Supplement.

***Attrition***

 In order to address potential differences in those with (*n* = 103) and without (*n* = 33) data at the age 16-year follow-up from the intervention trial (children who were randomized), we compared these two groups based on sex (see Supplemental Table 1), gestational age at birth, age at entry into institutional care, and percent time in institutional care (see Supplemental Table 2). We find no differences in those with and without complete data on any of these variables.

***Symptom Counts by History of Institutional Care***

In analyses that complement the binary approach to psychiatric assessment from primary aim 1, we compared total counts of symptoms in four domains of psychopathology (i.e., internalizing, externalizing, attention deficit hyperactivity disorder [ADHD], and substance use disorder [SUD]) between the ever institutionalized group (EIG) and never institutionalized group (NIG). There was a significant effect of group on all symptom domains (Wald c2 = 17.28, df = 1, *p* < .001; Wald c2 = 32.50, df = 1, *p* < .001; Wald c2 = 56.39, df = 1, *p* < .001; Wald c2 = 12.44, df = 1, *p* < .001, respectively), with the EIG having more symptoms in all cases relative to the NIG.

***Symptom Counts by Intent-to-Treat (ITT) Grouping***

In analyses that complement the binary approach to psychiatric assessment from primary aim 2, we examined symptom counts for the four symptom domains by ITT grouping. Individuals in the foster care group (FCG) had significantly fewer internalizing and externalizing symptoms than the care as usual group (CAUG) (Wald c2 = 11.23, df = 1, *p* = .001; Wald c2 = 4.90, df = 1, *p* = .027, respectively; see supplemental Table 3). No differences were found for ADHD or SUD symptoms.

***Symptom Counts and Placement Stability***

In analyses that complement the binary approach to psychiatric assessment from exploratory aim 1, we examined symptom counts considering the four group approach described in the manuscript that split the FCG based on whether they were still living with their foster family at the time of the age 16 year assessment (FCG-Stable for those who remained in their foster family; FCG-Disrupted for those assigned to foster care and no longer residing in their foster placement; along with CAUG and NIG). Symptom counts by the same four groups are displayed in Table 4. Analyses of internalizing symptoms resulted in a main effect of group (Wald c2 = 34.75, df = 3, *p* < .001). Posthoc pairwise comparisons revealed that the CAUG had significantly higher levels of internalizing symptoms than all other groups, which did not differ from one another.

Analyses of externalizing symptoms resulted in a significant effect of group status (Wald c2 = 37.77, df = 3, *p* < .001). The CAUG and FCG-Disrupted had higher levels of externalizing symptoms than both the FCG-Stable and NIG. No other group differences were statistically significant.

Analyses of the ADHD symptom count resulted in a significant main effect of group (Wald c2 = 62.14, df = 3, *p* < .001). The CAUG and FCG-Disrupted had higher levels of ADHD symptoms than both the FCG-Stable and NIG. Further, the FCG-Stable had higher levels of ADHD symptoms than the NIG.

Analyses of the SUD symptom count resulted in a significant main effect of group (Wald c2 = 14.64, df = 3, *p* = .002). Pairwise comparisons indicated that the CAUG and FCG-Disrupted had higher levels of SUD symptoms than the NIG.

***Effects by Participant Sex/Gender***

For exploratory aim 2, we examined the prior sets of analyses among girls and boys separately.

***Disorder Rates by History of Institutional Care***

Statistically significant group differences between EIG and NIG were found for any psychiatric disorder and ADHD among both girls and boys when examined separately (see Supplemental Table 5). Further, only among boys were rates of externalizing disorders different between EIG and NIG children (Wald c2 = 18.83, df = 1, *p* = .001).

***Symptom Counts by History of Institutional Care***

There was a significant effect of EIG and NIG group on all symptom domains (i.e., internalizing, externalizing, ADHD, and SUD) when examining girls and boys separately, with the exception that NIG and EIG boys did not significantly differ in SUD symptoms.

