**Supplemental Digital Content 1**

AIC attempts to find the best model for future prediction and has better accuracy than the BIC in situations with classes that comprise small proportions of participants, while BIC emphasizes model parsimony (1). Thus, BIC may select too few classes when the true population structure is complex but subtle and the sample size is small (1, 2). Similar to this scenario, our sample size was small, and few subjects were positive for the 8 dichotomous outcomes (z-score ≥1 SD above the mean symptom count) created for LCA (see Table 1 in the main text); thus, we expected classes defined by higher levels of psychopathology to be small. Therefore, sensitivity was considered more important than specificity and AIC was preferred over BIC (1). The 2-class model had the lowest BIC value (1204.5), with an AIC value of 1147.7. Compared to the 2-class model, the 3-class model had a lower AIC value (1128.4) but a slightly higher BIC value (1215.2). A 4-class model had a very similar AIC value (1127.6) compared to the 3-class model, and a higher BIC value (1244.4).

References

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