

Supplement Material 9: Feasibility Interview Analysis

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1 Overview of the Feasibility Interview

A brief semi-structured qualitative interview was conducted immediately after the PECAN-CA session to assess procedural feasibility, acceptability, and perceived burden. This interview served as a supportive methodological component to the primary outcome-focused interview reported in the main text. Its purpose was to verify that adolescents were able to engage with PECAN-CA as intended and to identify immediate barriers or facilitators relevant for future refinement of the method. All participants who completed the PECAN-CA procedure ($N = 11$, ages 14–17 years) also completed the feasibility interview. Interviews lasted approximately 10–30 minutes and followed a semi-structured guide centered on acceptability, practicality, and suggested improvements. The guide was developed by SB with input from the research team and was informed by selected focus areas from the feasibility framework proposed by Bowen et al. (2009). Specifically, the dimensions of acceptability, practicality, and adaptation were chosen as they aligned closely with the study’s exploratory aims, and the interview questions were oriented around these domains. In addition, the development of the interview guide drew on prior qualitative studies examining the feasibility and acceptability of psychotherapeutic tools with adolescent populations (Bevan et al., 2020; Racey et al., 2018; Radez et al., 2022). Because this interview did not address the study’s primary research questions, only a brief summary is presented in the main manuscript. Full analyses are documented here, while the complete interview guide is provided separately in **Supplementary Material Y**.

2 Analytic Approach

Interviews were audio-recorded, transcribed verbatim, anonymized, and analyzed using inductive qualitative content analysis following Mayring and Fenzl (2019). Transcripts were coded in MAXQDA 2024. Initial open codes were developed through line-by-line analysis and then grouped into higher-order categories through iterative refinement and constant comparison. To enhance trust-

worthiness, two researchers independently coded all transcripts. Agreement was evaluated by comparing the proportion of matching code applications per document. Average agreement was 89.98% (range: 81.63–97.96%). Coding discrepancies were resolved through discussion, and code definitions were refined to ensure clarity and interpretability. Feasibility interview data were analyzed independently of the outcome-focused interview to avoid conceptual overlap.

3 Results

The qualitative data from eleven adolescents with MDD revealed two overarching themes- *Practicality* and *Acceptability*-which together captured the immediate feasibility of the PECAN-CA procedure.

Practicality. Adolescents reported several facilitating features, including the structured symptom cards and psycho-educational videos, which supported comprehension and task engagement. Most participants experienced the guided interview format as intuitive, and all found the resulting network comprehensible. However, some practical barriers emerged: the repetitive causal-rating procedure was frequently described as mentally taxing, and the online, Zoom-based delivery reduced the sense of autonomy because participants needed to verbally instruct the interviewer to manipulate cards or enter ratings.¹ Some participants perceived the session as long or tiring, whereas others reported no hindering factors. Suggestions for improvement included a more interactive digital interface, minor adjustments to the interview sequence, and alternative delivery formats such as face-to-face implementation.

Acceptability. Overall, PECAN-CA was viewed as engaging and meaningful. Participants appreciated the structured, visual representation of symptom interactions and often reported that the network enhanced causal understanding and highlighted potential intervention points. Emotional reactions were mostly positive or neutral. While a few adolescents noted limited immediate usefulness, the majority indicated willingness to use PECAN-CA again or recommend it to peers, typically citing its clarity, relevance, and potential to facilitate self-reflection and communication about depression.

4 Discussion

The findings indicate that PECAN-CA is broadly feasible and acceptable for adolescents with clinically significant depressive symptoms, consistent with prior feasibility work in related clinical populations. While participants consistently understood and engaged with the network-construction process, the qualitative data identify several procedural and developmental considerations that can guide future refinement. A key strength was the method’s intuitive structure and subjective relevance. PECAN-CA appeared to support reflective insight, with adolescents readily articulating causal relations between symptoms. This

¹See Bachelor Thesis, Appendix A.

