Supplemental materials

A. SOPHIA: general therapist ICBT manual
B. SOPHIA: Manual Decision Support Tool (DST)
C. Interview Guide - Dark Red SOPHIA
D. Therapist and patient questionnaires

SOPHIA: general therapist ICBT manual

Version 2.3

Contents

ROUTINE – START OF TREATMENT FOR NEW PATIENT 2
Write your welcome message to the patient 2
ROUTINE – THERAPIST DAY 3
Managing patients on your therapist days 3
ROUTINE – JOURNAL NOTES 4
Instructions for notes in the star for what is to be documented 5
TIME LOGGING AND CRF 6
Automatic time logging of therapist time in the platform 6
Time logging and noting in CRF 7
What the symbols (flags) mean 7
Managing suicide risk 7
Inactivity 8
Close and note in the flag 9
Inactivity - despite the patient sending messages 9
7 days left of treatment 9
END OF TREATMENT 10
Therapy summary 10
CRF check and completion 10
Conclusion 10
ROUTINE – SPECIAL CASES 11
Patient wants to terminate prematurely 11
Extension of treatment time 11
Change of treatment 11
ROUTINE – ABSENCE/LEAVE 11
If you as a therapist have a leave lasting more than a week 11
GENERAL ADVICE FOR INTERNET THERAPISTS 11
General about the treatment work and providing support 11
General about feedback on module responses and messages 11
Content of feedback on module responses and messages 12
Therapist behavior in internet therapy (advice from the course videos) 13
ROUTINE – CHILDREN AS RELATIVES 13
Noticing children as relatives 13
Report of concern to Social Services 14

ROUTINE – START OF TREATMENT FOR NEW PATIENT

- The SOPHIA project coordinator initiates new patients for you in the platform. You will receive notification via email and/or SMS when you have been assigned a new patient.
- Log in to https://p2.internetpsykiatri.se/fou/admin.
- Click on "Participants" in the left menu, at the bottom under Select treatment choose "All treatments". Under the tab "My participants" you will see your patients and any flags.
- Once you have found your new patient, click on  for the respective patient (You are now entering the patient view and see the platform as the patient sees it).
- Then click on Participant Editing in the left menu (this cannot be seen by the patient, you will now enter the therapist view, which you also access by clicking on  next to the patient).
- Under the tab "Participant Information" read the assessment note from the journal in the "Notes" field to get a general overview of the patient.

Write your welcome message to the patient

- When you have been assigned a new patient and are about to send your own welcome message or respond to the patient for the first time:
- Click on "Therapist Contact" in the left menu and then select "Conversation View" (to see both messages from you and the patient).
- Read the general welcome message sent by the SOPHIA project coordinator.
- Write your own welcome message to the patient where you introduce yourself, mention that you will be in contact in the coming weeks, and reassure the patient that they are welcome to reach out with any questions. Refer to the SOPHIA standard texts appendix for an example template.
- The first time you write your welcome message, create your own template for it, e.g., in Word.
- Paste the text into the Message box, type e.g. "Welcome from your therapist" in the subject box, double-check that you have written the correct patient name, etc.

- Click "Send". (the patient will now receive an automatic SMS: "You have a new message on the website")
- Then leave this view by clicking on "To therapist interface" at the top and select "save" to log the therapist time you have just spent, which will automatically be displayed in the box. If necessary, you can edit the time (e.g., if you took a short break but remained logged in) indicated in the box or (in very rare cases) click on "No time" if you are not logging any therapist time. See separate instructions further down in the paragraph on Time Logging in the platform.
- If you have already received a message or module response from a new patient, you can respond to it according to the instructions under ROUTINE – THERAPIST DAY.

ROUTINE – THERAPIST DAY

Managing patients on your therapist days

- You log into the platform and manage your patients primarily on your three therapist days, which you plan yourself, according to the following rules:
    - At least one day between each therapist day.
    - The first therapist day is Sunday through Tuesday (preferably Monday).
    - The second therapist day is Tuesday through Thursday (preferably Wednesday).
    - The third therapist day is Thursday through Saturday (preferably Friday).
- No suicide risk assessments are made by us on weekends. For example, if one of your five patients has a suicide flag, the other four can be managed on the weekend, but the one with the flag will be addressed on Monday.
- If you have the opportunity and desire, you can also respond to messages from your patients on days other than your scheduled therapist days.
- Your therapist days can vary from week to week, meaning they do not have to be the same therapist days every week.
- On your therapist day, log in to P2 and click on Participants in the left menu, scroll down under Select treatment, and choose All treatments. Under the My participants tab, you will find all your patients.

- Here you can see which patients have flags and need to be addressed. If a patient has no flag, you can wait until the next therapist day (EXCEPTION: if you have arranged with the patient to contact them on that day).
- The most common flags are: or for unanswered messages from the patient or for inactivity. (Descriptions of all flags/symbols are found later in the cheat sheet).
- First, address patients with or flags via .
- Click on Therapist Contact in the left menu, then click on Conversation View to see new messages.
- Refer below for guidance on how to write messages under General Advice for Internet Therapists.
- Then follow the preparation routine:
    - Read the patient's messages/module responses.
    - Read what the patient has written in the current worksheets in the right menu.
    - If necessary, read previous messages from the patient.
    - Then click on Participant Editing in the left menu.
    - Check the patient's login information in the Participant Information tab (last login, number of logins, amount of time) to get an idea of how active the patient seems to be.
    - If necessary, re-read the assessment note in the Notes field.
    - Look at the Graphs tab to see how the patient's well-being seems to be progressing. Is the patient improving, unchanged, deteriorating?
- After reading and preparing, start drafting your response message in a Word document (which you then delete without saving after sending it).
- Go back to Therapist Contact and Conversation View in the left menu.
- Reply to the patient's messages by clicking on the reply arrow next to the message and paste your edited response into the text box. Click "Send" when you are finished.
- If the patient has completed a module, click on Participant Editing and select the Treatment Information tab. Check the box for the next module and then click Save at the bottom.


Modultillgång

Modul	Tillgång	Datum tillgång
1. Om depression och KBT	☑	2022-09-19
2. Beteendeaktivering	☑	2022-09-19
3. Mer beteendeaktivering	☐	
4. Hantera tankar	☐	
5. Mer om tankar	☐	
6. Oro och ångest	☐	
7. Hantera sömnsvårigheter	☐	
8. Fortsätta med övningar	☐	
9. Sammanfattning	☐	
10. Planering inför framtiden	☐	
Behandlingsplan	☐	

Spara

.6.11 | **P2 tema:** legacy | **P2 Domän:** fou26 | **Basadressen(base url):**

- If you think it would be beneficial to open the modules in a different order or open several at once, you must first bring it up in supervision.

- Finish by going to Participant Editing in the left menu and make a note in the "Temporary comment" box (the star field) according to the routines below ROUTINE – JOURNAL NOTE.
- It is IMPORTANT to ALWAYS, when you are finished with an individual patient, leave the patient view by clicking on To therapist interface and select Save to record therapist time. You can edit therapist time if, for example, you take a break during your work with the patient. See detailed instructions below under the heading Time Logging in the platform. (So do NOT click Log out when you have finished handling a patient).

ROUTINE – JOURNAL NOTE

- You write journal notes under the tab "Participant Information" in the box "Temporary Comment" (the star) according to the instructions in the table below, (the notes are then transferred by the administrator to the Take Care (TC) journal system).
- You can access the patient either via  + click on Participant Editing, or via  to access the "Temporary Comment" box (the star) under the "Participant Information" tab.
- The following events should always be noted in the "Temporary Comment" box (the star) for journaling:
    a. Feedback on module responses.
    b. More extensive messages/responses in P2 to the patient, which may be considered part of the treatment, as well as messages due to Inactivity in P2. Thus not short responses to messages from the patient, like "Glad to hear that it's going well!". If you are unsure, always ask your supervisor. SMS should not be noted here, only in CRF (see separate CRF instructions).
    c. Phone calls to the patient containing any form of assessment or treatment.
- NOTE! It is important to always use the text format in the table's gray boxes and to only note what is specified here, so that our administrator can clearly see what needs to be transferred to the journal.
- NOTE! Do not write TC!

Instructions for notes in the star for what is to be documented

Type of contact	Note in the star
Response to the patient's module answers.	YYMMDD (date of the message) Module response no. X /NN (your initials) EXAMPLE: 220325 Module response no. 3 /PB

Message/response to the patient, or message due to inactivity	YYMMDD Message /NN Or Message due to inactivity. EXAMPLE: 220925 Message /PB Or 220925 Message due to inactivity /PB
Phone contact	YYMMDD (date of the phone call) Phone /PB (use the headings below) Reason for contact (select one of the options below) Inactivity Therapeutic conversation Discussion about possible termination Current (brief overview of what was discussed in the call) Assessment (your assessment of the patient's well-being) Action (what action you/they took, e.g., some form of therapeutic intervention or providing the patient with information) Planning (what is planned going forward based on the above) EXAMPLE: 220925 Phone /PB Reason for contact Inactivity Current Patient informs that they have been ill and unable to log into the platform Assessment Patient is motivated to continue treatment as planned. Action Discussion about how the patient can proceed with the next module. Planning

	Patient will submit the next module response by the end of this week.

- Bookings and notes in TC are made by the administrator with a maximum delay of 24 hours, (except for suicide assessments which are documented on the same day, see separate routine).
- Every time you have a treatment contact with a patient on the platform via message, a note in the "Temporary Comment" box (the star) should be made.

TIME LOGGING AND CRF

Automatic logging of therapist time in the platform

- Noting the time spent on each patient is a crucial part of the SOPHIA study, as it is a significant aspect of the evaluation process.
- This is done in two ways:
    - Through the platform's automatic time logging of how long you are logged in with a specific patient (via ), including any manual adjustments you make to this time before leaving the patient.
    - By noting specific treatment actions you take in CRF in addition to the work done on the platform, such as calling the patient. What a CRF is and how to use it will be explained further below.
- In the platform's automatic time logging for therapist time (which appears when you leave the patient view by clicking To therapist interface), only the actual treatment work in the platform should be logged. This includes reading the patient's messages, module responses, and worksheets, writing and sending replies, as well as making journal notes in the star.
- If the time shown in the box is correct, click Save directly. If not, edit the time to make it accurate.
- If no time should be recorded, click No time.
- If too little time was saved, re-enter the patient via  and add the correct number of minutes.
- If too much time was saved, make a note in CRF about it under that section.
- Time that should not be logged as therapist time via the platform's automatic time logging, and which you may manually need to deduct from the time suggested by the platform when leaving a patient, includes:
    - If you take a break while logged in with a specific patient that is unrelated to treatment, such as receiving a short phone call, getting distracted by something, remembering something urgent you need to do before continuing with patient work in P2, or briefly stepping away from the computer and forgetting to log out (which should be done for privacy reasons).
    - If a patient is called without the therapist being logged into the treatment at that time, and the therapist later logs into the patient to

make a time note in CRF, THAT time should not be automatically logged as P2 time.
    - If you access a patient during supervision or to look at something or show something for a purpose unrelated to the patient's treatment, such as something related to research in the SOPHIA study.
    - Finding basic information about the treatment, such as reading treatment modules to learn about the treatment. However, quickly checking something in a module while writing a response to the patient should be logged as therapist time.
    - Supervision (group and individual).
    - Notes in CRF

Time logging and notes in CRF

A Case Report Form (CRF) is used in clinical research studies to gather everything important to understand the participant's journey through the study (as opposed to the journal, which only documents the care itself).

