

# The effect of personality traits and parental attitudes on treatment in children and adolescents: a 6-month follow-up study

Müjen İlnem 

Department of Psychology, Child and Adolescent Psychiatry, Istanbul Gelisim University, Faculty of Economics, Administrative and Social Sciences, Istanbul, Turkey

## ABSTRACT

**Objectives:** This study aims to examine the effects of personality traits and parental attitudes on the change of emotional and behavioral problems in children and adolescents with mental disorders receiving outpatient treatment during the six months.

**Methods:** In the study, 233 individuals between the ages of 7-17 who applied to the Child Psychiatry Outpatient Clinic of a private hospital in Istanbul between September 2015 and September 2017 and who had psychiatric disorders regarding DSM-V diagnostic criteria were evaluated before treatment with the Sociodemographic Data Form, Strengths and Difficulties Questionnaire (SDQ), Quick Big Five Personality Test (QBFPT), and Parental Attitude Scale (PAS). Emotional and behavioral problems of children and adolescents who were followed up for psychiatric treatment were evaluated by SDQ at the first, third, and sixth months.

**Results:** According to the Pearson Correlation Analysis, it was found that the SDQ total scores of children and adolescents in the pre-treatment period were statistically significantly positively correlated with the Democratic Attitude subscale scores ( $r = 0.129$ ,  $p = 0.049$ ). Considering the QBFPT and PAS sub-dimension scores in ANCOVA analyzes, the change in the SDQ total scores before and after treatment was statistically significant ( $p < 0.05$ ), and Democratic Attitude subscale scores ( $F = 2.70$ ,  $p = 0.048$ ) and Emotional Stability subscale scores ( $F = 3.27$ ,  $p = 0.023$ ) had statistically significant effects on this change.

**Conclusions:** In children and adolescents with mental disorders, focusing on democratic attitudes and personality traits associated with emotional stability may help reduce emotional and behavioral problems during treatment.

**Keywords:** Emotional and behavioral problems, personality traits, parental attitudes

Psychopathological features in children and adolescents often manifest themselves with emotional and behavioral problems. It has been evaluated that emotional and behavioral problems are common starting from infancy, 6% of toddlers (1-2 age range) have behavioral problems and 32% of these children have

delayed social-emotional competence [1]. Regarding the interviews with parents of preschool children, the frequency of emotional and behavioral problems was found to be 7.1% [2]. In a study examining men between 6-18 years, 8.3% of the participants were found to have emotional and behavioral problems [3]. In a

Received: September 27, 2021; Accepted: March 29, 2022; Published Online: May 20, 2022



**How to cite this article:** İlnem M. The effect of personality traits and parental attitudes on treatment in children and adolescents: a 6-month follow-up study. *Eur Res J* 2022;8(4):482-490. DOI: 10.18621/eurj.1049308

**Address for correspondence:** Müjen İlnem, Assistant Professor, Istanbul Gelisim University, Department of Psychology, Child and Adolescent Psychiatry, Lisansüstü Eğitim Enstitüsü Müdürlüğü, Cihangir Mah., Duygu Sok., No:2., F Blok, Avclar, İstanbul, Turkey. E-mail: mujenilnem@gmail.com, Tel: +90 532 413 99 74

©Copyright © 2022 by Prusa Medical Publishing  
Available at <http://dergipark.org.tr/eurj>

study in which adolescents (10-18 years old) were evaluated, the prevalence of emotional and behavioral problems was 16.5% as a result of detailed interviews with these people, 12.7% of the adolescents had a sub threshold psychiatric disorder, and 92.5% of those has been evaluated not to receive any mental assistance yet [4]. It has been reported that emotional and behavioral problems seen in children and adolescents are affected by the severity of mental illness, additional medical problems, and the mental state of family members [5-7].

Emotional and behavioral problems are good predictors of mental disorders. Temperament and character traits are the leading factors that cause the emergence of emotional and behavioral problems. Emotional and behavioral problems were found to be lower in adolescents with healthy characters compared to adolescents with inconsistent character traits [8]. It has been evaluated that emotional and behavioral problems seen in adolescents are significantly affected by personality and family characteristics and that emotional and behavioral problems in adolescents may change according to age [9]. In a nine-year follow-up study, according to the mothers' views, it was found that agreeableness and conscientiousness, among the personality traits determined in 3.5-year-old children, were associated with good self-control in the following years, in addition to this, conscientiousness was associated with high academic performance. On the other hand, neurotic features, anxiety, and extraversion features were found to be associated with difficulty in inhibiting behavior [10].

