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Family Functioning, Well-Being, and Mental Health Among New Immigrant Families

Einat Elizarov[1], Tatiana Konshina[2], Maya Benish-Weisman[2], Tae Kyoung Lee[3], Mark Van Ryzin[4], Saskia R. Vos[5], and Seth J. Schwartz[6]

[1] Department of Counseling and Human Development, University of Haifa
[2] Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem
[3] Department of Child Psychology and Education/Convergence for Social Innovation, Sungkyunkwan University
[4] College of Education, University of Oregon
[5] Department of Public Health Sciences, University of Miami
[6] Department of Kinesiology and Health Education, University of Texas at Austin

The present study was conducted to identify latent profiles of adolescent-reported and parent-reported family functioning, as well as their links with adolescent and parent well-being and mental health, among recent immigrants from the Former Soviet Union to Israel. A sample of 160 parent–adolescent dyads completed measures of parent–adolescent communication, parental involvement, positive parenting, family conflict, self-esteem, optimism, depressive symptoms, and anxiety. Results indicated four latent profiles—Low Family Functioning, Moderate Family Functioning, High Family Functioning, and High Parent/Low Adolescent Family Functioning (i.e., discrepant reports of family functioning). Adolescent depressive symptoms and anxiety were highest in the discrepant profile and lowest in the High Family Function profile; adolescent self-esteem and optimism were highest in the High Family Function profile and lowest in the Low Family Function profile; and parent depressive symptoms and anxiety were highest in the Low Family Function profile and lowest in the High Family Function profile. Parent self-esteem and optimism did not differ significantly across profiles. These results are discussed in terms of cultural and developmental contexts of adolescence and parenting within immigrant families, in terms of family systems theory, and in terms of the need for clinical services among families with discrepant reports of family functioning between parents and adolescents.

Keywords: immigrant families, parenting, adolescence, family functioning, well-being

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"All happy families are alike, but every unhappy family is unhappy in its own way." This famous quotation opens "Anna Karenina," by the Russian writer Leo Tolstoy. This quotation implies not only that unhappiness in family contexts carries specific characteristics, but also that there is a strong link between family dynamics and family members' psychological adjustment. Indeed, according to family systems theory, the quality of family relationships impacts family members' well-being and mental health. As children grow into adolescence, their developmental advances (such as exploring identity and seeking independence) often produce changes in family relationships (Soenens et al., 2007). That is, adolescents often undergo complex and dynamic developmental changes, which may pose challenges to all family members, exert pressure on the family system, and temporarily compromise family relationships (Branje, 2018).

Previous studies investigating the contribution of family functioning to family members' well-being and mental health have done so primarily using adolescent outcomes (e.g., Mastrotheodoros et al., 2020), with parent outcomes less commonly included within these studies. In other words, there is a relative lack of empirical research that simultaneously incorporates (a) both parents' and adolescents' perspectives on how the family functions and (b) related outcomes both for parents and for their children. Indeed, there is evidence that the links between parenting and youth outcomes are likely bidirectional (Kerr et al., 2012) and that parent–adolescent family relationships (e.g., warmth) may predict parent outcomes as well as youth outcomes (see Ambert, 2001, for a collection of reviews). The primary focus on youth outcomes, to the exclusion of parent outcomes, may be especially apparent vis-à-vis migrant families, where the focus is almost exclusively on outcomes

Einat Elizarov https://orcid.org/0000-0001-7457-9287

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Materials and analysis codes for this study are available by emailing the corresponding author. This study was not preregistered. The authors reported how they determined their sample size, all data exclusions (none), all manipulations (none), and all measures in the study.

The study was presented at the International Society for Child Indicators conference, Gramado, Brazil.

Correspondence concerning this article should be addressed to Maya Benish-Weisman, Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem, Mount Scopus, Jerusalem 91905, Israel, or Einat Elizarov, Department of Counseling and Human Development, University of Haifa, Mount Carmel, Haifa 31905 Israel. Email: Maya.bw@mail.huji.ac.il or Natushe2@gmail.com

among youth. One study that focused on both parent and youth outcomes, conducted among Latino immigrants in the United States (see Lorenzo-Blanco et al., 2019) found that maladaptive family functioning predicts higher parent depressive symptoms and lower adolescent optimism. More work is needed in this area—especially outside the United States.

Immigrant families with adolescents represent a unique case of family dynamics and can teach us a great deal about how family processes operate under conditions of cultural adaptation and change. Further, compared to families migrating with young children or as couples without children, families migrating with adolescents likely face more challenges, such as disrupting adolescents' schooling and friendship networks. For these and other reasons, social and cultural changes following migration to a new country might have a significant effect on family relations among families migrating with adolescent children (Lorenzo-Blanco et al., 2019). Indeed, although parents are usually the decision-makers in terms of whether and when families will migrate, youth often adjust more quickly and completely to the new environment (Telzer, 2010). Further, there is evidence that, when youth relinquish some of their cultural heritage, family conflict can result and positive family processes can be undermined (Schwartz et al., 2016).

Israel has served as a major immigration destination, especially for Jewish migrants. In Israel, more than half of immigrants since 2018 have come from the Former Soviet Union (FSU); many immigrants from the FSU countries were part of "White Russia," which included Russia, Ukraine, and Belarus (the countries of origin for participants in the present study). As a result of their shared history, until today, they have very similar cultures and core characteristics, such as a familiarity with the Russian language, and the term "FSU" is often used to refer to these countries as a group. People from the FSU currently represent nearly 13% of the Israeli population (Central Bureau of Statistics, 2021). FSU immigrants face many challenges during their immigration and adjustment to Israeli culture. They are often unfamiliar with social support services such as school counselors and social workers, which makes them suspicious and often unwilling to reach out when help is needed (Shtapura-Ifrah & Benish-Weisman, 2019). In light of these circumstances, the study of new FSU immigrant families in Israel, focusing on their family functioning, well-being, and mental health appears to be highly relevant and important. Specifically, although there is a great deal of work on FSU immigrant youth and adults in Israel, comparatively few studies have focused on family functioning and collected data separately from parents and from youth. Such studies are essential if we are to understand family dynamics and outcomes within this population. Further, given the similarities in family functioning-outcome associations across cultural groups and destination societies (Vazsonyi et al., 2003), it is quite possible that results of studies with FSU immigrants in Israel would generalize to other settings as well.

