**Supplementary Material for Profiles of Psychosocial and Clinical Functioning in Adolescence and Risk for Later Depression; Olino, Klein, & Seeley**

 We relied on a broad set of indicators of functioning to permit broad classes to be identified. As the initial focus of the study was on depression, we had many constructs reflecting vulnerability to depression. Indicators that were associated with externalizing vulnerability were also included as we tested associations with externalizing outcomes, as well.

*Extended description of latent class indicators.*

An extensive battery of psychosocial measures was administered to all participants at T1 (Lewinsohn et al., 1994a, Lewinsohn et al., 2003). Variables were constructed such that higher scores indicated greater impairment or severity. Below, we describe the 19 constructs assessed, many by multiple measures, that were used as typology indicators. Internal consistencies are presented for the full sample at T1.

 Dimensional assessment of depression was assessed using the Center for Epidemiologic Studies-Depression Scale (CES-D; Radloff, 1977), the Beck Depression Inventory (BDI; Beck et al., 1988), the interviewer-rated Hamilton Depression Rating Scale (Hamilton, 1960), and a single item assessing level of depression during the past week (α = .68).

Other internalizing problems captured the tendency to worry, frequently recurrent hypomanic-like behavioral fluctuations, state anxiety, quantity and nature of sleep, and hypochondriasis. Items came from the Maudsley Obsessional Compulsive Inventory (5 items; Hodgson and Rachman, 1977); State-Trait Anxiety Inventory (10 items; Spielberger et al., 1970); 8 items assessing sleep (Lewinsohn et al., 1994b); and 8 items assessing hypochondriasis (Pilowsky, 1967) (α = .59).

 Externalizing problems was assessed using number of symptoms endorsed on the K-SADS (Orvaschel et al., 1982) for the Attention Deficit/Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder, a self-report measure of past week conduct problems (Lewinsohn et al., 1994b), and a current diagnosis of an externalizing disorder (α = .64).

Hypomania and hypomanic personality were assessed via the General Behavior Inventory (12 items; Depue and Klein, 1988) and the hypomanic personality scale (Eckblad and Chapman, 1986). Each measure demonstrated good internal consistency (αs = .83 and .69, respectively). These measures were moderately correlated (r = .46, p < .001). These were standardized and averaged as a single index.

Stress: Daily hassles assessed the frequency of unpleasant social and nonsocial events in the past month (20 items; α = .79; Lewinsohn et al., 1985).

Stress: Major life events in the year preceding T1 assessed the occurrence of 14 negative life events to self or significant others selected from the Schedule of Recent Experiences (Holmes and Rahe, 1967) and the Life Events Schedule (Sandler and Block, 1979). We did not include items that may represent symptoms of psychopathology, or if the event did not have a direct impact on the participant (e.g. sibling becoming pregnant).

Self-consciousness assessed public and private self-consciousness. This was assessed withnine items from the Self-Consciousness Scale (Fenigstein et al., 1975) (α = .74).

Negative Cognitions included assessments of attitudes regarding self-reinforcement, likelihood of the occurrence of future positive events, endorsement of dysfunctional attitudes, and perceived control over one’s life. These were assessed by the 5 item Subjective Probability Questionnaire (Muñoz and Lewinsohn, 1976); the 10 item Frequency of Self-Reinforcement Attitude Questionnaire (Heiby, 1982); 3 items based on Pearlin and Schooler (1978) assessed perceived control over one’s life, and nine items from the Dysfunctional Attitude Scale (Weissman and Beck, 1978). The composite score demonstrated fair internal consistency (α = .61).

Attributional Style was assessed along the internal-external, stable-unstable, and global-specific dimensions in which a negative events scale and a positive events scale were derived. These were assessed using 48 items from the Kastan Attributional Style Questionnaire for Children (Kaslow et al., I 981). For each event type, three dimensions (global-specific, stable-unstable, and internal-external) were assessed, resulting in a total of six subscales. The present study relied on a composite score (α = .63).

Self-esteem was assessed as a broad construct that included general self-esteem, satisfaction with specific body parts, and general satisfaction with physical appearance. Items came from the Rosenberg Self-Esteem Scale (3 items; Rosenberg, 1965); Body Parts Satisfaction Scale (3 items; Berscheid et al., 1973) and Physical Appearance Evaluation subscale (3 items; Winstead and Cash, 1984) (α = .69).

Social Competence was assessed as self-perceived social competence. This was assessed by five items from the Social subscale of the Perceived Competence Scale for Children (Harter, 1982) and seven items from Lewinsohn et al. (1980) (α = .81).

