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Original Article

Behavioural Problems in Adolescence

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Abstract

Adolescence is a period of rapid and overlapping biological, cognitive, and social transformation that heightens vulnerability to psychological difficulties. The present study examined the prevalence, severity, and co-occurrence of emotional and behavioural problems among adolescents aged 11 to 18 years. Using a quantitative cross-sectional design, data were collected from 302 school-going students (158 males, 144 females) through the Youth Self-Report (YSR; Achenbach & Rescorla, 2001). Findings indicated that a substantial proportion of participants reported moderate to high levels of both internalizing symptoms—including anxiety, depression, and somatic complaints—and externalizing difficulties, such as aggression and rule-breaking. Correlation analyses revealed robust positive associations between internalizing and externalizing domains, challenging the traditional view of these as separate and independent problem clusters. The results suggest that unresolved emotional distress frequently manifests as visible behavioural difficulties. These findings highlight the need for schools to adopt proactive, multi-tiered mental health programmes that address both the emotional and behavioural dimensions of adolescent wellbeing.

Keywords: *Youth Self-Report, ASEBA, adolescence, internalizing problems, externalizing problems, gender differences*

Introduction

The adolescent years, broadly spanning ages 11 to 18, represent a developmentally sensitive period marked by rapid and simultaneous changes across biological, neurological, and psychosocial domains. This transitional phase carries profound implications for the formation of adult personality, emotional regulation, and coping capacity (Santrock, 2019; Steinberg, 2014). However, the very intensity of these changes also places young people at heightened risk for a range of psychological difficulties. As adolescents navigate escalating academic demands, shifting peer dynamics, and evolving family relationships, many struggle to maintain emotional equilibrium—leaving them susceptible to both internalizing problems, such as anxiety and depression, and externalizing problems, such as aggression and rule-breaking behaviour (Cicchetti & Cohen, 2006).

Internalizing and externalizing difficulties have traditionally been studied as distinct constructs; however, a growing body of research suggests that these domains co-occur far more frequently than previously assumed (Bongers et al., 2003). Understanding the nature and extent of this overlap is of both theoretical and practical significance. From a clinical standpoint, adolescents who experience both types of difficulties concurrently are at greater risk for adverse outcomes, including academic failure, social marginalisation, and the development of long-term psychiatric disorders. From an educational perspective, misidentifying behavioural problems as purely disciplinary issues—without recognising the underlying emotional distress—may result in ineffective or even counterproductive intervention. The present study addresses this gap by examining the prevalence, severity, and interrelationship of internalizing and externalizing problems in a sample of Indian adolescents, using the well-validated Youth Self-Report (YSR; Achenbach & Rescorla, 2001).

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The study also investigates whether these patterns differ by gender, as prior literature has yielded mixed findings regarding gender-based vulnerabilities during adolescence (Shiner & Caspi, 2003).

Ethical Compliance

This study was conducted in accordance with the ethical principles outlined by the American Psychological Association (APA). Prior to data collection, formal approval was obtained from the administrations of all participating schools. Given that participants were minors, written consent was secured from school administrators acting in loco parentis, and verbal assent was obtained from each student individually. Participants were provided with a clear and age-appropriate explanation of the study's purpose, procedures, voluntary nature, and their right to withdraw at any time without academic or personal consequence. All personally identifiable information was removed immediately upon data collection. Raw data were stored on password-protected, encrypted servers with access restricted to the principal investigator and supervising faculty member. Data were used exclusively for research purposes, in full accordance with participants' rights and ethical obligations.

Conflict of Interest

The authors declare that there are no commercial, financial, or personal conflicts of interest that could have influenced the conduct or reporting of this study. This research was independently conceived and executed as a component of the first author's Master of Arts (M.A.) degree in Psychology. No external funding, grants, or institutional sponsorships were received. All interpretations and conclusions presented herein are derived solely from the empirical data and reflect the authors' objective analysis.

