Supplemental Material S1.

Our previous studies of Enhanced Conversational Recast treatment have used a different metric for treatment response: a cut-off of $d > 1.0$ (Eidsvåg et al., 2019; Meyers-Denman & Plante, 2016; Plante et al., 2014; Plante et al., 2018). However, after reviewing the aggregated data from this and the previous studies, we believe that this criterion is no longer sufficient to classify children as treatment responders. A few children who would be classified as treatment responders based on our previous criteria of $d > 1.0$ appear functionally dissimilar from other clear responders (e.g., child S8 in Figure 3)

Table 1S. Number of treatment responders under different classification criteria across studies that have included Enhanced Conversational Recast treatment.

Study	N Responders ($d \geq 1.0$)	N Responders ($d \geq 1.0$ & One Session $\geq$ 50% Accuracy)
Eidsvåg et al. (in press)[1]	19 (68%)	18 (64%)
Meyers-Denman & Plante (2016)[1]	12 (75%)	12 (75%)
Plante et al. (2014)[3]	6 (75%)	6 (75%)
Plante et al. (2018)[1]	19 (68%)	18 (64%)
Plante et al. (present paper)[2]	16 (80%)	15 (75%)

1. $d \geq 1.0$ originally reported for these studies.

2. $d \geq 1.0$ plus $\geq$ 50% accuracy criteria used for this study.

3. Only half of the children receive the high variability input aspect of Enhanced Conversational Recast and clinician cueing of child attention was encouraged, but not required for all children.

Note: The $d = 1.0$ criterion assures that a change from baseline has occurred, even though there may be differences in baseline across children. It also accounts for children who show large treatment responses (change from 0 to 100%) over the last three treatment days. However, d values of 1.0 from individual children can be obtained with small amounts of change when day-to-day variance in performance is low or non-existent. The additional 50% criterion reflects the c oncept of clinically meaningful change on top of a change from baseline.

References

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