Emotional and behavioral problems in children and adolescents are affected by family characteristics. It was observed that emotional and behavioral problems in children of mothers who refused positive attitudes towards family life and child-rearing styles increased in the preschool period [11]. The interpersonal relationship style between family members, personal development tasks emphasized in the family, and the structure of the family was found to be related to emotional and behavioral problems observed in adolescents [9]. It was found that both parents' having an authoritarian attitude was negatively related to problematic behaviors in children. However; differences of attitudes observed in parents were positively associated with problematic behaviors, authoritarian parenting, therefore, predicted less problematic

behaviors, and permissive attitude predicted high levels of emotional and behavioral problems [12].

It is known that personality traits and parental attitudes affect the emotional and behavioral problems of children and adolescents with mental disorders. Despite this, the number of studies investigating the effects of parental attitudes and personality traits on changes in emotional and behavioral problems in children and adolescents receiving mental treatment is limited. Thus, the aim of this study is to investigate the effects of parental attitudes and personality traits on the change in emotional and behavioral problems in children and adolescents who received outpatient psychiatric treatment for six months.

## METHODS

In the study, individuals between the ages of 7-17 who applied to the Child Psychiatry Outpatient Clinic of a private hospital in Istanbul between September 2015 and September 2017 and who have psychiatric disorders regarding DSM-V diagnostic criteria were evaluated. Participation in the study was determined voluntarily, and signed-consent was obtained from the children, adolescents, and families that they volunteered to participate in the study. The cases were included in the study randomly and the research was carried out in accordance with the Helsinki Declaration. Acceptance criteria for the study were volunteering to participate in the study, having a psychiatric disorder according to DSM V diagnostic criteria, and being in the age range of 9-17. The exclusion criteria from the study were unclear psychiatric diagnosis process, not being willing to participate in the study, the presence of a physical disability that prevents taking measurements, and the presence of a comorbid mental disorder (manic period, active psychotic period, etc.) Ethical approval for the study was obtained from the Ethical Committee (IRB Date/Number: 04.08.2017 / 1052).

In the study, 233 children and adolescents who met the inclusion and exclusion criteria and received outpatient psychiatric treatment and mental disorders, were evaluated at the beginning of the treatment with the socio-demographic data form and psychometric measurement tools (Strengths and Difficulties Questionnaire, Quick Big Five Personality Test and

Parental Attitude Scale). Later, children and adolescents who continued treatment outpatient were re-evaluated with the Strengths and Difficulties Questionnaire in the first, third, and sixth months of treatment.

### Assessment Tools

#### Sociodemographic Question Form

This form was created by researchers to evaluate the demographic and clinical characteristics of children and adolescents such as age, gender, mental illness, and treatment history.

#### Strengths and Difficulties Questionnaire (SDQ)

It is a measurement tool developed to measure emotional and behavioral problems in children and adolescents and includes 25 Likert items that evaluate peer problems, hyperactivity, and emotional and behavioral problems in individuals [13]. In the adaptation study of the scale into Turkish, it was found that the Cronbach's Alpha value of the SDQ was 0.84 for the parent form, 0.73 for the adolescent form. Thus, the SDQ was considered a valid and reliable measurement tool for measuring emotional and behavioral problems in children and adolescents [14].

#### Quick Big Five Personality Test (QBFPT)

QBFPT is a 30-item Likert measurement tool that measures basic personality traits in children and adolescents, including agreeableness, extraversion, conscientiousness, emotional stability, and openness to experience [15]. In the adaptation study of the scale into Turkish, it was found that the Cronbach's Alpha values of the sub-dimensions ranged from 0.73 to 0.81 and the validity and reliability level of the measurement tool was sufficient [16].

#### Parental Attitude Scale (PAS)

PAS has been developed in Turkish and consists of 62 questions and four sub-dimensions are Democratic Attitude, Authoritarian Attitude, Overprotective Attitude, and Permissive Attitude [17]. As a result of Principal Components and Varimax Rotation analyzes conducted within the framework of validity studies, 16 items were removed from the scale. In this way, the scale took its final form with 46 items. In the reliability analysis of the scale, it was found that the Cronbach's Alpha values for its sub-dimensions ranged from 0.74

to 0.83. High scores in PAS subscales indicate that parental attitudes increase.

