externalizing disorders involve poorly controlled behaviors directed at others, including conditions such as hyperactivity, conduct disorders, aggression, and antisocial behavior (Samek & Hicks, 2014). Internalizing behavioral problems are directed inward, relating to issues such as depression, anxiety, withdrawal, shyness, sensitivity, and, in some cases, suicidality (Bornstein et al., 2010). Externalizing problems are more common among boys, while internalizing problems are more characteristic of girls (Davison & Neale, 2002; Žunić-Pavlović & Kovačević-Lipojević, 2011; Macuka, 2016; Sun et al., 2023). Also, psychopathological patterns in parents can be significant predictors of the occurrence of internalizing problems in their children during adolescence and pre-adolescence (Ormel et al., 2005; as cited in Ashford et al., 2008). Children of parents with prominent psychiatric problems are at increased risk for the development of child disorders (Oatley & Jenkins, 2007; Leijdesdorff et al., 2017).

Understanding these problems during adolescence is crucial due to the potentially long-term consequences for mental health and socio-emotional development of young people. The prevalence of internalizing and externalizing problems varies across different cultural and social contexts, and research shows that adolescents often manifest behavioral problems in response to environmental stressors, including socioeconomic status, family dynamics, peer relationships, and academic pressures (Nolen-Hoeksema, 2001; Mastrotheodoros et al., 2020; Khanal

et al., 2022). If parents express unconditional love, uphold social norms, and exemplify appropriate behavior, the child is highly likely to develop into a well-socialized individual, ready to fulfill various social roles; however, if parents endorse criminal or deviant behavior, neglect the child's needs, and fail to respect their individuality, the child is likely to internalize and replicate these negative behaviors (Marković & Lakićević, 2020). The relationship between parents and the child during early development serves as a model for later close emotional relationships, shaping the child's self-image and worldview, teaching them how to regulate emotions and cope with environmental demands, which is crucial for healthy development and the prevention of behavioral disorders (Slavković, 2022).

Research confirms the prevalence of both externalizing and internalizing behavioral problems across various socio-economic and cultural contexts. Findings indicate that factors such as family dynamics, including household chaos, are consistently associated with these behavioral issues, suggesting that environmental influences play a significant role in shaping behavioral outcomes across different populations (Wu et al., 2015; Hunter-Rue et al., 2024).

At some point in their lives, 17% of the global population will experience an anxiety disorder (Merikangas, 2017). John Scott Price (2013) hypothesizes that the availability of (bad) news on the Internet is a key factor contributing to the rise in anxiety disorders. Today, we continue to be exposed to daily news about natural disasters, wars, and brutal murders. Therefore, it is particularly important to monitor children who may be at an increased risk of developing behavioral problems.

EXTERNALIZING BEHAVIORAL PROBLEMS

Externalizing behavioral problems, which include symptoms such as aggression, delinquent behavior, and hyperactivity, represent a significant portion of psychopathological issues in adolescence. They often have profound consequences for the individual, as well as for the broader community, as they can lead to serious social, educational, and legal difficulties. Externalizing problem behaviors such as damaging property, or stealing are the most dependable predictors of mental health problems later in adulthood (Mazzucchelli & Sanders, 2017).

The psychopathological symptoms of externalizing behavioral problems in adolescents are the subject of intensive research due to their complexity and significant long-term effects on the development of young people. Studying the psychopathological symptoms of externalizing behavioral problems in adolescence is of great importance for developing effective preventive and intervention strategies. Understanding these symptoms and their causes can aid in the design of programs aimed at reducing behavioral disorders and improving the mental health of adolescents.

In addition to behavioral disorders, externalizing behavioral problems encompass a wide range of negative behaviors directed towards external sources, including:

- Aggressive behavior. This may include verbal or physical aggression towards peers, authority figures, or property. Aggressive behaviors are often associated with issues in emotional regulation and low self-esteem (Loeber & Hay, 1997).
- Delinquency. This includes antisocial behaviors such as theft, vandalism, or substance abuse. These behaviors often indicate a challenging social context and can have long-term consequences on development (Farrington, 2007).
- Hyperactivity and impulsivity. These characteristics are often associated with attention disorders, such as ADHD. The adolescent period can amplify these symptoms due to additional stressors, such as academic pressures or family conflicts (Barkley, 2006).

Externalizing behavioral problems in adolescents represent a significant challenge for mental health and social adaptation. The prevalence of externalizing behavioral problems varies depending on various factors, including gender, socio-political circumstances, and socio-economic status. Sociocultural factors, such as family stress, community violence, and access to educational resources, significantly impact the frequency of externalizing problems. One risk factor for the emergence and development of externalizing behavioral problems is the socio-economic condition of the child. Children growing up in disadvantaged economic conditions (Sjöman et al., 2016) and at-risk environments (Bongers et al., 2004) are more susceptible to behavioral problems. Children facing these challenges often struggle to regulate behaviors that are typically expected at their developmental stage. As a result, they may exhibit impulsive, disruptive, or aggressive behaviors that others may perceive as hostile or difficult to manage (Hinshaw, 1987).

The negative effects of externalizing problems can manifest at various levels. Adolescents with these problems often face academic failures (learning difficulties and poor school performance), legal issues (involvement in delinquent activities and conflicts with the justice system), and poor peer relationships (problems in developing healthy interpersonal relationships and an increased risk of social isolation). Today, externalizing behavioral problems are typically considered those behaviors in children and adolescents that are associated with aggression, delinquent behavior, anger, frustration, and lying (Panić & Bouillet, 2021).

INTERNALIZING BEHAVIORAL PROBLEMS

Internalizing problems are also referred to as disorders of excessively controlled behavior (Begić, 2014); these are primarily passive behavioral problems and relate to behaviors directed inward. Internalizing problems are an important predictor of mental health, with positive mental health being a key indicator of both current and future health in adolescents (McKay & Andretta, 2017). Internalizing behavioral problems are based on excessively controlled behaviors and cause more problems for the child itself than for those around them. They are not easily

noticeable because the child withdraws from others and keeps their fears and problems to themselves. The symptoms are similar to those of anxiety and depression in adults, and Bašić and Novak (2008) identify three common forms of internalizing problems as symptoms of anxiety, depression, and suicidality, while Brumariu and Kerns (2022) highlight depression and anxiety as the most common internalizing problems in children and adolescents.

