

Electronic Supplementary Material

Child Outcome

- The *Diagnostisches Interview bei psychischen Störungen im Kindes- und Jugendalter* ([translation please]Kinder-DIPS; Schneider, Suppinger, Adornetto, & Unnewehr, 2009) is a German structured psychiatric interview combining child and parent versions; it was validated for 6–18-year-olds. The interview is based on the diagnostic criteria of DSM-IV and ICD-10 (research criteria) and yields both current and past diagnoses as well as severity of disorders from 0 (*no disorder*) to 8 (*serious disorder*). Significant interrater reliability was demonstrated with clinical populations (Neuschwander, In-Albon, Adornetto, Roth, & Schneider, 2013). The Kinder-DIPS was administered to the family 12 months after PCIT graduation.
- The *Eyberg Child Behaviour Inventory* (ECBI; Eyberg & Pincus, 1999) is a widely used 36-item parent rating scale designed to assess the disruptive behavior of children aged 2 to 16 years on two scales. Each item rating (on a scale of (1) *never* to (7) *always*) reflects the parental perception of behavior frequency (summed to obtain the intensity scale; range from 36 to 252) and whether this behavior is considered problematic or not (problem scale; YES/NO answer; range from 0–36). The Problem Scale is also considered an indicator of parental distress caused by the child behavior. The ECBI has been shown to be sensitive to intervention effects of PCIT (Nixon & Sweeney, 2003). Psychometric evaluation of the German version of the ECBI derived from a community-based sample (Heinrichs, Bussing, Henrich, Schwarzer & Briegel, 2014) showed high internal consistency for both scales, and good discrimination between different levels of behavior problems. German means of both the Intensity Scale and the Problem Scale were found to be significantly lower than U.S. means, resulting in recommended clinical problem behavior cutoff scores of 111 (Intensity Scale; $t = 60$) and 12 (Problem Scale; $t = 60$) (Heinrichs, Bussing, Henrich, Schwarzer, & Briegel, 2014). The ECBI was administered to the patient's parents at baseline, at the beginning of each PCIT session to track between-session progress, and at the 3-month, 6-month, 12-month, and 17-month follow-up assessments.

To determine whether changes in child disruptive behavior (ECBI Intensity Scale score) and parental distress (ECBI Problem Scale score) exceeded the margin of measurement error, reliable change indices (RCI; Jacobson & Truax, 1991) were calculated for graduation and 17-month follow-up assessments. According to Jacobson and Truax (1991) patients with an $RCI \geq 1.96$ are considered to have recovered. Because the test-retest reliability of the German ECBI version has not been examined so far, the results of a large psychometric study from Sweden (Axberg, Johansson Hanse, & Broberg, 2008) were used to calculate RCIs for ECBI scales.

- The *Strengths and Difficulties Questionnaire*, parent version (SDQ; Goodman, 1997), is an internationally used rating scale asking parents about 25 child attributes, some positive and others negative. Each child attribute is to be classified as “not true,” “somewhat true,” or “certainly true.” The 25 items are divided between five scales of five items each: emotional problems, conduct problems hyperactivity/inattention, peer relationship problems, and prosocial behavior. Scores on each scale can range from 0 to 10.

The four problem scales are added together to generate a total difficulties score (range: 0 to 40). Based on a psychometric study of Woerner et al. (2002) a three-band categorization (normal, borderline, abnormal) for the German version of the SDQ was established. The SDQ was administered to the patient's mother at pretreatment and at the 17-month follow-up assessments.

Parent Outcome

- The *Dyadic Parent-Child Interaction Coding System* (DPICS; Eyberg, Nelson, Ginn, Bhuiyan, & Boggs, 2013) is a reliable and validated behavioral coding system designed to assess parent-child interactions. For clinical purposes, an abbreviated version (Eyberg and Members of the Child Study Lab, 2010) is used consisting of nine parent categories and three child categories (compliance, noncompliance, and no opportunity to comply). Parent categories comprise “do skills” (behavior descriptions, reflections, and praises), “don’t skills” (questions, commands, and criticism), and talk. The DPICS involves three 5-min standard situations: child-led play, parent-led play, and clean-up. DPICS skills were used to examine changes in parent-child interaction from baseline to the 3-month follow-up assessment.

References for ESM

- Axberg, U., Johansson Hanse, J., & Broberg, A.G. (2008). Parents' description of conduct problems in their children – A test of the Eyberg Child Behavior Inventory (ECBI) in a Swedish sample aged 3–10. *Scandinavian Journal of Psychology*, *49*, 497–505.
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*; *38*, 581–586.
- Neuschwander, M., In-Albon, T., Adornetto, C., Roth, B., & Schneider, S. (2013). Interrater reliability of the Diagnostisches Interview bei psychischen Störungen im Kindes- und Jugendalter (Kinder-DIPS). *Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie*, *41*, 319–334.
- Nixon, R., & Sweeney, L. (2003). Parent-child interaction therapy: A comparison of standard and abbreviated treatments for oppositional defiant preschoolers. *Journal of Consulting and Clinical Psychology*, *71*, 251–260.