

Supplemental Information

Table S1. Treatments participants endorse receiving currently (~3 months in between each visit). Data are number of subjects endorsing receiving the treatment at the current visit.

Visit	1	2	3
Receiving medications as part of treatment (n)	34	27	23
Antidepressants	26	27	18
Mood stabilizers	8	8	5
Stimulants	2	1	0
Sleep aids	9	6	4
Benzodiazepines	7	4	4
Antipsychotics	5	2	2
Adrenergic blockers	12	5	2
other	4	3	5
Currently receiving psychotherapy (n)	67	40	29
Group Psychotherapy	17	9	11
Individual	59	35	26
Family	1	0	0
Couples	6	1	2
If you currently receive group therapy, which treatment do you receive? (n)			
CBT for Anxiety	11	6	4
CBT for Depression	12	7	8
CBT for Insomnia	0	0	0
Imagery Rehearsal Training for Nightmares	1	0	0
CBT for Bipolar Disorder	3	2	2
Cognitive Processing Therapy	7	3	2
Anger Management	2	3	3
Acceptance and Commitment Therapy	2	1	1
Other	8	5	6
If you currently receive individual therapy, which treatment do you receive? (n)			
CBT for Anxiety	21	12	8
CBT for Depression	25	17	15
CBT for Insomnia	5	2	1
Imagery Rehearsal Training for Nightmares	5	0	1
Cognitive Processing Therapy	12	8	6
Prolonged Exposure	7	5	2
Eye Movement Desensitization and Reprocessing (EMDR)	2	1	2
Acceptance and Commitment Therapy	1	3	2
Anger Management	4	5	1
Other	10	6	6

CBT=Cognitive Behavioral Therapy

	Parental monitoring	Parental predictability	Parental environment	Physical environment	Safety security	HEQ_overall score
Depression (PHQ-9)	.182*	.250**	0.15	.235**	.174*	.239**
Anhedonia (MASQ-22)	.272**	.218**	0.115	.184*	0.087	.238**
Anxiety (GAD-7)	.182*	.254**	.162*	.196*	.172*	.234**
PTSD (PCL-5)	0.092	.232**	0.088	.200*	.175*	.196*
Suicidal Ideation Item (PHQ-9)	.217**	.239**	.232**	0.147	.224**	.261**
Suicidal Ideation Item (MASQ)	.221**	.279**	.179*	0.126	.217**	.273**
Alcohol Use (AUDIT)	-0.031	0.044	0.128	-0.028	0.053	0.019
Pain Intensity (PROMIS)	0.132	0.095	-0.039	0.056	0.043	0.073
Pain Interference (PROMIS)	0.128	0.075	0.005	0.125	0.026	0.078

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Table S2. Correlations between QUIC subscales and Time 1 symptom scores (N=156)

	Emotional Abuse	Physical Abuse	Sexual Abuse	Emotional Neglect	Physical Neglect	Minimization/ Denial Scale^	CTQ abuse total
Parental monitoring	.473**	.399**	.244**	.605**	.589**	-.219**	.568**
Parental predictability	.659**	.624**	.446**	.630**	.629**	-.241**	.736**
Parental environment	.357**	.326**	.244**	.374**	.460**	-.288**	.435**
Physical environment	.388**	.346**	.337**	.375**	.478**	-.278**	.481**
Safety security	.540**	.523**	.360**	.442**	.633**	-.234**	.598**
QUIC total score	.640**	.597**	.434**	.658**	.699**	-.320**	.747**

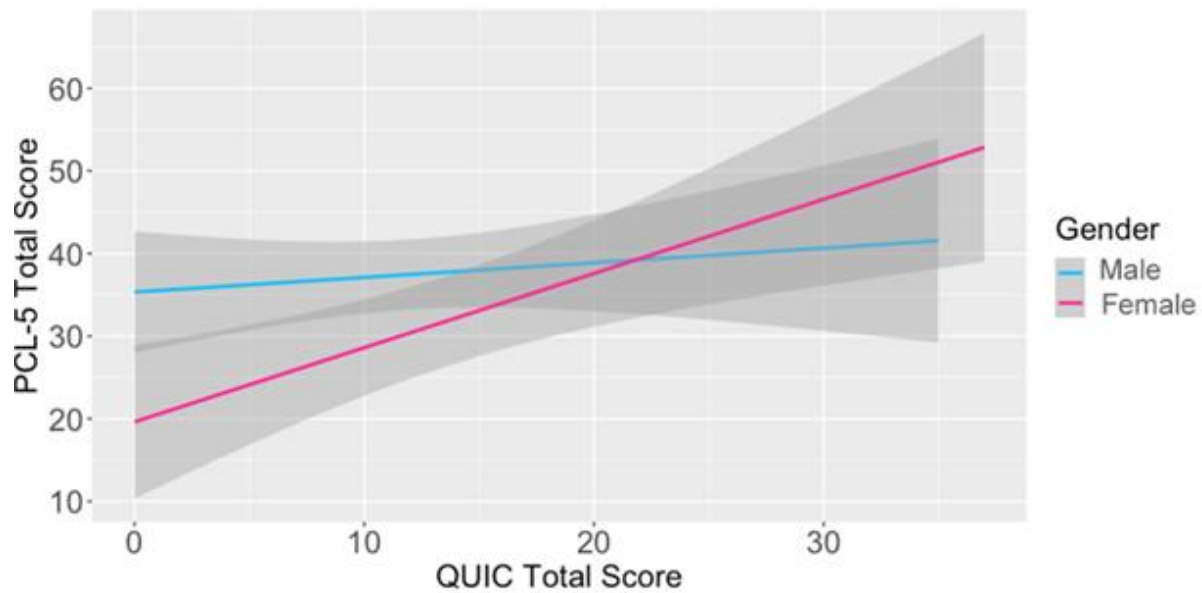
^Minimization/ Denial Scale score reflects the tendency of the respondent to give exaggerated, desirable responses.