Internalizing problems are based on emotions of sadness and anxiety, along with a tendency to withdraw, and are accompanied by noticeable changes in mood, motivation, and physical and motor functioning (Maglica & Jerković, 2014). Children with internalizing problems have difficulties with emotional regulation, so they tend to cry more often, express anger, shame, shyness, lack appropriate coping responses, and exhibit high levels of behavioral inhibition (Lebedina Manzoni, 2007; Macuka, 2008). Social functioning difficulties are also present, along with tics, enuresis, encopresis, stuttering, rapid and confused speech, and other disorders (Begić, 2014).

Fears in childhood, social withdrawal, and depression are the three most common forms of excessively controlled behavior in children and adolescents, and they are accompanied by very high levels of anxiety (Lebedina Manzoni, 2007). Although most internalizing disorders are primarily diagnosed in adolescence, the symptoms manifest earlier and are relatively stable from early childhood through to adulthood (Ashford et al., 2008). Gore et al. (2011) emphasize that the period of early adolescence, between 10 and 15 years of age, is particularly sensitive for the emergence of various mental health disorders, including depression and anxiety. This is confirmed by research conducted by Bitsko et al. (2022), whose results show that about one in five adolescents between the ages of 12 and 17 will experience a depressive episode at some point in their lives.

One of the theories proposed by Oland and Shaw (2005) speaks of a closed cycle of internalizing problems. It is believed that children and adolescents with difficult temperaments are unable to establish relationships with others, thus confirming their sense of inadequacy. In an attempt to avoid confirming their inadequacy, they develop avoidant behaviors and rarely engage in social situations. As a result, they acquire weaker communication skills, so in the social situations they do decide to enter or are forced to enter, others notice their inadequacy and are less likely to accept them.

The feelings and symptoms that occupy individuals with internalizing problems include fears, tension, shyness, inferiority, and sadness (Lebedina Manzoni, 2007). The school environment can be a serious source of stress (Subotić et al., 2008; Mikas, 2012), as there are many risk factors in the school setting, such as a lack of academic skills, lack of connection and attachment to school, discipline problems, low expectations of success, poor commitment to education, lack of friends, and falling behind in school. Due to the lack of social and academic skills, such children withdraw, their peers isolate them, and as a result, sadness, loneliness, and depressive moods emerge (Maglica & Jerković, 2014). Vulić-Prtorić (2007) divides the symptoms of depression into four categories:

- Emotional symptoms (emptiness, boredom, sudden mood changes, feelings of guilt),
- Physical symptoms (lack of energy and fatigue, sleep difficulties, headaches and pains, reduced efficiency),
- Cognitive symptoms (helplessness, negative self-perception, loss of interest, cognitive distortions, concentration problems), and
- Behavioral symptoms (aggressiveness, psychomotor restlessness or slowing, social withdrawal, problems in family relationships and the school environment).

Today, internalizing behavioral problems are typically considered to be those behaviors in children and adolescents that are accompanied by sadness, anxiety, fear, guilt, and similar emotions (Macuka, 2016).

METHODS

The subject of this research is externalizing and internalizing behavioral problems in adolescents. The aim of the research is to examine the presence of these problems and explore the differences in their frequency and intensity based on gender, age, and other sociodemographic characteristics such as socioeconomic status, parental education, and employment.

The research problem is the lack of comprehensive and up-to-date data on the prevalence and manifestation of externalizing and internalizing behavioral problems in adolescents. This study aims to provide answers to questions such as: How do the prevalence and intensity of externalizing and internalizing problems differ between boys and girls? Which sociodemographic characteristics have the greatest impact on the occurrence and manifestation of these problems in adolescents?

In light of the above, the following research hypotheses were formulated:

H1: Among adolescents in the non-clinical population, there are externalized and internalized behavioral problems that manifest at a subclinical level.

H2: There are significant differences in the prevalence of behavioral problems between male and female adolescents, with boys showing significantly higher prevalence of externalizing problems, and girls showing significantly higher prevalence of internalizing problems.

Instruments

To identify externalizing behavioral problems, the Youth Externalizing Problems Screener (YEPS) was used, while a shorter version of the Depression, Anxiety, and Stress Scale (DASS-21) was applied to measure symptoms of internalizing behavioral problems in youth (DASS-21 – Depression, Anxiety, Stress Scale) (Lovibond & Lovibond, 1995). The sociodemographic characteristics of the participants were evaluated using a brief questionnaire created specifically for this research.

The Youth Externalizing Problems Screener (YEPS) was developed by Renshaw and Cook (2019) to measure general externalizing problems in youth, behavioral issues, and

hyperactivity. The respondent answers 10 statements using a four-point Likert scale, indicating how much each statement applies to them. The total score, without reverse scoring, provides the final result on this questionnaire. A score of 23 or higher identifies youth at risk for externalizing problems at a clinical level. The questionnaire has demonstrated good psychometric properties in previous studies (Renshaw & Cook, 2019).

The DASS-21 is an instrument designed to measure the severity of symptoms common to three unpleasant emotional states: depression, anxiety, and stress. For the assessment of internalizing behavioral problems, only the Depression and Anxiety subscales were used. The Depression subscale assesses dysphoria, hopelessness, anhedonia, lack of interest/involvement in events, and inertia. The Anxiety subscale assesses the subjective experience of anxious affect, focusing on psychological arousal, panic, and fear (Parkitny & McAuley, 2010). Each emotional state is measured with seven statements, and the total score across all statements provides the final score for depression or anxiety. Agreement with each statement is assessed using a four-point Likert scale (from 0 – "does not apply to me at all" to 3 – "mostly or almost always applies to me"), with the assessment referring to the past seven days. Scores on each subscale range from 0 to 21.