***Disorder Rates by Intent-to-Treat Groupings***

ITT differences in girls were found only in rates of meeting criteria for any psychiatric disorder (Wald c2 = 4.361, df = 1, *p* = .037), whereas in boys, differences were found only in rates of meeting criteria for an internalizing disorder (Wald c2 = 6.10, df = 1, *p* = .014). In both cases, those in the CAUG had higher rates of disorder than the FCG.

***Symptom Counts by Intent-to-Treat Groupings***

ITT analyses repeated within each sex separately did not reach statistical significance with the exception of internalizing symptoms among boys (Wald c2 = 10.44, df = 1, *p* = .001). Boys in the FCG had significantly lower internalizing symptoms than boys in the CAUG.

***Disorder Rates by Placement Stability***

Omnibus tests for girls were significant for only meeting criteria for any psychiatric disorder and ADHD. Among boys, these same domains were significant in the omnibus test along with rates of externalizing disorders (see Supplemental Table 6).

***Disorder Rates and Symptoms from Age 12 to 16 Years***

 For exploratory aim 3, we examined changes in rates of disorder and symptoms from age 12 to 16 years. We tested the difference between model-estimated means at age 12 and 16 years using full-information maximum likelihood estimation (FIML) to account for missing data over time. The comparison excluded substance use disorders from the age 16-year data and excluded specific phobia from the previously published age 12 data, which was excluded from the age 16-year data. Supplemental Table 7 provides mean rates of disorders for participants who contributed data at one or both time points by group (i.e., CAUG, FCG, NIG).

Both the CAUG and FCG had increases in externalizing symptoms from age 12 to 16 years.

 ***Effects by Participant Sex/Gender***

 Descriptive information about changes in psychopathology from age 12 to 16 years based on participant sex/gender is presented in Supplemental Table 8. Across the full sample (i.e., collapsing across participant group), there were increases in the rate of having any disorder from age 12 to 16 years for both males and females. In addition, rates of meeting criteria for an externalizing disorder increased only for male participants. Similarly, externalizing symptom counts significantly increased from age 12 to 16 years for both male and female participants.

**Supplemental Table 1**

*Attrition at the Age 16 Assessment by Sex Among Those Ever Institutionalized*

|  |  |  |
| --- | --- | --- |
|  | Female*n* (%) | Male*n* (%) |
| Missing Psychiatric Interview | 19 (58%) | 14 (42%) |
| Complete Psychiatric Interview | 50 (49%) | 53 (51%) |

*Note*. c2 (1) = 0.82, *p* = .366.

**Supplemental Table 2**

*Comparing Those with and without Psychiatric Interviews at the Age 16 Assessment Among Those Ever Institutionalized*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Missing Psychiatric Interview |  | Complete Psychiatric Interview |  |  |  |
|  | n = 33 |  | n = 103 | *t* | *df* | *p*-value |
| Age gestation (weeks) | 37.88 (1.68) |  | 37.09 (2.25) | 1.67 | 113 | .099 |
| Age entered institutional care (months) | 1.85 (3.90) |  | 2.80 (4.04) | -1.18 | 134 | .240 |
| Percent time in institutional care (birth to baseline) | 88.78 (22.12) |  | 85.13 (21.43) | 0.85 | 134 | .399 |

*Note*. Mean (SD). Some participant did not have complete data for gestational age.