#### Statistical Analysis

The demographic and clinical characteristics of children and adolescents receiving outpatient psychiatric treatment were evaluated by descriptive statistical analyzes such as number, ratio, mean, and standard deviation. Relationships between pre-treatment children and adolescents' SDQ total scores, QBFPT, and PAS scores were analyzed using the Pearson Correlation Analysis. Changes in pre-treatment, first month, third month, and sixth-month SDQ total scores were evaluated by One-Way ANOVA for Repeated Measures. Greenhouse-Geisser's result was used in the study when the sphericity assumption was not met in the ANOVA analyzes for repeated measurements. Whether there was a significant difference between pre- and post-treatment SDQ measurements was tested by Bonferroni Analysis. Besides, the effectiveness of the QBFPT and PAS subscale scores on the SDQ total scores was evaluated by ANCOVA analysis, and the effect size of the covariants on the variable was determined using Partial Eta Squared. The change in the SDQ scores according to past treatment history, drug use status, and mental disorders was analyzed by Two-Way ANOVA for Repeated Measures. Normality assumption was met for Pearson Correlation Analysis and ANOVA analyzes. The significance level for all analyzes was set as  $p < 0.05$ . IBM SPSS 22.0 program was used in the application of the analyzes.

## RESULTS

The age mean of children and adolescents evaluated in the study was found to be  $10.73 \pm 4.09$  and 127 of the participants (54.5%) were male. It was examined the presence of adjustment disorder in 23 (9.9%) of the outpatients, ADHD in 59 (25.3%), Obsessive-Compulsive and Related Disorders in 14 (6%), Oppositional Defiant Disorder in 25 (10.7%), Autism Spectrum Disorder in 22 (9.5%), Anxiety Disorder in 14 (6%), Separation Anxiety Disorder in 9 (3.9%), and one of the other mental disorders in 67 (28.8%). It was found that 167 of the cases (71.7%) had received mental treatment and used medication in the past, 38 (16.3%) had physical disabilities, and 78 (33.5%) had

a family history of mental disorder.

According to the Pearson Correlation Analysis, it was found that the SDQ total scores of children and adolescents receiving outpatient psychiatric treatment were statistically significantly correlated with the Democratic Attitude subscale scores ( $r = 0.129, p = 0.049$ ). Besides, it was found that there was no statistically significant correlation ( $p > 0.05$ ) between SDQ total scores and PAS and QBFPT sub-scales (Table 1). The mean SDQ total scores of the participants evaluated in the study before and after the treatment (1st, 3rd, and 6th months) were  $36.76 \pm 5.66, 36.12 \pm 5.62, 36.08 \pm 5.65,$  and  $35.73 \pm 5.56,$  respectively and the mean SDQ total score did not show statistically significant change before and after treatment ( $F = 1.44, p = 0.233$ ). According to the Bonferroni Analysis comparisons between pre-treatment and months, it was found that the SDQ scores did not show a statistically significant change ( $p > 0.05$ ) (Fig. 1).

In ANCOVA for Repeated Measures analysis,

when personality scale sub-dimension scores in the change in SDQ total scores were included in the analysis as covariates, the change in SDQ scores was found to be statistically significant ( $F = 3.10, p = 0.026$ ). In this analysis, it was evaluated that only Emotional Stability sub-dimension scores were statistically significantly effective ( $F = 3.27, p = 0.023$ ), but the level of this effect was low (Partial Eta Squared = 0.014) in the change of SDQ total scores. Additionally, in the change in SDQ total scores, Agreeableness ( $F = 1.21, p = 0.307$ ), Extroversion ( $F = 2.05, p = 0.109$ ), Conscientiousness ( $F = 1.87, p = 0.136$ ), and Openness to Experience ( $F = 1.87, p = 0.136$ ) sub-dimension scores were found to have no statistically significant effect (Table 2).