Table 1 presents the criteria for determining the degree of depression and anxiety (Lovibond & Lovibond, 1995).

Table 1. *Criteria for depression and anxiety*

Results	Depression	Anxiety
Normal	0-4	0-3
Mild	5-6	4-5
Moderate	7-10	6-7
Severe	11-13	8-9
Extremely severe	14+	10+

The sociodemographic data questionnaire created for the purposes of this research included open and closed questions about the gender of the respondents, age, socioeconomic status of the respondents, and the education and employment status of the respondents' parents.

Sample and Data Collection

1086 young people participated in the research (678 or 62.4% female and 408 or 37.6% male), with an average age of 16.98 years (SD=1.58), and the age range was from 14 to 19.

The examination was carried out during 2023 and 2024, with the previously obtained consent of the relevant Ministry of Education, and the students of primary and secondary schools from urban areas were examined. Data collection and processing was carried out in several stages. Before starting the research, all participants were informed about the purpose and procedures of the research. Questionnaires were distributed with an emphasis on voluntariness and anonymity, and the participants needed about 10 minutes to fill out the questionnaire. Detailed instructions for filling out the questionnaire were provided.

After collection, the data were processed using the statistical package SPSS 16.0 (free trial version for Windows) and descriptive statistics values (frequencies, percentages,

standard deviation, and minimum and maximum values), Pearson correlation coefficients, analysis of variance, and t-test for independent samples were calculated.

RESULTS

Table 2 shows descriptive parameters, i.e. minimum and maximum values, arithmetic mean (M) and standard deviation (SD) for externalizing and internalizing behavior problems. Internalizing problems were interpreted separately for depression and separately for anxiety, primarily due to differences in the way they are treated through psychological treatment of adolescents who report them.

Table 2. *Descriptive statistics of behavioral problems (N=1086)*

Variables	min	max	M	SD
Externalizing problems	0.00	36.0	16.65	6.43
Depression	0.00	20.0	5.83	5.14
Anxiety	0.00	20.0	6.03	5.32

According to the obtained values, the respondents do not show a significantly high degree of externalized behavioral problems (Figure 1), and when it comes to internalized problems, there is slightly increased depression (Figure 2) and moderately increased anxiety (Figure 3).

Figure 1 shows the values of the respondents' individual answers for externalized problems.

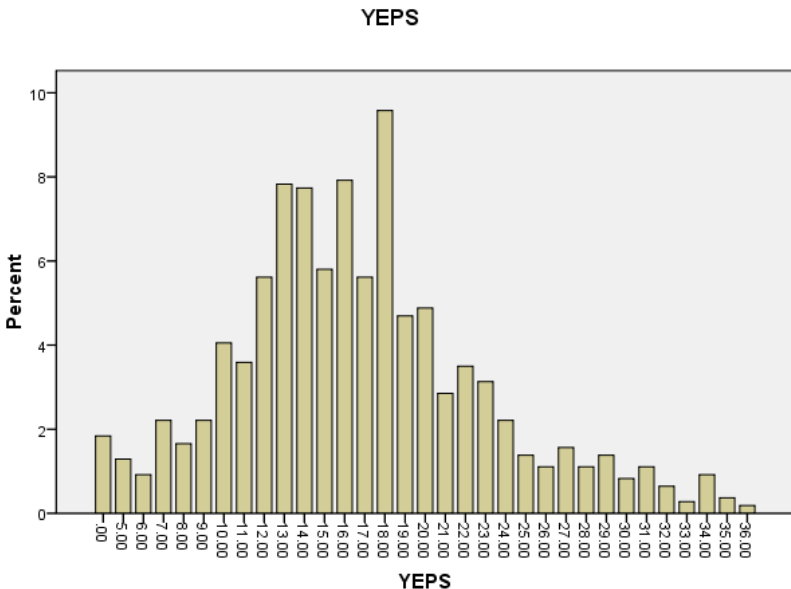


Figure 1. *Individual responses for externalizing behavior problems (N=1086)*

According to the data presented in Figure 1, the majority of respondents do not exhibit significantly pronounced externalizing behavioral problems. However, a smaller portion of the sample (176 respondents, or 16.2%) scored above the cutoff threshold of 23, indicating that they are at risk of experiencing externalizing problems at a clinical level.

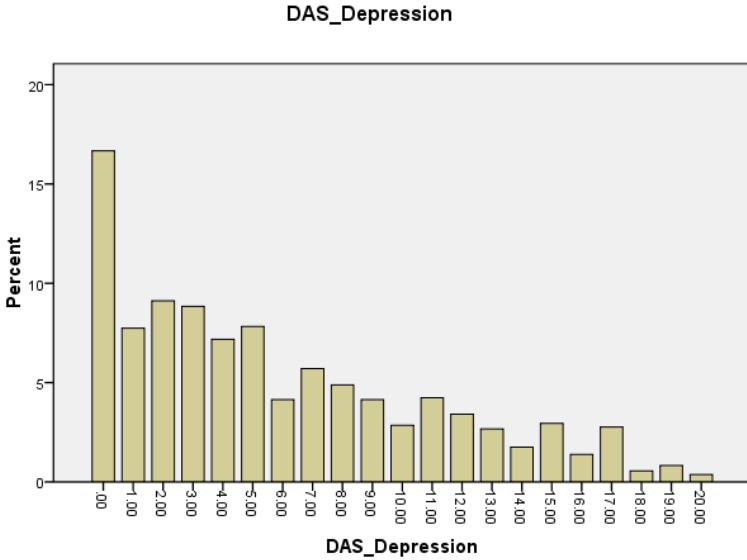


Figure 2. Individual responses for internalizing behavior problems depression (N=1086)

Figure 2 presents the individual response values for depression, while Figure 3 illustrates the values for anxiety. Of the total sample, 115 respondents (11%) reported significantly elevated depression symptoms, whereas 271 respondents (25%) indicated significantly elevated levels of anxiety.