**Supplemental Table 3**

*Symptom Counts at Age 16 by Intent to Treat Groupings and Institutional Care History Groupings*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls and boys | Care as usual(n = 51) | Foster care(n = 52) | Difference (95% CI) | *p* value | Ever placed in institution(n = 103) | Never placed in institution(n = 47) | Difference (95% CI) | *p* value |
| Internalizing symptoms | 1.35 (2.95) | 0.42 (1.14) | 0.91 (0.38–1.44) | .001 | 0.88 (2.27) | 0.21 (0.59) | 0.62 (0.33–0.92) | < .001 |
| Externalizing symptoms | 4.39 (4.34) | 2.62 (3.16) | 1.80 (0.21–3.40) | .027 | 3.50 (3.88) | 0.85 (1.59) | 2.49 (1.63–3.35) | < .001 |
| ADHD symptoms | 4.71 (4.61) | 4.02 (5.28) | 0.70 (-1.13–2.52) | .456 | 4.36 (4.95) | 0.55 (1.14) | 3.68 (2.72–4.64) | < .001 |
| SUD symptoms | 0.63 (1.54) | 0.63 (1.36) | -0.04 (-0.42–0.35) | .849 | 0.63 (1.44) | 0.19 (0.58) | 0.42 (0.19-0.65) | < .001 |
| Girls | Care as usual (n = 25) | Foster care (n = 25) | Difference (95% CI) | *p* value | Ever placed in institution (n = 50) | Never placed in institution (n = 29) | Difference (95% CI) | *p* value |
| Internalizing symptoms | 0.96 (1.88) | 0.56 (1.39) | 0.37 (-0.28–1.02) | .266 | 0.76 (1.65) | 0.10 (0.41) | 0.60 (0.24–0.95) | .001 |
| Externalizing symptoms | 4.12 (4.52) | 2.16 (2.39) | 1.85 (-0.21–3.92) | .079 | 3.14 (3.71) | 0.76 (1.53) | 2.05 (0.98–3.13) | < .001 |
| ADHD symptoms | 4.32 (4.85) | 2.60 (4.38) | 1.43 (-0.93–3.78) | .235 | 3.46 (4.66) | 0.48 (1.06) | 3.00 (1.84–4.16) | < .001 |
| SUD symptoms | 0.56 (1.19) | 0.48 (1.08) | 0.08 (-0.41–0.57) | .749 | 0.52 (1.13) | 0.03 (0.19) | 0.48 (0.22–0.75) | < .001 |
| Boys | Care as usual (n = 26) | Foster care (n = 27) | Difference (95% CI) | *p* value | Ever placed in institution (n = 53) | Never placed in institution (n = 18) | Difference (95% CI) | *p* value |
| Internalizing symptoms | 1.73 (3.70) | 0.30 (0.87) | 1.43 (0.56–2.30) | .001 | 1.00 (2.74) | 0.39 (0.78) | 0.62 (0.11–1.13) | .018 |
| Externalizing symptoms | 4.65 (4.22) | 3.04 (3.74) | 1.72 (-0.70–4.15) | .163 | 3.83 (4.03) | 1.00 (1.71) | 2.86 (1.51–4.20) | < .001 |
| ADHD symptoms | 5.08 (4.44) | 5.33 (5.77) | 0.01 (-3.01–3.03) | .996 | 5.21 (5.11) | 0.67 (1.28) | 4.54 (2.94–6.14) | < .001 |
| SUD symptoms | 0.69 (1.83) | 0.78 (1.58) | -0.21 (-0.80-0.39) | .499 | 0.74 (1.69) | 0.44 (0.86) | 0.29 (-0.18–0.76) | .226 |

*Note*. Mean (SD). ADHD = attention-deficit/hyperactivity disorder. Age at assessment and sex were included as covariates for presentation of group differences and 95% CI.