Accordingly, in the present study, we first sought to explore family functioning profiles of FSU immigrant families who immigrated to Israel from Russia, Ukraine, and Belarus, where these profiles were based on family functioning indicators as perceived both by parents and adolescents. We then aimed to examine how these family functioning profiles are related to various well-being (e.g., optimism) and mental health (e.g., anxiety) indicators among our sample of FSU immigrant adolescents and their parents.

Family Functioning Among Adolescents and Their Parents

Family functioning refers to a range of core elements including *parent–child communication*, *positive parenting*, *parental involvement*, and *family conflict* (Lorenzo-Blanco et al., 2019). In terms of adaptive dimensions of family functioning, *communication* involves direct and nonoffensive expression of feelings, opinions, ideas, and an accurate and attentive reception of them (Riesch, 1997); *positive parenting* is framed as reinforcement and praise for appropriate and desired behavior from youth (Myers-Walls, 2004); and *parental involvement* is defined as parents' participation in their children's lives and development, as well as proactive decision-making about children's education, health, and well-being. In terms of more maladaptive family functioning dimensions, *family conflict* involves open expression of aggression, anger, and other negative feelings among family members, including disagreements and frequent arguments (Moos & Moos, 1987). These core elements are also interrelated. For example, *positive parenting* is associated with more effective and productive parent–youth communication (Leidy et al., 2010), and frequent parent–child communication is related to higher levels of parental involvement (Zhang et al., 2021). In addition, family conflict may be negatively related to the quality of parent–child communication. These associations have been found among both immigrant and nonimmigrant families (Schwartz et al., 2005).

Family systems theory, grounded in ecological approaches to human development, frames adaptive family functioning as an enduring, cross-cultural phenomenon (DeFrain & Asay, 2007). According to this theory, family members are interconnected and interdependent, such that each family member's behavior affects that of other family members. One would therefore expect that family functioning reports from youth would predict not only their own outcomes but also those of their parents, and vice versa. Family systems theory is especially applicable to immigrant families given the amount of change and adaptation that they are undergoing (Leyendecker et al., 2018).

The adolescent years are marked by developmental changes in a number of areas, including physical, intellectual, personality, and social. These changes affect family relationships, as well as youth and parents' well-being and mental health (Collins & Steinberg, 2006). By rapidly increasing their demands for autonomy and independence, adolescents pose challenges to their parents by changing the family's homeostasis. In the context of parent–child relationships, parents must adapt to their children's changing behavior and needs as they transition to adolescence, and adolescents must continue to relate to their parents even as they develop an increasingly autonomous sense of identity (Tsai et al., 2013).

Ultimately, these processes impact family members and family functioning as a whole. Accordingly, early and middle adolescence are often characterized by increased family conflict and decreased family closeness (Mastrotheodoros et al., 2020) as family relationships become more interdependent, equal, and reciprocal (Collins et al., 1997). Yet, there are ways to promote more adaptive family functioning during this developmental period, for instance, family therapists can assist parents and youth in establishing and maintaining more open and positive communication, where both sides can express their feelings and share ideas and opinions (Gutman & Eccles, 2007).

Family Functioning and Psychological Adjustment Among Adolescents and Their Parents

Family functioning plays a significant role in adolescents' and parents' psychological adjustment (Lorenzo-Blanco et al., 2019). Positive family functioning provides family members with feelings of security and social and emotional support (Garthe et al., 2015), and specifically for adolescents, a secure base from which they can develop their confidence and sense of agency (Walsh, 2003). Further, previous findings have indicated that adaptive family functioning is positively associated with family members' self-esteem and optimism (Mikolajczak et al., 2018); and negatively with symptoms of depression and anxiety (Cunningham et al., 1988; Garthe et al., 2015). Conversely, poor family functioning (e.g., high levels of conflict and ineffective communication) has been associated with anxiety, suicidal ideation, and depressive symptoms (Low, 2021; Zhang et al., 2021).

Focusing on the psychological adjustment indicators of parents and their children, traditional mental health models would have mainly emphasized psychopathology and maladjustment as well as effective ways to decrease symptoms. Yet, given the increasing emphasis on positive psychology along with other strands of well-being research (e.g., Waterman, 2008), it is essential to include indices of both well-being and mental health (Keyes, 2005). Indeed, Keyes's complete state model of mental health suggests that psychological adjustment should be considered not just as the absence of distress (e.g., symptoms of depression and anxiety), but also in terms of positive outcomes such as self-esteem and optimism.

Accordingly, the present study examined both adaptive (self-esteem and optimism) as well as maladaptive (anxiety and depression symptoms) indicators of the family members' psychological adjustment. *Self-esteem* plays a crucial role in setting goals and thinking of oneself as a capable, worthy individual (Swann et al., 2007). *Optimism* facilitates adaptive behaviors and cognitive responses associated with greater flexibility, problem-solving capacity, and more constructive reactions to negative self-relevant information (Conversano et al., 2010). Optimism thus represents an important resource for all parents and youth, and even more for those from immigrant families (Gustin & Ziebarth, 2010). *Anxiety* and *depressive symptoms* are traditionally considered indicators of psychological distress. *Anxiety* is characterized by a sense of tension, worrying thoughts, and physical symptoms (Beesdo et al., 2009), while *Depressive symptoms* refer to severe or persistent experiences of sadness, often characterized by decreased interest or enjoyment of activities (Grzywacz et al., 2006).

Furthermore, as for the influence of family members' perceptions of family functioning on their psychological adjustment, each family member's valence of perceived family functioning is not the only important correlate of psychological adjustment. As the family systems model (DeFrain & Asay, 2007) states, youth and parents are interdependent as family members—and thus, it is essential to examine both perceptions of family functioning simultaneously (Lorenzo-Blanco et al., 2019). Adolescents and parents may report similar levels of family functioning (high or low, for instance), or might hold different perceptions of the quality of family functioning (Smetana, 2010). Because both parents and youth are adjusting at the same time, immigrant families represent a particularly salient population with which to examine family functioning discrepancies. Research has found that family relationships may change following immigration, in part because youth become more familiar with the new culture, routines, and language faster than their parents do. As a consequence, family structures can sometimes invert—while in their country of origin, the parents were the authority figures, in the new country parents may often rely on their children to translate for them and to help them navigate through the new culture (language and cultural brokering; Bauer, 2016; Bergelson et al., 2015). Youth attend school, make new friends, and adjust to the new country, whereas their parents often focus more on earning money to provide their children with more basic needs such as food and housing.