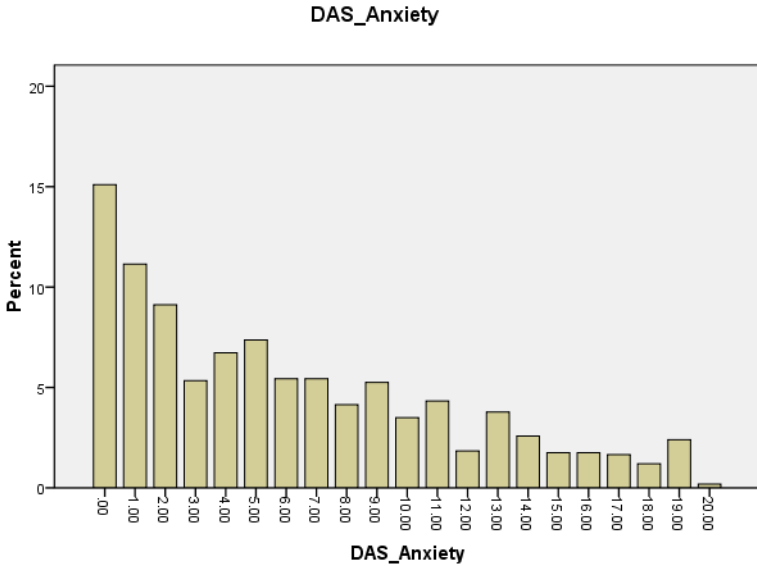


Figure 3. *Individual responses for internalizing behavior problems anxiety (N=1086)*

Table 3 presents the correlations between externalized behavioral problems and internalized symptoms, specifically depression and anxiety, in adolescents.

Table 3. *Intercorrelations of externalizing and internalizing behavior problems (N=1086)*

Variables	1	2	3
Externalizing problems	1		
Depression	.405**	1	
Anxiety	.454**	.750**	1

** $p < .01$.

There is a statistically significant correlation between externalized and internalized behavioral problems – externalized problems are positively correlated with depression and anxiety, all significant at the .01 level. Additionally, there is a strong positive correlation between depression and anxiety, two forms of internalized behavioral problems, which is also significant at the .01 level.

Differences in behavioral problems with respect to the sociodemographic characteristics of the sample show that externalized problems are significantly more prevalent in male respondents, while internalized problems are more prevalent in girls (Table 4).

Table 4. *Gender differences in behavioral problems*

Variables	Gender	N	M (SD)	t (df=1084)	p
Externalizing problems	m	408	17.44	3.155	.002**
	f	678	(6.79) 16.17 (6.15)		
Depression	m	408	5.43 (4.81)	-2.002	.046*
	f	678	6.07 (5.31)		
Anxiety	m	408	5.06 (5.27)	-4.729	.000**
	f	678	6.62 (5.27)		

**p < .01, *p < .05.

The results presented in Table 4 indicate a statistically significant difference in self-reported symptoms of depression and anxiety between girls and boys. Specifically, girls reported higher levels of both depression and anxiety symptoms compared to boys. In contrast, boys more frequently self-reported externalized behavioral problems, indicating that they are more likely to express emotional difficulties through external symptoms. These differences are statistically significant.

No statistically significant differences were found between the age of the adolescents and the behavioral problem variables. Also, differences between boys and girls were analyzed in relation to socioeconomic status, parental employment, and education levels. Because these differences did not reach statistical significance, they will be excluded from further discussion.

DISCUSSION

The history of behavioral problem symptoms is typically based on data obtained from the child's environment (e.g., parents, teachers). However, during adolescence, discrepancies often arise between this external information and self-reports, making it essential to place greater emphasis on self-reported anamnesis. It remains unclear whether the issue lies in inadequate symptom recognition by others or if adolescents are more adept at concealing their condition. Early detection of symptoms and timely provision of support are crucial for faster and more complete recovery (Bouillet & Uzelac, 2007). Although the concept of self-assessment is debatable in the context of evaluating one's own mental health—primarily due to inadequate and untimely recognition of problems rather than a conscious disregard of symptoms—this method of data collection seems justified for adolescents. This is because the assessment of personal well-being is inherently based on a subjective, personal impression (Biglbauer & Lauri Korajlija, 2020).

In older literature, the term “behavioral disorders” was used until 2011, when the term “behavioral problems” became more widely accepted (Koller-Trbović et al., 2011). This shift in terminology is not the only reason why the term “problems” is used in this paper instead of “disorders.” Considering that the respondents were from a typical, non-clinical population, this choice seemed more

appropriate, as the presence of certain symptoms does not necessarily indicate a clinical disorder.

To better explain the potential causes, presumed consequences, and the general usefulness of interventions, it is important to consider the severity of the condition. This is particularly relevant when addressing sensitive and vulnerable groups, such as adolescents. The current study did not account for factors such as symptom severity, duration, comorbidity, or previous interventions and their outcomes, which would have been crucial for understanding the context in which these problems arise (Koller-Trbović, 2004).

The aim of the study was to examine the prevalence of behavioral problems among adolescents in the general population and to investigate the relationship between externalizing and internalizing problems and factors such as gender, age, and socioeconomic status.

The results will be discussed in relation to the research hypotheses.

The first hypothesis (H1) – “Among adolescents in the non-clinical population, there are externalized and internalized behavioral problems that manifest at a subclinical level” – was fully confirmed by this research.

