PROFILES OF CO-OCCURRING **INTERNALIZING AND EXTERNALIZING PROBLEMS AND** ADOLESCENT SUBSTANCE USE

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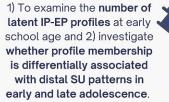


PREVENTION RESEARCH CENTER

BACKGROUND

- Elevated levels of behavior problems, broadly divided into internalizing (IP) and externalizing problems (EP), at the transition to formal schooling (early school age) are a marker of continued risk for behavior problems and earlier onset of **substance use** (SU).
- Early SU initiation is linked to long-term negative physical and mental health outcomes.
- IP and EP interplay via complex mechanisms, developing into distinct co-occurring (e.g., high IP-EP) and pure (e.g., low IP/high EP) profiles. While evidence on the composition of heterogenous IP-EP profiles is mixed, high co-occurring levels at early school age are associated with adolescent SU.

OBJECTIVE





METHODOLOGY

166 mother-child dyads, recruited at birth based on **prenatal cocaine** exposure (demographically matched case-control design).



From those who participated in adolescence:





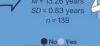


- Caregivers reported child IP-EP at early school age
- using the Child Behavior Checklist. SU was assessed in early and late adolescence

via self-report and biological samples and coded in two ways:

⊗ any substance use

polysubstance use







Distinct IP-EP profiles were

estimated using latent profile analysis in MPlus. Associated distal outcomes were tested with **DCAT** techniques.



REFERENCES/



LATENT PROFILES OF CO-OCCURRING IP-EP AT KINDERGARTEN AGE AND SU RATES

ANALYSIS

EARLY ADOLESCENCE: LIKELIHOOD FOR ANY SUBSTANCE USE by profile membership:

- <u>very low</u> IP-EP > <u>low</u> IP-EP (p = .01)
- <u>high</u> IP-EP > <u>low</u> IP-EP (p = .08)

LATE ADOLESCENCE:

No significant differences in LIKELIHOOD FOR SUBSTANCE USE by profile membership for any substance use (p = .38) or

polysubstance use (p = .80).

CONCLUSION

prevention efforts.

net the means for the raw scores of IP and EP for each profile. Borderline cut-off scores for each domain are in the color dashed lines for reference. % of profile reporting any SU are displayed in red (early adolescence) and green cence). *** 1 child had late adolescence missing data and 3 children from the high risk class (n = 13) had positive

NOTES: Very Low (18%) Low (35%) Moderate (38%) High (9%)

 Results indicated distinct co-occurring IP-EP profiles, in line with evidence of simultaneous IP-EP development.

FINDINGS

- Despite small class prevalence, children at clinical IP-EP levels were marginally trending to use substances in early adolescence.
- Our unexpected results of higher likelihood of early adolescent SU for children in the very low profile may indicate adolescent-onset IP-EP trajectories.

NOTE!

The lack of differences in late adolescence may reflect higher SU experimentation rates, other contextual changes, but also highlights the importance of capturing self-report AND biological

Our findings highlight the need to next examine IP-EP profiles longitudinally and to consider any contextual changes to better understand the etiology of adolescent SU initiation patterns and target individualized