Author Contributions

Pardeshi Satish Laxman (Primary Author): Identified the research problem and formulated the study's conceptual framework. Conducted a comprehensive review of the existing literature on adolescent psychopathology. Designed the research methodology, including the sampling strategy and data collection protocol. Personally administered the Youth Self-Report (YSR) questionnaire to all 302 participants across multiple school settings. Performed data coding, scoring in accordance with the ASEBA manual, and statistical analyses using SPSS. Interpreted all quantitative results and drafted the full research manuscript, including all sections, tables, and the final discussion.

Dr. Santosh B. Walke (Guiding Supervisor): Provided expert academic supervision throughout the entire research process. Offered critical guidance on the conceptual design of the study and ensured the rigorous application of psychometric principles. Validated the statistical methodologies employed and reviewed multiple manuscript drafts for academic quality and scientific rigour. Approved the final version of the manuscript prior to submission for publication.

Relevance of the Study

Contemporary adolescents face a unique constellation of stressors that previous generations did not encounter to the same degree. These include intense academic competition, pervasive social media exposure, and increasingly complex family structures all of which place considerable pressure on young people's still-developing emotional regulation systems. For school psychologists, clinical counsellors, and educational policymakers, understanding the psychological landscape of this age group is essential for designing effective, evidence-based support systems. By identifying the most common forms of distress and clarifying how internal difficulties feed into visible behavioural problems, this research provides a foundation for transitioning from purely punitive disciplinary approaches toward more compassionate, trauma-informed, and preventive models of intervention.

Objectives

1. To assess the prevalence and severity of internalizing syndromes (Anxious/Depressed, Somatic Complaints, Thought Problems) and externalizing syndromes (Aggressive Behaviour, Delinquent/Rule-Breaking Behaviour, Attention Problems) among adolescents aged 11–18 years using the YSR clinical scales.
2. To examine gender differences (boys vs. girls) in ASEBA/YSR clinical scale scores.
3. To investigate the correlational relationships between internalizing and externalizing problem domains and explore the role of underlying psychological factors in their co-occurrence.

Hypotheses

Hypothesis 1: Statistically significant differences will be observed in YSR clinical scale scores between male and female adolescents, with females scoring higher on internalizing subscales (e.g., Anxious/Depressed, Somatic Complaints) and males scoring higher on externalizing subscales (e.g., Aggressive Behaviour, Delinquent Behaviour).

Hypothesis 2: Significant positive correlations will emerge between internalizing problem domains (Anxious/Depressed, Somatic Complaints, Thought Problems) and externalizing problem domains (Aggressive Behaviour, Delinquent/Rule-Breaking Behaviour, Attention Problems), suggesting that underlying emotional distress is a key driver of behavioural difficulties.

Methodology

1. **Participants**

The study recruited a total of 302 adolescents from secondary and higher secondary educational institutions located within the Pune district of Maharashtra, India. The sample comprised 158 male students (52.3%) and 144 female students (47.7%), ranging in age from 11 to 18 years. Participants were selected using a stratified convenience sampling approach, which ensured representation across age groups while remaining logistically feasible for in-person administration. The sample was drawn from middle-class educational settings to reduce socioeconomic variability as a confound. Students

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with pre-existing diagnoses of severe neurological or cognitive conditions that would impair their ability to comprehend and complete the self-report instrument were excluded from participation.

2. **Measure**

The primary data collection instrument was the Youth Self-Report (YSR; Achenbach & Rescorla, 2001), a standardised component of the Achenbach System of Empirically Based Assessment (ASEBA). The YSR is designed for adolescents aged 11 to 18 and consists of 112 problem-behaviour items rated on a three-point Likert scale (0 = Not True, 1 = Somewhat or Sometimes True, 2 = Very True or Often True), based on the past six months. The instrument generates scores across eight narrow-band clinical syndromes—Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behaviour, and Aggressive Behaviour—which are further aggregated into two broad-band scales: Internalizing Problems and Externalizing Problems. The YSR has demonstrated strong psychometric properties, including high internal consistency, satisfactory test-retest reliability, and cross-cultural validity (Achenbach & Rescorla, 2001). A demographic data sheet was also administered to record participants' age, gender, and grade level.