The results of this study provide full support for the first hypothesis (H1), which posited that adolescents from the non-clinical population exhibit both externalized and internalized behavioral problems that manifest at a subclinical level. These problems, in terms of their intensity, are more accurately described as issues rather than full-blown behavioral disorders. While the symptoms did not reach a level that would warrant a diagnosis of mental disorders, the study revealed distinct behavioral patterns indicative of problems that are non-negligible and could significantly impact adolescents' daily functioning, particularly in terms of social adaptation and emotional development. Externalized problems, such as aggression and hostility, were observed, but they did not reach the severity that would necessitate clinical intervention. Similarly, internalized issues, including depression and anxiety, were identified at a moderate level, suggesting that while these symptoms are not severe psychopathological conditions, the respondents are still experiencing notable emotional difficulties. These findings underscore the importance of recognizing subclinical symptoms, as they may serve as early indicators of mental health issues that, if left unaddressed, could escalate into more serious disorders in the future.

In conclusion, although the adolescents in this study come from a non-clinical population, they remain vulnerable to emotional and behavioral challenges. It is crucial to implement strategies for early identification and intervention, including ongoing monitoring and the provision of appropriate support, to mitigate the risk of developing more severe psychopathological conditions. Subclinical symptoms should be viewed as signals of potential future mental health challenges, highlighting the need for integrated approaches to the prevention and support of adolescent mental health within this vulnerable group.

To improve the treatment and understanding of behavioral disorders, it is crucial to involve all relevant stakeholders, including children, caregivers, teachers, and mental health professionals, in the design and implementation of interventions. Research must also increase the representativeness of its samples by including diverse socio-economic, educational, and ethnic groups to ensure findings are applicable to broader populations. Additionally, continued investment in robust theoretical frameworks and reliable measurement tools is needed to better understand the causes and maintaining factors of these disorders, ultimately enhancing treatment effectiveness and outcomes. In this context, strategies that have proven successful and effective in clinical samples and in cases of comorbidity with other difficulties can also be applied (Arsić & Gajić, 2024).

The second hypothesis (H2) – “There are significant differences in the prevalence of behavioral problems between male and female adolescents, with boys showing significantly higher prevalence of externalizing problems, and girls showing significantly higher prevalence of internalizing problems.” – was fully confirmed by this research.

The results of this study suggest that respondents from the non-clinical, typical population generally do not show a significantly high level of externalizing behavior problems, which suggests that, although they are present, behavioral problems such as aggression and hostility are not expressed to a large extent and therefore cannot be considered a behavioral disorder, but behavioral problems are still present in children from the normal population.

Analyzing the statements of the inventory used, no particularly high scores stand out for any individual item. Also, about 50% of respondents indicate the answers “sometimes” or “often” for the majority of the described behaviors. The least frequent behaviors reported are rule-breaking and being unkind to others, while difficulties such as being unable to sit still or concentrate are more commonly observed. While certain problematic behaviors are not frequently observed, especially in boys, there is a more occasional display of a range of behaviors that can be considered problematic. This is particularly true for behaviors described in the inventory, such as: "I lose my temper and get angry at others" or "Little things that happen around me easily distract me." Given that externalized problems often reflect frustration and challenges in social situations, these findings may indicate a level of relative stability and adaptation within the respondents' social environments.

On the other hand, in the context of internalizing problems, the results indicate a slightly elevated levels of depression and moderately elevated anxiety, which may raise concerns for the mental health of adolescents, especially considering this is a non-clinical population. Although these symptoms are not highly pronounced, their mild increase could signal the early stages of emotional difficulties that, if not identified and addressed in a timely manner, may evolve into more serious psychological disorders. While depression and anxiety in this sample do not manifest as severe clinical symptoms, their moderate presence suggests that the respondents may be at risk for the further development of internalizing

problems. These issues could negatively impact their social adaptation, academic performance, and overall quality of life. These findings emphasize the importance of early recognition of these symptoms, because even mild increases in depression and anxiety can have long-term consequences for emotional stability and general mental health. Therefore, although the levels of depression and anxiety are not of high intensity, their moderate presence highlights the need for the implementation of prevention programs and interventions aimed at reducing these symptoms and enhancing the emotional resilience of adolescents.

In conclusion, young people who exhibit behavioral problems, particularly externalized ones, are often perceived as hostile, negativistic, aggressive, and impulsive, with their behavior frequently labeled as criminal, and the individuals as delinquents (Mulaosmanović & Ivanišević, 2023). Given this perspective, it is crucial to develop and implement effective, long-term prevention programs aimed at children and adolescents. These programs should focus on rehabilitation and reintegration through support, understanding, and the provision of new opportunities, rather than being driven by preconceived expectations of relapse or monitoring based on negative assumptions.

CONCLUSION

In this study, we examined the frequency of behaviors characterized as "moving toward the world" and "moving away from the world" (Horney, 1992), which correspond to externalizing and internalizing behavioral problems in adolescents. The results contribute to a deeper understanding of the etiology and phenomenology of behavioral problems in this age group, highlighting various protective and risk factors, as well as potential predictors of such behaviors.

These findings have a few significant practical implications. Firstly, they highlight the need for more preventive programs in schools, as well as continuous psychological support, especially throughout adolescence. Also, monitoring aggressive behaviors and outcomes is essential. Educational, supportive, and therapeutic programs need to be empirically evaluated and validated. This is particularly useful for various profiles of experts in educational institutions and systems to plan, design and implement preventive educational programs and strategies aimed at reducing the incidence and severity of behavioral problems in young people, especially children and adolescents, through timely identification of children and adolescents at risk.

Studying psychopathological symptoms and behavioral problems during adolescence is crucial for developing effective prevention and intervention strategies. Understanding these symptoms and their underlying causes can inform the design of programs aimed at reducing behavioral disorders and improving adolescent mental health. The practical implications of this research emphasize the need for new preventive programs in schools, ongoing psychological support, and continuous monitoring and evaluation across all educational stages- from primary

school to high school and university. Monitoring various forms of aggressive behavior is essential, and educational, therapeutic, and other support programs should aim to replace destructive behaviors—whether directed towards others or oneself—with healthier strategies for coping with the challenges adolescents face, benefiting both the individuals and society as a whole.