NOTE! Some activities are noted in multiple places, for example, if you call the patient, it should be noted both in the star journal and in CRF. The following are activities that SOPHIA therapists should always note and time-log in CRF (other CRF notes are made by the SOPHIA study coordinator, among others in the research group).

- Phone calls with the patient.
- Letters to the patient.
- Deviances such as: prolonged inactivity, the patient is away, the patient is ill, the patient has technical issues with P2 or login problems, the patient terminates prematurely, etc.

For further instructions, see the SOPHIA CRF Instructions A/B appendix.

What the symbols (flags) mean

Information about what each flag means will appear when you hover over the flag. Sometimes flags may appear duplicated, in which case you can close all extra flags and keep the one you need to handle. Flags are managed by accessing the patient via  and clicking on the Flags tab.

 = Message left today (after 00:00).

 = Message left yesterday (before 00:00 today) or earlier.

 = Scored 4-6 on MADRS-S suicide item (question 9 about zest for life).

= (usually) No message left for 7 days.

= (usually) No message left for 11 days.

= 7 days left until end of treatment.

= Patient's treatment time is concluded.

= Patient is in treatment but lacks a psychologist (NOTE! Only for coordinator).

= Measurement flag, hover over the flag to see which measurement it reminds of.

= Measurement delayed or missed, hover over the flag to see which measurement it pertains to. It could, for example, concern:

Patient has not filled out follow-up assessment 14 days after activation (i.e., 7 days after end of treatment).

Management of suicide risk

As a therapist, you never conduct any suicide risk interviews. That responsibility lies with supervisors and KAP.

- = the patient has scored 4-6 on the MADRS-S suicide item 9. NOTE! KAP has the main responsibility for this flag and monitors it daily.
- If patients write something that worries you in a message, you should immediately contact the supervisor or KAP.
- Patients included in treatment are managed by KAP based on the suicide assessment routine in the Suicide Assessment Guide.
- The clinical responsible psychologist (KAP) of the SOPHIA project has the main responsibility for monitoring and assessing suicide risk.
- The KAP of the SOPHIA project writes a note in the star indicating that management is ongoing, with the date and name of the person making the assessment.
- The KAP of the SOPHIA project closes the flag once it has been handled via Participant Information, Flags, and notes the action taken, e.g., "suicide interview conducted, low risk."
- The KAP of the SOPHIA project also makes a journal note in the star field (e.g., management, plan, or agreement).

Inactivity

Standard procedure (modifiable based on need in consultation with supervisor):

1. First flag = the patient has not written a message for 7 days. Send SMS, see templates in the SOPHIA standard texts appendix. SMS is sent via the

External contact tab when you access the patient via or via Participant Editing if accessed via .

2. Second flag appears (usually after an additional 4 days) when the patient continues to be inactive. Send a platform message by accessing the patient via , see template in the SOPHIA standard texts appendix.
3. Third flag appears again after 2 days of inactivity. Call the patient, try repeatedly. The goal of the call is primarily to help the patient progress in treatment by making a concrete agreement with a deadline. Secondly, we should help the patient have a good conclusion if it is truly impossible to find a way forward. NOTE! Check with supervisor before deciding on closure.
    - After calling a patient - Always make a journal note in the "star". Remember to also note the phone call in the patient's CRF.

Calling

- When the -flag appears and you have already reminded the patient to contact you twice (first via SMS and then platform message), it's time to call.
- First, check previous activity. Many previous flags? When was the last login? Long intervals between messages? How is the treatment progressing? How many modules have been completed and how much time remains?
- Call the patient to discuss the next steps. Agree with the patient on how to proceed: Primary focus on continued treatment (possibly with deadlines for module submission or making a plan to work at a slower pace) or secondarily closure (possibly a follow-up visit for referral). Discuss the matter with your supervisor.
- NOTE! If there are signs of increased suicide risk and you cannot reach the patient, discuss with your supervisor.
- Close the flag when it has been handled. The standard practice is to reopen it in 4 days if the issue persists. Optionally choose fewer days. Note in the star field if there is anything that should be recorded.

Sending a letter

- If the patient does not respond according to the agreement you made over the phone, or if you cannot reach the patient after several contact attempts by phone, a letter should be sent. NOTE! After several contact attempts, make a note in the Star that you have tried to reach the patient.
- Contact your supervisor or coordinator for letter management.
- The letter should indicate when the patient will be discharged if they do not respond. Assess whether the patient should be called for a follow-up video visit if they are discharged and include this information in the letter if necessary.
- Make a note in the Star indicating that you have tried to reach the patient without success and that a letter has been sent, as well as any deadline specified in the letter.
- Also send a platform message with the content of the sent letter.
- Close the flag with reopening on the agreed deadline.

Close and note in the flag

Remember to always close the flag when it has been handled via the Flags tab. Then go to the patient via ✏, click on the Flags tab, access the current flag via the ✏ symbol and make a note in the "message sent" box, check the box to close the flag with this note, and click save.
Manually change to 2 days until reflagging, write "SMS sent" in the box, and click save.

- Click on ✏ and note your action in the box, e.g., "Message/SMS sent". Choose the reflagging time, the standard is 4 days initially (after the platform message) and 2 days (after the SMS, if the patient continues to be inactive). Save and close.
- If the patient sends a message after the flag appears but before you have contacted the patient, you can close the flag directly by clicking on quick close, if it hasn't been automatically closed.

Inactivity - despite the patient sending messages

- If the patient sends messages but does not submit module responses for 3 weeks, set a deadline for when the next module response should be submitted, and if the patient does not meet it, discuss alternatives with your supervisor. If the patient meets the deadline, continue to follow up with deadlines for the remaining treatment period.
- If the patient sends messages but does not progress in treatment, discuss solutions with your supervisor.

7 days left of treatment

- 🔻= 7 days left until the end of treatment.
- Send a message stating that there are 7 days left. Use the standard message found in the SOPHIA standard texts appendix.
- Send a reminder SMS via External contact. You will find reminder SMS in the SOPHIA standard texts appendix.
- Simultaneously with the 7-day flag, the follow-up assessment is activated, which is important for research and follow-up. When the patient logs in to read the message, they will necessarily have to complete the follow-up assessment first.
- After sending the message + SMS, write in the star:

- "230125 7-day sent /PB".
- In connection with sending the message, the last module in the patient's treatment should always be opened regardless of how far the patient has progressed otherwise. NOTE! Open only module 10; any other potentially unopened modules will be automatically opened after completion.
- The patient will receive a follow-up call (phone/video). Someone from the research team will contact the patient to schedule the follow-up call.
- Adapt the 7-day message you send to the patient based on your assessment.
- NOTE – keep the -flag open until you see that the patient has completed the follow-up assessment and responded to your 7-day message.
- Close the flag when the patient has completed the follow-up assessment via Flags.

END OF TREATMENT

The day after the last day of treatment, the stop flag appears:

= Patient's treatment time is completed, which means that the therapy summary should be written, a new reminder SMS about the follow-up assessment may also need to be sent, and you must carefully go through that you have made all the notes that need to be made in the patient's CRF (and check that these are filled in correctly).

Follow the steps below for therapy summary, CRF check and completion, and reminder about the follow-up assessment:

Therapy Summary

- Follow the template in the SOPHIA Treatment Summary Guide.
- Access the patient via and navigate to the Participant Information tab. Paste the summary into the Temporary Comments box with the heading: 221011 Summary /NN (your initials).

CRF Check and Completion

Ensure that the CRF for treatment interventions is correctly filled out and that you have completed the CRF for follow-up notes.

- Note the duration of treatment time automatically logged by P2 for the patient via and the Participant Information tab. Review this time and make an assessment whether it, along with the time logged for various phone calls etc. in the CRF, collectively represents a reasonable estimation of the time you have spent. This should be confirmed in a specific section of the CRF, where suggestions for correcting logged time should also be made if you discover any significant discrepancies that have been missed in previous corrections when logging out from a patient.

Reminder for Follow-up Measurement.

- NOTE! Send an SMS to the patient if the follow-up measurement has not been completed. This is crucial for quality monitoring and research purposes! Refer to the SOPHIA standard texts appendix for the message template.
- Once you have finished writing your treatment summary and pasted it into the "star" field, the SOPHIA project coordinator will take over the task of chasing any outstanding follow-up measurements.

- If the  -flag appears for an undone measurement, make a final effort to obtain the follow-up measurement through an SMS reminder (but two reminders in total are sufficient). Therefore, the patient will receive two SMS messages if you follow the reminder routine for the  -flag and  -flag.
- When all closing procedures are completed, click yourself off as the therapist via  under the Participant Information tab. At this point, the SOPHIA project coordinator will take over responsibility.

ROUTINE - SPECIAL CASES

Patient wants to terminate treatment prematurely

Call the patient

- Investigate the reason. Are there any misunderstandings that can be clarified? Is it related to performance anxiety? Can you motivate the patient to give it a few more weeks?
- If the patient feels that the program does not address their issues, inquire about what the patient wants help with and consider the possibility of switching treatments (if the patient's issues/diagnosis fall within the scope of the SOPHIA project). Before any potential switch, always consult with your supervisor first before making a decision.
- If the patient decides to continue with the treatment, proceed as usual and make a note in the Star field.
- If the patient decides to terminate the current treatment, hand over to the SOPHIA coordinator for booking a follow-up appointment.
- NOTE - In case of elevated suicide risk or significant care needs, hand over to your supervisor.

Extension of Treatment Duration

Decision

- The decision to extend the treatment duration by a maximum of 2 weeks for an individual patient can only be made by the supervisor. Extensions are very rare and only granted for very specific reasons.

Change of Treatment

If the Patient Was Started on the Wrong Treatment Initially:

- Notify the coordinator, who will restart the patient on the correct treatment.

If the Therapist and/or Patient Contemplate Changing Treatment During the Course of Therapy:

- First, discuss the matter with the supervisor regarding the switch. Usually, it's advisable to have a discussion with the patient over the phone before making

the switch. If necessary, such as when a new diagnosis needs to be made, the patient should be called in for a new assessment session with a psychologist.