suggests that network-based psychoeducation may help enhance clarity and relevance during early stages of mental-health treatment. At the same time, notable limitations emerged. The repetitive causal-rating task imposed a cognitive burden for several participants, and the online, interviewer-mediated format reduced opportunities for autonomy and interaction. These hindering factors indicate that feasibility is partially contingent on delivery modality, cognitive load, and user agency. The concrete suggestions offered by adolescents—including increased digital interactivity, streamlined procedures, and face-to-face or hybrid formats—provide clear directions for optimizing PECAN-CA for routine adolescent mental-health care. Overall, the results add important developmental nuance to the assessment of PECAN-CA’s feasibility: while the method is well-accepted and potentially clinically useful, enhancing interactivity, reducing task fatigue, and increasing user autonomy may further strengthen its practical applicability. **Taken together, these findings suggest that PECAN-CA is likely to function as intended for adolescents in this clinical population, provided that minor procedural refinements are implemented.**

5 Appendix

5.1 Complete Code System

Table 1: Complete Code System: Codes and Frequencies Across Themes

Subcategory / Code	Frequency	(%)	
Main theme A: Practicality			
Facilitating factors			
Symptom cards	4	36%	
Psychoeducational videos	3	27%	
Guided interview format	7	64%	
No facilitating factors	3	27%	
Hindering factors			
Online adaptation	2	18%	
Lacking understanding on comorbidities in network	1	9%	
Length of interview	3	27%	
No hindering factors	7	64%	
Proposed changes			
Changes to the network visualization	2	18%	
Changes to the interview format	4	36%	
Changes to the interview process	3	27%	
Changes to the interview setting	4	36%	
No changes to the PECAN-CA method proposed	2	18%	
Network			
Network accuracy			
→ Network displays symptoms correctly	9	82%	
→ Perceived underestimation of some symptom centralities	2	18%	
Critical of network	6	55%	
General remarks on the network	9	82%	
Network is comprehensible	11	100%	
Main theme B: Acceptability			
Experience of the process			
Process was easy	7	64%	
Process was neither easy nor hard	1	9%	
Process was hard / exhausting	3	27%	
Process was interesting	7	64%	
Perceived usefulness			
Perceived limited usefulness	6	55%	
Enables causal analyses and identification of points of intervention	9	82%	
Communicative aspects	5	46%	
Provides insights into current symptoms	9	82%	
Emotional experience			
Positive affective state	7	64%	
Same emotional state as before PECAN-CA	4	36%	
Intent for future use			
Personal use			
→ Conditional intent to use PECAN-CA in future	5	46%	
→ Would do another PECAN-CA interview in future	6	55%	
Recommendation to a friend			
→ Conditional recommendation to a friend	2	18%	
→ Would recommend PECAN-CA to a friend	9	82%	
Reasons for future use / recommendation	4	7	64%

Note. Frequencies refer to the number of documents (interviews) in which each code appears. Percentages are based on $n = 11$ interviews and rounded to the nearest whole number for readability.

5.2 Codebook

Table 2: Comprehensive Codebook: Themes, Categories, Codes, Definitions, and Anchor Quotes

Category / Code	Definition	Anchor Quote
Practicality		
Facilitating factors		
Symptom cards	Definition: Statements mentioning the symptom cards as helpful or facilitating the process in some way. Exclude: Excluding statements concerning the interview format in the symptom selection phase, if the element of the symptom cards was not explicitly mentioned.	"I found it rather easy to select all these feelings, as there were already labels I could use, without having to think about how to name my feelings." (<i>Participant II</i>)
Psychoeducational videos	Definition: Statements mentioning the psychoeducational videos as helpful or facilitating the process in some way. Exclude: Excluding statements on non-positive feedback or improvement suggestions (these belong to the hindering factors or proposed changes category).	"Mhm. Well, I found it positive, um, that, well, the explanation videos, that's, well, it was a very good introduction, but it was also explained very simply." (<i>Participant VI</i>)
Guided interview format	Definition: Includes any statement on how the PECAN-CA interview guide, its question format or general structure facilitated the process or improved the experience, e.g., through a pleasant and transparent interview atmosphere, suitable pacing, or the closed question format with numeric ratings. Exclude: Statements concerning features of the PECAN-CA process that are unrelated to spoken elements (e.g., the videos, symptom cards, setting).	"I think, simply the way of asking questions and giving big answers to them. I think that's simple, you don't have to explain yourself so much and you still get the right results." (<i>Participant IX</i>) "And everything well explained from the beginning, very transparent and so. You have no uncertainty about anything, like being interrogated or something, that something will be used against you. Simply the atmosphere was good." (<i>Participant III</i>)

