

Supplementary Online Content

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eTable 1. Session Themes of the SFSW Intervention Program

eTable 2. Treatment Comparisons of CBCL, ICU, Parenting Scale, and DASS-21 Scores for Per Protocol Set

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This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Session Themes of the SFSW Intervention Program

Sessions
1. Noticing good behavior
2. Spreading attention around
3. Ignoring whining and complaining
4. Transitional warnings and when-then statements
5. Planning ahead in the home
6. The behavior chart: a positive reward system
7. Planning ahead outside the home
8. Working with daycare
9. Time out
10. Problem solving relapse prevention
11. Putting it all together

eTable 2. Treatment Comparisons of CBCL, ICU, Parenting Scale, and DASS-21 Scores for Per Protocol Set

Variable	SFSW intervention (n=171) vs. Education control (n=178)					
	Baseline – six months ^a		Baseline – 12 months ^b		Six months – 12 months	
	Mean ^c (95% CI)	P Value ^d	Mean ^c (95% CI)	P Value ^d	Mean ^c (95% CI)	P Value ^d
<i>Primary outcome</i>						
CBCL ^e Externalizing	2.7 (1.4 – 4.0)	<.001	3.1 (1.9 – 4.4)	<.001	0.4 (-0.9 – 1.7)	>.99
<i>Secondary outcomes</i>						
CBCL ^e						
Total	6.3 (3.2 – 9.3)	<.001	8.2 (5.2 – 11.3)	<.001	1.9 (-1.1 – 5.0)	.63
Internalizing	1.6 (0.5 – 2.7)	.01	2.6 (1.5 – 3.7)	<.001	1.1 (-0.0 – 2.1)	.17
<i>Symptom domains</i>						
Aggression	2.4 (1.3 – 3.6)	<.001	2.9 (1.8 – 4.0)	<.001	0.5 (-0.7 – 1.6)	>.99
Attention	0.3 (0.0 – 0.6)	.12	0.2 (-0.0 – 0.5)	.29	-0.1 (-0.3 – 0.2)	>.99
Sleep	0.7 (0.2 – 1.1)	.009	0.8 (0.4 – 1.3)	.002	0.1 (-0.3 – 0.6)	>.99
Withdrawn	0.4 (0.0 – 0.7)	.08	0.6 (0.2 – 0.9)	.003	0.2 (-0.1 – 0.5)	.83
Somatic	0.1 (-0.3 – 0.5)	>.99	0.4 (-0.0 – 0.8)	.23	0.3 (-0.1 – 0.7)	.51
Anxious	0.6 (0.2 – 1.0)	.01	0.7 (0.3 – 1.1)	.001	0.1 (-0.2 – 0.5)	>.99
Emotional	0.5 (0.1 – 1.0)	.06	1.0 (-0.0 – 0.9)	<.001	0.5 (-0.1 – 0.9)	.17
<i>DSM subscores</i>						
Affective problems	0.5 (0.1 – 0.9)	.03	0.8 (0.4 – 1.1)	<.001	0.3 (-0.1 – 0.7)	.43
Anxiety problems	0.9 (0.4 – 1.3)	<.001	0.7 (0.3 – 1.2)	.003	-0.1 (-0.6 – 0.3)	>.99
PDD ^f problems	0.7 (0.3 – 1.2)	.008	0.8 (0.4 – 1.3)	.001	0.1 (-0.3 – 0.6)	>.99
ADHD ^g problems	0.5 (0.0 – 0.9)	.12	0.6 (0.1 – 1.0)	.04	0.1 (-0.4 – 0.5)	>.99