Routine - Absence/Vacation

If you, as a therapist, have a vacation lasting more than a week:

- Check with your supervisor and send an email to the coordinator at least one week in advance stating the days you plan to be away.

General Advice for Internet Therapists

Regarding treatment work and providing support:

- The treatments are self-help treatments with psychologist support, meaning that the treatment content largely consists of modules with their worksheets. The psychologist acts as a support to guide the patient in treatment and assist when needed.
- Keep in mind that the need for support varies greatly at different stages of treatment and from person to person.

General Feedback on Module Responses and Messages

- Before you begin working on the module response or message, remind yourself of what the patient has been working on (by reading worksheets and module responses) and assess how they are doing through the preparation routine above.
- In providing feedback, the general approach is to highlight, reinforce, and commend what the patient has done and the steps they have taken in treatment.
- Feedback doesn't need to address everything the patient has written or done in the module; the most important thing is to assess whether the patient has grasped and internalized the content, and to help them progress in treatment.
- However, it's helpful to have a small section in the feedback that clearly addresses something the patient has written about in a response to a question or in a worksheet. This increases the likelihood that the patient feels seen and acknowledged because you show that you've noticed what they've written.
    - A good method for briefly reflecting/summarizing what the patient describes is to handle several difficult, but not treatment-related issues that the patient brings up with a summary reflection (where you can choose to highlight one of those issues): "I can really understand that you're struggling with everything you describe. One thing that I particularly thought about..."

- Avoid asking questions or follow-up questions unless it's about something extra important, as it risks leading to "parallel treatment" and taking focus away from the core methods.
    - If there's something you want the patient to think about more, questions can be reformulated, for example: "Please consider..." Or you can clarify that they are rhetorical, for example: "Questions to ask oneself might be: ..."
- In cases where the patient hasn't grasped the content or is having difficulty progressing in treatment, problem-solve and suggest strategies that can be used for the patient to move forward. If the difficulties concern module responses, assess whether the patient has internalized enough to move on to the next module or instead needs to work a bit more on the current one.
- Keep in mind that treatment time is limited. Remind the patient that it pays off in the long run to actively engage in treatment during the treatment period.
- The different treatments have different core methods. Keep the basic method(s) of treatment in mind and constantly return to this/these in contact with the patient. This makes it easier for the patient to maintain a thread in their work and focus on what is most important.
- For example, behavioral activation and cognitive restructuring for depression treatment, and exposure/behavior experiments in anxiety treatments.

Feedback on Module Responses and Messages

The structure and content of a module response or message may vary, but common elements to address, roughly in this order, include:

- Encouragement for how the patient has worked on the treatment.
- Validation of what has been challenging in the treatment process or how the patient is feeling.
- Positive feedback on what the patient has understood and accomplished. It's often helpful to summarize this in a paragraph rather than repeatedly going through each part separately. Also, explain why it's beneficial that the patient has understood or done this particular thing and how they may use it in the future.
- Feedback on the content of worksheets or something the patient has written in the module response. Highlight something you believe is especially important for the patient to continue working on or an insight that may be useful to reinforce.
- Correction if there is something the patient has misunderstood. To maintain a friendly tone, it's helpful to link the correction to something the patient has actually understood. Also, remind them of the rationale for the method when correcting. Refer primarily to the modules instead of writing your own lengthy explanations.
- Something the patient may benefit from focusing on in the next module or in general. Is there something in the core method the patient should focus more on?

- Connect something the patient or you have written to the next module or something that will come later in treatment. This way, you can convey hope and clarify how the patient should continue working and what comes next.
- Closing words indicating that the next module is open and the patient is welcome to reach out with questions and anything else.

Note that a message rarely includes all these parts; a condensed version of all the points above is that a message should include: validation, problem-solving, and forward direction.

Therapist Behavior in Internet Treatment (Advice from the Course Videos)

- Be a therapist (not a friend) in your interaction with the patient.
- Start and end your messages "formally."
- Be personal but cautious with jokes. Jokes can become avoidance or make the patient afraid to be serious.
- Validate and confirm.
- Example of validation: "I notice from what you're writing that you're really struggling right now. It sounds incredibly tough to go through so much in such a short time."
- Confirmation is not the same as praise. Example of confirmation: "I'm glad to see that you've really committed to exposure! It also seems to have had a positive effect so far, don't you think?" Be specific instead of generally encouraging.
- Explain misunderstandings (if important). A correction is often punitive.
- Try to reinforce while explaining when it's important. Reinforce desired behaviors, extinguish or address unwanted behaviors. This includes not at all, or very briefly, responding/commenting on long descriptions/stories that patients make but that are not clearly related to treatment.
- Use summaries. Clarify what the patient is doing that is effective.
- End by describing the next step and giving encouragement.

ROUTINE - CHILDREN AS RELATIVES

Attention to children as relatives

- As therapists, we have a responsibility to be aware when minor children of our patients need information, advice, or support. To address this, the patient receives information about the document "To You with Children in Your Environment" in their first message from us. This document provides advice on how the patient can talk to their children about their difficulties. The patient is also encouraged to ask their therapist about this topic if needed.

The therapist can provide advice through messages on the platform or phone calls if deemed appropriate. We do not offer reception visits focusing on the child's perspective.

- If the patient does not come with a specific question about the children, it may still be appropriate for the therapist to address issues related to the children. This is done based on the therapist's own assessment of the situation. Discussions on this topic can be initiated if, for example, the patient mentions being easily irritated with their children or if it becomes apparent in any other way that the patient's well-being is affecting the children.
- If support is needed, please consult the child advocate (via the supervisor).

Report to Social Services

If there is concern for a patient's child (or any other reportable event) during assessment or treatment, an immediate report should be made to social services.

It is possible to call social services in the patient's municipality in advance to consult and, if necessary, receive further instructions (you can discuss the case without providing identifying information if you first want assistance in determining whether a report should be made or not).

Therapists consult with supervisors before making a report, but legislation always determines how each individual acts. Everyone has a responsibility to follow the law.

The patient should be informed about the report before or at the time it is made. If this is not possible, the patient should be informed of the action afterwards. There are cases where the guardian is not informed that a report is being made/has been made, such as when the guardian has subjected the child to violence. In such cases, it is advisable to call Social Services in advance for advice. Assess whether the patient should be offered an appointment at the clinic to discuss the report and the situation further. In some cases, you may have already met with the patient and discussed the report or had a discussion over the phone. Seek assistance from managers/head physicians/child advocates in your assessment regarding the need for a follow-up appointment if necessary.

SOPHIA: Manual Decision Support Tool (DST)

Purpose of the decision support tool

The decision support tool is a guide on how clinicians should act with different patients and make clinical decisions. The decision support tool consists of two parts:

1. The technical interface that shows information about how things are going and predictions for how the treatment is likely to progress for a particular

patient. The predictions concern symptom assessments and the level of activity in the treatment. Here, a summary recommendation in the form of a color signal is provided to you as the clinician.
2. This quick guide that describes in detail how to interpret and act on the information and recommendations provided by the decision support tool.

Background to the decision support tool

Several previous studies have shown that clinicians can benefit from support in assessing and monitoring how a patient's treatment is progressing and what the final outcome will be. It is natural for clinicians to focus on helping the patient here and now, and as clinicians, they may have an optimistic view of the treatment outcome and convey hope to the patient. This, among other factors, can make clinicians somewhat blind to when treatment is stagnant or not progressing in the right direction. Many studies have shown that when clinicians are helped to pay attention, especially to treatments that are at risk of achieving inadequate or even negative results, the final outcome improves because adjustments can be made in time.

How does the decision support tool work?

A central part of the decision support tool is, as mentioned above, the prediction made regarding the final treatment outcome the patient will receive. The decision support tool helps the clinician determine which patients need extra help, which can be expected to manage with a standard level of assistance, and which seem to be achieving a good outcome and may manage with fewer and shorter interventions from the clinician. The quick guide then provides closer guidance on what the clinician should do. The hope is that the clinician's time is used better and more tailored to each patient's needs, and that overall treatment effects are improved.

In this study, we are testing predictions made using machine learning (ML). Since internet-mediated treatment collects a large amount of structured data, there is a good basis for using ML methods. The purpose of this is to provide clinicians with automated predictions with high precision.

Here is a brief description of what ML is and what it does in this project. Wikipedia defines ML as follows:

"Machine learning is a field within artificial intelligence concerning methods for 'training' computers with data to detect and 'learn' rules to solve a task, without explicitly programming the computers with rules for that task. The field overlaps with statistics, computer vision, and pattern recognition."

For this study, machine learning (ML) has been used to train on clinical data for approximately 6000 patients who have undergone the same treatment program as the one we are using. With ML, complex patterns are identified in a very large amount of data, including relationships between these patterns and the patient's treatment outcome. With support from the training, various ML methods can make predictions when given treatment data from a new patient. The data that the machine has been trained on and analyzes for new patients include:

- Patient's gender, age, and any comorbidities.
- Date of treatment initiation.
- Symptom ratings for primary diagnosis + depression (sum of weekly ratings + pre- and post-assessment, selected items, and timing of assessments).
- Homework assignments (if the patient has filled out the homework report, number of reports sent, and number of characters).
- Messages (Number and length for patient and therapist).
- Worksheets (Number of characters and words).
- Logins (number, timing, number of days with and without login, longest period without login, total time logged in).
- Treatment credibility scale, sum week 2.

Different data have different importance for the predictions. Roughly speaking, we can say that on average, predictions are influenced by 55% by symptom ratings, 30% by homework assignments, and 15% by other variables.

The decision support tool's prediction of the patient's symptom-rated treatment outcome is then categorized as successful or unsuccessful treatment. The threshold for successful treatment is defined in two complementary ways:

1. The outcome falls below the remission threshold, i.e., the threshold for when the patient is considered ill. Patients who fall below this threshold are usually referred to as remitters.
2. The outcome corresponds to a reduction in symptom ratings from before to after treatment of 50% or more. Patients who reduce their symptom ratings by 50% or more are usually referred to as responders. Using a percentage change is considered fair regardless of whether the patient starts with a very high rating or is relatively low. For example, it is probably equally difficult/good to go from 40 to 20 on MADRS-S as it is to go from 20 to 10.

Limitations of the decision support tool and your interaction with the decision support tool

The decision support tool provides predictions and advice on how therapists should act. The prediction is a strong signal, but it is not 100% certain, so it is always the responsibility of the therapist and supervisor to make the final decision on what to do.

In addition to the information from the decision support tool, decisions in treatment are guided by a general precautionary principle, to err on the side of giving too much treatment rather than too little. For example, when there is a change in colors in the recommendation, if a patient who was previously classified as red later becomes green, the therapist sticks to the red adapted plan for a period. At the same time, in the reverse scenario where a green patient becomes red, the therapist immediately abandons the green plan and starts to assess what actions the patient needs. In other words, it's better to adapt and provide extra measures a little too much.