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Category / Code	Definition	Anchor Quote
No facilitating factors	Definition: Coded only if the participant didn't report any facilitating factors throughout the interview and explicitly answered "no" when asked directly. Exclude: Not coded if answered "no" when asked directly, but at some other point in the interview reported facilitating factors (double check after coding of entire document).	"Interviewer: Was there anything that made the process easier or more difficult? Participant: Um, well, more difficult, I don't know, actually nothing and easier, no idea." (<i>Participant IV</i>)

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Category / Code	Definition	Anchor Quote
Hindering factors		
Online adaptation	<p>Definition: Any statement naming the aspects of the online adaptation as hindering factors (e.g., showing themselves on camera as a barrier-to-entry, practical problems, etc.).</p> <p>Exclude: Doesn't include if the participant only expressed a preference for a face-to-face interview. Only include if they give explicit reasons as to why they prefer face-to-face / state that the online version posed problems / was a hindering factor.</p>	<p>"Because it's just a study for now, I find it okay that it was online. But if it were to be used in therapy etc., for example, I would find it better if you did it in real life then." (<i>Participant VIII</i>)</p>
Lacking understanding on comorbidities	<p>Definition: Coded when the participant expressed difficulty evaluating whether symptoms were related to depression / could be included as comorbidities in the network, or other statements that show that the participant withheld symptoms because they didn't realize they could include any symptom, regardless of traditional disorder diagnosis.</p> <p>Exclude: Statements that mention these difficulties, but don't phrase it as a hindering factor (e.g., if they found it useful to focus only on their depressive symptoms and left out eating disorder symptoms).</p>	<p>"So that, I believe, has nothing to do with the study. For me, it was always a bit difficult to differentiate what belongs to this study and what is another illness or another thing of mine. So, for example, I always tried to block out [Symptom], because right now it's only about depression and also other things, for example [Symptom], that I only call it [Symptom] and don't just blame everything on [Name] or something. So, that you always keep illnesses separate, what really has to do with depression and is a true connection, and what is something else, other aspects." (<i>Participant I</i>)</p>
Length of interview	<p>Definition: Statements that describe the interview as lengthy, too long, or tiring because of the lengthy structure of the interview.</p> <p>Exclude: General sense of exhaustion that is not explicitly connected with the interview's duration.</p>	<p>"Well, I think last time, you could perhaps design it better so that not every single symptom has to be compared with all the others one after another. So that was already a bit tedious and dragging." (<i>Participant I</i>)</p>

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Category / Code	Definition	Anchor Quote
No hindering factors	<p>Definition: Coded only if the participant didn't report any hindering factors throughout the interview and explicitly answered "no" when asked directly.</p> <p>Exclude: Not coded if answered "no" when asked directly, but at some other point in the interview reported hindering factors (double check after coding of entire document).</p>	"So, so, in itself, I wouldn't know anything negative there now." (<i>Participant V</i>)
Proposed changes		
Changes to network visualization	<p>Definition: Statements in which participants propose changes to the network visualization in some way.</p> <p>Exclude: Statements relating to the strengths/weaknesses of the visualization, without mentioning concrete suggestions for change.</p>	"Perhaps for this, what's it called, for the network, maybe use a different program or something. I don't know, to make it prettier or something, I don't know. Because, it just looks, you have to look a bit more closely to see which arrows are what... Do that differently somehow." (<i>Participant VI</i>)
∞ Changes to interview format	<p>Definition: Statements in which participants propose changes to the interview format (e.g., the tools used, the questions asked, etc.) in some way, e.g., changing the numeric ratings to verbal, broadening the pre-selected symptom list, or changing to a digital tool for parts of the interview.</p> <p>Exclude: Statements relating to the strengths/weaknesses of the interview format, without mentioning concrete suggestions for change.</p>	"Do that with a computer program somehow, because all the symptoms are simply listed below each other there. And then you get them, personally, instead of one person saying it and the other having to write it down." (<i>Participant I</i>)
Changes to interview process	<p>Definition: Statements in which participants propose changes to the interview process (e.g., the structure, interview sections, breaks) in some way.</p> <p>Exclude: Statements relating to the strengths/weaknesses of the interview process, without mentioning concrete suggestions for change.</p>	"Um, maybe that you watch the videos beforehand, so you don't have to watch them then, because it would shorten the process a bit, but otherwise I found the structure quite good." (<i>Participant V</i>)