ODD ^h problems	1.1 (0.6 – 1.6)	<.001	1.1 (0.6 – 1.5)	<.001	-0.0 (-0.5 – 0.4)	>.99
ICU ⁱ						
Total	1.4 (0.1 – 2.8)	.12	1.4 (0.0 – 2.7)	.14	-0.4 (-1.4 – 1.3)	>.99
Callousness	0.8 (0.1 – 1.5)	.09	0.9 (0.1 – 1.6)	.06	0.1 (-0.6 – 0.8)	>.99
Uncaring	0.3 (-0.4 – 1.0)	>.99	0.2 (-0.5 – 0.9)	>.99	-0.1 (-0.8 – 0.6)	>.99
Unemotional	0.3 (-0.1 – 0.7)	.51	0.3 (-0.1 – 0.7)	.41	0.0 (-0.4 – 0.4)	>.99
Parenting Scale ^j						
Total	0.4 (0.3 – 0.5)	<.001	0.3 (0.2 – 0.4)	<.001	-0.1 (-0.2 – 0.0)	.06
Laxness	0.3 (0.1 – 0.4)	<.001	0.2 (0.05 – 0.3)	.020	-0.1 (-0.2 – 0.0)	.65
Over-reactivity	0.5 (0.4 – 0.7)	<.001	0.4 (0.2 – 0.5)	<.001	-0.1 (-0.3 – 0.0)	.29
Hostility	0.3 (0.1 – 0.4)	<.001	0.2 (0.0 – 0.3)	.011	-0.1 (-0.2 – 0.0)	.53
DASS-21 ^k						
Total	1.6 (-0.8 – 3.9)	.57	2.3 (-0.0 – 4.7)	.15	0.8 (-1.6 – 3.1)	>.99
Depression	0.1 (-0.9 – 1.1)	>.99	0.8 (-0.2 – 1.8)	.33	0.7 (-0.3 – 1.7)	.47
Anxiety	0.5 (-0.2 – 1.3)	.51	0.5 (-0.3 – 1.3)	.61	-0.0 (-0.8 – 0.7)	>.99
Stress	0.9 (-0.3 – 2.2)	.40	1.0 (-0.2 – 2.3)	.29	0.1 (-1.1 – 1.3)	>.99

^aSix months after randomization.; ^b12 months after randomization.; ^cModel-based least squares means.

^dBonferroni-adjusted p-value.; ^eCBCL = Child Behavior Checklist.; ^fPDD = Pervasive Developmental Disorder. ^gADHD = Attention Deficit Hyperactivity Disorder. ^hODD = Oppositional Defiant Disorder.; ⁱICU = Inventory of Callous-Unemotional Traits. Control: 1 missing.; ^jIntervention: 1 missing, Control: 2 missing.; ^kDASS-21 = Depression Anxiety and Stress Scale Short Form. Control: 2 missing.

eMeasures

Secondary outcome measures

The CBCL/1.5-5 includes parents' ratings of 99 emotional, behavioral, and social problems, plus one open-ended problem item. It yields Total Scores, syndrome scales (Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Sleep Problems, Attention Problems, and Aggressive Behavior), Internalizing score (first four syndromes) and Externalizing scale (last two syndromes). Additionally the CBCL includes five DSM subscores (Affective, Anxiety, Pervasive developmental problems, ADHD, Oppositional). In a cross-cultural study including 23 societies (including Finland) CBCL/1.5-5 showed good psychometric properties.¹

The Parenting Scale (PS), a 30-item questionnaire, was used to rate the participants' parenting skills.^{2,3} Previous studies show internal consistency (e.g., 0.84) and convergent validity (e.g., 0.53) to be adequate.³

The Inventory of Callous-Unemotional Traits (ICU) has 24 items with adequate internal consistency (e.g., 0.77) and convergent validity (e.g., 0.19-0.44).^{4,5}

Parents' stress, anxiety and depression symptoms were evaluated with the 21-item Depression Anxiety Stress Scale (DASS-21).⁶ Items are rated on how well they apply using a four-point scale. The reliabilities of the DASS-21 scales have been reported as 0.88 (Depression), 0.82 (Anxiety), 0.90 (Stress), and 0.93 (Total scale) in a large study representing a non-clinical sample. Construct validity was rated as adequate.⁷

After completing the SFSW intervention, participants evaluated their satisfaction with the

intervention and the impact of the program on parenting, child behavior and satisfaction. Specifically, the items concerned general stress levels, relationship with their child, child's behavior, skills as a parent, confidence as a parent, parenting skills learned, helpfulness of the intervention, how well the program met their needs and whether they would recommend the program. Questions were rated on a 5-point Likert-scale ranging from "Strongly disagree" to "Strongly agree".

Quality assurance

Data collection and telephone calls were documented and monitored to ensure the integrity of the intervention and the reliability of data. All telephone calls were recorded and a portion were audited by the Finland coach supervisor and scored for competency. Coaches were required to report any adverse effects (e.g., safety issues, abuse or neglect). No adverse effects were detected during the study period.

eReferences

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