It is important to consider that although many factors are taken into account in the decision support tool's prediction, it knows nothing about other factors that may affect the patient. This is often referred to as the "Broken leg" scenario, where a very rare event with significant impact occurs. It is impossible for the decision support tool to account for and is therefore something that therapists must consider in their clinical assessment. The clinical assessment should be based on a comprehensive picture that takes information from the decision support tool + other facts that the therapist has about the patient and treatment.

A clear strength of the decision support tool compared to humans assessing is that it does not get stuck on any particular factor or in any particular "causal idea" and thus forgets to consider others, nor is it impulsive or easily influenced.

General description of the graphs

Recommendation

This color signal is the primary guidance for you as a therapist. The color signal continuously categorizes the patient into one of four different colors. The colors are based on the decision support tool's prediction of the patient's symptom rating at the end of treatment and constitute the overall recommendation to you as a therapist. Detailed guidance for the different color categories is provided further down in the section Guidance based on the decision support tool's recommendation and graphs. General description of the color categories:

> Green – the patient is likely to do well = the symptom rating is likely to fall below the threshold for successful treatment. The therapist should consider spending less time on the patient.

Yellow – the prediction is not confident enough to give a green or red recommendation. The therapist works according to the usual setup in the Therapist Guide. After week 6, the decision support tool will no longer show yellow.

Light red – there is a risk that the patient's treatment will fail, i.e., that the symptom level will not fall below the threshold for successful treatment. The therapist is recommended to take certain actions and be more vigilant about further developments.

Dark red– there is a significant risk that the treatment will fail. This means that the therapist must take certain actions and is recommended to consider more than that.

Further down under each color category, detailed descriptions are provided of how the therapist should, or in several cases, MUST act. The extent to which you should follow the instructions based on the color signal varies; some actions are essentially mandatory, while others are more optional based on your own clinical judgment. If you feel unsure, always consult your supervisor. Generally, you should always consider your own assessment of the patient, and if something seems wrong or strange, you should discuss it with your supervisor. You must not deviate from the decision support tool and the guide without consulting your supervisor.

Actual values and predicted outcome with confidence intervals

This graph shows the actual weekly ratings that the patient has responded to so far, as well as the decision support tool's latest, best prediction of the outcome. The prediction is displayed with two confidence intervals (90% and 50%) indicating how confident the prediction is. If the patient has missed filling in a weekly rating, you will see a red cross between the other weekly ratings. The graph also includes a dashed line indicating the threshold for "successful treatment," meaning the threshold for remission and/or response.

This graph, along with the graphs Activity Index and Historical Predictions of Outcome per Week, are intended to provide the therapist with background information to analyze the patient's situation and treatment. They complement the color signal in the Recommendation and do not provide specific guidance on how to act.

Activity Index

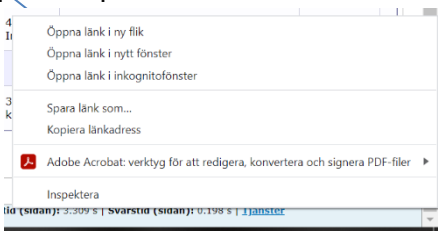
This graph shows with the gray horizontal bar how active the patient has been since the start of treatment, compared to how active patients usually are in the week the patient is currently in. The gray area shows from 0 to 100% how active the patient has been in the current week. The black dot, with confidence intervals at 50% and 90% shown in two shades of blue, is a prediction of the patient's total activity throughout the treatment at completion, also in relation to how active patients have historically been.
Historical predictions of outcome per week

This graph shows how the predicted outcome has developed week by week, with confidence intervals (50% and 90%).

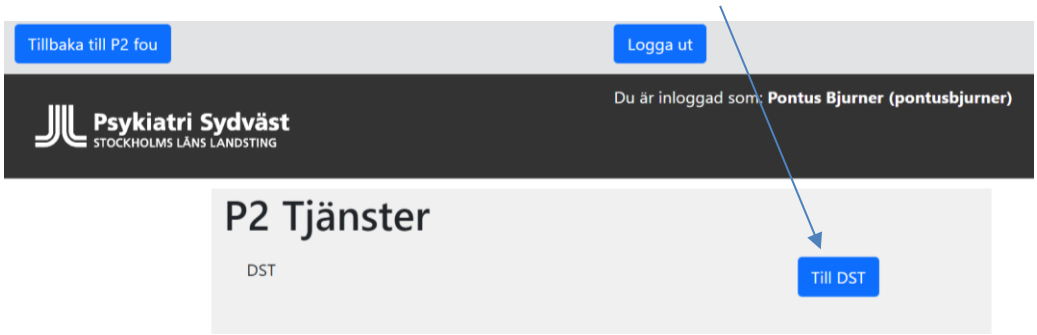
The daily work with decision support tool

When you log in to P2 to start a work session, do the following:

1. Right-click at the bottom right of the page on the link named "Services" and select the option "Open link in new tab":



2. Go to the new tab/page and click on: **To DST**



3. Use/look at the decision support tool **every time you work with a patient in P2.** Remind yourself if there is already a plan for adapting the treatment from the previous week and how it relates to the current color category. Look at the patient's information in the decision support tool and here in the guide to determine how to proceed with the patient.
4. **NOTE! Important EXCEPTION!** Yellow, green, and light red patients who notify that they want to terminate/discontinue treatment should be considered dark red and handled according to the instructions below.
5. At the end of the workday, or during longer breaks, log out and close the decision support tool.

Guidance based on the decision support tool's recommendation

General principles regarding decision support tool and treatment adaptation

The SOPHIA study is based on adapting treatment using decision support tool for patients who need it, thereby preventing treatment failures and reallocating time to patients with the greatest need and where it can make the most difference. Patients receiving adapted treatment and extra support should indeed receive more time and be treated more individually – especially in terms of the format of the contact, but also, if necessary, with other interventions such as problem-solving, extra modules, or spending more time adapting existing techniques based on a behavioral analysis of the patient's situation/problem. At the same time, we should not provide extra support unnecessarily and therefore distinguish between light red and dark red patients. Both categories likely require adaptation, but for the light red ones, we start with a less time-consuming assessment/analysis, while for the dark red ones, we delve into analysis, support, and adaptation more quickly and extensively.

Yellow

General guideline

This recommendation corresponds to how you should work with the patient based on the general guide. That is, you should not do anything extra, but you should also not minimize your effort. You follow the general guidelines in the general guide for writing messages, managing any flags for inactivity, suicide risk, etc. You spend an average normal amount of therapist time (=15 min/week) and should have a normal level of vigilance, continuously assessing how the treatment is progressing, and guiding the patient forward within the normal framework. Yellow indicates that we do not know with sufficient certainty how it will go for this patient and therefore do not increase or decrease the intensity of the treatment work. If the therapist wishes to deviate from the guide, it must first be discussed in supervision with the supervisor.

Until week 1, all patients are yellow regardless of the predicted final value. From week 2 to week 5, the yellow recommendation is gradually phased out (see table), and from week 6, yellow disappears completely, and patients are only categorized as green, light red, or dark red. The reason for this is that the general safety in prediction is initially lower and then increases, so we want to be a bit cautious about how we categorize and adapt treatment in the first few weeks before becoming clearer from week 6.

Week	The proportion of yellow patients
1	100%

2	70%
3	50%
4	25%
5	10%
6	0%

Special scenarios for yellow patients and how to act:

- If a yellow patient has previously been light or dark red, you should stick to the previous planning and the actions that have been agreed upon.
- If a yellow patient has previously been green, you should immediately stop minimizing the amount of time you spend on the patient and follow the guidelines outlined for yellow patients.
- If a yellow patient who was previously light or dark red continues to be yellow after one week, an assessment should be made in supervision about when and if it is time to scale down the action plan.

Green

General guideline:

A green recommendation means that it is highly likely that the patient will do well, and therefore, you should focus on not doing more than necessary in the treatment. One purpose of the decision support tool is to help you better distribute your time based on each patient's needs. For green patients, it is primarily about limiting your working hours so that you can spend more time on patients with greater needs, i.e., light and dark red patients. For patients categorized as green by the decision support tool, it is crucial that they average no more than 10 minutes of therapist time per module. Some green patients and modules may take slightly longer, but this should be compensated by other green patients and modules progressing more quickly.

Rules for green patients:

- Maximum of 10 minutes of therapist time per module on average throughout the patient's treatment. In exceptional cases, more time may be spent on an individual patient, but this should be compensated by shorter times for other patients or later modules for the specific patient.
- Never introduce new material or new methods.
- Never start early with upcoming content by writing in messages how to, for example, work with mindfulness; instead, refer to it coming in module X.
- Avoid referring to other help during the treatment - see above about what to do if the patient has many other things they want to address.

- Do not spend more than 10 minutes per week chasing a patient classified as green even if they are not progressing in treatment. If you reach the patient after a long time/many attempts, continue "as usual" and stick to 10 minutes per module.
- Be careful to stick to the main diagnosis of the treatment. This applies primarily to panic disorder and social phobia. Depression is a broader diagnosis, so for these patients, it is okay to focus on other problem areas in the patient's life that likely affect depression.
- For panic disorder and social phobia, it is easy for a therapist to digress into topics that seem to affect the main diagnosis (e.g., stress management, pain, relationship problems, unemployment, conflicts, etc.), but in these treatments, we cannot and should not solve all of that. Instead, we focus on what the treatment is designed for, thereby giving the patient better conditions to address their situation (see below for specific tips on how to write). Of course, you can validate that the situation is difficult if it is, and provide contact information for, e.g., women's shelters, encourage contacting a job coach, or refer to discussing the problem at follow-up after treatment, but this can be done in a short sentence, and it is not where the focus should lie, i.e., as a therapist, you do not need to follow up and push for it. Keeping it brief about other issues is also a clear way to demonstrate which parts of the treatment to focus on - to socialize the patient into the treatment. Also, remember that the patient sought treatment for their main problem, and it is validating for you as a therapist to focus on that.
- If you want to deviate from these rules, you must discuss it with your supervisor first.
- Also, read through what extra support entails so you know what not to do with a green patient.

Special scenarios for green patients and how to act:

- If a green patient has previously been categorized as light or dark red, you should adhere to the previous planning and agreed-upon measures.
- If a green patient was previously categorized as yellow, you should immediately start minimizing the time you spend on the patient.
- If a green patient who was previously categorized as light or dark red continues to be green after a week, an assessment should be made in supervision about when it might be time to scale back the action plan.
- After week six, the yellow recommendation disappears completely, which means that a patient who has been yellow for several weeks becomes green. If you have a green patient following that pattern, it may be good to continue seeing that patient as more yellow than green and rather follow the yellow guidelines.