3. **Procedure**

Following formal permission from school authorities, data collection was conducted during regular school hours to minimise disruption to academic schedules. A pilot administration was carried out with a small subset of students to identify any ambiguities in the instructions and to estimate average completion time. During the main data collection, the primary researcher personally introduced the study to each class, explained the purpose of the research, emphasised the confidentiality of responses, and clarified that participation was entirely voluntary. Detailed instructions on completing the Likert-scale items were provided verbally, and participants completed the questionnaire using a paper-and-pencil format under the researcher's quiet supervision. Completed questionnaires were collected, anonymised, and scored according to the ASEBA scoring manual before being entered into SPSS for statistical analysis.

Results

Descriptive statistics and inferential analyses were conducted to examine the prevalence of behavioural problems and to test the two research hypotheses. Three sets of descriptive statistics are presented below, corresponding to the primary YSR clinical syndromes, the full ASEBA syndrome profile, and the DSM-oriented scales, respectively.

Hypothesis 1: Gender Differences in YSR Clinical Scale Scores

Hypothesis 1 stated: "Statistically significant differences will be observed in YSR clinical scale scores between male and female adolescents, with females scoring higher on internalizing subscales and males scoring higher on externalizing subscales."

Independent samples t-tests were conducted to compare male and female adolescents on all YSR clinical subscales. Group descriptive statistics and t-test results are presented in Tables 4 and 5.

Table 1

Group Statistics by Gender for Primary YSR Subscales

Variable	Gender	N	Mean	SD	SE Mean
Anxious/Depressed	Male	158	32.28	4.86	0.39
	Female	144	32.19	4.88	0.41
Aggressive Behaviour	Male	158	30.90	5.81	0.46
	Female	144	32.21	4.35	0.36
Attention Problems	Male	158	21.02	4.07	0.32
	Female	144	21.83	3.89	0.32
Delinquent Behaviour	Male	158	20.89	4.56	0.36
	Female	144	20.89	3.73	0.31
Relation Problems	Male	158	13.97	2.71	0.22
	Female	144	14.56	3.05	0.25
Somatic Complaints	Male	158	19.05	4.08	0.33
	Female	144	19.24	4.30	0.36
Thought Problems	Male	158	9.09	2.14	0.17
	Female	144	9.55	2.18	0.18

Note. SD = standard deviation; SE = standard error.

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Table 2
Independent Samples t-Test Results for Primary YSR Subscales

Variable	t	df	p	95% CI [LL, UL]
Anxious/Depressed	0.161	300	.872	[-1.01, 1.19]
Aggressive Behaviour	-2.201	300	.029*	[-2.48, -0.14]
Attention Problems	-1.759	300	.080	[-1.71, 0.10]
Delinquent Behaviour	0.007	300	.994	[-0.95, 0.95]
Relation Problems	-1.769	300	.078	[-1.24, 0.07]
Somatic Complaints	-0.385	300	.701	[-1.13, 0.76]
Thought Problems	-1.821	300	.070	[-0.94, 0.04]

Note. * $p < .05$ (two-tailed). df = 300 for all comparisons.

Table 3
Independent Samples t-Test Results for ASEBA Full-Syndrome Subscales

Variable	t	df	p	95% CI [LL, UL]
Anxious/Depressed	-1.468	300	.143	[-1.31, 0.19]
Withdrawn/Depressed	-1.555	300	.121	[-1.06, 0.12]
Somatic Complaints	-1.854	300	.065	[-1.52, 0.05]
Social Problems	-1.185	300	.237	[-1.11, 0.28]
Thought Problems	-1.765	300	.079	[-1.50, 0.08]
Attention Problems	-2.538	300	.012*	[-1.36, -0.17]
Rule-Breaking Behaviour	-0.521	300	.603	[-1.05, 0.61]
Aggressive Behaviour	-1.305	300	.193	[-1.51, 0.31]

Note. * $p < .05$ (two-tailed). df = 300 for all comparisons.

