Supplementary Material

Figure S1. Grand mean CSD amplitude spectra for the alpha band (8 - 12 Hz) across 19 posterior electrodes for all participants and recordings, separated by testing site. **A.** Unscaled amplitude spectra from which scale factors were computed to equate their standard deviations across testing sites (CU, MG, TX, UM). **B.** The corresponding scaled CSD amplitude spectra. Equating the variance of alpha between testing sites in this way protected against the disproportionate representation of testing sites in the extraction of CSD-fPCA factors.

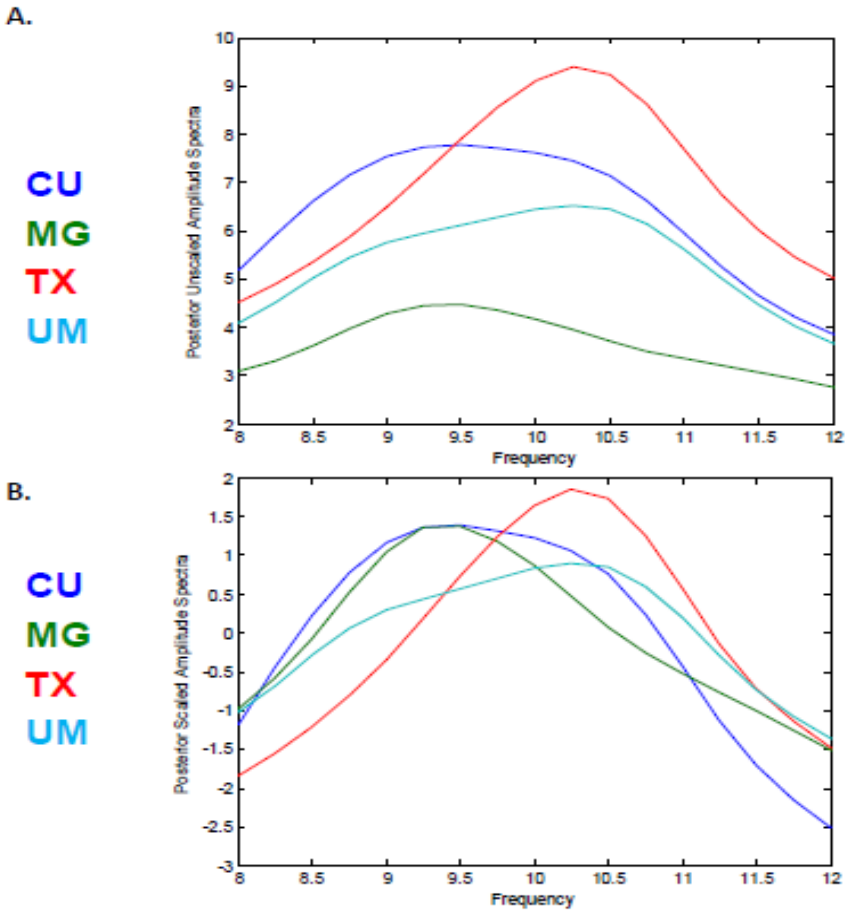

Figure S2. CSD-fPCA of prefiltered CSD amplitude spectra (Tenke et al., 2011). **Top.** Factor loadings spectra yielded a low-frequency alpha factor and a high-frequency alpha factor, as well as a residual factor including low beta. **Bottom**. Factor score topographies for low-frequency alpha and high-frequency alpha factors had the expected posterior topographies and condition dependency (greater alpha for eyes-closed than for eyes-open condition). The residual factor did not show a condition dependency consistent with alpha.

