Heitzeg et al.

## **Supplemental Information**

## Michigan Longitudinal Study Measures

**Drinking and Drug History Form.** This questionnaire incorporates items from an earlier National Institute on Drug Abuse national survey, Veterans Affairs questionnaires, and the University of Michigan Monitoring the Future survey (1-3). The measure has items assessing past year consumption levels of alcohol, frequency, and duration of a variety of alcohol problem indicators, frequency of other drug use, and troubles related to the use of substances. These data were collected as part of the ongoing Michigan Longitudinal Study (MLS), and are therefore not contemporaneous with the imaging data. On average, these data were collected within 7 months (mean  $\pm$  SD = 0.62  $\pm$  0.61 years) of the scanning session. Data for 7 of the participants were collected over 1 year before the scan and these were distributed equally across all three groups. There were no differences between groups in the amount of time between drinking and drug history (DDHx) data collection and fMRI data collection (p > .8).

The alcohol problem score was the number of different drinking-related problems out of a possible 37 ever reported by the subject since the age of 11 (total sample mean  $\pm$  SD: 4.9  $\pm$ 5.7). Specific items endorsed are included in the table below. "Problem" alcohol involvement was defined as a score above the mean for the entire sample. Participants were asked how many days a month they have had a drink for the past 6 months and the 6 months previous. They were also asked about the amount they usually drank on a drinking day. Drinking quantity was calculated by summing drinking days and multiplying by usual number of drinks per day. Participants were asked on how many occasions they have used marijuana or hashish in the past 12 months and this amount was used as an estimate of their frequency of marijuana smoking. In addition, the number of different illicit drugs participants ever reported using over the assessment

period was used to quantify illicit drug use.

Alcohol Problem	%		
Once started drinking, kept on going till drunk			
Thought I was drinking too much			
Felt guilty about my drinking			
Had days where I drank much more than I expected to when I began			
Had blackouts			
Gotten in trouble with my parents because of my drinking			
Found that I tended to gulp my drinks rather than just drink them			
Found that I was able to drink a lot more than I used to before I would get drunk			
Got into difficulties of any kind with my friends because of my drinking			
Restricted my drinking to certain times of day or week in order to control it			
Driven a car when I'd had a good bit to drink			
Been criticized by someone I was dating because of my drinking	6.8		
Needed to drink a lot more in order to get an effect			
Gone on a binge of constant drinking			
Had the shakes till the morning after			
Took a drink or two first thing in the morning			
Gotten in trouble with the police because of my drinking			
Been given a ticket for public intoxication, drunk and disorderly or other			
Found that I had a strong need for a drink at some time each day			
Found that I often continued drinking for more days in a row than I had planned to			
Kept on drinking after I promised myself not to			
My spouse or others in my family (parents or children) objected to my drinking			
Missed school (or time on job) because of my drinking			
Lost friends because of my drinking			
Heard or saw or felt things that weren't there several days after drinking			
Been arrested for a drinking related offense			
Had to go to a hospital because of my drinking			
Had to stay in a hospital overnight because of my drinking			
Been put on probation or parole for a drinking related offense			
Been court ordered to get alcohol treatment			

**Table S1.** Alcohol problems from the Drinking and Drug History Form

% refers to percentage of entire sample who endorsed each problem.

Heitzeg et al.

**Youth Self Report.** Behavior problems were assessed with the Youth Self-Report (YSR) (4) as part of the ongoing MLS. Self report was used because it has greater validity than parent or teacher reports for externalizing behavior and drug use (5) in adolescence and thereafter. The YSR yields scores on eight narrow band and two broad band subscales (externalizing and internalizing behavior) and was completed by each participant when they were between 15 and 17 years old, as part of the MLS assessments conducted every three years. On average, across the whole group, the YSR was completed 2.8 ( $\pm$  1.5) years before the scanning session. There were no differences between groups in the amount of time between YSR data collection and fMRI data collection (p > .4). Furthermore, externalizing and internalizing problem behavior has been found in a number of studies to be stable through adolescence (6-9) suggesting that the data used is a reliable indicator of externalizing problems at time of scanning. YSR T-scores for all subscales are included in the table, below.

	FH-	FH+ Control	FH+ Problem
Withdrawn	53(5.5)	52(6.3)	54(5.1)
Somatic Complaints	54(6.0)	52(4.1)	53(4.4)
Social Problems	52(4.9)	52(4.7)	52(3.6)
Anxious/depressed	52(3.8)	53(7.1)	53(4.9)
Thought Problems	52(3.9)	51(3.2)	53(7.5)
Attention Problems	53(4.6)	53(6.1)	54(4.9)
<b>Delinquent Behavior</b>	52(3.6)	55(8.3)	63(9.7)
Aggressive Behavior	52(3.2)	53(6.9)	55(7.9)
Total Internalizing	44(12.8)	43(12.1)	49(7.8)
Total Externalizing	46(8.7)	49(12.6)	57(9.7)

Table S2. YSR T-Scores for all subscales by group

FH, family history

- 1. Johnston LD, O'Malley PM, Backman JG (1996): *National survey results on drug use from the "Monitoring the Future" study, 1975-1995: Vol.1: Secondary School Students.* Rockville, MD: National Institute on Drug Abuse.
- 2. Calhalan D, Cisin IH, Crossley HM (1969): *American drinking practices: A national study of drinking behavior and attitudes (Monograph No. 6).* New Brunswick, NJ: Publications Division, Rutgers Center of Alcohol Studies.
- 3. Schuckit MA (1978): *Research questionnaire*. San Diego, CA: Alcoholism Treatment Program, VA Medical Center, University of California.
- 4. Achenbach TM (1991): *Manual for the Youth Self-report Form and 1991 Profile*. Burlington, VT: University Associates in Psychiatry.
- 5. Jewell J, Handwerk M, Almquist J, Lucas C (2004): Comparing the validity of cliniciangenerated diagnosis of conduct disorder to the diagnostic interview schedule for children. *J Clin Child Adolesc Psychol.* 33:536-546.
- 6. Ferdinand RF, Verhulst FC, Wiznitzer M (1995): Continuity and change of self-reported problem behaviors from adolescence into young adulthood. *J Am Acad Child Adolesc Psychiatry*. 34:680-690.
- 7. Osgood D, Johnston L, O'Malley PM, Bachman JG (1988): The generality of deviance in late adolescence and early adulthood. *Am Sociol Rev.* 53:81-93.
- 8. Verhulst FC, van Wattum PJ (1993): Two-year stability of self-reported problems in an epidemiological sample of adolescents. *Acta Psychiatr Scand*. 87:322-328.
- 9. Reitz E, Dekovic M, Meijer AM (2005): The structure and stability of externalizing and internalizing problem behavior during early adolescence. *J Youth Adolesc*. 34:577-588.