In ANCOVA for Repeated Measures analysis, when the parental attitudes scale's sub-dimension scores in the change in SDQ total scores were included in the analysis as covariates, the change in the SDQ scores was found to be statistically significant ( $F =$

**Table 1. Relationships between psychometric measurements of pre-treatment participants (n = 233)**

		1	2	3	4	5	6	7	8	9
1-SDQ Total	r	-								
	p	-								
2-Agreeableness	r	0.078								
	p	0.238								
3-Extroversion	r	-0.005	<b>-0.492</b>							
	p	0.941	<b>&lt;0.001</b>							
4-Conscientiousness	r	0.012	<b>0.500</b>	<b>0.230</b>						
	p	0.858	<b>&lt; 0.001</b>	<b>&lt; 0.001</b>						
5-Emotional Stability	r	0.108	<b>0.616</b>	-0.078	<b>0.823</b>					
	p	0.100	<b>&lt;0.001</b>	0.236	<b>&lt; 0.001</b>					
6-Openness to Experience	r	-0.008	<b>0.289</b>	<b>0.412</b>	<b>0.909</b>	<b>0.617</b>				
	p	0.909	<b>&lt; 0.001</b>	<b>&lt; 0.001</b>	<b>&lt; 0.001</b>	<b>&lt; 0.001</b>				
7-Democratic Attitude	r	<b>0.129</b>	0.029	0.060	0.106	0.052	<b>0.100</b>			
	p	<b>0.049</b>	0.662	0.360	0.106	0.427	<b>0.130</b>			
8- Authoritarian Attitude	r	0.111	0.016	0.085	0.080	0.033	<b>0.094</b>	<b>0.824</b>		
	p	0.090	0.808	0.196	0.223	0.612	<b>0.151</b>	<b>&lt; 0.001</b>		
9-Protective Attitude	r	0.107	0.005	-0.035	0.026	-0.005	<b>0.035</b>	<b>0.516</b>	<b>0.383</b>	
	p	0.104	0.935	0.592	0.689	0.943	<b>0.591</b>	<b>&lt; 0.001</b>	<b>&lt;0.001</b>	
10-Permissive Attitude	r	0.071	0.056	-0.024	0.047	0.039	<b>0.005</b>	<b>0.782</b>	<b>0.512</b>	<b>0.271</b>
	p	0.278	0.396	0.715	0.479	0.555	<b>0.937</b>	<b>&lt; 0.001</b>	<b>&lt; 0.001</b>	<b>&lt; 0.001</b>

Results of Pearson Correlation Analysis, SDQ = Strength and Difficulties Questionnaire



**Fig. 1.** The change in the mean SDQ scores of the participants (n = 233) before and after treatment.

4.42,  $p = 0.005$ ). In this analysis, it was evaluated that the Democratic Attitude sub-dimension scores were statistically significantly effective ( $F = 2.70$ ,  $p = 0.048$ ) in the change of SDQ total scores, but the level

of this effect was low (Partial Eta Squared = 0.012). Besides, sub-dimension scores of Authoritarian Attitude ( $F = 0.91$ ,  $p = 0.434$ ), Protective Attitude ( $F = 0.20$ ,  $p = 0.887$ ), and Permissive Attitude ( $F = 2.11$ ,  $p$

**Table 2.** Psychometric properties affecting the change in SDQ scores before and after treatment

Covariates	Mean Square	df	F	p value	Partial Eta Squared
Treatment Affect	95.51	2.85	3.10	<b>0.026</b>	0.013
Agreeableness	37.13		1.21	0.307	0.005
Extraversion	63.12		2.05	0.109	0.009
Conscientiousness	57.66		1.87	0.136	0.008
Emotional stability	100.59		3.27	<b>0.023</b>	0.014
Openness to Experience	57.70		1.87	0.136	0.008
Treatment Affect	136.62	2.85	4.42	<b>0.005</b>	0.019
DemocraticAttitude	83.36		2.70	<b>0.048</b>	0.012
Authoritarian Attitude	28.02		0.91	0.434	0.004
Protective Attitude	6.19		0.20	0.887	0.001
Permissive Attitude	65.07		2.11	0.102	0.009

One-way ANCOVA analysis result for Repetitive Measurements, SDQ = Strength and Difficulties Questionnaire



= 0.102) were found to have no statistically significant effect (Table 2).

In the Two-Way ANOVA for Repetitive Measures analysis, based on the examination of the effects of demographic and clinical characteristics that may have effects on the change in SDQ total scores, only the diagnosis of Separation Anxiety was a statistically significant factor ( $F = 2.86, p = 0.039$ ), also, the effect size of this diagnosis on the change on the scores (Partial Eta Squared = 0.012) was evaluated as low (Table 3).