**Supplemental Table 4**

*Symptom Counts at Age 16 for Care as Usual, Disrupted Foster Care, Stable Foster Care, and Never Institutionalized Groups*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls and boys | Care as usual(n = 51) | Disrupted foster care(n = 27) | Stable foster care\*(n = 24) | Never placed in institution(n = 47) | Usual vs disrupted (differences [95% CI]) | Usual vs stable (differences [95% CI]) | Usual vs never (differences [95% CI]) | Disrupted vs stable (differences [95% CI]) | Disrupted vs never (differences [95% CI]) | Stable vs never (differences [95% CI]) |
| Internalizing symptoms | 1.28 (0.25) | 0.43 (0.15) | 0.41 (0.16) | 0.22 (0.08) | 0.85 (0.29–1.41) | 0.87 (0.31–1.44) | 1.06 (0.56–1.57) | 0.02 (-0.40–0.45) | 0.22 (-0.12–0.55) | 0.19 (-0.15–0.53) |
| Externalizing symptoms | 4.26 (0.68) | 3.46 (0.76) | 1.61 (0.42) | 0.88 (0.19) | 0.80 (-1.19–2.79) | 2.65 (1.08–4.21) | 3.38 (1.98–4.77) | 1.85 (0.15–3.54) | 2.58 (1.04–4.11) | 0.73 (-0.17–1.63) |
| ADHD symptoms | 4.64 (0.72) | 5.36 (1.16) | 2.36 (0.58) | 0.55 (0.14) | -0.72 (-3.38–1.94) | 2.28 (0.48–4.08) | 4.09 (2.65–5.52) | 3.00 (0.47–5.53) | 4.81 (2.53–7.10) | 1.81 (0.65–2.97) |
| SUD symptoms | 0.60 (0.14) | 0.91 (0.25) | 0.27 (0.12) | 0.18 (0.07) | -0.31 (-0.88–0.25) | 0.32 (-0.03–0.68) | 0.41 (0.11–0.71) | 0.64 (0.09–1.19) | 0.73 (0.21–1.24) | 0.09 (-0.18–0.36) |
| Girls | Care as usual (n = 25) | Disrupted foster care(n = 13) | Stable foster care\*(n = 11) | Never placed in institution (n = 29) | Usual vs disrupted (differences [95% CI]) | Usual vs stable (differences [95% CI]) | Usual vs never (differences [95% CI]) | Disrupted vs stable (differences [95% CI]) | Disrupted vs never (differences [95% CI]) | Stable vs never (differences [95% CI]) |
| Internalizing symptoms | 0.88 (0.27) | 0.52 (0.24) | 0.61 (0.30) | 0.11 (0.07) | 0.36 (-0.34–1.06) | 0.26 (-0.51–1.04) | 0.77 (0.21–1.32) | 0.09 (-0.65–0.85) | 0.40 (-0.10–0.90) | 0.50 (-0.10–1.10) |
| Externalizing symptoms | 3.68 (0.86) | 2.51 (0.82) | 1.65 (0.63) | 0.81 (0.23) | 1.18 (-1.13–3.49) | 2.03 (-0.03–4.10) | 2.87 (1.11–4.63) | 0.86 (-1.48–2.55) | 1.69 (0.01–3.37) | 0.84 (-0.48–2.15) |
| ADHD symptoms | 4.34 (0.97) | 3.46 (1.19) | 1.72 (0.65) | 0.49 (0.16) | 0.87 (-2.19–3.94) | 2.62 (0.32–4.91) | 3.85 (1.93–5.77) | 1.74 (-0.88–4.37) | 2.97 (0.60–5.34) | 1.23 (-0.09–2.55) |
| SUD symptoms | 0.55 (0.19) | 0.76 (0.32) | 0.18 (0.14) | 0.04 (0.04) | -0.21 (-0.94–0.51) | 0.37 (-0.08–0.82) | 0.51 (0.14–0.89) | 0.58 (-0.10–1.27) | 0.73 (0.09–1.36) | 0.14 (-0.14–0.42) |
| Boys | Care as usual(n = 26) | Disrupted foster care(n = 14) | Stable foster care(n = 13) | Never placed in institution (n = 18) | Usual vs disrupted (differences [95% CI]) | Usual vs stable (differences [95% CI]) | Usual vs never (differences [95% CI]) | Disrupted vs stable (differences [95% CI]) | Disrupted vs never (differences [95% CI]) | Stable vs never (differences [95% CI]) |
| Internalizing symptoms | 1.73 (0.43) | 0.36 (0.19) | 0.23 (0.15) | 0.39 (0.17) | 1.37 (0.46–2.29) | 1.50 (0.44–2.25) | 1.34 (0.44–2.25) | 0.13 (-0.34–0.59) | -0.03 (-0.54–0.47) | -0.16 (-0.61–0.39) |
| Externalizing symptoms | 4.76 (1.05) | 4.39 (1.30) | 1.51 (0.54) | 0.97 (0.33) | 0.37 (-2.92–3.65) | 3.25 (0.92–5.57) | 3.79 (1.62–5.96) | 2.88 (0.12–5.64) | 3.42 (0.79–6.05) | 0.54 (-0.69–1.78) |
| ADHD symptoms | 5.17 (1.12) | 7.27 (2.08) | 3.02 (0.97) | 0.65 (0.24) | -2.10 (-6.71–2.52) | 2.15 (-0.78–5.08) | 4.53 (2.28–6.77) | 4.25 (-0.25–8.75) | 6.62 (2.52–10.72) | 2.37 (0.41–4.33) |
| SUD symptoms | 0.64 (0.20) | 1.14 (0.42) | 0.42 (0.22) | 0.43 (0.18) | -0.49 (-1.40–0.42) | 0.22 (-0.38–0.83) | 0.21 (-0.32–0.75) | 0.72 (-0.21–1.65) | 0.70 (-0.19–1.60) | -0.12 (-0.58-0.56) |