However, we might expect that family functioning discrepancies would be somewhat less detrimental for parent and adolescent outcomes than would scenarios where both youth and parents perceive family functioning as poor. In families where at least one member (youth or parent) rates family functioning as adequate or good, that family member's rating of family functioning may help to offset the effects of the other family member's poor rating on youth and parent outcomes. In contrast, families where both youth and parents rate family functioning poorly may be linked with especially poor outcomes for both parents and youth. In the present study, we adopted a person-centered approach, seeking to extract empirically based profiles of family functioning based on both youth and parent reports and mapping these profiles onto youth and parent well-being and mental health.

The Present Study

The present research was designed to study immigrant parents' and adolescents' family functioning perceptions in relation to their well-being and mental health. We focused on new FSU immigrant families in Israel with teenage children. Since their lives have changed dramatically, these families may be at greater risk, and therefore need special attention from clinicians and therapists. We aimed to address the literature gaps reviewed above by examining both parents' and adolescents' psychological indicators in order to explore, in a broader context, the links of family functioning with well-being and mental health among family members. In addition, in relation to the examined outcome variables, and also based on Keyes' complete state model of mental health (Keyes, 2005), we examined both parents' and adolescents' *self-esteem* and *optimism* as indicators of well-being, and *anxiety* and *depressive symptoms* as indicators of mental health problems.

Hypotheses

1. A profile characterized by high family functioning as reported by parents and adolescents who scored *high* on adaptive elements of family functioning (e.g., positive parenting), and *low* on the maladaptive element (i.e., family conflict), will be characterized by (H1.1) high parental psychological adjustment and (H1.2) high adolescent psychological adjustment in comparison to other family functioning profiles.

2. A profile characterized by low family functioning as reported by parents and adolescents who scored *low* on adaptive elements of family functioning (e.g., positive parenting), and *high* on the maladaptive element (i.e., family conflict), will be characterized by (H2.1) low

parental psychological adjustment and (H2.2) low adolescent psychological adjustment in comparison to other family functioning profiles.

3. A profile characterized by discrepancy between reported family functioning by parent and adolescent (such as parents reporting high family functioning and adolescents reporting low family functioning) will be related to low psychological adjustment of (H3.1) of parent and (H3.2) adolescent in comparison to the high family functioning profile.

Method

Participants and Procedure

The present study includes sample of 160 FSU immigrant families (parents and adolescents aged 12–15; no data were excluded) in Israel. All participating families had migrated from a former Soviet country (Russia, Ukraine, or Belarus) to Israel during the 5 years prior to the assessment. The vast majority of parents were mothers (85.6%), and the mean parent age was 41.75 years (*SD* 5.25 years). In terms of education, 39% of parents had attended or graduated college, and 61% were high school graduates or less. The majority of parents (76.3%) were married. Among adolescents, 51.6% were boys, and the mean adolescent age was 13.61 years (*SD* 1.25 years). The majority of families were Russian (60.6%) or Ukrainian (34.4%), and families had resided in Israel for an average of 2.63 years (*SD* 1.48 years). Nearly, half (48.1%) of families reported monthly incomes of 10,000 New Shekels (approximately US$3,000).

Families were recruited via social media, word-of-mouth, and referrals. Research team members initiated a phone call with parents and their children to explain the research study. Questionnaires were sent to families by a link. Both parents and children signed a consent form. Parents were paid $23, and children $10, as gratitude for their participation. The project was approved by the third author's university ethics committee (approval No. 133/20).

Measures

All the scales used in the present study were back-translated from English to Russian or Hebrew and were offered in the language based on each participant's preference.

Family Functioning

Family functioning was assessed using adolescent and parent reports of four indicators: parent–adolescent communication, parental involvement, positive parenting, and family conflict. The same items were presented to both parents and adolescents, with rewording to reflect each person's role in the dyad. For example, the item "how often do you talk to your child?" would be presented to youth as "how often does your parent talk to you?"

Parent–Adolescent Communication. Parent–adolescent communication (10 items, $\alpha = .92$ and .88 for parents and adolescents, respectively) was assessed using the Parent–Adolescent Communication Scale (Barnes & Olson, 1982). A sample item is "I can discuss my beliefs with my child/parent without feeling restrained or embarrassed." Response choices ranged from 1 = *strongly disagree* to 5 = *strongly agree*).

Parental Involvement. Parental involvement (11 items, $\alpha = .84$ and .83 for parents and adolescents, respectively) was assessed using the Parenting Practices Scale (Gorman-Smith et al., 1996). A sample item is "How often do you and your child do things together at home?," with a response scale ranging from 1 = *never* to 5 = *always*.

Positive Parenting. Positive parenting (six items, $\alpha = .73$ and .73 for both parents and adolescents, respectively) was also assessed using the Parenting Practices Scale (Gorman-Smith et al., 1996). This subscale measures rewarding and acknowledging positive adolescent behaviors. Sample items for parent report subscales include "When your child has done something that you like or approve of, do you say something nice about it, praise, or give approval?" Response choices ranged from 1 = *never* to 5 = *always*.

Family Conflict. Family conflict (seven items, $\alpha = .73$ and .77 for parents and adolescents, respectively) was assessed using the Conflict subscale from the Family Environment Scale (Moos & Moos, 1984). High scores indicate more openly expressed anger, aggression, and conflict (e.g., "We fight a lot in our family"). Parents and adolescents completed the same set of items using a 5-point response scale from 1 = *strongly disagree* to 5 = *strongly agree*.

Well-Being and Mental Health

For both parents and adolescents, *self-esteem* (10 items, $\alpha = .86$ and .88) was assessed using the Rosenberg (1965) Self-Esteem Scale. A sample item is "I take a positive attitude toward myself." All items are answered using a 4-point Likert scale format ranging from 1 = *strongly disagree* to 4 = *strongly agree*.