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Category / Code	Definition	Anchor Quote
Changes to interview setting	Definition: Statements in which participants propose changes to the interview setting (e.g., online setting, two-person setting, Zoom meeting) in some way. Exclude: Statements relating to the strengths/weaknesses of the interview setting, without mentioning concrete suggestions for change.	"Yes, I would say, either without video or that only she has the video on, because you, no idea, then it's a bit closer, a bit, I don't know, or something like that." (<i>Participant VI</i>)
No changes to the PECAN-CA method proposed	Definition: Coded only if the participant didn't report any changes to the PECAN-CA method throughout the interview and explicitly answered "no" when asked directly. Exclude: Not coded if answered "no" when asked directly, but at some other point in the interview proposed changes to the PECAN-CA method (double check after coding of entire document).	"Uh, good question. Well, nothing has come to my attention that one could criticize in any way. Mhm. So, actually everything was quite good. I'm just thinking if there's anything, but I don't think so, nope. Everything was great. Yeah." (<i>Participant IV</i>)
Network		
6 NETWORK ACCURACY → Network displays symptoms correctly	Definition: Code if the participant either answers "yes" when asked if the network visualizes their symptoms correctly, or if they express it somewhere else. Exclude: This focuses on correctness; thus, do not code if participants merely state that they like the visualization, find it helpful, etc.	"I would say, yes, already." (<i>Participant VIII</i>)
→ Perceived underestimation of some symptom centralities	Definition: Coded when participants state that they do not feel the network displays all their symptoms correctly, and when they feel that some symptoms are not as central to the network as they should be. Exclude: Excludes general critique of network theory; needs to focus on the generated network.	"Yes, already. So, personally, I would, I think, value a few differently, meaning a few more. So, I believe, for me personally, [Symptom], [Symptom] and the [Symptom] are actually central." (<i>Participant VI</i>)
Critical of network	Definition: Any remarks uttered by the participants concerning critique or negative feedback on the network approach, the visualization, or the explanation of the network. Exclude: Critique of aspects of network creation, setting, etc. (cf. hindering factors).	"Looks really confusing- uh, really like a lot." (<i>Participant VI</i>)

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Category / Code	Definition	Anchor Quote
General remarks on network	<p>Definition: Any other positive or neutral remarks, impressions, or comments from participants on the network visualization, e.g., that participants found the network visualization "interesting," "surprising," or helpful.</p> <p>Exclude: Negative comments or critique belong to the category "critical of network."</p>	<p>"Well, I actually think it's good that you can see it like that, instead of always telling yourself, okay, this happened now, this happened now, now I feel like this, now I feel like that." (<i>Participant VIII</i>)</p> <p>"So, I didn't know it was so complex to create something like that at all. Somehow, I also imagined something more like a spider web, somehow. But I find the network somehow more practical then. I mean, when you see studies otherwise, you usually see diagrams or then something with networks, colorful dots pointing outwards or something like that." (<i>Participant V</i>)</p>
Network is comprehensible	<p>Definition: Any statements or phrases by a participant where they state that the network is comprehensible, that they feel like they understand it.</p> <p>Exclude: Statements that include critique of network features (e.g., too many edges, complicated, code "critical of network"), or general remarks on how or why the network was (or wasn't) comprehensible (cf. "general remarks on the network").</p> <p>Note: If a participant would voice that the network is NOT comprehensible in some fashion → create a upper-level category "network comprehensibility" and add a subcode "network is not comprehensible" alongside this code.</p>	<p>"Yes, that's easy to understand." (<i>Participant VII</i>)</p>