## DISCUSSION

In the study, it was found that emotional and behavioral problems of children and adolescents who applied for mental treatment were positively associated with democratic parental attitudes, emotional and behavioral problems decreased in these individuals before and after treatment, but this decrease was not statistically significant. Moreover, it was detected that emotional stability, which is one of the personality traits, the democratic attitude of the parents, and the

**Table 3. Demographic and clinical characteristics affecting the change in SSQ scores before and after treatment**

	Between Subjects Factors	Mean Square	df	F	p value	Partial Eta Squared
Treatment Affect		43.19	2.85	1.37	0.248	0.006
	Gender	38.79		1.24	0.294	0.005
Treatment Affect		47.78	2.85	1.52	0.209	0.007
	Treatment history	10.00		0.32	0.801	0.001
Treatment Affect		26.13	2.85	0.84	0.469	0.004
	Use of Medication	23.05		0.74	0.524	0.003
Treatment Affect		46.96	2.85	1.50	0.214	0.006
	Family History	27.22		0.87	0.451	0.004
Treatment Affect		35.17	2.85	1.12	0.337	0.005
	Physical Disability	17.88		0.57	0.625	0.002
Treatment Affect		45.32	2.85	1.45	0.230	0.006
	Adjustment Disorder	17.34		0.55	0.637	0.002
Treatment Affect		42.45	2.85	1.35	0.257	0.006
	ADHD	10.01		0.32	0.801	0.001
Treatment Affect		28.08	2.85	0.90	0.437	0.004
	OCD	34.82		1.12	0.341	0.005
Treatment Affect		16.86	2.85	0.54	0.647	0.002
	Oppositional Defiant Disorder	20.85		0.67	0.566	0.003
Treatment Affect		32.59	2.85	1.04	0.370	0.004
	Autism	34.12		1.09	0.350	0.005
Treatment Affect		41.92	2.85	1.34	0.260	0.006
	Anxiety	34.28		1.10	0.348	0.005
Treatment Affect		71.12	2.86	2.30	0.079	0.010
	Separation Anxiety	88.36		2.86	0.039	0.012
Treatment Affect		42.78	2.85	1.37	0.253	0.006
	OTHER	11.91		0.38	0.757	0.002

Two-way ANOVA analysis result for Repetitive Measurements, SDQ = Strength and Difficulties Questionnaire

diagnosis of separation anxiety, which is a mental illness, are partially effective factors in the change in emotional and behavioral problems in the participants. In the literature, it has been shown in different studies that psychopathological characteristics in children and adolescents have been associated with personality traits [18-20], and it has been stated that different parental attitudes can increase emotional and behavioral problems in children and adolescents [11,12].

Democratic attitude shows that mothers and fathers have a reassuring and tolerant attitude in their approach to children. Democratic attitude is, therefore, accepted as a positive approach in parents and it has been reported that it is associated with the development of healthy personality traits in children [21]. Thus, it can be considered unexpected that the democratic attitude characteristics of parents are positively associated with behavioral and mental problems in this study. In a study conducted on adolescents, Rizvi and Najam [12] stated that similar attitudes between parents can reduce emotional and behavioral problems, and similarly, the difference between different authoritarian or permissive attitudes in the mother or father may increase mental problems in adolescents. In this study, the differences between mothers' and fathers' attitudes were not compared. Also, the study examined the data of the parents of children who needed psychological treatment, not data from the normal population. For this reason, keeping in mind that democratic attitudes may also contribute to the increase of emotional and behavioral problems in children and adolescents, making new researches in this area may contribute to the literature. It was also found in the current study that democratic attitudes had a statistically significant effect on the change in emotional and behavioral problems of children and adolescents before and after treatment, and democratic attitudes had a limited effect. Researchers have stated that parental attitudes may differ according to cultural characteristics, which can change the way children perceive behaviors, however, parental attitudes that combine authoritarian attitude with expressing emotional warmth are the most advantageous method for the development of the child [21, 22]. Schofield *et al.* [23] stated that parents learned by experimenting which behavior worked or not overtime, and as a result, their beliefs about parenting could change over time. In the present study, the parenting attitudes of children and adolescents who

applied for mental treatment were evaluated. For this reason, it should be kept in mind that the attitudes of parents who often see emotional and behavioral problems in their children may be variable, and thus democratic attitudes can have effects on the change of mental problems.