The t-test analyses revealed that gender differences across most YSR subscales were statistically non-significant, which partially contradicts the predictions of Hypothesis 1. Specifically, no significant differences were found for Anxious/Depressed ($t = 0.161$, $p = .872$), Delinquent Behaviour ($t = 0.007$, $p = .994$), Somatic Complaints ($t = -0.385$, p = .701), Attention Problems ($t = -1.759$, $p = .080$), Relation Problems ($t = -1.769$, $p = .078$), or Thought Problems ($t = -1.821$, $p = .070$).

The one subscale that yielded a statistically significant gender difference was Aggressive Behaviour ($t = -2.201$, $p = .029$). Notably, however, the direction of this difference was contrary to the hypothesis: female adolescents (M = 32.21) reported higher levels of aggressive behaviour than their male counterparts (M = 30.90). Similarly, on the ASEBA full-syndrome scales (Table 6), Attention Problems was the only subscale to reach significance ($t = -2.538$, $p = .012$), again with females reporting greater difficulty.

On the DSM-oriented scales, both genders reported broadly comparable scores across Depressive Problems, Anxiety Problems, Somatic Problems, Attention Deficit, Oppositional Defiant Problems, and Conduct Problems. Female adolescents scored marginally higher across most subscales, but these differences did not reach statistical significance in most cases. Collectively, these findings suggest that the overall burden of psychological distress during adolescence is broadly similar across genders in this sample, while specific expressions of that distress may vary in subtle ways.

Hypothesis 1 Conclusion: Partially supported. The prediction that boys would score higher on externalizing scales was not confirmed; female adolescents scored significantly higher on Aggressive Behaviour. The prediction that girls would score higher on internalizing scales was not statistically supported. These results indicate that, in this sample, gender plays a more nuanced role than traditional stereotypes suggest.

4. **Hypothesis 2: Correlations Between Internalizing and Externalizing Problems**

Hypothesis 2 stated: "Significant positive correlations will emerge between internalizing problem domains and externalizing problem domains, suggesting that underlying emotional distress is a key driver of behavioural difficulties."

Pearson correlation analyses were conducted across all YSR clinical syndromes, ASEBA full-syndrome

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scales, and DSM-oriented scales. The resulting matrices are presented in Tables 7, 8, and 9 below.

Table 4

Correlation Matrix: Primary YSR Clinical Syndromes (N = 302)

Variable	1	2	3	4	5	6
1. Anxious/Depressed	—					
2. Aggressive Behaviour	.506**	—				
3. Attention Problems	.574**	.652**	—			
4. Delinquent Behaviour	.587**	.510**	.634**	—		
5. Relation Problems	-.011	-.026	.043	.018	—	
6. Somatic Complaints	.079	.060	.010	.103	-.031	—
7. Thought Problems	.457**	.619**	.518**	.457**	.124*	-.005

Note. ** $p < .01$ (two-tailed). * $p < .05$ (two-tailed).

Table 5

Correlation Matrix: ASEBA Full-Syndrome Scales (N = 302)

Variable	1	2	3	4	5	6	7
1. Anxious/Depressed	—						
2. Withdrawn/Depressed	.439**	—					
3. Somatic Complaints	.460**	.408**	—				
4. Social Problems	.529**	.554**	.457**	—			
5. Thought Problems	.488**	.569**	.426**	.630**	—		
6. Attention Problems	.380**	.481**	.410**	.505**	.517**	—	
7. Rule-Breaking	.353**	.517**	.449**	.586**	.608**	.499**	—
8. Aggressive Behaviour	.360**	.587**	.326**	.474**	.569**	.511**	.571**

Note. ** $p < .01$ (two-tailed). Variables: 1 = Anxious/Depressed, 2 = Withdrawn/Depressed, 3 = Somatic Complaints, 4 = Social Problems, 5 = Thought Problems, 6 = Attention Problems, 7 = Rule-Breaking Behaviour, 8 = Aggressive Behaviour.

