

Appendix: Code Book

The following codes were used for analyzing qualitative data from interviews and online posts of both teen and clinician ARC studies. Codes were not mutually exclusive and excerpts of data had multiple codes.

Code	Description
<p>Access</p> <p>Access issue face to face</p> <p>Access issue online</p> <p>Access benefit online</p>	<p>Concerns about how accessing treatment face to face (f2f) is difficult due to burden on time, transport, parental support, availability of clinic, and stigma</p> <p>Concerns that teenagers would be unable to have access to the resources appropriate for online treatment</p> <p>Participants mentioning reasons for patients to have better access to therapy online</p>
<p>Client-therapist relationship</p> <p>Better rapport with clinicians</p> <p>Online boundaries</p> <p>Patient accountability</p> <p>Teen engagement</p> <p>Parental Involvement</p>	<p>Signifies the perceived need for building rapport and have human connection with clinicians, which participants perceived was more cohesive in face to face interactions than online interactions</p> <p>Clinicians express concerns and ideas about time spent online and setting expectations with clients on when to expect responses on a platform that is available asynchronously and 24x7. These included concerns of clinicians about being contacted outside hours working</p> <p>How to hold teens accountable for doing the assignments required?</p> <p>Perceived concerns and discussions about the engagement (and lack of engagement) of teens in the online treatment format</p> <p>Teens mention about the need for parent involvement including transportation and payment; also includes where they mention parental involvement may not be</p>

	necessary; clinician discussions on parental involvement
<p>Added burden of online work</p> <p>Billing concerns</p> <p>Clinician burden online</p> <p>Liability concern</p>	<p>Any billing or payment related discussions for remote treatment; for example, therapy delivered online or the time spent online by clinicians is not billable currently in their practices</p> <p>Lack of information that exists for clinicians when it comes to online platforms such as Slack. Added time burden for moderating and responding to posts.</p> <p>Will clinicians be liable for anything they are unable to address online, especially, adverse events.</p>
<p>Online Platform</p> <p>Privacy concerns</p> <p>Teen communication styles</p> <p>Platform interface difficulty</p> <p>Platform adoption concern</p> <p>Content organization on the platform</p>	<p>Concerns expressed by clinicians about privacy and HIPAA compliance on Slack; concerns of teens about anonymity, online disclosures, and data sharing policy of Slack</p> <p>Addresses concerns about how teens communicate, what their usual practices are in terms of how they communicate with others around them and what would be the most beneficial circumstances for them in regard to communication, essentially leading to what they might need online when communicating with a possible therapist and/or group of patients</p> <p>The difficulties that clinicians and teens express with Slack specifically with regards to the interface</p> <p>The concerns clinicians share about adopting Slack into their current workspaces. These adoption concerns included the policy and security in their workplace with using an external tool such as Slack, their computer set up, or their personal ability to use technology such as this platform</p> <p>The organization of content on Slack chats and different channels.</p>

<p>Platform notification</p> <p>Instructions for using platform</p>	<p>whether notifications tend to be turned on or not; why or why not</p> <p>Need for adding instructions on how to use a platform that was unfamiliar to some participants.</p>
<p>Technology based functionalities</p> <p>Chatbot</p> <p>Online reminder</p> <p>In-the-moment support for crisis</p> <p>Online possibilities</p>	<p>Using automated prompts for interacting with teen patients</p> <p>Feature to remind patients to do homework or do BA assignments</p> <p>Support that would be necessary in an emergency with a patient</p> <p>Other functionalities that can be added on online platforms for benefiting teens</p>
<p>BA Format</p> <p>Long format benefit</p> <p>Long format challenge</p> <p>Short format benefit</p> <p>Short format challenge</p> <p>Online check-in support</p> <p>Supplement online therapy</p>	<p>This includes the benefits of the longer format of BA therapy (i.e.12 weeks)</p> <p>This includes the challenges mentioned with the long format of BA therapy</p> <p>This includes the benefits of the shorter format of BA (i.e. 4-6 weeks)</p> <p>This includes challenges mentioned for the shorter format of BA</p> <p>Slack being used as a support tool when patients need additional non-therapeutic assistance such as sending reminders, check-ins with clinicians</p> <p>Combination of both online therapy and in person therapy by delivering and teaching therapeutic content online</p>

<p>One on one online therapy</p> <p>Online_group_therapy</p> <p>Online_therapy_ideas</p>	<p>comments about the need for one on one therapy online rather than group therapy</p> <p>possible group therapy online</p> <p>Other comments about the benefits and ideas related to therapy online</p>
<p>BA therapy critique</p>	<p>Critique of the content of BA therapy (and not the technical adaptation). An example included critiquing the language that can be perceived to set expectations of being always positive.</p>
<p>Teaching</p> <p>Teaching techniques</p> <p>Interactive components</p>	<p>Some techniques mentioned on how to remotely teach BA to teens</p> <p>How to make the content more engaging in order to ensure teens are doing the work. For example, comments about how the animated video is good; concern expressed about video ideas presented.</p>
<p>Clinician experience</p> <p>Previous BA therapy experience</p> <p>Patient meeting frequency</p>	<p>Have the clinicians used BA with their patients in the past and how often</p> <p>How often are clinicians meeting their patients or teens seeing their therapists</p>
<p>ARC study design</p>	<p>Comments on how to change the study or add ideas, or appreciation for current study design (e.g., amount of time spent on activities, asynchronous nature of activities, and content)</p>