Emotional stability includes personality traits such as openness to criticism, calmness, and comfort in a positive sense, and personality traits that are aggressive, nervous, sensitive, anxious, and timid [16]. Personality traits were found to be an effective confounding factor in the change of emotional and behavioral problems in children and adolescents evaluated in the study, and when the personality sub-dimensions were examined, the emotional stability was found to be a partial but statistically significant factor. Similarly, studies in the literature have shown that neuroticism characteristics in children are one of the effective factors in the emergence of mental problems, and emotional instability is associated with problematic behaviors [10, 24]. Therefore, it can be said that the results obtained from this study were compatible with the literature. It may be useful to keep in mind that emotional and behavioral problems are high in adolescents with high problematic personality traits, and psychopathological characteristics observed in adolescents are shaped by personality and family characteristics [8, 9].

In the study, it was found that only the diagnosis of separation anxiety was a statistically significant factor in the change of emotional and behavioral problems in children and adolescents receiving treatment. Separation anxiety is a mental disorder (DSM-V) that describes the state of anxiety and fear that is not compatible with the development of the person and is related to separation from the people they are attached to. It has been stated that separation anxiety disorder that begins in childhood creates a great vulnerability for the emergence of mental disorders in young adulthood, and being sensitive to the diagnosis of separation anxiety for clinicians may mediate the reduction of psychopathological problems in the following years [25]. Prioritizing the diagnosis of separation anxiety to reduce emotional and behavioral problems in children and adolescents receiving mental treatment may be, therefore, beneficial in terms of treatment. In the literature, it has been shown that emotional and behavioral problems in children and adolescents are

associated with parental attitudes and personality traits, but the effects of these characteristics on the change of psychopathological problems in outpatients have not been adequately studied.

### Limitations

The important limitations of the study firstly is the evaluation of emotional and behavioral problems, parental attitudes, and personality traits in children and adolescents with self-report scales. Secondly, the study is that children and adolescents receiving psychiatric treatment consist of people who are followed up from a single-center and the number of participants in some diagnostic groups is low. Thirdly, the study is that the effects of age events that may affect emotional and behavioral problems in adolescents during treatment were not controlled. The psychopathological characteristics of the parents were not evaluated in the study.

### CONCLUSION

Considering the result of this study, it should be kept in mind that parental attitudes and personality traits are effective factors on the six-month change in emotional and behavioral problems in children and adolescents receiving outpatient treatment. It may be beneficial to focus on democratic parental attitudes and personality traits associated with the emotional stability to improve the quality of mental treatment, especially in these people's treatment processes.

### Authors' Contribution

Study Conception: Mİ; Study Design: Mİ; Supervision: Mİ; Funding: Mİ; Materials: Mİ; Data Collection and/or Processing: Mİ; Statistical Analysis and/or Data Interpretation: Mİ; Literature Review: Mİ; Manuscript Preparation: Mİ and Critical Review: Mİ.

### Conflict of interest

The authors disclosed no conflict of interest during the preparation or publication of this manuscript.

### Financing

The authors disclosed that they did not receive any grant during conduction or writing of this study.