Help strategies to limit therapist time with green patients:

Patients who bring up many other problems:

- If normal socialization does not help, a feasible approach may be to actively request permission to focus on organizing the treatment's focus, for example: "You have brought up many things that I understand are affecting you very negatively - what you describe sounds very difficult, and I really understand that you do not want it that way in your life! At the same time, I don't see that we can solve everything in this treatment, so my suggestion is that we now focus on depression/panic disorder/social phobia, as it has proven to be the best way to get things in order. It is also true that your main problem affects a lot of other things, and therefore, there are all possibilities that some of what is problematic right now can resolve itself when it gets better. Then we can also arrange it so that if you want help with other things when we're done with the treatment, I can help you find a treatment where you can work on them. Would that work for you?"

Participants who communicate very frequently:

- Respond succinctly. If many (follow-up) messages are received, consider postponing your next response for a couple of days. Especially if the participant's messages are mostly social, this is a good strategy. For participants who are doing well, you don't need to work on the relationship by being extra social and responding to everything (that's what extra support is for!).
- If you decide to postpone the message(s) from a participant, send a brief reply to the participant stating something like "I will get back to you with a response on Friday." Then, do not read the participant's message until you plan to respond to it later.
- Carefully consider each follow-up question you ask. Does your question relate to the main problem or techniques/strategies/difficulties directly related to the treatment? If not, consider whether the question is really necessary. For participants who are doing well, you don't need to work on the relationship by being extra social and commenting on everything (however, it's great to do this with Extra Support!). Your own writing behavior affects the participant a lot - think about how you socialize the participant into the treatment.
- Sometimes, it may be necessary to explicitly state that you do not have the opportunity to respond to everything the participant brings up. In a polite way... (see example above).

- If you have needed to write at length to clarify something, remember to then move on by responding briefly and focusing on the main problem, even with long-winded participants.
- It is entirely acceptable to "hold the participant" (accommodate their anxiety!), validate, be kind/understanding, problem-solve around the current module/homework, clarify the material, and explain the methods in other words (but not to exceed 10 minutes per module).
- Feel free to mention that "It will come later, in module X" if the participant seems to need or request to work with a technique or method that comes later in the treatment.

Light Red

General Guideline

It is relatively certain that a light red patient is at risk of achieving a "failed" treatment outcome and therefore the treatment should be adapted. However, compared to a dark red patient, the risk of failure is lower, and therefore the assessment of problems and actions/adaptations is not as extensive and time-consuming as for dark red patients. Instead of directly calling the patient and conducting a full interview, you should start by activating an assessment form on the treatment platform and ask light red patients to log in and fill it out.

Assessment of Problems and Barriers Regarding Treatment

Activate the P2 form **SOPHIA Assessment Light Red** and send an SMS to the patient urging them to log in and fill out the form.
Example of SMS:

(NOTE! Adapt as needed)

"Hi (patient's first name),

Log in to the platform and answer a few questions that can help us adapt your treatment in the best way possible. Regards (your first name)"

If the patient has not responded within two days to the assessment form, send a new SMS reminding them to log in and fill it out by the next day, and mention that you will try to reach the patient from a hidden number thereafter. Make a reminder to yourself to call next week if the patient has not filled it out.

Call the patient the following week if the form is still not filled out. In the phone call, go through and fill out the form with the patient. EXCEPTION:

1. The patient has changed color. Then follow the guidelines for the new color.
2. If there are 2 weeks or less left of treatment, you should call the patient the day after the first SMS if the form is not filled out.

Assess based on the patient's responses in the assessment form (in combination with other information you have about the patient) what obstacles or problems you can see in relation to succeeding with the treatment. Assess if these are significant enough and let them form the basis for one or more adaptive measures.

Adaptations and Measures

If no significant problems have emerged, you can wait to take any actions, provided that your supervisor agrees with this assessment. However, make a note to yourself to actually take at least one action after another 1-2 weeks if the patient is still light red.

Keep in mind that the measures overall should be less time-consuming for light red compared to dark red patients. Refer to the "**Measures for adapting treatment for light and dark red patients**" section further down in the guide. There, prioritize measures marked with XXX. Check your proposal with the supervisor before sending it to the patient.

1. Activate the extra module "**Treatment Plan**" for the patient via  and the "**Treatment Tasks**" tab, check the box for the module, and save.
2. Then, go to the patient via , click on the worksheet "**Treatment Plan**," enter a proposal for an action plan there, and save.
3. Next, send a message in P2 to the patient urging them to read the worksheet/action plan.

You can suggest changes to the plan directly in the worksheet "**Treatment Plan**" and then respond with a message about how they view the actions. If the patient does not respond to this message within two days, send an SMS stating that you will try to reach them from a hidden number and call the patient the following day. The focus of the telephone call is to determine and agree on an action plan.

Special Scenarios for Light Red Patients and How to Act

- If a light red patient has been green or yellow before, you should immediately follow the light red guideline.

- If a light red patient has been dark red before, you should stick to the dark red action plan. Even if the patient continues to be light red, the dark red action plan should be followed. If you feel that the action plan needs to be changed, it should always be checked with the supervisor first.
- If there are 2 weeks or less left of the treatment, try to quickly establish telephone contact with the patient and determine actions adapted to the remaining time of the treatment, i.e., actions that can have a quick effect and actions that the patient can continue to work on independently. Please refer to and partly base it on the content of Module 10 + **Measures for adapting treatment for light and dark red patients**, below.

Dark Red

*(**NOTE!** Yellow, green, and light red **patients who express a desire to terminate/discontinue treatment** should be considered dark red and handled according to the instructions here.)*

General Guideline

Dark red patients should be contacted as soon as possible to conduct an assessment/problem analysis and make adjustments and interventions based on that. We essentially want to do everything we can to prevent the patient from failing (within certain limits). The focus is still on the main diagnosis, but we may consider partially supporting the patient with other problems, especially if they appear to be a barrier to treatment.

Immediate Actions and Assessment of Problems and Barriers Regarding Treatment

You must immediately call the patient and conduct a structured telephone interview based on the document: **Dark Red SOPHIA Interview Guide**. Remember to follow **Mandatory Approaches and Interventions for Dark Red Patients** below.

It is important to establish contact with the patient quickly!

Often, dark red patients are difficult to reach, so there is a risk of having few weeks left to work with if the patient is not reached quickly. Therefore, spend extra time trying to quickly get the patient back on track. Remember to note all your attempts to reach the patient in **SOPHIA CRF DST** according to the instructions in the treatment guideline.

1. As soon as you see that the patient is categorized as dark red, try to reach the patient by phone (weekdays + daytime). If there is no answer, send the following message to the patient via P2:

   "Hi [patient's first name],

   I would like to schedule a check-in with you to hear how you feel about the treatment and if there's anything I can assist you with. [Something personal, e.g., It seems like it's been a bit challenging for you to get started with the treatment. /You've mentioned that ___ /something problematic/]. Therefore, I would like to give you a call so we can discuss how the treatment is going for you and how we can help you get the most out of it. I'll try to call you on [XXX day] at [XX o'clock] [within two days]. It's good to know that we almost always call from a "hidden number."

   If that time doesn't work for you, it would be great if you could send a message and suggest some times between [X and Y] on [X day, Y day, or Z day] when I can reach you [within the next three days].

   Looking forward to speaking with you!

   Best regards,

   [Your first name]"

2. If you haven't already reached the patient by phone, call at the agreed-upon time (i.e., within two days). If there's no answer, try again at least a couple more times during the same day. Be proactive in your attempts to reach the participant, and remember to note all your contact attempts and contacts in **SOPHIA CRF DST** according to the instructions in the treatment guideline. Call from both hidden and visible numbers (if possible) and at different times. For the study's sake, there is essentially no upper limit at this stage for how many times you reach out in different ways (social conventions and practical possibility set the limits). Also, send a text message at the end of the day if you haven't reached the person, with a personal message, approximately:

   "Hi! I tried to reach you by phone today but didn't succeed. I'll try again; please send me a message in the platform about when I can reach you! [Your name]".

3. Continue trying to reach the patient by phone several times over the next few days. At the end of each day, if there's still no contact, send a new text message with roughly the same content as above.

   If there's no response four days after categorization, send a letter according to the following template, preferably with some adjustments to make it more

personalized for the patient. The SOPHIA project will assist you practically in sending the letter; you just need to write the text and then contact the project coordinator.

"Hi [Patient's Name],

It's been a while since we last spoke, and I'm wondering how you're doing? When you signed up for this treatment, it was because of issues with depression/panic disorder/social phobia, and we would really like to support you with that. We've seen that this type of treatment can help many, and there's nothing that makes me believe you wouldn't benefit from it!

However, I understand that it can be really difficult to find time, energy, or understand how the treatment should proceed. That's why I'm here - to do whatever I can to make it possible for you to benefit from it! I have many suggestions on how I can help you get something out of this treatment (preferably as much as possible), and you probably have ideas yourself on how it could be changed to better suit you and your situation.

Many find it easier to talk on the phone than to send messages, and I'm happy to call you if you prefer it over sending messages in the platform. For example, we could have a scheduled phone call at regular intervals during the treatment when I call you, or we can come up with something else that suits you!

I've tried to reach you at phone number XXX-XXXXXXX but haven't succeeded. I'll try again on [X day], at [XX o'clock], so we can try to figure out how I can help you? If the number is incorrect, or if you prefer another time or day, please send me a message in the platform with a suggestion. You can also call the SOPHIA project coordinator at [phone number] if you have login issues or tell them when I can best reach you and on which phone number. Please note that we often call from a hidden number, in case you're accustomed to not answering such calls.

Warm regards,

[Your first name]"

4. Continue trying to reach the patient by phone and SMS after the letter has been sent. If the patient still hasn't responded after 8 days from categorization, send a summons for a telephone meeting.

5. When the patient responds, conduct an interview following the document "**Intervjuguide mörkröd SOPHIA**" with the aim of understanding how you can

assist the patient and to design a treatment plan. Activate the extra module "**Behandlingsplan**" and enter proposed action plans in the worksheet "**Behandlingsplan**". Then, send a message in P2 to the patient urging them to read the proposed actions/adaptations in the "Behandlingsplan" and to respond with confirmation or suggestions for changes to the plan.

6. If you're unable to conduct an interview when the patient responds (e.g., because the patient refuses to talk on the phone), seek supervision. The goal of the interview is to identify barriers to treatment and determine how you, as the therapist, can help. If there are actions that can be taken even before a problem assessment interview is conducted, it's unfortunate if these are delayed because the interview takes time to arrange.