Acceptability

Experience of the process

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Category / Code	Definition	Anchor Quote
Process was easy	<p>Definition: Includes statements where the participant describes the experience of the entire interview process as easy, problem-less, smooth, etc.</p> <p>Exclude: Only include evaluations on the global experience of the process. If it's only connected to certain features, code those as facilitating factors. If they evaluate the process generally as easy and note a certain hindering feature, code both (e.g., when asked about the process they answer "Oh, I found the process relatively easy. Especially the symptom cards made it easy to select my symptoms," code "process was easy" as well as a code for "facilitating factors").</p>	"Yeah, definitely, yeah, definitely, I found it easy." (<i>Participant VI</i>)
Process was neither easy nor hard	<p>Definition: Includes statements where the participant describes the experience of the entire interview process as neither easy nor hard, or doesn't give a clear answer / remains neutral.</p> <p>Exclude: Do not double-code with other process-related codes.</p>	"Hm. So actually, actually easy, I mean, except for the fact that I always have to think so much and stuff, and that's a bit difficult. But if we exclude that for a moment, it was actually easy, and with that, I'd say average. Okay." (<i>Participant IV</i>)
Process was hard / exhausting	<p>Definition: Includes statements where the participant describes the experience of the entire interview process as exhausting, draining, difficult, hard, etc.</p> <p>Exclude: Only include evaluations on the global experience of the process. If it's only connected to certain features, code those as hindering factors. If they evaluate the process generally as hard and note a certain hindering feature, code both (e.g., when asked about the process they answer "Oh, I found the process relatively hard. Especially the repetitive questions when rating the causal relations were very hard to answer," code "process was hard / exhausting" as well as a code for "hindering factors").</p>	"Rather difficult, because I find it very hard to weigh that. [...] For example, that with the smileys and also with the arrows, how strong it is, I found that a bit more difficult. Most of the time, I'm actually always so unsure, so I just say 'roughly', so, yeah." (<i>Participant VI</i>)

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Category / Code	Definition	Anchor Quote
Process was interesting	<p>Definition: Includes statements where the participant describes the experience of the entire interview process as interesting, exciting, etc.</p> <p>Exclude: Only include evaluations on the global experience of the process. If it's only connected to certain features, code these independently. If they evaluate the process generally as interesting and note a certain interesting feature, code both (e.g., when asked about the process they answer "Oh, I found the process really interesting. It was really interesting to see my symptoms visualized in that network," code "process was interesting" as well as a code for "network").</p>	<p>"Very... exciting to see, actually. Yeah, otherwise you can actually look at it and I believe it brings something, I'd assess." (<i>Participant VII</i>)</p>

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Category / Code	Definition	Anchor Quote
Perceived usefulness		
Perceived limited usefulness	<p>Definition: Any remarks indicating doubt that this approach could be helpful, sections where participants were unable to indicate points of intervention or say that they don't see how it could help them – also include these sections if they express it vaguely (include e.g., "I don't see it yet, but maybe when I look at it later"), as this could indicate limited immediate usefulness and could be reported vaguely due to social desirability effects.</p> <p>Exclude: Statements that exclusively relate to a certain factor (e.g., "I found the visualization of the network very confusing and not helpful"); code these as hindering factors. Only code perceived limited usefulness if the participant states that because of the hindering factor, the general process and outcome was not just hindered, but generally somewhat useless. Don't code if participants stated that they found a point of intervention, but the interviewer didn't follow up – in that case, don't code "no new points of intervention discovered" but also don't code "enables causal analysis and identification of points of intervention."</p>	<p>"Not from a quick look right now, maybe when I look at it longer, yes." (<i>Participant IX</i>)</p> <p>"Hm, honestly, I'm still unsure, I mean, you gave some suggestions, but I just think, in the end, it won't help anyway, I mean, for example, even if I meet a friend or something, then I might be happy for the moment, but, well, overall I still don't feel happy, so to speak." (<i>Participant VI</i>)</p>
Enables causal analyses and identification of points of intervention	<p>Definition: Any statements, comments, or remarks where participants report that they believe the PECAN-CA enables causal analyses, the identification of key areas, symptoms, or problems where they can change their behavior or have an impact on their symptomology in some way. Also include statements where participants describe points of intervention they see by looking at the network.</p> <p>Exclude: Any statements that highlight strengths (or weaknesses) of the method, but do not emphasize the possibility to come to causal conclusions that enable intervention.</p>	<p>"So maybe, that from [Symptom] one somehow preventively, somehow from those, where the arrows originate. [...] That one somehow starts there a bit and somehow analyzes where they come from. So just follow these arrows." (<i>Participant III</i>)</p>