Table 6

Correlation Matrix: DSM-Oriented Scales (N = 302)

Variable	1	2	3	4	5
1. Depressive Problems	—				
2. Anxiety Problems	.434**	—			
3. Somatic Problems	.423**	.354**	—		
4. Attention Deficit	.448**	.258**	.286**	—	
5. Oppositional Defiant	.320**	.288**	.092	.265**	—
6. Conduct Problems	.593**	.159**	.371**	.508**	.138*

Note. ** $p < .01$ (two-tailed). * $p < .05$ (two-tailed). Variables: 1 = Depressive Problems, 2 = Anxiety Problems, 3 = Somatic Problems, 4 = Attention Deficit, 5 = Oppositional Defiant Problems, 6 = Conduct Problems.

The correlation analyses provided strong and consistent support for Hypothesis 2. Across all three scale sets, significant positive associations were observed between internalizing and externalizing problem domains.

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Internalizing–externalizing links (primary YSR scales): The Anxious/Depressed subscale was significantly associated with Aggressive Behaviour (r = .506, p < .001), Attention Problems (r = .574, p < .001), and Delinquent Behaviour (r = .587, p < .001). Thought Problems showed similarly strong correlations with Aggressive Behaviour (r = .619, p < .001), Attention Problems (r = .518, p < .001), and Delinquent Behaviour (r = .457, p < .001). These patterns suggest that adolescents experiencing higher levels of anxiety, depression, and intrusive thinking are simultaneously more likely to engage in aggressive and rule-breaking conduct.

Full ASEBA syndrome patterns: In the full-syndrome matrix (Table 8), Withdrawn/Depressed showed particularly strong associations with Aggressive Behaviour (r = .587, p < .001) and Rule-Breaking Behaviour (r = .517, p < .001). This finding challenges the assumption that social withdrawal is a passive, internalising response; rather, it appears to co-occur with overt behavioural difficulties, possibly reflecting a frustration–aggression dynamic. Somatic Complaints, though less strongly correlated overall, was significantly associated with Rule-Breaking Behaviour (r = .449, p < .001) and Social Problems (r = .457, p < .001), indicating that physical expressions of distress are not isolated from broader behavioural and interpersonal difficulties.

DSM-oriented scale findings: Depressive Problems demonstrated the strongest correlation with Conduct Problems (r = .593, p < .001) and a moderate association with Attention Deficit (r = .448, p < .001). Conduct Problems also showed a strong link with Attention Deficit (r = .508, p < .001), underscoring the role of cognitive dysregulation in externalising behaviour. Anxiety Problems, by contrast, showed weaker associations with conduct difficulties (r = .159, p < .01), suggesting it is more strongly tethered to internalising symptomatology.

Exceptions: Two notable exceptions to the overall pattern of cross-domain correlation were observed. In the primary YSR matrix, Relation Problems showed no significant associations with any other subscale (all p > .05), with the sole exception of a weak positive correlation with Thought Problems (r = .124, p = .032). Similarly, Somatic Complaints in the primary YSR matrix showed no significant correlations with any subscale. These findings suggest that peer relationship difficulties and isolated physical complaints may, in certain contexts, operate somewhat independently of the broader internalising–externalising continuum.

Hypothesis 2 Conclusion: Fully supported. Robust positive correlations between internalising and externalising domains were consistently observed across all three analytical frameworks. These findings reinforce the view that visible behavioural difficulties in adolescence are frequently underpinned by unresolved internal emotional distress, rather than representing purely conduct-based problems.

Summary of Hypothesis Testing

Table 7

Summary of Hypothesis Testing Outcomes

H	Statement	Outcome
H1	Gender differences in YSR scores, with girls higher on internalizing and boys higher on externalizing scales.	Partially supported. Only Aggressive Behaviour differed significantly (p = .029), with females scoring higher than males. No other subscale reached significance.
H2	Positive correlations between internalizing and externalizing domains, suggesting emotional distress underlies behavioural difficulties.	Fully supported. All major internalizing–externalizing correlations were statistically significant (p < .001), confirming a shared underlying distress continuum.