REFERENCES

- Achenbach, T. M., & Edelbrock, C. S. (1978). The classification of child psychopathology: A review and analysis of empirical efforts. *Psychological Bulletin*, 85(6), 1275–1301. <https://doi.org/10.1037/0033-2909.85.6.1275>
- American psychological association. (2015). Mental disorder. In G. R. VandenBos (Ed.), *APA dictionary of psychology* (Second edition, p. 639). American psychological association.
- Arsić, B., & Gajić, A. (2024). Primena funkcionalnog komunikacionog treninga za redukciju problema u ponašanju kod dece sa autizmom. *Sinteze - Časopis Za Pedagoške Nauke, Književnost i Kulturu*, 25, 13–28. <https://doi.org/10.5937/sinteze13-50786>
- Ashford, J., Smit, F., Van Lier, P. A. C., Cuijpers, P., & Koot, H. M. (2008). Early risk indicators of internalizing problems in late childhood: A 9-year longitudinal study. *Journal of Child Psychology and Psychiatry*, 49(7), 774–780. <https://doi.org/10.1111/j.1469-7610.2008.01889.x>
- Barkley, R. A. (2006). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (3rd ed). Guilford Press.
- Bašić, J., & Novak, M. (2008). Internalizirani problemi kod djece i adolescenata: Obilježja i mogućnosti prevencije. *Ljetopis Socijalnog Rada*, 15(3), 473–498.
- Begić, D. (2014). *Psihopatologija*. Medicinska naklada.
- Biglbauer, S., & Lauri Korajlija, A. (2020). Društvene mreže, depresivnost i anksioznost. *Socijalna Psihijatrija*, 48(4), 404–425. <https://doi.org/10.24869/spsih.2020.404>
- Bitsko, R. H., Claussen, A. H., Lichstein, J., Black, L. I., Jones, S. E., Danielson, M. L., Hoenig, J. M., Davis Jack, S. P., Brody, D. J., Gyawali, S., Maenner, M. J., Warner, M., Holland, K. M., Perou, R., Crosby, A. E., Blumberg, S. J., Avenevoli, S., Kaminski, J. W., Ghandour, R. M., ... Meyer, L. N. (2022). Mental Health Surveillance Among Children—United States, 2013–2019. *MMWR Supplements*, 71(2), 1–42. <https://doi.org/10.15585/mmwr.su7102a1>
- Bongers, I. L., Koot, H. M., Van Der Ende, J., & Verhulst, F. C. (2004). Developmental Trajectories of Externalizing Behaviors in Childhood and Adolescence. *Child Development*, 75(5), 1523–1537. <https://doi.org/10.1111/j.1467-8624.2004.00755.x>
- Boričević Maršanić, V., Zečević, I., Paradžik, Lj., & Karapetrić Bolfa, Lj. (2017). Probir i rana detekcija psihičkih odstupanja/poremećaja kod djece u

predškolskim ustanovama i adolescenata u osnovnim školama Grada Zagreba Σ rezultati probnog projekta. *Socijalna Psihijatrija*, 45(3), 169–186.

Bornstein, M. H., Hahn, C.-S., & Haynes, O. M. (2010). Social competence, externalizing, and internalizing behavioral adjustment from early childhood through early adolescence: Developmental cascades. *Development and Psychopathology*, 22(4), Article 4. <https://doi.org/10.1017/S0954579410000416>

Bouillet, D., & Uzelac, S. (2007). *Osnove socijalne pedagogije*. Školska knjiga.

Brumariu, L. E., & Kerns, K. A. (2022). Parent–Child Attachment in Early and Middle Childhood. In P. K. Smith & C. H. Hart (Eds.), *The Wiley-Blackwell Handbook of Childhood Social Development* (1st ed., pp. 425–442). Wiley. <https://doi.org/10.1002/9781119679028.ch23>

Carter, A. S., Briggs-Gowan, M. J., & Davis, N. O. (2004). Assessment of young children’s social-emotional development and psychopathology: Recent advances and recommendations for practice. *Journal of Child Psychology and Psychiatry*, 45(1), 109–134. <https://doi.org/10.1046/j.0021-9630.2003.00316.x>

Davison, G. C., & Neale, J. M. (2002). *Psihologija abnormalnog doživljavanja i ponašanja* (L. Arambašić, Trans.; Prijevod 6. prerađenog izd). Naklada Slap.

Erikson, E. H. (1994). *Identity and the Life Cycle* (1st ed). W. W. Norton & Company.

Farrington, D. P. (2007). Childhood risk factors and risk-focused prevention. In M. Maguire, R. Morgan, & R. Reiner (Eds.), *The Oxford handbook of criminology* (4th ed, pp. 1–61). Oxford University Press Inc.

Gore, F. M., Bloem, P. J., Patton, G. C., Ferguson, J., Joseph, V., Coffey, C., Sawyer, S. M., & Mathers, C. D. (2011). Global burden of disease in young people aged 10–24 years: A systematic analysis. *The Lancet*, 377(9783), 2093–2102. [https://doi.org/10.1016/S0140-6736\(11\)60512-6](https://doi.org/10.1016/S0140-6736(11)60512-6)

Hinshaw, S. P. (1987). On the distinction between attentional deficits/hyperactivity and conduct problems/aggression in child psychopathology. *Psychological Bulletin*, 101(3), 443–463. <https://doi.org/10.1037/0033-2909.101.3.443>

Horney, K. (1992). *Our inner conflicts: A constructive theory of neurosis*. Norton.

Hunter-Rue, D. S., Miller, P., Hanson, J. L., & Votruba-Drzal, E. (2024). Relations between adolescent perceptions of household chaos and externalizing and internalizing behaviors in low- and middle-income families. *Journal of Research on Adolescence*, 34(4), 1500–1516. <https://doi.org/10.1111/jora.13016>

Khanal, P., Ståhlberg, T., Luntamo, T., Gyllenberg, D., Kronström, K., Suominen, A., & Sourander, A. (2022). Time trends in treated incidence, sociodemographic risk factors and comorbidities: A Finnish nationwide study on anxiety disorders. *BMC Psychiatry*, 22(1), 144. <https://doi.org/10.1186/s12888-022-03743-3>

Koller-Trbović, N. (2004). Poremećaji u ponašanju djece i mladih. In J. Bašić, N. Koller-Trbović, & S. Uzelac (Eds.), *Poremećaji u ponašanju i rizična ponašanja: Pristupi i pojmovna određenja* (pp. 83–97). Edukacijsko-rehabilitacijski fakultet Sveučilišta u Zagrebu.