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Category / Code	Definition	Anchor Quote
Communicative aspects	<p>Definition: Any aspects that relate to communicating their symptomology in regard to the PECAN-CA method. This could be during the process (e.g., "it made it possible for me to speak on my symptoms") or afterwards, e.g., in communication with others (parents, therapists, peers, etc.).</p> <p>Exclude: Exclude statements if they relate only to a certain feature, e.g., "the symptom cards made it easy for me to speak on my symptoms." Include only if it is a global evaluation of the process.</p>	<p>"Yes, so, because then you at least understand your symptoms more and also so that you can see what symptoms you have and also how that has effects. So, for example, I find it important, impairment in everyday life. So, that you can, for example, also show it to others, for example, your parents or something, so that they understand it more, because it's very difficult to explain something like that." (<i>Participant VI</i>)</p>
Provides insights into current symptoms	<p>Definition: Includes any statements where participants report that they gained new insights into their symptomology (symptom overview, perspective on symptomology) or if they believe it to be suitable to gain insight into new symptoms (for example, for a first depressive episode or if symptoms change).</p> <p>Exclude: Statements explicitly relating to conclusions / insights into causal relations (code "enables causal analyses and identification of points of intervention").</p>	<p>"So that actually illustrates a bit, well, it illustrates everything, I'd say. And you see the problems." (<i>Participant VII</i>)</p>
Emotional experience		
Positive affective state	<p>Definition: Statements where participants reported feeling positively after the PECAN-CA process (e.g., good, relieved, etc.).</p> <p>Exclude: Statements that indicate there was no change to their emotional state, for example, when they said they felt good today in general.</p>	<p>"I think it was worth it. So, I see it a bit clearer now through these statistics." (<i>Participant V</i>)</p> <p>"And that's why it's... So I'm already a bit relieved." (<i>Participant III</i>)</p>

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Category / Code	Definition	Anchor Quote
Same emotional state as before PECAN-CA	<p>Definition: Code if participants reported feeling the same as before the interview, if it didn't affect them emotionally, or if there was a change in mood, but they explicitly state it was unrelated to PECAN-CA specifically.</p> <p>Exclude: If participants reported feeling a certain way after PECAN-CA and don't specify how they felt before, code "positive affective state" or — in case of negative affect — create a new subcode.</p>	"Um, actually okay. Yeah, just like before. Okay. It was interesting." (<i>Participant IV</i>)
Intent for future use		
PERSONAL USE → Conditional intent to use PECAN-CA in future	<p>Definition: Statements where participants express doubt in their willingness to do another PECAN-CA interview in the future. Includes answers where the participant says they would be willing to use it in the future under certain conditions (e.g., if it was adapted in some way, if their symptomology changed...).</p> <p>Exclude: Statements that express a firm decision not to use PECAN-CA in the future would have to be coded as "no intent to use PECAN-CA in future."</p>	"I would probably make my own network, I think. Because, I don't know, honestly, I mean, I think I personally like it, I don't like it that much, I mean, I'm not that social and so on and I also, I, hm, have, so I don't really like showing myself on camera." (<i>Participant VI</i>)
→ Would do another PECAN- CA interview in future	<p>Definition: Statements where participants express their willingness / interest in doing another PECAN-CA interview in the future.</p> <p>Exclude: Conditional statements (cf. "conditional intent to use PECAN-CA in future").</p>	"Yes, I would do that." (<i>Participant VII</i>)