Optimism (six items, $\alpha = .86$) among *adolescents* was assessed using the Children's Hope Scale (Snyder et al., 1997). Item example: "I think I am doing pretty well." Response choices range from 1 = *none of the time* to 6 = *all of the time*. *Optimism* (10 items, $\alpha = .79$) among *parents* was assessed using the Life Orientation Test–Revised (Carver, 2013). The scale includes items such as "I'm always optimistic about my future," with response choices ranging from 1 = *I disagree a lot* to 5 = *I agree a lot*.

Anxiety (seven items, $\alpha = .86$ and .90) for both parents and adolescents was assessed using the General Anxiety Disorder scale (Spitzer et al., 2006). The scale included a question about being bothered by symptoms of anxiety over the previous 2 weeks and items such as: "Worrying too much about different things." The response scale ranged from 0 = *not at all* to 3 = *nearly every day*.

Depressive symptoms in the previous week (10 items, $\alpha = .85$ and .85) for both parents and adolescents were assessed using the Boston Form of the Centers for Epidemiologic Studies–Depression Scale (Grzywacz et al., 2006). Item example: "I felt lonely." The response scale ranged from 0 = *rarely or none of the time* to 3 = *all of the time*, with 2 reverse-scored items (example: "I felt hopeful about the future"). Responses to reverse-coded items were recoded prior to creating the total score.

Analytic Plan

The current analyses were conducted in three primary steps. First, to identify distinct profiles in family functioning among immigrant families, we conducted a latent profile analysis (LPA; B. Muthén, 2004). LPA is a person-centered analytic approach that allows for identifying unobserved subpopulations (heterogeneity) of similar

individuals using latent categorical variables within a structural equation modeling framework (Howard & Hoffman, 2018). LPA exploits within-class heterogeneity and between-class heterogeneity to identify unobservable subgroups within a population (Asparouhov & Muthén, 2014). In the present study, as in previous studies of family functioning (e.g., Simpson et al., 2018; Skinner & McHale, 2016), LPA allows us to examine heterogeneity in parents' and adolescents' reports of family functioning. Within the LPA model specification, four family functioning indicators of parents' and adolescents' reports were used as follows: (a) parent–adolescent communication, (b) parental involvement, (c) positive parenting, and (d) family conflict. The best fitting profile model was identified considering parsimony and interpretability (conceptual meaning) and using the following goodness of fit indices (B. Muthén, 2004): the Akaike information criterion (AIC), sample size adjusted Bayesian information criteria (SSABIC), adjusted Lo–Mendell–Rubin log-likelihood ratio test (adj. LMR-LRT), and entropy. Models with lower AIC, and SSABIC values, a significant p value for the adj. LMR-LRT, and higher entropy (>.80 is acceptable) were preferred (Nylund et al., 2007). We applied 500 and 1,000 random starts to approximate the global maximum (B. Muthén, 2004). Additionally, to ensure that the family functioning indicators were sufficiently differentiated across the selected latent profiles, we conducted two sets of comparison tests with profile membership: (a) mean difference tests of each family functioning indicator *across profiles* and (b) mean difference tests of family functioning indicators between parents and adolescents *within a profile*. Effect sizes (η_p^2) were reported for each of these analyses.

Second, to characterize the profiles within our sample, we examined profile differences in participants' sociodemographic characteristics such as parent and adolescent age, parent, and adolescent sex, monthly family income (less than or equal to 10,000 shekels [about 2,970 United States Dollar], $N = 81$, vs. greater than 10,000 shekels, $N = 86$), working status (dichotomous indicators of whether a family member worked from home or stopped working due to the coronavirus pandemic), and time since immigration (adolescent and parent arrived together in all families). We used χ^2 tests for categorical variables and analyses of variance for continuous variables. Third, to estimate the convergent validity of the profile solution, we examined whether means of parent and adolescent psychosocial variables (such as depressive symptoms, anxiety, self-esteem, and optimism) vary across identified latent family functioning profiles. Wald chi-square tests were performed. In these Wald chi-square tests, a Bolck et al. method (2004; known as BCH method) was utilized to take into account classification error of latent profiles while conducting difference tests (e.g., Nylund-Gibson et al., 2019). In the BCH method, a significant p value for the Wald chi-square test indicates a statistically significant difference in well-being and/or mental health variables across latent profiles. The average rate of missingness among profile indicators was 2.52% for parents (ranged from 1.9% to 3.2%) and 3.97% for adolescents (ranged from 3.8% to 4.5%). Missing data patterns were analyzed using Little's (1988) missing completely at random (MCAR) test, which produced a nonsignificant normed chi-square value, $\chi^2(27) = 34.12(27)$, $p = .16$. In light of this nonsignificant MCAR value, missing data were accounted for using full information maximum likelihood procedures (Enders & Bandalos, 2001). Analyses were conducted using Mplus Version 8.00 (L. K. Muthén & Muthén, 2017) and SPSS (Version 26.0).

Results

Selection of the Optimal Profiles in Family Functioning Among Immigrant Families

First, see Table 1 for demographic information about this study sample. In addition, correlations and descriptive data of this study's variables are presented in Supplemental Table S1.

LPAs were estimated for models with two through six classes. Fit indices for each model are displayed in Table 2. Although the five- and six-class models yielded the smallest BIC and SSABIC and acceptable entropy values (.88 and .92 for five- and six-profile models, respectively), we found estimation problems (standard errors) in the mean parameters for these most complex models. Further, within both the 5 and 6 class models, the sample size for the smallest class was 2 cases (0.01% of the sample), which represents a risk for low power and precision relative to the other larger profiles (Berlin et al., 2014). Finally, the transition from 4 to 5 classes, and from 5 to 6 classes, is associated with a single class that essentially splits into two, suggesting that the 4-class solution provides a more parsimonious representation of the underlying model. Thus, these five- and six-profile solutions were eliminated from further consideration. The four-profile model yielded smaller AIC and SSABIC values than the three-class model did, as well as an acceptable entropy value (.845). No estimation problems emerged for the four-profile solution. Therefore, we selected the four-profile model as the optimal solution. We then placed participants into their most likely classes for further analyses (see Table 3). Correlations among latent class indicators were small to moderate, suggesting that a lack of independence among the indicators did not bias our latent class solution (the correlation table provided in see Supplemental Table S1).