Required approach and interventions for dark red patients:

A. Always conduct the telephone interview **"Interview Guide Dark Red SOPHIA"** as early as possible.
B. Act quickly even after the initial contact with the patient, as it's important that you provide prompt responses to what the patient sends and also promptly reach out if the patient is passive or dragging out the process.
C. Highlight early and clearly that together you can create a tailored treatment approach and provide a brief suggestion of what it might entail based on something that would likely be relevant for this particular patient.
D. As a therapist for a dark red patient, you should act more as a therapist than as a coach. The difference is that a coach primarily supports a patient through a self-help program based on the treatment material, while a therapist spends more time analyzing the patient's implementation problems and communicating with the patient about specific issues to explain, troubleshoot, support, and motivate.

Actions for adapting treatment for light and dark red patients

The following actions can be freely used for dark red patients, while there are more restrictions on which ones should be used for light red patients. The basic principle is that light red patients mainly receive actions that don't cost the therapist much time, while there is no predefined time limit for dark red patients. After each point, there is a brief guidance in [light red] to indicate how you as the therapist should approach if it's a light red patient.

1. Ensure that there is a customized Treatment Plan that includes the following actions agreed upon by the therapist and the patient. Ensure that the patient understands this.
   The Treatment Plan **should at least** include a concrete description of:

a. What the patient should particularly focus on during treatment and when and how it should be done.
b. If the patient should report on this to the therapist (e.g., every X days, with every homework assignment report, when accomplishing Y).

[Important but often less detailed for light red. Less time is spent on drafting the treatment plan, and it is primarily based on the therapist's assessment, preferably based on the completed Mapping Form in P2, which the patient then agrees to/adjusts in the Treatment Plan.]

2. Send an SMS (at least once per week) to remind/support/encourage regarding one or more of the following. Agree with the patient on how and why SMS should be sent and document it in the Treatment Plan. Also, be clear about whether the patient is expected to respond via SMS or if dialogue is done in another way.
    a. General reminder to work on the treatment
    b. Log in and fill out forms, read and respond to homework reports
    c. Do a specific exercise
    d. Try a certain strategy in everyday life
    e. Record/note something relevant
    f. Allocate time to plan and prepare
    g. Allocate time to self-evaluate homework and treatment plan and decide on next steps.
    h. Advance notice that it's soon time to move on to the next part of the treatment
    i. Encourage the patient for accomplishments
    j. Other.

    [This is also important but generally, there should be fewer and less detailed SMS for light red patients.]

3. Telephone contact instead of, or in addition to, messages in the platform. Set up predetermined times (recorded in the treatment plan) and preferably several times per week and briefly describe what the phone calls will focus on (see suggestions below) and what will be addressed via phone versus in messages. Develop a contingency plan with the patient on how to proceed if the patient does not answer. Keep in mind that Problem Solving with the patient (see another point) can be a helpful support during phone contacts with patients.

IMPORTANT - if this means that the patient becomes less active in the treatment platform, consider that it affects the decision support tool's assessment in a negative direction. It is strongly recommended that the patient at least fills in the weekly ratings in the platform, or that the therapist does this together with or for the patient.

a) Go through something the patient finds difficult to understand or doesn't believe in or thinks they can handle.
b) Analysis of a specific problem/situation/behavior
c) Planning of a specific exercise/behavioral change
d) Real-time support while using a certain exercise/method
e) Follow-up on how a certain method, or the treatment as a whole, has progressed.
   (Can replace homework reports but should then be combined with the patient logging in and responding to forms before the call and then at least making some summary notes in the homework report at the end of the call that are submitted.)
f) Support to fill out forms, worksheets, or homework reports.
g) One or several "venting calls," meaning the patient gets to talk about how tough everything is
h) Patient provides module report over the phone instead of in the platform
i) Patient provides weekly report over the phone regarding e.g. status/techniques/interventions instead of regular module report
j) Go through homework or worksheets
k) Plan next week's work
l) Check the planning done in the platform/per message
m) Motivational phone call
n) Therapist summarizes module content over the phone (describe how, e.g. itemize what needs to be done, when, how long it's estimated to take)
o) Other

[Shorter, more focused phone calls for light red. Maximum one phone call per week for light red.]

4. Allocate extra time to support, explain, and motivate in various ways, through messages, SMS, or phone calls depending on what suits best. This may involve:

a. Providing explanations and clarifications of module content/technical descriptions in messages. Sending links or additional materials to enhance understanding.
b. After active listening and reflection, addressing mistrust towards treatment techniques, principles, or models, or towards CBT/internet treatment in general.
c. Adjusting expectations and goals of the treatment. Investigate what expectations the patient has - both positive and negative - and goals, and assist them in adjusting them to align more with what can be achieved in treatment.
d. If the relationship between therapist and patient is assessed to be weak, spend more time on reflection, follow-up questions about things the patient perceives as important, and similar, with the primary purpose of improving the relationship.

[Maximum 15-20 minutes of extra time per week on this for light red.]

5. Adaptation, deepening, or broadening of techniques and treatment in general in one or more of the following ways. Note that Problem Solving together with the patient (see another point) can be a good basis for determining how a change should be made:
    a. Review what may cause a technique to not work well. This requires good knowledge of the CBT principles behind a particular technique and how it is described to the patient in the self-help material.
    b. Simplify a certain method by removing certain parts of it.
    c. Scale down the treatment to focus only on one or a few methods or modules. (If the patient finds it easier, it's okay to deactivate modules that are not needed.)
    d. Modify a certain method or use a related method.
    e. Provide the patient with new material. Clearly explain how the patient will receive the material and how homework reports are to be done. Also, describe how you as a therapist will follow up to ensure that the patient has received and started using the material.
    f. Provide advice and support for problems that currently occupy much of the patient's focus and energy, even if these do not have a clear connection to any method included in the treatment or to the patient's diagnosis. The purpose of this should not be to solve these problems in the long run but to temporarily bring about a change so that they hinder the treatment to a lesser extent and/or allow the patient to experience a positive change/relief in some context that increases motivation.
    Areas that may be addressed include:
        i. Relationship issues

ii. Conflict at work or in other important contexts
iii. Overload/time constraints
iv. Specific avoidances or anxieties
v. Other

g. Other

[Maximum 15-20 minutes of extra time per week on this for light red.]

6. Problem-solving via messages or phone calls, with or without the Problem Solving module, which includes a worksheet and a homework report that can be used. Always document the outcome of the problem-solving in the Treatment Plan worksheet. Problem-solving can involve the following areas:
    a. Finding more time for treatment
    b. Remembering to do various steps in the treatment
    c. How a specific exercise/technique can be managed despite being difficult/uncomfortable
    d. How a specific exercise/technique can be adapted
    e. Temporarily improving mood to be able to progress
    f. Increasing motivation for treatment and its goals in general
    g. Other

    [Same for light red.]

7. Transition entirely or partially to mail and paper to handle treatment materials. Examples are provided below.
    IMPORTANT - If this means that the patient becomes less active in the treatment platform, consider that it affects the decision support tool's assessment in a negative direction. It is strongly recommended that the patient at least fills in the weekly assessments in the platform, or that the therapist does this together with or for the patient.
    a. Mail the treatment plan, after agreeing with the patient on how it should look.
    b. Print out one or more modules or particularly important parts of texts and mail them to the patient.
    c. Allow the patient to fill out paper forms and/or homework reports.

    [Not suitable for light red, only after consultation with a supervisor.]
8. Change therapist. This is primarily done for practical reasons (e.g., if the current therapist has a serious lack of time) or because there are issues in the relationship between the patient and the therapist.

    [Only after consultation with a supervisor]

Temporarily involve a colleague or supervisor to go through something specific with the patient (often via phone but can also be through messaging). The main reason is that the substitute is an expert in a particular area or method, or matches the patient's profile/preferences in some important aspect.

[Only after consultation with a supervisor]

9. Other - determined during supervision!

Interview Guide - Dark Red SOPHIA

Considerations Before and During the Interview:

- It's normal for a patient facing a major change to experience and show signs of some form of resistance. The art of working with resistance is to see it as a natural part of the change process and to explore the function of any resistance.
- Formulate obstacles and resistance in behavioral terms so that you and the patient get a concrete picture of what creates problems.
- When faced with resistance, alternate between being directive and change-focused and being listening, accepting, and validating. For example, it's often not very helpful to convey a lot of facts and emphasize the importance of doing homework. It can easily create more resistance. There may be nothing wrong with the intervention, but it can go wrong if it is communicated in a rigid and forced manner.
- The patient's thoughts about/attitudes toward treatment may be typical of the patient's issues (anxiety/depression). For example, feeling fear and apprehension about something new or feeling hopelessness and negativity.
- Explore contextual factors: what in the patient's situation may affect treatment? For example, the patient's partner may oppose the changes that treatment entails, substance abuse, etc.
- Are the problems due to deficiencies in the patient's skills?

The analysis you conduct during the phone interview lays the groundwork for what you should focus on in adaptation and extra support. The focus in behavioral analysis should be on the main diagnosis of the treatment program. What maintains treatment-disruptive behaviors and hinders functional behaviors? How can you help the patient move forward? Choose one or a couple of things at a time to focus on based on your analysis and the patient's preferences. It's probably not possible to address everything that is problematic all at once. A good basic principle can be to break it down into small steps with increasing difficulty.

It's important to note that the focus of treatment should be on the main problem - the patient sought help because they have issues with depression, panic disorder, or social phobia. Therefore, as a therapist, helping to keep the focus on that is validating. However, extra support means trying to address other problems so that

they do not hinder treatment, and this can take quite a bit of time, such as how to implement treatment despite limited time and conflicts at home.

Many people have problems with activation and motivation, so there is great potential for these patients to benefit more from treatment with extra support. A patient categorized as light red or dark red by the decision support tool is therefore not discharged easily, even when one would normally assess that they might be too unmotivated or inactive. Instead, they are given "friendly leeches" to ensure they continue treatment. We can also offer much more support and more personalized treatment than those categorized as green by the decision support tool.

At the end of the interview or during a separate feedback session, when communicating actions/adaptations, it's helpful to take more responsibility than usual and be more directive regarding what the patient should do regarding homework assignments, worksheets, etc., without spending too much time explaining the rationale. Provide clear instructions in the treatment plan or in a message. Some patients perceive rationale, text, and any required understanding as obstacles, so it's much better to initially focus on getting the patient to do rather than understand. Then, it's necessary to revisit understanding once the patient has started. Generally, it's good to break down what the patient needs to do into smaller parts and start with what is easiest/most feasible, then gradually increase the difficulty level.

Print out the following part of the document and make notes when speaking with the patient.