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Category / Code	Definition	Anchor Quote
RECOMMENDATION TO A FRIEND → Conditional recommendation to a friend	<p>Definition: Statements where participants express doubt in their willingness to recommend the PECAN-CA interview to a friend. Includes answers where the participant says they would be willing to recommend it under certain conditions (e.g., only if their friend was in their first depressive episode).</p> <p>Exclude: Statements that express a firm decision not to recommend PECAN-CA would have to be coded as "no intent to recommend PECAN-CA to a friend."</p>	<p>"So I definitely think for a friend who hasn't dealt with it yet, who somehow, for example, has only recently had depressive moods and doesn't know about it, that this is the entry point. And above all, to prevent severe depression or chronic depression, because then you immediately know what you can do now. But I think someone who has had problems with it for a longer time or is already in therapy, I don't think I would necessarily recommend it to them, because such things are dealt with in therapy. And then it actually only depends on how one wants to deal with it in their free time. And I think many don't want that at all." (<i>Participant I</i>)</p> <p>"And I would simply recommend it, just like that." (<i>Participant VII</i>)</p>
→ Would recommend PECAN-CA to a friend	<p>Definition: Statements where participants express their willingness to recommend the PECAN-CA interview to a friend.</p> <p>Exclude: Conditional statements (cf. "conditional recommendation to a friend").</p>	
REASONS Reasons for future use / recommendation	<p>Definition: Sections where participants give reasons as to why they would do another PECAN-CA interview in the future, or recommend it to a friend.</p> <p>Exclude: Answers to whether they would or not (cf. "personal use" or "recommendation to a friend"). Answers that are unrelated to the perceived personal merit or cost of the interview, or show a misunderstanding of the question (e.g., "to distract myself, I have nothing else going on" or "to help research").</p>	<p>"So I would tell her [a friend] that you can see what causes what. And also, where you could potentially work on yourself, perhaps on the symptoms." (<i>Participant VIII</i>)</p>

5.3 Intercoder Agreement Tables

Code-Level Agreement

Table 3: Agreement by Code Across All (11) Documents

Code	Agreement (%)
symptom cards	100
psychoeducational videos	100
guided interview format	63.64
no facilitating factors	90.91
online adaptation	81.82
lacking understanding on comorbidities in network	100
length of interview	100
no hindering factors	63.64
changes to the network visualization	90.91
changes to the interview format	81.82
changes to the interview process	90.91
changes to the interview setting	90.91
network displays symptoms correctly	100
perceived underestimation of some symptom centralities	100
critical of network	63.64
general remarks on network visualization	45.45
network is comprehensible	100
process was hard or exhausting	81.82
process was interesting	81.82
process was easy	90.91
process was neither easy nor hard	90.91
perceived limited usefulness	100
enables causal analyses and identification of intervention points	63.64
communicative aspects	72.73
provides insights into current symptoms	27.27
positive affective state	72.73
same emotional state as before PECAN-CA	100
practical merits	72.73
to gain insight into causal relations	90.91
to track changes regularly	100
conditional intent to use PECAN-CA in future	100
would do another PECAN-CA interview in future	100
conditional recommendation to a friend	100
would recommend PECAN-CA to a friend	100
Total (average)	85.97

Document-Level Agreement

Table 4: Agreement by Document

Document	Agreement (%)
Transcript 1 – Participant I	81.63
Transcript 1 – Participant II	89.80
Transcript 1 – Participant III	97.96
Transcript 1 – Participant IV	95.92
Transcript 1 – Participant V	91.84
Transcript 1 – Participant VI	93.88
Transcript 1 – Participant VII	85.71
Transcript 1 – Participant VIII	87.76
Transcript 1 – Participant IX	81.63
Transcript 1 – Participant X	91.84
Transcript 1 – Participant XI	91.84
Total (average)	89.98