Next, we examined profile differences in the sociodemographic characteristics of both the parents and their children. There were no significant profile differences in parent age, income, or time since immigration, but parents in the first profile (the *Low Family Functioning* group) were more likely to be male as compared to the other profiles, which were overwhelmingly female (overall $N = 152$ female vs. $N = 23$ male). There were no significant differences in sociodemographic characteristics among adolescents, suggesting that the profiles did not differ in terms of adolescent age, time since immigration, or distributions by sex (overall $N = 81$ female vs. $N = 87$ male).

Finally, we examined the estimated means for each family functioning indicator across the four profiles. Table 4 provides these means. In the families classified into the first profile ($n = 13$, 8.3% of the sample), parents and adolescents both reported lower levels of most family functioning indicators compared to those in the other profiles (see corresponding means and F-values in Table 4). Thus, this profile was termed the *Low Family Functioning* group. Within these families assigned to the first profile, parents reported higher family functioning than adolescents reported, $t(12) = 3.82$, $p < .01$; $d = 1.06$ for parental involvement; $t(12) = 2.28$, $p < .05$; $d = .63$ for positive parenting. Instead, adolescents reported higher levels of family conflict, $t(12) = 3.05$, $p < .01$; $d = .84$. For families in the second profile ($n = 18$, 11.5%), parents largely reported higher levels of family functioning indicators compared to parents in the Low and Moderate Family Functioning profiles, whereas adolescents in this profile reported lower levels of family functioning indicators compared to adolescents in the high and moderate profiles (see

Table 1
Participants Demographic Information (n = 160)

Variable	*M* (*SD*) or %	Mnimum/Maximum
Parents		
Female	87.5%	
Age	41.75 (5.25)	30/50
Relationship with child (not respond: 3.1%)		
Mother	85.6%	
Father	10.6%	
Stepfather	.6%	
Education level		
High school (including not completed)	61.0%	
College (including graduate college)	39.0%	
Marital status (not respond: 2.3%)		
Married	76.3%	
Divorced/living separately/never married	21.4%	
Adolescents		
Female	49.4%	
Age	13.61 (1.25)	11/17
Median grade	8th grade	6th grade/11th grade
Household information		
Country of origin		
Russian	60.6%	
Ukrainian	34.4%	
Belarusian	4.4%	
Years of immigration to Israel	2.63 (1.48)	0.00/5.00
Family (monthly) income (unit: Shekel [equivalent to $.30]; not respond: 2.5%)		
Less than 10,000	48.1%	
10,000–15,000	37.5%	
15,000–20,000	10.0%	
Over 20,000	1.9%	
Numbers of children in house (*Mdn*)	2	1/4
People to room ratio[a]	1.46	

[a] Numbers of people living in home divided by numbers of bedrooms in home. [b] Any household members. [c] June 16, 2020 to August 17, 2020.

corresponding means and *F*-values in Table 4). Thus, this profile was termed the *High Parent/Low Adolescent Functioning* group, similar to the families of the first profile, findings for the second profile indicate that parents reported higher family functioning than adolescents $t(15) = 12.02$, $p < .001$; $d = 3.00$ for parent–adolescent communication; $t(17) = 9.00$, $p < .001$; $d = 2.12$ for parental involvement; $t(17) = 8.93$, $p < .001$; $d = 2.11$ and for positive parenting. However, adolescents reported more family conflicts than parents, $t(17) = 6.57$, $p < .001$; $d = 1.54$.

The third profile was the largest ($n = 79$, 50.3% of the sample). Families in this profile showed that both parents and adolescents reported moderate levels of all family functioning indicators compared to those in other profiles (see corresponding means and *F*-values in Table 4). Thus, this profile was labeled as the *Moderate Family Functioning* group. Similar to the first two profiles, parents largely reported higher family functioning than adolescents did, $t(72) = 5.89$, $p < .001$; $d = .69$ for parental involvement; $t(72) = 5.84$, $p < .001$; $d = .68$ and for positive parenting. However, adolescents reported more family conflicts $t(72) = 6.06$, $p < .001$; $d = .71$. Among families in the fourth profile ($n = 47$, 29.9% of the sample), both parents and adolescents reported higher levels of all family functioning indicators

Table 2
Model Fit Indices for Latent Profile Analysis of Family Functioning

Class model	No. of free parameters	Log-likelihood	AIC	SSABIC	Entropy	Smallest class size (%)	Adj. LMR-LRT (*p* value)
Overall ($n = 157$)							
Two class	25	−936.143	1922.285	1919.557	0.803	58 (36.9%)	245.111 (.004)
Three class	34	−893.397	1854.794	1851.082	0.799	24 (15.3%)	83.653 (.454)
Four class	43	−865.690	1817.381	1812.687	0.845	13 (8.28%)	54.221 (.291)
Five class[a]	52	−840.694	1785.388	1779.712	0.884	2 (1.27%)	48.918 (.048)
Six class[a]	61	−825.055	1772.109	1765.451	0.829	2 (1.27%)	30.606 (.937)

Note. AIC = Akaike information criteria; BIC = Bayesian information criteria. SSABIC = sample size adjusted BIC; Adj. LMR-LRT = sample size adjusted Lo–Mendell–Rubin log-likelihood ratio test.
[a] Estimation problems (i.e., unreliable standard errors of estimated parameters in the smallest class model).

Table 3
Average Latent Class Probabilities for Most Likely Latent Class Membership

Class model	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
Overall (n = 157)						
Two class	.955	.937	—	—	—	—
Three class	.943	.875	.914	—	—	—
Four class	.932	.915	.910	.914	—	—
Five class	1.000	.974	.947	.915	.918	—
Six class	1.000	.904	.840	.974	.845	.88

compared to those in other profiles (see corresponding means and *F*-values in Table 4). Thus, this profile was labeled as the *High Family Functioning* group. Interestingly, among families in this group, no significant parent–adolescent differences emerged in family functioning indicators, $t(43) = -.04$, $p = .96$; $d = -.007$ for parent–adolescent communication; $t(43) = 91.84$, $p = .07$; $d = .27$ for parental involvement; $t(43) = 1.46$, $p = .15$; $d = .22$ for positive parenting; $t(43) = .22$, $p = .82$; $d = .03$ and for family conflict.

