



Co-development of internalizing and externalizing problem behaviors: Causal direction and common vulnerability

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A B S T R A C T

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Latent growth curve modeling was used to study the co-development of internalizing and externalizing problems in a sample of 2844 Korean fourth graders followed over four years. The project integrated two major theoretical viewpoints positing developmental mechanism: directional model and common vulnerability model. Findings suggest that (a) boys and girls follow different developmental trajectories in both domains in early adolescence; (b) bidirectional progression from initial levels of each domain to the developmental pattern of the other domain emerged among boys, while only unidirectional progression from externalizing to internalizing problem emerged among girls; and (c) all risk factors are not equally risky across domain and gender; parental violence was a common cross-domain risk factor for boys, whereas affiliation with delinquent friends was a common cross-domain risk factor for girls. Implications for future research and intervention were discussed.

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A large body of research has consistently suggested that internalizing and externalizing problems are closely related and often co-occur (Beyers & Loeber, 2003; Gilliom & Shaw, 2004; Lilienfeld, 2003; Oland & Shaw, 2005; Overbeek et al., 2006). Research has provided important insights into patterns of temporal covariation between the two domains of problem behaviors, showing that children with high levels of delinquency are also at risk for depressive symptoms, and vice versa (Sheidow et al., 2008; Ybrandt, 2008). Although comorbidity has been documented in many studies, the nature of association and mechanisms related to its etiology and developments are yet to be fully delineated (Cosgrove et al., 2011; Drabick, Ollendick, & Bubier, 2010; Loeber & Burke, 2011; Wolff & Ollendick, 2006).

At a theoretical level, two general classes of mechanisms that underlie internalizing-externalizing comorbidity have been considered: directional model and common vulnerability model (Jackson & Sher, 2003). Below we review each class of explanation along with their equivocal findings and limitations in design. It leads us to integrate these two approaches as a whole in a study. Specifically, we examine (1) whether there are reciprocal relations rather than unidirectional relations; (2) whether common risk factors play the same role in the longitudinal co-development across domain in early adolescence; and (3) whether there are gender differences in this developmental mechanism.

Directional explanations of co-developing internalizing and externalizing problems

Research on the co-development of internalizing and externalizing problems needs to recognize that the developmental progression of the association between these two constructs results from at least three pathways: (a) internalizing problems

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lead to externalizing problems; (b) externalizing problems lead to internalizing problems; and (c) internalizing and externalizing problems reciprocally reinforce each other and lead to increases in the other.

In such a study, Patterson and Capaldi (1990) proposed a failure model that conduct problems often antecede internalizing disorders. This model posits that conduct problems lead to failures in social situations that, in turn, gradually lead to depression and anxiety. Consistent with this hypothesis, Capaldi (1992) found that boys with conduct problems at sixth grade reported significantly more depressed mood symptoms at eighth grade, but no such relationship between sixth grade depressed mood and eighth grade conduct problems. Additional studies confirm the hypothesis that externalizing problems are more likely to precede the development of internalizing problems in both clinical and community-based samples (Boylan, Vaillancourt, Boyle, & Szatmari, 2007; Copeland, Shanahan, Costello, & Angold, 2009; Fergusson, Wanner, Vitaro, Horwood, & Swain-Campbell, 2003; Nock, Kazdin, Hiripi, & Kessler, 2007).

There is also theoretical and empirical literature suggesting the converse—that internalizing problems antecede externalizing problems. The classical theory of masked depression suggests that depressive symptoms lead to *acting out* behaviors, as children express their underlying depression by acting out (Glaser, 1967). Depression may impair some individuals' concern about the adverse consequences of their actions, thereby increase their risks for certain forms of antisocial behavior (Capaldi, 1991). In a sample of sixth and seventh graders, Fanti, Henrich, Brookmeyer, and Kuperminc (2008) found a negative unidirectional association from internalizing problems to externalizing problems suggesting that the higher children's score on internalizing problems at baseline, the lower their externalizing problems one year later. Ritakallio et al. (2008) found that depression predicted subsequent antisocial behavior among girls, but conversely, antisocial behavior did not predict subsequent depression in a 2-year prospective follow-up study.

Other empirical evidence suggests a reciprocal relationship, as changes in one disorder are often associated with changes in the other. There appears to be a modest positive relationship between changes in internalizing problems and changes in externalizing problems with boys followed from age 2 to 6 years (Gilliom & Shaw, 2004), with children assessed in kindergarten through the seventh grade (Keiley, Bates, Dodge, & Pettit, 2000), and with a community sample of female adolescents (mean age = 14.48) who were followed over a 5 year period (Measelle, Stice, & Hogansen, 2006). As such, empirical support for internalizing problem leading to externalizing problem and externalizing problem leading to internalizing problem is inconsistent. Accordingly there is limited research to shed light on which progression is more likely to occur.

Current research on developmental pathways between these problems is limited because several factors have been neglected. First, research in this area failed to identify various mechanisms for risk factors in this relationship. Although prior level of one disorder may be a primary predictor of the other disorder, it still appears that much of the relationship between internalizing and externalizing problems was explained by their common risk factors (Fergusson, Lynskey, & Horwood, 1996). Second, despite the use of longitudinal designs, growing research has preferred to apply auto-regressive cross-lagged panel models (e.g., Vieno, Kiesner, Pastore, & Santinello, 2008; Wiesner, 2003), which are not well suited for measuring continuous growth over multiple observations (Stoolmiller & Bank, 1995). This approach assesses change relative to the group rather than relative to the individual. In other words, the focus concerns the extent to which average standing of individuals relative to the group mean is changing over time. More importantly, hypotheses concerning alternative forms of growth (e.g., linear, quadratic) cannot be examined easily with traditional cross-lagged panel models. In order to understand more fully the co-development of internalizing and externalizing problems, researchers need to investigate individual-level growth curve of these behavioral problems over time. Third, although an emerging literature explores individual-level developmental trajectories of internalizing and externalizing problems, most studies have focused on either one or the other of these categories of problems. Only a few studies have sought to simultaneously examine the developmental course of internalizing and externalizing problems over time (e.g., Measelle et al., 2006; Ritakallio et al., 2008; Wiesner & Kim, 2006). As a consequence, developmental mechanisms and prospective associations between two trajectories have not been adequately addressed.

Common risk factors in co-development of internalizing and externalizing problems

A second set of studies involves a common vulnerability model. The central point of these studies is that the comorbidity of internalizing and externalizing problems derives from shared etiological factors. Specifically they claim that the co-occurrence of these problems is due to the spurious effect of some risk factors (i.e., shared etiological factors) that contribute to both problems (Fergusson et al., 1996; Weiss, Süsser, & Catron, 1998). In such a theoretical model, social contextual model of parental influence (Scaramella, Conger, Spoth, & Simons, 2002) and coercion theory (Patterson, 1982) suggest that (a) disruptive parenting creates and maintains children's behavioral problems and (b) association with delinquent peers during early adolescence shapes new forms of problem behaviors. Using the social contextual model as a guiding framework, we will review research on the effects of disruptive parenting behaviors and association with delinquent peers. Although not exhaustive, these risk factors may illustrate both shared and unique sources of overlap in the risks associated with internalizing and externalizing problems (Buehler, 2006; Wolff & Ollendick, 2006).

One of the central elements of disruptive parenting that is a strong correlate of children's behavioral problems is parental aggressive behaviors such as domestic violence and child maltreatment. Child victims of domestic violence are at risk for several forms of maladaptation. These children display a greater number of internalizing and externalizing problems than do nonmaltreated counterparts (Lansford et al., 2007). Patterns of behavior learned within an aggressive family context

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