Koller-Trbović, N., & Žižak, A. (2012). Problemi u ponašanju djece i mladih i odgovori društva: Višestruke perspektive. *Kriminologija & Socijalna Integracija*, 20(1), 49–62.

Koller-Trbović, N., Žižak, A., & Jeđud Borić, I. (2011). *Standardi za terminologiju, definiciju, kriterije i način praćenja pojave poremećaja u ponašanju djece i mladih*. Povjerenstvo za prevenciju poremećaja u ponašanju djece i mladih Vlade Republike Hrvatske. Ministarstvo obitelji, branitelja i međugeneracijske solidarnosti.

Lebedina Manzoni, M. (2007). *Psihološke osnove poremećaja u ponašanju*. Naklada Slap.

Leijdesdorff, S., Van Doesum, K., Popma, A., Klaassen, R., & Van Amelsvoort, T. (2017). Prevalence of psychopathology in children of parents with mental illness and/or addiction: An up to date narrative review. *Current Opinion in Psychiatry*, 30(4), 312–317. <https://doi.org/10.1097/YCO.0000000000000341>

Liu, J. (2004). Childhood Externalizing Behavior: Theory and Implications. *Journal of Child and Adolescent Psychiatric Nursing*, 17(3), 93–103. <https://doi.org/10.1111/j.1744-6171.2004.tb00003.x>

Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., McManus, M. N., Borwick, C., & Crawley, E. (2020). Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(11), 1218-1239.e3. <https://doi.org/10.1016/j.jaac.2020.05.009>

Loeber, R., & Hay, D. (1997). Key Issues In The Development Of Aggression And Violence From Childhood To Early Adulthood. *Annual Review of Psychology*, 48(1), 371–410. <https://doi.org/10.1146/annurev.psych.48.1.371>

Lovibond, S. H., & Lovibond, P. F. (1995). *The Depression Anxiety Stress Scales*. UNSW.

Macuka, I. (2008). Uloga dječje percepcije roditeljskoga ponašanja u objašnjenju internaliziranih i eksternaliziranih problema. *Društvena Istraživanja*, 17(6), 1179–1202.

Macuka, I. (2016). Emocionalni i ponašajni problemi mlađih adolescenata – zastupljenost i rodne razlike. *Annual of Social Work*, 23(1), 65–86. <https://doi.org/10.3935/ljsr.v23i1.97>

Maglica, T., & Jerković, D. (2014). Procjena rizičnih i zaštitnih čimbenika za internalizirane probleme u školskom okruženju. *Školski Vjesnik - Časopis Za Pedagoška i Školska Pitanja*, 63(3), 413–431.

Marković, M., & Lakićević, M. (2020). Porodične prilike i odnosi kao faktor kriminaliteta kod dece. *Sinteze - Časopis Za Pedagoške Nauke, Književnost i Kulturu*, 17, 113–134. <https://doi.org/10.5937/sinteze9-24202>

Mastrotheodoros, S., Canário, C., Cristina Gugliandolo, M., Merkas, M., & Keijsers, L. (2020). Family Functioning and Adolescent Internalizing and Externalizing Problems: Disentangling between-, and Within-Family Associations. *Journal of Youth and Adolescence*, 49(4), 804–817. <https://doi.org/10.1007/s10964-019-01094-z>

Mazzucchelli, T. G., & Sanders, M. R. (2017). Children with Externalizing Behavior Problems. In T. G. Mazzucchelli & M. R. Sanders (Eds.), *The power of positive parenting: Transforming the lives of children, parents, and communities using the Triple P system* (pp. 85–96). Oxford University Press. <https://doi.org/10.1093/med-psych/9780190629069.003.0006>

McKay, M. T., & Andretta, J. R. (2017). Evidence for the Psychometric Validity, Internal Consistency and Measurement Invariance of Warwick Edinburgh Mental Well-being Scale Scores in Scottish and Irish Adolescents. *Psychiatry Research*, 255, 382–386. <https://doi.org/10.1016/j.psychres.2017.06.071>

Merikangas, K. R. (2017). Anxiety Disorders: Introduction and Overview. In Benjamin J. Sadock, Virginia A. Sadock, & Pedro Ruiz (Eds.), *Kaplan & Sadock's comprehensive textbook of psychiatry* (Tenth edition, pp. 4407–4414). Wolters Kluwer.

Mikas, D. (2012). Utjecaj emocionalnih i ponašajnih problema na uspjeh učenika. *Pedagojska Istraživanja*, 9(1/2), 83–99.

Mulaosmanović, N., & Ivanišević, D. (2023). Povezanost internaliziranih i eksternaliziranih problema u ponašanju sa školskim uspijehom mladih. *Društvene Devijacije*, 8(1), 634–643. <https://doi.org/10.7251/ZCMZ0123634M>

Nolen-Hoeksema, S. (2001). Gender Differences in Depression. *Current Directions in Psychological Science*, 10(5), 173–176. <https://doi.org/10.1111/1467-8721.00142>

Oatley, K., & Jenkins, J. M. (2007). *Razumijevanje emocija* (L. Arambašić, Trans.; 2. izd). Naklada Slap.

