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Erratum: Childhood peer rejection and aggression as predictors of stable patterns of adolescent disorder

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The following paragraphs were missing from the original article published in 1995. Beginning with the last paragraph on page 706, the text to the end of the section is here reprinted. We regret the omission and any problems it may have caused.

Following our model reduction strategy, we fit a second reduced model that retained only significant effects. Because significant effects were found only for rejection, we collapsed the original four groups into rejected and nonrejected groups, fitting a separate intercept term for each. For nonrejected boys this estimated intercept was 15.03 (SE = 0.85); for rejected boys this value was 18.12 (SE = 1.27). These intercept estimates indicate that rejected boys had approximately three more parent-reported internalizing symptoms than nonrejected boys at the initial sixth-grade assessment. Because there were no significant interindividual differences in slopes, a common estimated slope of −1.21 (SE = 0.22) was fit for all boys, regardless of the level of aggression or peer status. This slope value is significantly different from zero ($F(1, 478) = 29.81$, $p < .01$) and indicates a decrease of approximately two and one-half internalizing symptoms every 2 years for all boys in the sample; but the rejected boys consistently displayed three more symptoms than nonrejected boys.

Females: Parent reports

The test of differences in intercepts resulted in a significant effect for rejection ($F(1, 447) = 6.36$, $p < 0.01$) for parental ratings of *externalizing* symptomatology. This result suggests significant differences in initial sixth-grade levels of parent-reported externalizing symptoms between rejected and nonrejected girls in the sample. The test of interindividual differences in slopes revealed no statistically significant effects as a function of third-grade rejection and aggresssion.

Fitting a reduced model to the data yielded an estimated intercept of 13.35 (SE = 0.99) for nonrejected girls and an estimated intercept of 20.46 (SE = 1.44) for rejected girls. These intercept estimates indicate that rejected girls had approximately six more parent-reported externalizing symptoms than nonrejected girls at the initial sixth-grade assessment. Because there were no significant interindividual differences in slopes, a common estimated slope of −0.56 (SE = 0.28) was fit for all girls, regardless of the level of aggression or peer status. This slope value is significantly different from zero ($F(1, 452) = 4.00$ $p < .04$), indicating a slight decrease in parent-reported externalizing symptomatology (approximately one symptom every 2 years) for all girls over time, with rejected girls consistently displaying six more symptoms than nonrejected girls.

The test of interindividual differences in intercepts for parent-reported *internalizing* symptomatology resulted in a significant effect only for rejection ($F(1, 447) = 10.04$, $p < .002$). This result suggests differences between rejected and nonrejected girls in the number of parent-reported internalizing symptoms at the end of sixth grade. The test of

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interindividual differences in slopes resulted in a significant effect only for aggression ($F(1, 447) = 4.93$, $p < .03$).

Fitting a reduced model to the data yielded estimated intercepts of 12.60 ($SE = 0.92$) for nonrejected girls and 16.86 ($SE = 1.30$) for rejected girls. These figures indicate that rejected girls in the sample had, on average, approximately four more parent-reported internalizing symptoms at the initial sixth-grade assessment than did nonrejected girls. The significant interaction between rejection and aggression in terms of slope differences was reflected in estimated slopes of −0.94 ($SE = 0.25$) for nonaggressive girls and −0.37 ($SE = 0.44$) for aggressive girls. Nonaggressive girls decreased in parent-reported internalizing symptomatology by approximately two symptoms every 2 years. Aggressive girls also decreased in parent-reported internalizing symptoms over time, but this decrease was less substantial (about one symptom every 2 years) than for nonaggressive girls. Figure 4 illustrates the four different patterns resulting from group differences in slope and intercept.

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