Discussion

The present study set out to map the psychological landscape of adolescent behavioural problems in an Indian school context, with particular attention to gender differences and the relationship between internalising and externalising difficulties. The findings, taken together, make two central contributions to the existing literature.

First, they confirm that the co-occurrence of internalising and externalising problems in adolescence is not incidental but systematic. The robust positive correlations observed across multiple scale sets—YSR, ASEBA, and DSM-oriented—provide compelling evidence that these two domains are more interdependent than the traditional categorical distinction implies. An adolescent who reports high levels of anxiety or depressive withdrawal is not less likely to exhibit aggression or rule-breaking behaviour; the data suggest quite the opposite. This is consistent with transactional models of psychopathology, which hold that internal emotional dysregulation frequently externalises into behavioural disruption when young people lack adequate coping resources (Cicchetti & Cohen, 2006).

Second, the gender findings challenge some widely held assumptions. The hypothesis that boys would score higher on externalising measures and girls higher on internalising measures was not supported. The only significant gender difference to emerge—higher aggressive behaviour scores among female adolescents—points to the importance of avoiding gender stereotypes when assessing adolescent mental health. The absence of significant gender differences across most subscales may also reflect the levelling effect of shared stressors in a competitive academic environment, where both boys and girls are subject to comparable pressures.

The practical implications of these findings are considerable. If a significant portion of adolescents who engage in aggressive or rule-breaking behaviour are simultaneously struggling with anxiety, depression, or social withdrawal, then purely punitive or disciplinary responses are unlikely to be effective—and may, in fact, deepen the underlying distress. Schools would benefit from multi-tiered support systems that include universal mental health screening, early identification of at-risk students, and access to counselling that addresses emotional as well as behavioural dimensions of functioning.

Conclusion

This study examined behavioural problems among 302 Indian adolescents using the Youth Self-Report (YSR) and demonstrated that emotional and behavioural difficulties during this developmental stage are interconnected and frequently co-occurring. The findings underscore that what presents on the surface as behavioural misconduct often has its roots in unresolved emotional pain. Attention difficulties, depressive withdrawal, and anxiety do not exist in isolation from aggression or delinquency—they interact with and reinforce one another.

Equally significant is the finding that gender differences were far more nuanced than traditional assumptions would predict, with no clear pattern of boys externalising and girls internalising. This suggests that interventions must be tailored to individual profiles rather than based on gender-based generalisations.

Ultimately, this research supports a shift in how schools and mental health professionals approach adolescent difficulties—from reactive and punitive responses to proactive, evidence-informed, and compassionate frameworks that treat the whole person. Early identification and targeted support during adolescence represent not only a clinical priority, but a significant opportunity to shape healthier developmental trajectories into adulthood.

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Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

References

1. Achenbach, T. M. (1966). The classification of children's psychiatric symptoms: A factor-analytic study. Psychological Monographs: General and Applied, 80(7), 1–37. https://doi.org/10.1037/h0093906
2. Achenbach, T. M., & Rescorla, L. A. (2001). Manual for the ASEBA school-age forms and profiles. University of Vermont, Research Centre for Children, Youth, & Families.
3. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596
4. Bongers, I. L., Koot, H. M., van der Ende, J., & Verhulst, F. C. (2003). The normative development of child and adolescent problem behaviour. Journal of Abnormal Psychology, 112(2), 179–192.
5. Cicchetti, D., & Cohen, D. J. (Eds.). (2006). Developmental psychopathology: Risk, disorder, and adaptation (2nd ed., Vol. 3). John Wiley & Sons.
6. Santrock, J. W. (2019). Adolescence (17th ed.). McGraw-Hill.
7. Shiner, R. L., & Caspi, A. (2003). Personality differences in childhood and adolescence: Measurement, development, and consequences. Journal of Child Psychology and Psychiatry, 44(1), 2–32.
8. Steinberg, L. (2014). Age of opportunity: Lessons from the new science of adolescence. Houghton Mifflin Harcourt.