The Mental Health Indicators of Parents and Adolescents Across Profiles

Results are displayed in Table 5. Parent psychological distress (depressive symptoms and anxiety) varied across profiles (see corresponding means and overall Wald chi-square values in Table 5). For example, parents in the *Low Family Functioning* group reported higher levels of depressive symptoms compared to those in the *High Parent/Low Adolescent* (Wald $\chi^2 = 4.26$, $p < .05$) and the *High Family Functioning* groups (Wald $\chi^2 = 5.185$, $p < .05$). Further, parents in the *Moderate Family Functioning* group reported greater depressive symptoms compared to those in the *High Family Functioning* group (Wald $\chi^2 = 4.936$, $p < .05$). Similarly, parents in the *Moderate Family Functioning* group reported higher anxiety compared to those in the *High Family Functioning* group (Wald $\chi^2 = 4.802$, $p < .05$).

Parents in the *High Parent/Low Adolescent* group reported similarly low levels of psychological distress as those in the *Low Family Functioning* group (Wald $\chi^2 = .109$, $p = .74$ for depressive symptoms; 1.916, $p = .16$ for anxiety). Moreover, parents in the *Low Family Functioning* group reported similarly high levels of psychological distress as those in the *Moderate Family Functioning* group (Wald $\chi^2 = .927$, $p = .33$ for depressive symptoms; .015, $p = .90$ for anxiety).

Similar to results for parents' psychological distress, results indicated that adolescents' psychological distress also varied across profiles (see corresponding means and overall Wald χ^2 values in Table 5). We found similarities and dissimilarities in estimated mean patterns of psychological distress between adolescents and parents. For example, similar to patterns for parents' psychological distress, adolescents in the *Low Family Functioning* reported higher levels of both depressive symptoms and anxiety compared to those in the *High Family Functioning* (Wald $\chi^2 = 12.19$, $p < .001$ for depressive symptoms; and 3.98, $p < .05$ for anxiety). Adolescents in the *Moderate Family Functioning* group reported higher levels of depressive symptoms and anxiety compared to those in the *High Family Functioning* group (Wald $\chi^2 = 12.68$, $p < .001$ for depressive symptoms; and 4.869, $p < .05$ for anxiety). However, in contrast to the mean patterns for parents' psychological distress, adolescents in the *High Parent/Low Adolescent* group also reported similarly high levels of depressive symptoms and anxiety to those in the *Low Family Functioning* group (Wald $\chi^2 = .231$, $p = .63$ for depressive symptoms; and .960, $p = .32$ for anxiety).

The Well-Being Indicators of Parents and Adolescents Across Profiles

Despite no significant differences in self-esteem and optimism among parents, there were differences in adolescents' indicators across profiles. We found mean differences in adolescents' well-being (self-esteem and optimism) across profiles (see corresponding means and overall Wald χ^2 values in Table 5). For example, results indicated that adolescents in the *High Family Functioning* group reported higher self-esteem compared to those in the *Low Family Functioning* (Wald $\chi^2 = 13.06$, $p < .001$). Further, adolescents in the *High Family Functioning* group reported higher self-esteem compared to those in the *Moderate Family Functioning* (Wald $\chi^2 = 6.627$, $p < .01$) and the *High Parent/Low Adolescent Family Functioning* (Wald $\chi^2 = 13.56$, $p < .001$) groups. Adolescents in the *High Parent/Low Adolescent* reported lower levels of self-esteem compared to those in the *Moderate Family Functioning* group (Wald $\chi^2 = 5.17$, $p < .05$). There was no difference in adolescents' self-esteem between the *Low Family Functioning* and the *High Parent/Low Adolescent Family Functioning* (Wald $\chi^2 = .87$, $p = .35$). In terms of optimism, adolescents in the *High Family Functioning* group reported higher levels of optimism compared to those in the other three profile groups (Wald $\chi^2 = 5.317$, $p < .05$ for the comparison with the *Low Family Functioning*; 14.367, $p < .01$ for the comparison with the *High Parent/Low Adolescent*; and 13.750, $p < .001$ for the comparison with the *Moderate Family Functioning).* However, there were no differences in optimism among the other three profile groups: (a) the *Low Family Functioning*, (b) *the High Parent/Low Adolescent Family Functioning*, and (c) the *Moderate Family Functioning* (see corresponding estimated means in Table 5).

Discussion

The present study was designed to examine the interrelations between family functioning and psychological adjustment among adolescents and their parents who had recently immigrated from the FSU to Israel. This population is understudied in family research and allows us to diversify the knowledge base on the associations of family functioning (as reported by both parents and youth) with well-being and mental health outcomes both among parents and among youth. This research objective and design represent an advance in family science, in that the majority of research focuses only on youth outcomes (and not on parent outcomes).

The use of a migrant sample provides a special case of family processes, where migration can either enhance or disrupt family relationships (Smokowski & Bacallao, 2011). Indeed, recent research (Córdova et al., 2016) suggests that, following migration, family members' outcomes are often predicted not only by absolute *levels* of parent and youth reports of family processes but also by *discrepancies* between parent and youth reports of these same family processes. Some research (e.g., Córdova et al., 2016) has examined discrepancies in parent and youth perceptions of family processes and

Table 4
Mean Scores of Family Functioning Indicators Across Profiles

Classes	PAC		PI		PP		FC	
	Parent *M* (*SD*)	Adolescent *M* (*SD*)	Parent *M* (*SD*)	Adolescent *M* (*SD*)	Parent *M* (*SD*)	Adolescent *M* (*SD*)	Parent *M* (*SD*)	Adolescent *M* (*SD*)
Low FF $^{(PA)}$ (n = 13, 8.3%)$_a$	*3.30 (0.60)*	*3.23 (0.72)*	**3.43 (0.39)**	**2.83 (0.52)**	**3.32 (0.47)**	**2.93 (0.51)**	**2.40 (0.55)**	**2.82 (0.35)**
High FF $^{(P)}$/Low FF$^{(A)}$ (n = 18, 11.5%)$_b$	**3.88 (0.56)**	**2.35 (0.40)**	**4.19 (0.38)**	**3.03 (0.37)**	**4.25 (0.40)**	**2.92 (0.66)**	**2.22 (0.49)**	**3.04 (0.38)**
Moderate FF $^{(PA)}$ (n = 79, 50.3%)$_c$	*3.81 (0.55)*	*3.72 (0.47)*	**4.19 (0.34)**	**3.89 (0.29)**	**4.20 (0.45)**	**3.71 (0.55)**	**2.32 (0.47)**	**2.66 (0.43)**
High FF $^{(PA)}$ (n = 47, 29.9%)$_d$	*4.27 (0.43)*	*4.28 (0.49)*	*4.63 (0.24)*	*4.54 (0.26)*	*4.52 (0.47)*	*4.44 (0.26)*	*2.11 (0.49)*	*2.10 (0.42)*
Total	**3.94 (0.58)**	**3.70 (0.76)**	**4.27 (0.45)**	**3.89 (0.64)**	**4.24 (0.51)**	**3.77 (0.73)**	**2.24 (0.50)**	**2.56 (0.52)**

