ABSTRACT

Emotional and behavioral problems in childhood can generally be accounted for by two overarching factors: externalizing problems, including aggression and hyperactivity, and internalizing problems, including anxiety and social withdrawal. Comorbidity between internalizing and externalizing problems is surprisingly common and is associated with particularly severe and chronic maladjustment, yet little is known about when and why internalizing-externalizing comorbidity emerges. This dissertation consists of two studies investigating the development of internalizing, externalizing, and comorbid problems in young school-aged children. Both studies drew on a sample of 336 children from an urban school district who were over-sampled for aggressive/oppositional behavior problems and followed longitudinally from kindergarten to 2nd grade.

In Study 1, an exploratory latent transition analysis was conducted to explore the developmental dynamics of aggression/oppositionality, hyperactivity/inattention, anxiety, and social withdrawal in kindergarten through 2nd grade. Four latent profiles were identified: comorbid (48% of the sample in each year), internalizing (19-23%), externalizing (21-22%), and well-adjusted (7-11%). High continuity was observed in symptom profiles across years, particularly for the comorbid profile. Additionally, internalizing children had a 20% probability of remitting by the following year, whereas externalizing children had a 25% probability of transitioning to the comorbid profile. These results are consistent with the hypothesis that a common vulnerability factor contributes to developmentally stable internalizing-
externalizing comorbidity, while also suggesting that some children with externalizing symptoms are at risk for subsequently accumulating internalizing symptoms.

Study 2 explored associations between 1st-grade children’s joint internalizing-externalizing symptoms and neural indices of social threat processing biases, measured as event-related potential amplitude differences to threatening versus neutral facial expressions. The results suggested that high-externalizing/low-internalizing children exhibit deficient automatic attentional capture by fearful faces and blunted biases toward sustained perceptual processing of threatening versus neutral faces. In contrast, high-internalizing/low-externalizing children exhibited greater automatic attentional capture by fearful faces. Finally, children with comorbid internalizing-externalizing symptoms exhibited more normative patterns of social threat processing. This suggests that social threat processing biases act as differential risk factors for externalizing versus internalizing problems, and they do not explain internalizing-externalizing comorbidity.