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

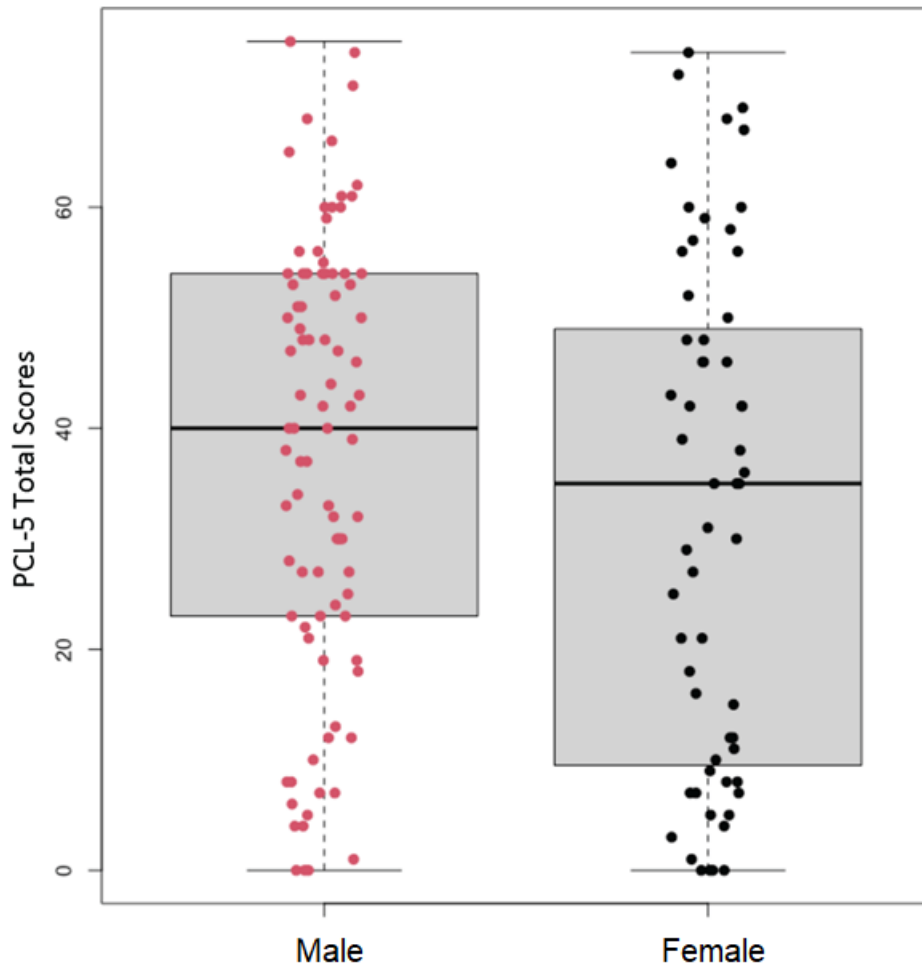
a visit_number = 1 (N=147)

Table S3. Correlations between QUIC and CTQ subscales at Time 1 (N=147)



Supplemental Figure S1. Early-life predictability has stronger association with PTSD

symptoms in females compared to males. There was a trend level interaction for unpredictability by sex on the PCL-5 ($p = .054$). When correlations were completed within each sex, women showed a higher positive correlation between QUIC totals and PCL-5 totals ($n = 59$, $r = .40$, $p = .001$) as compared to men ($n = 88$, $r = .08$, $p = .45$).



Supplemental Figure S2. PCL-5 scores by gender. There were not any significant gender differences in PCL-5 total scores ($F(1,145) = 2.4, p = .12$) and Komolgorov-Smirnov tests indicated no difference in the distributions ($D = 0.180, p\text{-value} = 0.204$), although women ($n=59$) had slightly lower scores than men ($n=88$) (Mean(SD)women=31.95 (22.70), Mean(SD)men=37.45 (20.00)).