Notes. PAC = parent–adolescent communication; PI = parental involvement; PP = positive parenting; FC = family conflict; FF = family functioning; *SD* = standard deviation. Bold and subscript values reflect statistical difference in *corresponding scores between parent and adolescent*. Italic values reflect no statistical difference in corresponding scores between parent and adolescent. For pairwise comparisons, Bonferroni corrections were used to correct for multiple testing.

the effects of these discrepancies on youth outcomes, whereas other research (e.g., Lorenzo-Blanco et al., 2019) has examined the associations of absolute levels of parent and adolescent family functioning reports with youth outcomes and with a limited number of parent outcomes. The present results extend these findings to matching sets of youth and parent outcomes, as well as to populations outside the United States—where the majority of immigrant family research has been conducted.

Family Functioning Profiles

In the present study, we adopted a person-centered approach to examining family processes. That is, we utilized latent profile analysis to model unobserved heterogeneity in parent and youth reports of parental involvement, positive parenting, parent–adolescent communication, and family conflict. We found four family functioning profiles: High Family Functioning, Moderate Family Functioning, High Parent/Low Adolescent Family Functioning, and Low Family Functioning. Unlike previous studies (Córdova et al., 2016), in our sample, we did not find a profile with high family functioning reported by adolescents and low family functioning reported by parents.

The majority of families were characterized by moderate or high levels of positive family processes, and low levels of family conflict, as reported by both parents and youth. This pattern suggests that contrary to the portrayal of immigrants as a pathologized and traumatized group, the majority of immigrant families are functioning well and are characterized by effective communication, close parent–adolescent relationships, and low levels of conflict (see Cobb et al., 2019, for a recent argument for focusing on strengths and assets among immigrants and immigrant families). Both youth and parents in these moderate- or high-functioning families reported high self-esteem and optimism, and low levels of depressive symptoms and anxiety. Importantly, these patterns are not unique to FSU immigrants in Israel—similar patterns of adaptive family relationships have emerged among Hispanic immigrants to the United States (e.g., Lorenzo-Blanco et al., 2019).

Additionally, these findings also have implications for practice because they highlight the strengths that FSU immigrant families possess. These strengths should be reflected in our work with them as well as with other immigrant families. Although immigrants face many challenges during the immigration process and when adjusting to a new country (e.g., new culture, language, social surroundings, social status, et cetera), many immigrant families manage to maintain moderate to high levels of family functioning. In addition to working with families and family members to manage their difficulties, these findings dovetail with more recent therapy and care approaches (Walsh, 2016) that call for promoting and encouraging families' and family members' existing strengths and resiliencies so they can use these strengths to overcome also other situations they consider to be challenging.

Family Functioning Discrepancies Between Parents and Adolescents

We only labeled one profile as representing parent–adolescent discrepancies in family functioning, although three of the four classes were characterized by some degree of discrepancies in most of the family functioning indicators (see Table 4, where significant discrepancies appear in bold). In all of the cases where significant

Table 5
Mean Scores of Parents and Adolescents Well-Being and Mental Health Across Profiles

Outcomes	Low FF (PA) *a*		High FF (P)/Low FF(A) *b*		Moderate FF (PA) *c*		High FF (PA) *d*		
	M	*SE*	*M*	*SE*	*M*	*SE*	*M*	*SE*	Wald chi-square value
Parents									
Depressive symptoms	2.16	0.16	1.71	0.13	1.99	0.06	1.76	0.07	9.20* *b, d < a; d, c*
Anxiety	1.61	0.10	1.50	0.14	1.79	0.07	1.52	0.09	6.38* *d, c*
Self-esteem	4.10	0.14	4.26	0.11	4.16	0.06	4.17	0.12	.84
Life orientation	3.73	0.13	3.92	0.15	3.77	0.05	3.91	0.10	1.78
Adolescents									
Depressive symptoms	2.31	0.19	2.44	0.16	1.95	0.07	1.58	0.06	38.70*** *d < c < b; d < a*
Anxiety	1.81	0.23	2.14	0.21	1.58	0.08	1.34	0.06	18.87*** *d < c < b; d < a*
Self-esteem	3.54	0.17	3.23	0.26	3.88	0.09	4.25	0.09	25.88*** *b < c, d; a < d*
Optimism	3.38	0.26	3.17	0.20	3.51	0.09	4.03	0.09	24.03*** *a, b, c < d*

Note. Superscript (P) and (A) represents parent and adolescent, respectively. Superscripts "a, b, c, and d" are defined in the header of the table. *SE* = standard error; FF = family functioning. Bonferroni correction was used to correct for multiple testing at $p < .05$. PA Discrepancy score were calculated by subtracting the adolescent's score from the parent's score (Positive values in discrepancy scores indicated that parents' scores were higher than adolescents' scores, whereas negative discrepancy scores indicated that the adolescents' scores were higher than the parents' scores.).
* $p < .05$. *** $p < .001$. In terms of pairwise comparisons, all statistical significance is at $p < .05$ or $p < .01$ or $p < .001$.

discrepancies emerged, parents reported higher levels of positive family processes, and lower levels of family conflict, than adolescents did. These discrepancies were greatest in the High Parent/Low Adolescent profile, but discrepancies also emerged within the Low and Moderate Family Functioning profiles. Significant discrepancies in parent–adolescent communication emerged only within the High Parent/Low Adolescent profile, but significant discrepancies in parental involvement, positive parenting, and family conflict also emerged within the Low and Moderate Family Functioning profiles.