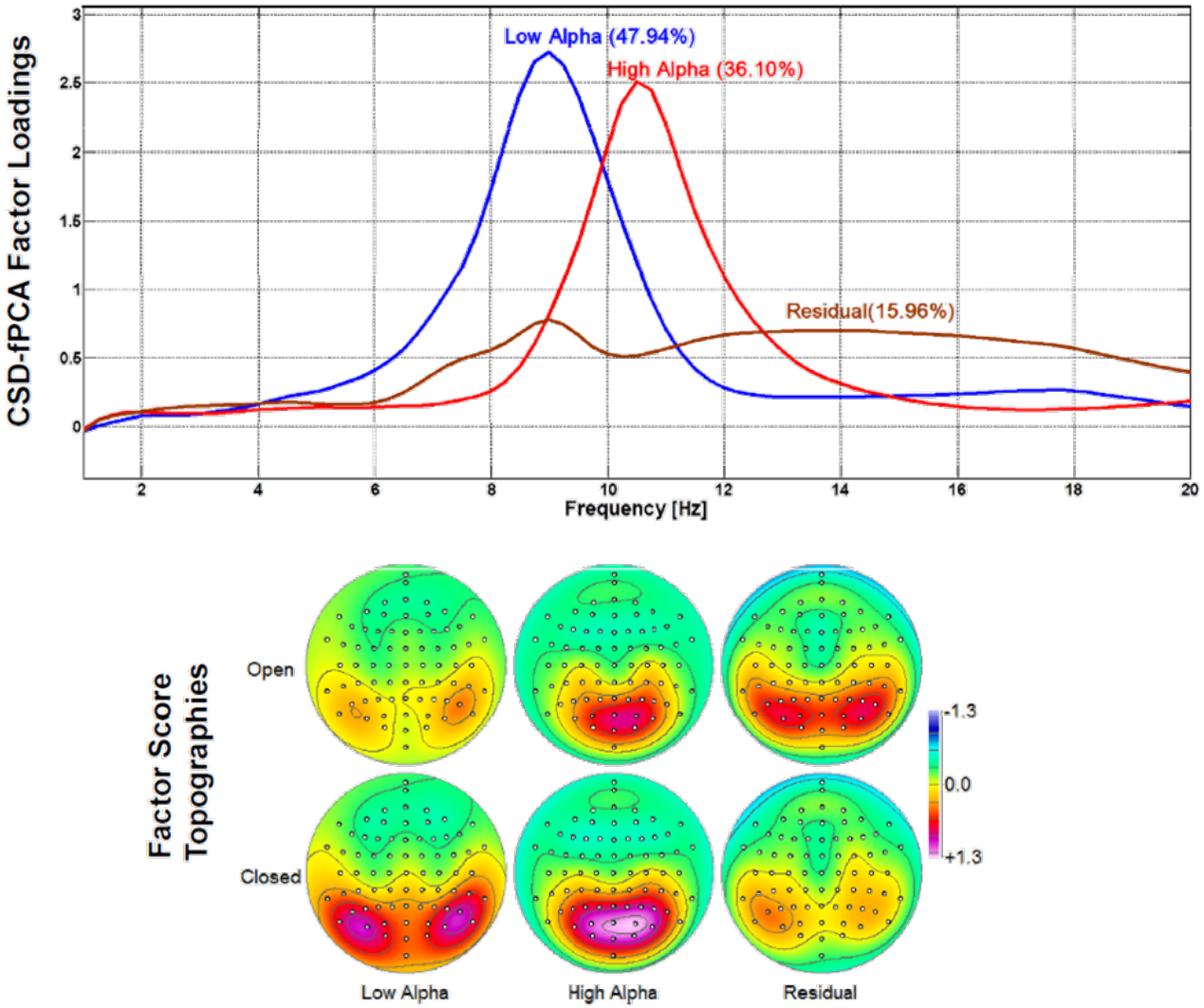

Table S1. Test-Retest Correlations of Overall Alpha at Parietal and Frontal Electrodes

	Overall Alpha Amplitude				Overall Alpha Asymmetry			
	Parietal		Frontal		Parietal		Frontal	
	Medial (P3/4)	Lateral (P7/8)	Medial (F3/4)	Lateral (F7/8)	Medial (P4-P3)	Lateral (P8-P7)	Medial (F4-F3)	Lateral (F8-F7)
Across Testing-Sites (N=35)	.837 ***	.867 ***	.728 ***	.883 ***	.485 **	.700 ***	.371 *	.593 ***
CU (n=10)	.788 **	.757 *	.802 **	.578	.313	.947 ***	.656 *	.471
MG (n=9)	.678 *	.902 **	.610	.981 ***	.493	-.333	-.098	.798 **
TX (n=9)	.966 ***	.991 ***	.955 ***	.936 ***	.576	.824 **	.428	.197
UM (n=7)	.905 **	.899 **	.344	.322	.596	-.008	.354	.432

*p<.05 **p<.01 ***p<.001

Test-retest correlations for overall posterior alpha (across conditions and factors) indicated high test-retest reliability across testing sites (r=.84). Although limited by small sample sizes, this correlation was also evidenced for the individual testing sites, ranging from *r* = .74 to *r* = .99. While the present study focused on regional measures of posterior alpha as a potential marker for treatment response, the comparison of corresponding amplitude and asymmetry correlations at frontal and parietal electrodes provides the opportunity to compare them to the broader literature on alpha asymmetries. Table S1 shows that parietal amplitude correlations were comparable to those for the overall posterior regional measures. Despite the low amplitudes of frontal alpha (cf. factor score topographies, Fig. S2), frontal amplitude correlations were also robust, albeit more variable across testing sites. The test-retest correlations for overall alpha asymmetry were smaller than those for alpha amplitude, particularly at frontal locations, and were extremely variable across testing sites or regions (medial, lateral).