*Note*. Mean (SE). ADHD = attention-deficit/hyperactivity disorder. Age at assessment and sex were included as covariates for presentation of group differences and 95% CI. \*One FCG was excluded from these analyses as she was reunited with her biological family prior to placement into a BEIP-sponsored foster placement.

**Supplemental Table 5**

*Rates of Psychiatric Disorders at Age 16 by Intent to Treat Groupings and Institutional Care History Groupings within Each Sex*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls | Care as usual (n = 25) | Foster care (n = 25) | Difference(95% CI) | *p* value | Ever placed in institution (n = 50) | Never placed in institution (n = 29) | Difference (95% CI) | *p* value |
| Any disorder | 56% | 28% | .28 (.02–.54) | .037 | 42% | 14% | .28 (.08–.48) | .005 |
| Any internalizing | 16% | 8% | .08 (-.10–.26) | .380 | 12% | 3% | .08 (-.04–.20) | .168 |
| Any externalizing | 33% | 21% | .13 (-.12–.38) | .321 | 27% | 10% | .15 (-.03–.33) | .097 |
| ADHD | 20% | 16% | .04 (-.17–.25) | .730 | 18% | 0% | .19 (.08–.30) | .001 |
| SUD | 5% | 4% | .00 (-11–.12) | .939 | 4% | 0% | .05 (-.02–.11) | .151 |
| Boys | Care as usual (n = 26) | Foster care (n = 27) | Difference (95% CI) | *p* value | Ever placed in institution (n = 53) | Never placed in institution (n = 18) | Difference (95% CI) | *p* value |
| Any disorder | 65% | 48% | .17 (-.10–.43) | .222 | 57% | 17% | .41 (.20–.63) | < .001 |
| Any internalizing | 19% | 0% | .19 (.04–.34) | .014 | 9% | 6% | .04 (-.09–.17) | .540 |
| Any externalizing | 50% | 33% | .16 (-.11–.43) | .247 | 42% | 11% | .32 (.13–.51) | .001 |
| ADHD | 27% | 26% | .01 (-.23–.25) | .932 | 26% | 0% | .26 (.14–.38) | < .001 |
| SUD | 0% | 8% | -.08 (-.18–.03) | .144 | 4% | 0% | .04 (-.01–.09) | .149 |

*Note*. Psychiatric disorder %, after covarying for participant age. ADHD = attention-deficit/hyperactivity disorder. Age at assessment and sex were included as covariates for presentation of group differences and 95% CI. Tests comparing groups with 0 cases involved quasi-complete separation and the validity of the statistics are uncertain. Values are provided for illustrative purposes.