Although there are a number of potential explanations for these discrepancies, we focus here on normative developmental tendencies toward increased autonomy in adolescents and on the potential effects of migration on parenting and family relationships. Adolescents often strive toward increased autonomy and self-determination, and parents are not always aware of these changes in adolescents' needs and preferences (Kapetanovic et al., 2020). Further, differences in value systems between the more strongly collectivist FSU countries and the more individualistic Israeli society (Knafo & Schwartz, 2001) may lead adolescents to desire or require different levels and types of parental involvement and positive parenting than parents believe that adolescents require (see Falicov, 2013, for a similar example related to Hispanic youth and parents in the United States).

A mismatch in perceptions about family functioning could indicate that one or both members feel misunderstood. According to the discrepancy profile that we found, parents perceived the family functioning as more favorable than their adolescent children did. These youth's parents may not acknowledge their adolescents' difficulties and unresolved issues, making them feel misunderstood, which can negatively affect the youth's psychological health (Kapetanovic & Boson, 2022). Accordingly, family systems theory might suggest that discrepancies in parent and adolescent perceptions and expectations regarding family relationships are likely associated with problematic adolescent outcomes (Branje, 2018); this combination of cultural and developmental differences between immigrant parents and adolescents may lead youth to feel more dissatisfied with their family relationships than their parents are. Further, Kapetanovic et al. (2020), in their nine-country study, found that adolescent perceptions of family relationships were more strongly predictive of adolescent outcomes than parent perceptions of family functioning are. Taking family communication as an example, it has been shown that adolescents' perceptions of poor communication with their parents predict adolescent secret-keeping from their parents later in adolescence (Hawk et al., 2013; Kapetanovic et al., 2020). Parents' and children's feelings and expectations about their relationship cannot be shared if they do not communicate well, and such poor communication may then result in a discrepancy in their perceptions of the family. Hence, it is not surprising that family-based interventions work often through family communication (Leite et al., 2023).

Interestingly, within the High Family Functioning group, no significant discrepancies emerged in any of the family functioning indicators. In this profile, which included approximately half of the families in our sample, parents appeared to provide the extent of involvement and positive parenting, and to engage in levels of confusion and conflict, reflecting their adolescents' needs and desires. One might assume that these parents and youth were "on the same page" culturally and developmentally, such that parents were providing what their youth needed. This profile might therefore represent a "gold standard," and might reflect the type of autonomy-supportive parenting that Soenens et al. (2007) have identified as most facilitative of youth well-being. Again, these findings are consistent with family systems theory, where a well-functioning family is likely to be characterized by similar perceptions of family processes among family members.

As stated above, half of the immigrant families in our sample evidenced discrepancies, at least to some extent, between parent and adolescent perceptions of how the family functions. This evidence can contribute to clinical work with immigrant families, given that family members experience and react differently, and sometimes even in opposite directions, to family processes. Family-based practitioners can overlook these gaps and can focus on both challenging and more adaptive family dynamics. Examining and targeting these gaps can be very efficient and beneficial when aiming to help the family as a whole, as well as to help each family member individually.

Family Functioning Profiles and Parent and Adolescent Outcomes

For adolescents, we found that depressive symptoms and anxiety were highest in the discrepant family functioning profile and lowest in the High Family Functioning profile. An opposite pattern emerged for self-esteem and optimism, except that the Low Family Function profile scored lowest and the discrepant profile scored next-lowest. For parents, the Low Family Function profile was characterized by the highest scores for depressive symptoms and anxiety, and the High and Discrepant profiles were characterized by the lowest levels of these outcomes. Parent reports of self-esteem and optimism did not differ significantly across profiles.

The patterns for the discrepant profile were quite different vis-à-vis parent versus adolescent outcomes. The poor outcomes for youth in the discrepant profile may reflect the low levels of communication, involvement, and positive parenting, and high levels of conflict, these youth experienced with their parents. Perhaps because parents perceived more favorable levels of these family processes, their outcomes were not compromised within the discrepant profile. Nonetheless, it should be kept in mind that, given the cross-sectional design we used, the directionality of effects could easily be such that youth and parents who were more depressed or anxious might have perceived their family relationships more negatively. Longitudinal work is needed to examine the directionality between family relationships and outcomes in greater depth within this population.

Limitations and Future Directions

The present findings should be interpreted in light of several limitations. First, the cross-sectional design that we used does not permit us to examine or assume directionality in the associations we found. It is entirely plausible that parents' and adolescents' well-being and mental health could have predicted or influenced their perceptions of family functioning. Second, the exclusive reliance on self-reports may have introduced bias into our findings. The inclusion of other tasks and observational coding systems might have mitigated this issue. Third, the range of outcomes we included is somewhat narrow—although we included both positive and negative outcomes as per Keyes (2005), well-being and mental health are multidimensional constructs that include several indicators apiece. It is essential for future studies to assess dimensions of well-being such as life satisfaction and psychological mastery, for example (Waterman, 2008). Fourth, the present study is quantitative. This study's findings are important and expand our understanding of processes in immigrants' family systems. Nonetheless, family dynamics and their implications are complex and subjective. Thus, in addition to quantitative methods, future studies should also incorporate qualitative methods, such as in-depth interviews with members of immigrant families, to facilitate a deeper understanding of the subject. For example, it may be important to interview parents and children from high family functioning groups as well as parents and children from low family functioning groups in order to be able to identify different dynamics between the families. Finally, the small size of our sample may have led us to underestimate the true number of latent profiles in the population. Assuming a high effect size, a sample of 210 families can have a power that is .80 (Gudicha et al., 2017). This study's sample is slightly underpowered.

Conclusion

In conclusion, despite these and other limitations, our study has broken new ground by examining family functioning profiles among FSU immigrant adolescents and parents in Israel. Both parent and adolescent reports suggest that the majority of families are adjusting quite well and that only a small percentage of families are characterized by poor or discrepant reports of family processes. The links between family functioning profiles and adjustment outcomes support family systems theory and suggest that immigrant adolescents (and parents, to a lesser extent) are strongly affected by their family relationships as they adjust to life in their new homeland. As such, our findings may carry important implications for clinical practice in terms of identifying who is most likely to need clinical intervention. We hope that our study inspires additional work in this direction.

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