### REFERENCES

1. Briggs-Gowan MJ, Carter AS, Skuban EM, Horwitz SM. Prevalence of social-emotional and behavioral problems in a community sample of 1-and 2-,year-old children. *J Am Acad Child Adolesc Psychiatry* 2001;40:811-81.
2. Wichstrøm L, Berg-Nielsen TS, Angold A, Egger HL, Solheim E, Sveen TH. Prevalence of psychiatric disorders in preschoolers. *J Child Psychol Psychiatry* 2012;53:695-705.
3. Abdel-Fattah MM, Asal A, Al-Asmary SM, Al-Helali NS, Al-Jabban TM, Arafa MA. Emotional and behavioral problems among male Saudi schoolchildren and adolescents prevalence and risk factors. *German J Psychiatry* 2004;7:1-9.
4. Philipp J, Zeiler M, Waldherr K, Truttmann S, Dür W, Karwautz AF. Prevalence of emotional and behavioral problems and subthreshold psychiatric disorders in Austrian adolescents and the need for prevention. *Epidemiol Psichiatri Soc* 2018;53:1325-37.
5. Haney JL, Houser L, Cullen JA. Parental perceptions and child emotional and behavioral problems in autism. *J Autism Dev Disord* 2018;48:12-27.
6. Çolpan M, Eray Ş, Eren E, Vural AP. Perceived expressed emotion emotional and behavioral problems and self-esteem in obese adolescents: a case-control study. *J Clin Res Pediatr Endocrinol* 2018;10:357-63.
7. Reyes AN, de Lima Bach S, do Amaral PL, Jansen K, Molina MRAL, Spessato BC, et al. Emotional and behavioral problems in children of depressed mothers: a school-based study in Southern Brazil. *Psychol Health Med* 2019;24:14-20.
8. Moreira PA, Inman RA, Cloninger CR. Personality networks and emotional and behavioral problems: integrating temperament and character using latent profile and latent class analyses. *Child Psychiatry Hum Dev* 2021;52:856-68.
9. Wang J, Hu S, Wang L. Multilevel analysis of personality family and classroom influences on emotional and behavioral problems among Chinese adolescent students. *PLoS One* 2018;13:e0201442.
10. Abe JAA. The predictive validity of the Five-Factor Model of personality with preschool age children: a nine year follow-up study. *J Res Pers* 2005;39:423-42.
11. Yurduşen S, Erol N, Gençöz T. The effects of parental attitudes and mothers' psychological well-being on the emotional and behavioral problems of their preschool children. *Matern Child Health J* 2013;17:68-75.
12. Rizvi SFI, Najam N. Emotional and behavioral problems associated with parenting styles in Pakistani adolescents. *VFAST Transact Educ Soc Sci* 2015;8:6-13.
13. Goodman R. The strengths and difficulties questionnaire: a research note. *J Child Psychol Psychiatry* 1997;38:581-6.
14. Güvenir T, Özbek A, Baykara B, Arkar H, Şentürk B, İncekaş S. [Psychometric properties of the Turkish version of the strengths and difficulties questionnaire (SDQ)]. *Çocuk ve Ergen Ruh Sağlığı Dergisi* 2008;15:65-74. [Article in Turkish]
15. Vermulst AA, Gerris JRM. QBF: Quick big five Persoonlijkheidstest Handleiding [quick big five personality test manual].



Leeuwarden The Netherlands: LDC Publications, 2005.

16. Morsunbul U. The validity and reliability study of the Turkish version of Quick Big Five Personality Test. *Dusunen Adam J Psychiatr Neurol Sci* 2014;27:316-22.

17. Demir EK, Şendil G. Ebeveyn tutum ölçeği (ETÖ). *Türk Psikoloji Yazıları* 2008;11:15-27.

18. Tackett JL. Evaluating models of the personality-psychopathology relationship in children and adolescents. *Clin Psychol Rev* 2006;26:584-99.

19. Krueger RF, Tackett JL. Personality and psychopathology: working toward the bigger picture. *J Pers Disord* 2003;17:109-28.

20. Mervielde I, De Clercq B, De Fruyt F, Van Leeuwen K. Temperament personality and developmental psychopathology as childhood antecedents of personality disorders. *J Pers Disord* 2005;19:171-201.

21. Konopka A, Rek-Owodziń K, Pełka-Wysiecka J, Samo-

chowiec J. Parenting style in family and the risk of psychopathology. *Adv Hygiene Exp Med* 2018;72:924-31.

22. Weisz JR, McCarty CA. Can we trust parent reports in research on cultural and ethnic differences in child psychopathology? Using the bicultural family design to test parental culture effects. *J Abnorm Psychol* 1999;108:598-605.

23. Schofield TJ, Weaver JM. Democratic parenting beliefs and observed parental sensitivity: Reciprocal influences between co-parents. *J Fam Psychol* 2016;30:509-15.

24. Anglim J, Horwood S, Smillie LD, Marrero RJ, Wood JK. Predicting psychological and subjective well-being from personality: a meta-analysis. *Psychol Bull* 2020;146:279-32.

25. Lewinsohn PM, Holm-Denoma JM, Small JW, Seeley JR, Joiner TE. Separation anxiety disorder in childhood as a risk factor for future mental illness. *J Am Acad Child Adolesc Psychiatry* 2008;47:548-55.



This is an open access article distributed under the terms of Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.