**Supplemental Table 6**

*Rates of Psychiatric Disorders at Age 16 for Care as Usual, Disrupted Foster Care, Stable Foster Care, and Never Institutionalized Groups within Each Sex*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls | Care as usual(n = 25) | Disrupted foster care(n = 13) | Stable foster care\*(n = 11) | Never placed in institution(n = 29) | Usual vs disrupted (differences [95% CI]) | Usual vs stable (differences [95% CI]) | Usual vs never (differences [95% CI]) | Disrupted vs stable (differences [95% CI]) | Disrupted vs never (differences [95% CI]) | Stable vs never (differences [95% CI]) |
| Any disorder | 56% | 39% | 18% | 14% | .17 (-.15–.50) | .38 (.08–.67) | .41 (.17–.66) | .20 (-.14–.55) | .24 (-.06–.54) | .04 (-.23–.30) |
| Any internalizing | 16% | 8% | 9% | 3% | .08 (-.12–.28) | .07 (-.15–.29) | .12 (-.04–.29) | -.01 (-.23–.21) | .04 (-.12–.20) | .05 (-.13–.24) |
| Any externalizing | 33% | 25% | 18% | 10% | .08 (-.23–.38) | .15 (-.13–.44) | .21 (-.02–.44) | .08 (-.25–.40) | .13 (-.14–.41) | .06 (-.18–.31) |
| ADHD | 20% | 23% | 9% | 0% | -.03 (-.31–.26) | .11 (-.13–.35) | .21 (.04–.37) | .14 (-.16–.43) | .24 (.00–.47) | .10 (-.08–.28) |
| SUD | 5% | 8% | 0% | 0% | -.03 (-.22–.15) | .05 (-.05–.15) | .05 (-.05–.15) | .08 (-.07–.24) | .08 (-.07–.24) | .00 (.00–.00) |
| Boys | Care as usual(n = 26) | Disrupted foster care(n = 14) | Stable foster care(n = 13) | Never placed in institution(n = 18) | Usual vs disrupted (differences [95% CI]) | Usual vs stable (differences [95% CI]) | Usual vs never (differences [95% CI]) | Disrupted vs stable (differences [95% CI]) | Disrupted vs never (differences [95% CI]) | Stable vs never (differences [95% CI]) |
| Any disorder | 65% | 71% | 23% | 17% | -.07 (-.36–.23) | .42 (.12–.72) | .50 (.25–.75) | .49 (.16–.82) | .57 (.28–.86) | .08 (-.21–.37) |
| Any internalizing | 19% | 0% | 0% | 6% | .19 (.04–.34) | .19 (.04–.34) | .14 (-.05–.32) | .00 (.00–.00) | -.06 (-.16–.05) | -.06 (-.16–.05) |
| Any externalizing | 50% | 50% | 15% | 11% | -.01 (-.34–.32) | .35 (.06–.63) | .41 (.17–.64) | .36 (.02–.69) | .42 (.12–.72) | .06 (-.18–.30) |
| ADHD | 27% | 36% | 15% | 0% | -.09 (-.39–.22) | .12 (-.14–.38) | .27 (.10–.44) | .20 (-.12–.52) | .36 (.10–.61) | .15 (-.04–.35) |
| SUD | 0% | 8% | 8% | 0% | -.08 (-.23–.07) | -.08 (-.23–.07) | .00 (.00–.00) | .00 (-.21–.21) | .08 (-.07–.23) | .08 (-.07–.23) |

*Note.* Psychiatric disorder %, after covarying for participant age. ADHD = attention-deficit/hyperactivity disorder. Age at assessment and sex were included as covariates for presentation of group differences and 95% CI. \*One FCG was excluded from these analyses as she was reunited with her biological family prior to placement into a BEIP-sponsored foster placement. Tests comparing groups with 0 cases involved quasi-complete separation and the validity of the statistics are uncertain. Values are provided for illustrative purposes.