Participant ID:

Interview Date (yyyy-mm-dd)	
Interviewer	
Participant's First Name	
Time at the Start of the Interview	
Time at the End of the Interview	
Total Duration	

Before the interview:

First, take 5-10 minutes to review the patient's messages, worksheets, and assessments, and consider what you believe could be the problems or obstacles that classify the patient as dark red. Summarize your hypothesis here:

The phone interview should last between 20 - 45 minutes, and if you assess that more time is needed, it's better to schedule another call. Check with the patient how long you can talk to provide a clear framework. The interview is intended to build alliance and provide you with the opportunity to gather more information to make the analysis that forms the basis for what you should focus on in providing extra support and adapting the treatment. The focus in the analysis and for the extra support should be on the diagnosis for which the patient is receiving treatment, so do not spend time analyzing and solving problems that are not related to the main diagnosis. Basic questions you want answers to in the interview are:

- What maintains non-functional behaviors, therapist-interfering behaviors, and avoidance?
- How can you help the patient plan and organize their work better?
- Does the patient need help breaking down the work into concrete sub-goals?
- Is it that the patient does their homework but in the wrong way?

Identify barriers, problem areas, and maintaining factors. You don't need to have a final plan or solution at the end of the call, but you can end the call by saying that you need to think through everything that has emerged and come back with a proposal on how to proceed. If there are many problematic issues, you need to choose one or a couple of things (at a time) to focus on based on the patient's wishes and your assessment.

Phone Interview:

Call at the agreed time:

“Hello, my name is [name], and I'm looking for NN. We've scheduled a time to talk now about your internet treatment. Are you undisturbed? I'll be asking about different parts of the treatment and how they're working for you.

Alternatively, you can say: We usually check in when you've made progress in the treatment/I've noticed that your ratings have been consistently high in the past few weeks...

I thought we'd talk for 20 - 45 minutes, does that work for you? (decide on an exact maximum time with the patient)"

Actively ask so that each heading below is covered. Ask about anything that is not obviously irrelevant.
If during the conversation you have gained a clear understanding of the problem and how it could be solved, you can suggest how you as the therapist can assist. Otherwise, say that you will compile all the information and ask to return with a proposal (see examples of actions on the last page).

I was thinking of starting by simply asking:

How do you feel about the technical/practical aspects of having internet-mediated treatment?

Ensure that the patient has good access to a computer with internet, logs in properly, and can get help if needed. Troubleshoot around this as needed.

DESCRIBE ISSUE

EXTRA SUPPORT/ACTIONS

For example, you could schedule a phone call with the patient to address any technical barriers that exist, or you could suggest where the patient can get technical support for issues that are beyond your expertise.

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more about it and/or discuss it in supervision first.

How is it possible to find time to work on the treatment?

How is it possible to plan and remember to do exercises/homework?

DESCRIBE THE ISSUE

(What is within the patient's control and what is beyond the patient's control in what they describe?)

PROPOSALS FOR EXTRA SUPPORT

It is crucial here to obtain a detailed description of how the patient currently manages their time, and proposals for solutions should be very specific. For example, you can assist the patient in creating a detailed weekly schedule outlining when and for how long they will work on various aspects of the treatment. You could suggest sending SMS reminders or calling the patient at one or more specific times to remind them to work on parts of the treatment or to check on their progress.

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more about it and/or discuss it in supervision first.

How do you feel about reading and understanding the module text?

How do you feel about writing module responses and messages?

DESCRIBE THE ISSUE

Identify any difficulties the patient may have with reading and writing.

SUGGESTIONS FOR ADDITIONAL SUPPORT

Provide suggestions on how the patient can divide the reading into small time intervals. Would it be easier for the patient to read the modules in PDF format? See if the patient can simplify the writing process in any way.

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more about it and/or discuss it in supervision first.

How is it going with the homework assignments (exposure/activation/cognitive processing/goal formulation, etc.)?

Identify both how much the patient practices and whether the patient is doing it correctly.

Also, connect it to the planning you have discussed earlier, as well as to the question below about whether the patient understands the purpose of a specific homework assignment.

DESCRIBE THE PROBLEM (If the patient seems to be working on their homework assignments, ask them to describe specifically what they are doing, so that you can determine if the patient might be doing something "wrong" when they expose themselves or activate themselves, etc.)

SUGGESTIONS FOR ADDITIONAL SUPPORT

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more about it and/or discuss it in supervision first.

Do you find the explanation of how the problem arises and persists clear? Do you think the explanations of why the methods in the treatment will make a difference are clear and seem to be accurate?

DESCRIBE THE PROBLEM

NOTE! Avoid getting into an argument with the patient. Listen primarily to the patient's perspective. Proposed comment if the patient has a different view of the basic model:
"Well, my perspective differs from yours, and this is something we could discuss further, which might make it easier for you to understand the treatment. Is that something you'd be open to?"

SUGGESTIONS FOR ADDITIONAL SUPPORT

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more about it and/or discuss it in supervision first.

How do you feel about the communication with me in the treatment?

A follow-up question could be about how the patient perceives your messages. Are they the right length, easy/difficult to understand, clear, etc.?

DESCRIBE THE PROBLEM

Transition to discussing possible additional support: As you explain this, I'm thinking maybe there's a different approach we could try.

SUGGESTIONS FOR ADDITIONAL SUPPORT

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more about it and/or discuss it in supervision first.

What other factors about you as a person or in your life affect how you work with the treatment?

DESCRIBE THE PROBLEM

If the patient has difficulty responding, you can assist by saying, for example:
"You mentioned in one of your messages that / I got the impression from one of your messages that you weren't so keen on / You really seemed to dislike the idea of..."

SUGGESTIONS FOR ADDITIONAL SUPPORT

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more about it and/or discuss it in supervision first.

What currently affects how you feel, either related to your personality or aspects of your life?

For example, internal issues like other anxiety or worries that are not the focus of treatment, or personality traits like perfectionism, neurodevelopmental disorder diagnoses, etc. External issues like relationship problems, conflicts at work or with family/friends, unemployment, issues with relatives/children, financial stress, etc.

DESCRIBE THE PROBLEM

SUGGESTIONS FOR ADDITIONAL SUPPORT

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more about it and/or discuss it in supervision first.

How do you perceive your motivation to engage in treatment?

Examples of factors that can affect the patient's motivation include feeling much better, not believing that it will help, finding it too difficult, or being disrupted by other events in the patient's life.

DESCRIBE THE PROBLEM

SUGGESTIONS FOR ADDITIONAL SUPPORT

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more about it and/or discuss it in supervision first.

How does any medication affect the treatment? (skip if not applicable)

Follow-up questions: Is there any general concern about medication? Any ongoing changes in the patient's medication? What is the patient's current medical contact?

Do you have any other medical care or interventions that currently affect you and this treatment?

DESCRIBE THE PROBLEM

SUGGESTIONS FOR ADDITIONAL SUPPORT

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more about it and/or discuss it in supervision first.

What else might be affecting your internet treatment that we haven't discussed?

DESCRIBE THE PROBLEM

SUGGESTIONS FOR ADDITIONAL SUPPORT

Agreed directly with the patient during the conversation.	Discussed with the patient and you should consider it and check with your supervisor.	Considered independently, not discussed with the patient, want to think more

		about it and/or discuss it in supervision first.

Suggestion for when you need to get back to the patient: "I would need some time to think about how I can best assist you based on the conditions we have in this treatment. But can't we schedule a new time to talk in a couple of days, so I can think about this calmly, and you can too, and then we can see how to proceed?"

Note below things to find out, thoughts you have received, etc., as well as the new time when you will be in touch.

Seek supervision and go through your questions and considerations.

Summary

Write down the results of the interview/behavioral analysis. Establish a clear treatment plan. It should always be added to the worksheet in the extra module Treatment Plan, and the patient should be informed via a message that the plan is available in the worksheet in the Treatment Plan module. If the patient has difficulty navigating the platform, an alternative may be to also send the text of the treatment plan to the patient in a message. The plan should preferably be reviewed at each contact and revised continuously. All changes are entered into the worksheet.

The plan should be very instructional, specifying exactly when and for how long the patient should work on homework/exposure/etc., when and how to contact the therapist, and which exercises the patient should work on. Even if the plan only includes, for example, a change in the order of modules or weekly phone calls, this should be added to the worksheet in the Treatment Plan module.

The interview notes (paper) are considered working material and can be discarded once the treatment plan is established.

The worksheet serves three purposes:

- To communicate with the patient about the agreed-upon plan.
- To communicate with other therapists who may step in for you.
- To document the extra support provided so that it can be systematically analyzed as part of the study.

Refer to the list "**Examples of Actions for Customizing Treatment for Light and Dark Red Patients**" in the SOPHIA Quick Guide Decision Support for further guidance.

Therapist and patient questionnaires

CONTENT

1. The Internet Psychiatry Clinic's standard evaluation questionnaire (including CSQ-8)
2. Patient perspective Questionnaire
3. Treatment adherence, belief, and knowledge
4. Therapist Questionnaire - (TAU)
5. Therapist Questionnaire – Decision Support Tool (DST)

The Internet Psychiatry Clinic's standard evaluation questionnaire (including CSQ-8)

Version 3

1. How would you rate the quality of your treatment?

Excellent
Good
Decent
Poor

2. Did you receive the type of treatment you had hoped for?

No, absolutely not
No, not really
Yes, for the most part
Yes, absolutely

3. To what extent did the treatment meet your needs?

It met nearly all of my needs
It met most of my needs
It met only a few of my needs
It did not meet my needs at all

4. If a close friend of yours needed similar help, would you recommend the same type of treatment you received?

No, absolutely not
No, I don't think so

Yes, I think so
Yes, absolutely

5. How satisfied are you with the extent of the help you received from us?

Quite dissatisfied
Indifferent or slightly dissatisfied
Mostly satisfied
Very satisfied

6. Has the treatment helped you adopt a better approach to your problems?

Yes, it has helped me a great deal
Yes, it has helped me somewhat
No, it hasn't really helped me
No, it seems to have worsened the situation

7. Overall, how satisfied are you with your treatment?

Very satisfied
Mostly satisfied
Indifferent or slightly dissatisfied
Quite dissatisfied

8. If you needed help in the future, would you seek our services again?

No, absolutely not
No, I don't think so
Yes, I think so
Yes, absolutely

9. How easy was it to access and start the treatment?

Very difficult
Difficult
Neither easy nor difficult
Easy
Very easy

10. Have you been treated kindly and respectfully?

No, absolutely not
No
Yes, but there were some shortcomings
Yes
Yes, absolutely

11. How much of all the text in the treatment did you read in total?

Less than 25%
25%
50%
75%
More than 75%

12. How actively did you work on the various homework assignments and try out what was covered in the treatment? Exclude reading assignments and estimate how much you did of other exercises.

Less than 25%
25%
50%
75%
More than 75%

13a. Did you terminate the treatment prematurely (before the agreed treatment time, regardless of how many modules/steps were completed)?

No
Yes

13b. If yes, select one or more options that apply to you.