Emotional reliance was assessed as the extent to which individuals desire more support and approval from others, are anxious about being alone or abandoned, and are interpersonally sensitive. This was assessed with the Emotional Reliance Scale (10 items; Hirschfeld et al., 1976) (α = .83).

Coping skills were assessed as the way in which individuals cope with stressful situations. This was assessed using a total of 17 items from the Self-Control Scale (Rosenbaum, 1980), the Antidepressive Activity Questionnaire (Rippere, 1977) modified by Parker and Brown (1979), and the Ways of Coping Questionnaire (Folkman and Lazarus, 1980) (α = .76).

Future aspirations assessed importance of future success in multiple domains of functioning, including academic (α = .72), family (α = .61), and occupation (α = .63). These were assessed by 13 items adapted from Importance Placed on Life Goals Scale (Bachman, 1985). The domains of future aspirations were minimally correlated (range in *r*: -.01 - .13). Thus, these were included as distinct indicator variables.

Social support: Family assessed enjoyable and aversive interactions with family members using items from the Appraisal of Parents subscale of the Conflict Behavior Questionnaire (11 items; Prinz et al., 1979), the Parent Attitude Research Instrument (6 items; Schaefer, 1965), the Cohesion subscale of the Family Environment Scale (3 items; Moos, 1974), the Arizona Social Support Interview Schedule (27 items; Barrera, 1980), and the Social Competence Scale of the Youth Self-Report (2 items; Achenbach and Edelbrock, 1987) (α = .77).

 Social support: Friends assessed the number of friends, frequency of interaction, and relationship quality on the basis of items from the Social Competence Scales of the Youth Self-Report (3 items;Achenbach and Edelbrock, 1987), the UCLA Loneliness Scale (8 items; Russell et al., 1980), and the number of friends listed as providing social support (Barrera, 1980) for the T1 assessment (α = .72).

Conflict with parents was assessed the number of parent-child conflict issues during the past 2 weeks and the average intensity of discussions regarding these issues. This was assessed using the Issues Checklist Scale (49 items; Robin and Weiss, 1980) (α = .91).

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Supplementary Table 1. Comparisons of Classes on Later Psychopathology and Psychosocial Functioning Controlling for Participant Sex, Parental Education, Adolescent Anxiety and Substance Use Disorders, and Family History of Psychopathology

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Class 1(%)/M (SE) | Class 2(%)/M (SE) | Class 3(%)/M (SE) | Class 4(%)/M (SE) | χ2 |
| MDD | 29%a | 40%a | 31%a,b | 58%b | 11.26\* |
| Number MDEs | 0.46 (0.08)a,b | 0.71 (0.08)a,c | 0.34 (0.15)b | 0.81 (0.1)c | 11.14\* |
| MDE Duration | 15.45 (5.75)a | 30.79 (4.59)b | 24.66 (9.76)a,b | 49.35 (11.8)b | 12.20\*\* |
| PT1 ANX | 4%a | 11%a | 7%a,b | 24%b | 14.18\*\* |
| PT1 SUD | 31%a | 33%a | 64%b | 56%b | 12.99\*\* |
| Highest Grade  | 15.47 (0.18)a | 14.32 (0.16)b | 13.24 (0.36)c | 14.22 (0.23)b | 31.94\*\*\* |
| Household Income | 7.65 (0.19) | 7.47 (0.16) | 6.8 (0.42) | 7.25 (0.24) | 3.26 |
| Life Satisfaction | 25.22 (0.69)a | 28.69 (0.66)b | 29.6 (1.44)b,c | 31.81 (1.02)c | 27.00\*\*\* |
| Social Adjustment | 1.58 (0.03)a | 1.67 (0.02)b | 1.73 (0.07)a,b,c | 1.83 (0.04)c | 19.04\*\*\* |

*Note:* Class 1: Thriving Class (31.9%); Class 2: Average Functioning (45.5%); Class 3: Externalizing Vulnerability and Family Stress (4.9%); Class 4: Internalizing Vulnerability (17.7%). Different subscripts indicate significant pairwise differences at *p <* .05. MDD = Major depressive disorder; ANX = Anxiety Disorder; SUD = Substance use Disorder; MDE = Major Depressive Episode; MDD Duration in months; PT1 = Post-T1 assessment; Highest Grade = Highest Grade Level Completed; Household Income = mean of income ranges (1 = no income; 2 = < $5000; 3 = $5,000-$9,999; 4 = $10,000-14,999; 5 = $15,000-$19,999; 6 = $20,000-$29,999; 7 = $30,000-$39,999; 8 = $40,000-$49,999; 9 = $50,000 or more).