Oland, A. A., & Shaw, D. S. (2005). Pure Versus Co-occurring Externalizing and Internalizing Symptoms in Children: The Potential Role of Socio-Developmental Milestones. *Clinical Child and Family Psychology Review*, 8(4), 247–270. <https://doi.org/10.1007/s10567-005-8808-z>

Panić, M., & Bouillet, D. (2021). Pojavnost problema u ponašanju djece u ustanovama ranog i predškolskog odgoja i obrazovanja. *Hrvatska Revija Za Rehabilitacijska Istraživanja*, 57(2), 73–91. <https://doi.org/10.31299/hrri.57.2.5>

Parkitny, L., & McAuley, J. (2010). The Depression Anxiety Stress Scale (DASS). *Journal of Physiotherapy*, 56(3), 204. [https://doi.org/10.1016/S1836-9553\(10\)70030-8](https://doi.org/10.1016/S1836-9553(10)70030-8)

- Price, J. S. (2013). An Evolutionary Perspective on Anxiety and Anxiety Disorders. In F. Durbano (Ed.), *New Insights into Anxiety Disorders* (pp. 3–20). IntechOpen. <https://doi.org/10.5772/52902>
- Renshaw, T. L., & Cook, C. R. (2019). Preliminary Psychometrics of Responses to the Youth Externalizing Problems Screener. *Journal of Psychoeducational Assessment*, 37(8), 1016–1022. <https://doi.org/10.1177/0734282918809814>
- Řičković, V., & Ladika, M. (2021). Mentalno zdravlje djece i adolescenata: Prevalencija i specifičnosti mentalnih poremećaja. *Hrvatski Časopis Za Javno Zdravstvo*, 17(56), 32–38.
- Samek, D. R., & Hicks, B. M. (2014). Externalizing disorders and environmental risk: Mechanisms of gene–environment interplay and strategies for intervention. *Clinical Practice*, 11(5), 537–547. <https://doi.org/10.2217/cpr.14.47>
- Sjöman, M., Granlund, M., & Almqvist, L. (2016). Interaction processes as a mediating factor between children’s externalized behaviour difficulties and engagement in preschool. *Early Child Development and Care*, 186(10), 1649–1663. <https://doi.org/10.1080/03004430.2015.1121251>
- Slavković, A. (2022). Vaspitanje adolescenata u porodici. *Sinteze - Časopis Za Pedagoške Nauke, Književnost i Kulturu*, 21, 11–21. <https://doi.org/10.5937/sinteze11-36762>
- Subotić, S., Brajša-Žganec, A., & Merkaš, M. (2008). Školski stres i neka obilježja ličnosti kao prediktori suicidalnosti adolescenata. *Psihologijske Teme*, 17(1), 111–131.
- Sun, Y., Wu, Y., Fan, S., Dal Santo, T., Li, L., Jiang, X., Li, K., Wang, Y., Tasleem, A., Krishnan, A., He, C., Bonardi, O., Boruff, J. T., Rice, D. B., Markham, S., Levis, B., Azar, M., Thombs-Vite, I., Neupane, D., ... Thombs, B. D. (2023). Comparison of mental health symptoms before and during the covid-19 pandemic: Evidence from a systematic review and meta-analysis of 134 cohorts. *BMJ*, 380, e074224. <https://doi.org/10.1136/bmj-2022-074224>
- Uzelac, S. (1995). *Osnove socijalne edukologije mladih s poremećajima u socijalnom ponašanju*. Segena.
- Vulić-Prtorić, A. (2007). *Depresivnost u djece i adolescenata* (2. izd). Naklada Slap.
- World Health Organization. (2005). *Child and adolescent mental health policies and plans*. World Health Organization. <https://iris.who.int/handle/10665/43068>
- Wu, L., Zhang, D., Cheng, G., Hu, T., & Rost, D. H. (2015). Parental emotional warmth and psychological Suzhi as mediators between socioeconomic status and problem behaviours in Chinese children. *Children and Youth Services Review*, 59, 132–138. <https://doi.org/10.1016/j.childyouth.2015.09.019>
- Žunić-Pavlović, V., & Kovačević-Lipojević, M. (2011). Prevalencija i razvoj poremećaja ponašanja u detinjstvu. *Specijalna Edukacija i Rehabilitacija*, 10(4), 725–742.

ЕКСТЕРНАЛИЗОВАНИ И ИНТЕРНАЛИЗОВАНИ ПРОБЛЕМИ У ПОНАШАЊУ КОД АДОЛЕСЦЕНАТА

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Сажетак: Социо-емотивни проблеми и проблеми у понашању код деце и адолесцената могу представљати ризик за појаву озбиљнијих поремећаја у каснијем животу. У оквиру бриге о менталном здрављу, неопходно је да се посебна пажња посвећује мерењу општег емотивног стања и здравствених проблема који постају све учесталији и видљивији, а појавност проблема у понашању међу децом и адолесцентима је у забрињавајућем порасту. Поремећаји у понашању код адолесцената често се деле на екстернализоване и интернализоване, што одражава различите начине на које адолесценти изражавају и управљају својим унутрашњим и спољашњим конфликтима.

Проблем овог истраживања био је испитати присутност екстернализованих и интернализованих проблема у понашању код адолесцената те испитати да ли постоје значајне разлике у односу на социодемографске карактеристике, као и у каквом су међусобном односу неки облици екстернализованих и интернализованих проблема у понашању.

Истраживачки инструментариј обухватио је упитник YEPS за испитивање појавности екстернализованих проблема те скалу DASS-21 за испитивање појавности интернализованих проблема. Узорак је састављен од 1086 испитаника, узраста између 14 и 19 година ($M=16.98$, $SD=1.58$), већином женског пола (678 или 62.4%).

Основни резултати истраживања показују да су међу адолесцентима присутни неки облици екстернализованих и интернализованих проблема у понашању, при чему су екстернализовани проблеми више присутни код младића, а интернализовани код девојака; добијене вредности указују на умерене симптоме проблема у понашању, док су истовремено добијене статистички значајне интеркорелације за екстернализоване и интернализоване проблеме у понашању.

Кључне речи: адолесценти, проблеми у понашању, екстернализовани проблеми у понашању, интернализовани проблеми у понашању.

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