Because I felt better and didn't need more help
Because I didn't have time for the treatment
Because I didn't feel the treatment suited me
Because the treatment was too difficult and challenging
Because I felt worse and needed different help
Due to other reasons

14. How much of the text in each module did you read before starting the homework assignments?

Nothing or almost nothing
Significantly less than half
About half
Significantly more than half
All that was available to read

14a. Have you encountered any significant problems with the treatment?

No
Yes

14b. If yes, select one or more options that apply to you.

I had too little time and couldn't keep up
I felt that the treatment wasn't helping me
I didn't think the treatment addressed the problems I needed help with
I didn't have the energy to complete the treatment
I was dissatisfied with the treatment format
I found it difficult to understand how to proceed
I felt I received too little support from the therapist
I found the technical aspects of the treatment platform cumbersome

15a. Has this treatment led to any negative experiences or events?

No
Yes

15b. If yes, please describe in what way:

16. Have you started or undergone any other psychological treatment during the internet treatment?

Select one or more options that apply to you:
No, I have not had any other psychological treatment
Yes, I have been in psychodynamic psychotherapy
Yes, I have been in CBT treatment
Yes, I have been in another type of psychological treatment.
Please describe:

17. Have you taken medication for the condition you were working on during the internet treatment?

Select the option that best applies to you:
No, I have not taken any medication for these issues
Yes, I have been on the same medication and dosage as before
Yes, I have been on the same medication but changed the dosage
Yes, I started medication during this time
Yes, I have changed medications
Yes, but I have stopped medication

18. Did you feel that anything was missing in the treatment or therapist contact? Was there anything in the treatment that you found less beneficial?

19. What in the treatment did you benefit from the most? Write what you found most beneficial at the top.

19a. I benefited most from:
19b. I benefited next most from:
19c. I then benefited from:

Patient perspective Questionnaire

How have you experienced the treatment?

1. I feel that what I did in the treatment has given me new ways to look at my problems.

Never Rarely Occasionally Quite often Often Very often Always

2. I feel that what was included in the internet treatment was important for me to work on.

Never Rarely Occasionally Quite often Often Very often Always

3. I feel that my therapist and I agreed on what was important for me to work on in the treatment.

Never Rarely Occasionally Quite often Often Very often Always

4. I feel that my therapist and I worked on my problems in an appropriate way during the treatment.

Never Rarely Occasionally Quite often Often Very often Always

5. I feel that the structure of the internet treatment was well adapted to my conditions and needs.

Never Rarely Occasionally Quite often Often Very often Always

6. I feel that the communication with the therapist was well adapted to my conditions and needs.

Never Rarely Occasionally Quite often Often Very often Always

7. Would you have managed the treatment as well without the therapist's support?

- I would have managed the treatment better without therapist support
- I would have managed the treatment just as well without therapist support
- I would have managed the treatment slightly worse without therapist support

- I would have managed the treatment worse without therapist support
- I would have managed the treatment much worse without therapist support

8. How much overall help did you feel you received from the contact with the therapist?

- No help at all
- Not much help
- Quite a lot of help
- A lot of help
- Very much help

9. When you had problems or questions, how often did you ask the therapist about them?

- Never
- Only a few times
- About half the time
- Almost always
- Every time
- (Didn't have any problems or questions)

10. Are you satisfied with how quickly the therapist responded?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

11. Was it easy or difficult to understand what the therapist wrote?

- Very difficult
- Difficult
- Neither particularly easy nor difficult
- Easy
- Very easy

12. What did you feel was missing in your contact with the therapist?

13. Do you think the communication with the therapist has been superficial or personal?

- Very superficial
- Superficial
- Neither particularly superficial nor personal
- Personal
- Very personal

Continued Care Needs

1. Do you feel that you have received sufficient help from the treatment you underwent regarding the problem you sought help for?

Fully sufficient
Almost sufficient
Far from sufficient
Not at all sufficient

2. Do you still need help with the problem you sought assistance for?

- Yes
- Unsure, but I believe it's needed
- Unsure, but I believe it's not needed
- No

3. Will you now or soon seek additional care for the problem you sought help with from us?

- No (and I currently have no other care for this problem)
- No (but I will continue with the care/treatment I already have without changing it)
- Yes, I will seek more care or change the care I already have (Also answer question 4)

4. What type of care will you seek?

- Medical treatment (other than what I already have)
- Medical treatment (same as I have now but with changes e.g., in dosage)
- Cognitive behavioral therapy (CBT)
- Other psychotherapy than CBT (specify type of therapy)……
- Internet treatment
- Other care (describe): ……
- Not sure right now, but will contact healthcare to consult

5. Will you now or soon seek care for any other problem?

- No
- Yes (Describe for which problem(s) and what type of care): _____

Treatment adherence, belief, and knowledge

How has the treatment been going recently?

1. Choose the option that best describes how you've worked with the treatment in the past two weeks. This could include reading treatment text, doing exercises/homework in your daily life, or consciously trying new approaches as suggested by the treatment.

□ Not at all or very little
□ I have tried but am unsure if I understood how to do it
□ I have partly done it differently than suggested by the treatment, or used methods other than those in the treatment
□ I have both continued with things I started in previous treatment weeks and tried new things in the treatment
□ Only with things from previous treatment weeks
□ Only with new things

2. Have you been able to work on the treatment as much as you wanted/planned in the past two weeks?

□ Yes, with a good margin
□ Yes, about as much as I wanted/planned
□ Yes, but barely
□ No, lack of time or unexpected events have prevented me
□ No, I have not wanted to work on the treatment or have felt significant hesitation towards it

How has the following changed for you during the past week in treatment, compared to before treatment and during previous treatment weeks?

3. After the past two weeks of treatment, has your belief that the treatment is suitable for you and your situation changed?

□ Believe in it much more than before
□ Believe in it more than before
□ Believe in it slightly more than before
□ Unchanged
□ Believe in it less than before

4. How much has what you've read and done in the past treatment week changed your understanding of depression/social phobia/panic disorder, how you view your problems with depression/social phobia/panic disorder, and how they can be managed?

□ Unchanged
□ Changed slightly
□ Changed somewhat
□ Changed significantly
□ Changed very significantly

Therapist Questionnaire (TAU)

Here are 17 questions about the questionnaire, clinical procedures, and supervision.

1. What is your general opinion of the questionnaire?

o I am very negative towards it
o
o
o Neutral
o
o
o I am very positive towards it

2. How often do you trust the information in the questionnaire?

o I never trust the information in the questionnaire
o
o

o I trust it about half of the time
o
o
o I always trust the information in the questionnaire

3. When assessing a patient's condition and writing a response, how useful do you find the information in the questionnaire?

o Not useful at all
o
o
o Moderately useful
o
o
o Very useful

4.How comprehensible do you find the information in the questionnaire?

o Impossible to understand
o
o
o Moderately easy to understand
o
o
o Very easy to understand

5. Do you think the information in the questionnaire is adequately detailed?

o Far too little detail
o
o
o Just the right level of detail
o
o
o Far too much detail

6. Do you believe that using the questionnaire improves or worsens the treatments you conduct?

o Treatment outcomes become much worse
o
o
o Makes no difference
o
o
o Treatment outcomes become much better

7. How do you perceive the guidance from the questionnaire on what you as a therapist should do during treatment?

o Too weak
o
o
o Moderate
o
o
o Too strong

8. What problems have you experienced with the questionnaire or the procedures related to it? (Please provide a brief description.)

9. How can the questionnaire or the procedures surrounding it be improved? What suggestions do you have for improvement? (Please provide a brief description.)

10. What would you like to remove or add to the questionnaire? (Please provide a brief description.)

11. How much do you feel these factors influence treatment? (Allocate 100% among the following options)

Questionnaire
Supervision
Treatment materials (i.e., text, worksheets, etc. in the modules)
Personal clinical judgment
Decision support

12. How much do you feel you have learned about CBT in general?

o Not at all
o
o
o Quite a lot
o
o
o Very much

13. How much do you feel you have learned about iCBT specifically?

o Not at all
o
o
o Quite a lot
o
o
o Very much

14. Do you recommend using the questionnaire?

Yes/No
If yes, provide up to three examples of when: (free text)

15. What is your general opinion of the supervision?

o I am very negative towards it
o
o
o Neutral
o
o
o I am very positive towards it

16. What is your general opinion of the clinical procedures?

o I am very negative towards them
o
o
o Neutral
o
o
o I am very positive towards them

17. How can the supervision and/or the clinical procedures be improved? What suggestions do you have for improvement? (Please provide a brief description.)

Therapist Questionnaire – Decision Support Tool (DST)

Here are seventeen questions about the decision support tool, clinical routines, and the guideline.

1. What is your general opinion of the decision support tool?

o I am very negative about it
o
o
o Neutral
o
o
o I am very positive about it

2. How often do you rely on the information/predictions from the decision support tool?

o I never rely on the information/predictions from the decision support tool
o
o

o I rely on it in about half of the cases
o
o
o I always rely on the information/predictions from the decision support tool

3. When assessing a patient's situation and writing a response - How useful do you find the information/predictions in the decision support tool?

o Not useful at all
o
o
o Moderately useful
o
o
o Very useful

4. How understandable do you find the information/predictions in the decision support tool?

o Impossible to understand
o
o
o Quite easy to understand
o
o Very easy to understand

5. Do you think the information/predictions in the decision support tool are adequately detailed?

o Way too little detail
o
o
o Just the right level of detail
o
o
o Way too much detail

6. Do you believe that using the decision support tool improves or worsens the treatments you conduct?

o Treatment outcomes are much worse
o
o
o Makes no difference
o
o
o Treatment outcomes are much better

7. How do you perceive the guidance from the decision support tool on what you as a therapist should do in the treatment?

o Too weak
o
o
o Just right
o
o
o Too strong

8. What problems have you experienced with the decision support tool or the routines around it?

(free text) (briefly describe)

9. How can the decision support tool or the routines around it be improved? What suggestions do you have for improvement?

(free text) (briefly describe)

10. What would you like to remove or add to the decision support tool?

(free text) (briefly describe)

11. How much do you think these factors influence the treatment?

(distribute 100% among the following options)
Questionnaire
Supervision
Treatment materials (i.e., text, worksheets, etc. in the modules)
Personal clinical judgment
Decision support

12. How much do you feel you have learned about CBT in general?

(free text) (write briefly)

13. How much do you feel you have learned about iCBT specifically?

(free text) (write briefly)

14. Have you, based on your clinical assessment, deviated from what the decision support recommended?

Yes/No

If yes, provide up to three examples of when you clearly did something different than what the decision support recommended: (free text)

15. What is your general opinion about the cheat sheet and the clinical routines?

o I am very negative about it
o
o
o Neutral
o
o
o I am very positive about it

16. What is your general opinion about the guidance?

o I am very negative about it
o
o
o Neutral
o
o
o I am very positive about it

17. How can the guidance and/or the clinical routines be improved? What improvement suggestions do you have?

(free text) (write briefly)