***Supplemental Table 7***

*Change in Diagnoses and Symptoms from Age 12 to Age 16 for Care as Usual, Foster Care, and Never Institutionalized Groups*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *CAUG* |  |  |  | *FCG* |  |  |  | *NIG* |  |
|  | *M* (SE)Age 12 | *M* (SE)Age 16 | Wald test |  | *M* (SE)Age 12 | *M* (SE)Age 16 | Wald test |  | *M* (SE)Age 12 | *M* (SE)Age 16 | Wald test |
| Any disorder | .40 (.07) | .59 (.07) | 5.45\* |  | .27 (.06) | .35 (.07) | 1.64 |  | .06 (.03) | .15 (.05) | 2.33 |
| Any internalizing | .06 (.03) | .18 (.05) | 4.07\* |  | .04 (.03) | .04 (.03) |  < 0.01 |  | .02 (.02) | .04 (.03) | 1.17 |
| Any externalizing | .31 (.06) | .42 (.07) | 1.89 |  | .18 (.05) | .28 (.06) | 2.27 |  | .04 (.03) | .11 (.05) | 1.43 |
| ADHD | .15 (.05) | .24 (.06) | 2.39 |  | .24 (.06) | .21 (.06) | 0.24 |  | .02 (.02)  | .00 | N/Aa |
| Internalizing symptoms | 0.72 (0.19) | 1.35 (0.41) | 2.30 |  | 0.60 (0.19) | 0.42 (0.16) | 0.47 |  | 0.17 (0.07) | 0.21 (0.09) | 0.51 |
| Externalizing symptoms | 2.89 (0.40) | 4.39 (0.60) | 6.57\* |  | 1.73 (0.35) | 2.62 (0.42) | 6.10\* |  | 0.65 (0.19) | 0.85 (0.23) | 0.68 |
| ADHD symptoms | 3.76 (0.62) | 4.71 (0.64) | 2.41 |  | 4.24 (0.72) | 4.02 (0.73) | 0.18 |  | 0.71 (0.26) | 0.55 (0.16) | 0.48 |

*Note*. For the binary (present/absent) disorder variables, the estimator was a robust weighted least squares estimator. For symptom count variables, the estimator was maximum likelihood with robust standard errors using a numerical integration algorithm. These are the default estimators in Mplus version 7. \**p* < .05. aThe Wald test cannot be computed since there was zero variance in ADHD diagnoses at age 16 among NIG (i.e., no cases diagnosed with ADHD).

|  |
| --- |
| ***Supplemental Table 8****Change in Diagnoses and Symptoms from Age 12 to Age 16 within Each Sex from the Full Sample* |
|  | *Males* |  | *Females* |
|  | *M* (SE)Age 12 | *M* (SE)Age 16 | Wald test |  | *M* (SE)Age 12 | *M* (SE)Age 16 | Wald test |
| Any disorder | .33 (.05) | .45 (.06) | 5.82\* |  | .18 (.04) | .29 (.05) | 3.95\* |
| Any internalizing | .04 (.02) | .09 (.03) | 2.38 |  | .04 (.02) | .09 (.03) | 1.59 |
| Any externalizing | .23 (.05) | .34 (.06) | 4.03\* |  | .14 (.04) | .21 (.05) | 1.65 |
| ADHD | .18 (.04) | .20 (.05) | 0.19 |  | .10 (.03) | .11 (.04) | 0.18 |
| Internalizing symptoms | 0.45 (0.11) | 0.85 (0.28) | 2.41 |  | 0.57 (0.16) | 0.52 (0.15) | 0.05 |
| Externalizing symptoms | 2.17 (0.30) | 3.11 (0.45) | 8.93\*\* |  | 1.44 (0.27) | 2.27 (0.37) | 4.58\* |
| ADHD symptoms | 3.75 (0.53) | 4.06 (0.57) | 0.54 |  | 2.24 (0.47) | 2.37 (0.45) | 0.10 |
| \*\**p* < .01. \**p* < .05. *Note*. For the binary (present/absent) disorder variables, the estimator was a robust weighted least squares estimator. For symptom count variables, the estimator was maximum likelihood with robust standard errors using a numerical integration algorithm. These are the default estimators in Mplus version 7. |