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## Social competence and social support as mediators between comorbid depressive and conduct problems and functional outcomes in middle school children

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### Abstract

This study examined the roles of social competence and social support as potential mediators of the association between psychopathology and functional outcomes in a middle school sample ( $n = 521$ ). Participants were stratified into four psychopathology risk groups (depression only, conduct problems only, comorbid depression and conduct problems, low symptoms) based on screening during early 6th grade. Functional outcomes were 6th grade point average (GPA) and parent rating of global adaptive functioning in their 7th grade student. Low levels of social competence were found to mediate the association between symptoms and both lower grades and global functioning for adolescents with depressive symptoms alone and with comorbid symptoms, but not for those with conduct problems alone. Lack of social support mediated the association between psychiatric symptoms and lower grades for adolescents with depression alone and comorbid symptoms, but not for those with conduct problems alone. These findings suggest that intervention to improve social competence and social support may enhance functional outcomes, especially for youth with depressive symptoms or comorbid depressive and conduct symptoms. © 2008 The Association for Professionals in Services for Adolescents. Published by Elsevier Ltd. All rights reserved.

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For adolescents, having a combination of depressive and conduct problems is more common than having either depressive or conduct problems alone (Zoccolillo, 1992). General population studies of adolescents have found a prevalence of depression without conduct disorder ranging between 0.4% and 8.7%, while prevalence of depression with conduct disorder ranged from 15% to 23.9% (Zoccolillo, 1992). Adolescents with this type of comorbidity are at high risk for poor clinical trajectories (Beyers & Loeber, 2003; Fombonne, Wostear, Cooper, Harrington, & Rutter, 2001), depression recurrence after treatment (Rohde, Clarke, Lewinsohn, Seeley, & Kaufman, 2001), suicide attempts (Fombonne et al., 2001; Lewinsohn, Rohde, & Seeley, 1995), and adult criminal behavior (Copeland, Miller-Johnson, Keeler, Angold, & Costello, 2007; Sourander et al., 2007). Better understanding of the factors that contribute to poor outcomes is needed to shape effective intervention and prevention strategies.

Depression and conduct problems are both associated with lower levels of academic achievement (Capaldi & Stoolmiller, 1999; Marmorstein & Iacono, 2004) and lower levels of global functioning (Goodman, Schwab-Stone, Lahey, Shaffer, & Jensen, 2000), and the effect of the combination of depression and conduct problems on academic, social and global functioning appears to be more than additive (Ezpeleta, Domenech, & Angold, 2006; Ingoldsby, Kohl, McMahon, & Lengua, 2006; Lewinsohn et al., 1995; Marmorstein & Iacono, 2003).

A strong and consistent association has been found between depression and lower social competence (Cole, Martin, Powers, & Truglio, 1996; McCauley et al., 1993), and between conduct problems and lower social competence (Keiley, Lofthouse, Bates, Dodge, & Petit, 2003; Kim et al., 2003). Adolescents with comorbid depression and conduct problems have been found to have lower social competence than those with either problem alone (Ezpeleta et al., 2006; Ingoldsby et al., 2006; Lewinsohn et al., 1995; Marmorstein & Iacono, 2003). Low social competence has been demonstrated to be associated with lower academic performance (Cole et al., 1996; Fleming et al., 2005; Wentzel, 1993) and lower global functioning (Grey, Boland, Davidson, Li, & Tamborlane, 2000).

Studies have shown significant associations between depression and lower social support (Bergeron et al., 2007; Keiley et al., 2003; Saint-Jacques et al., 2006; Young, Berenson, Cohen, & Garcia, 2005), and between conduct problems and lower social support (Appleyard, Egeland, & Sroufe, 2007). Lower social support has been demonstrated to be associated with lower academic performance (Crosnoe & Elder, 2004; Heard, 2007; Stone, 2006) and lower global functioning (Crosnoe & Elder, 2004).

Although the role of social competence and social support in mediating the association between psychiatric symptoms and academic and global functioning has not been examined directly, the positive impact of intervention for conduct problems through parent education and training suggests such mediation (e.g., Bierman, 2002). Little and Garber (2005) demonstrated that among youth with conduct problem symptoms, those with interpersonal problems (e.g., conflicts with peers, suspensions from school) were more likely to develop depressive symptoms. These results suggest that social competence and social support are important in the development of comorbid psychiatric symptoms over time.

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