

Supplementary Table. Content outline of the 24 MODIA “chats”

Topic (chat title)	Main goal of chat	Content outline^a
Cluster 1: “Basic techniques and principles”		
1. Introduction to MODIA (“Meet and greet”)	Orient and engage patients; provide basic education and motivation to continue using MODIA.	<ul style="list-style-type: none"> • Introduction to the program’s function and purpose • Facilitating hope and positive expectancies • Interactive exploration of patient’s background • Risk and safety information • Recommendations for optimal program use
2. Enhancing motivation (“Taking the measurements”)	Build motivation by encouraging patients to reflect on the advantages of abstaining and the disadvantages of continuing to use opioids.	<ul style="list-style-type: none"> • Interactive exploration of current motivation to stop using opioids • Exploration of motivational stages of change • Enhancing motivation by building awareness of personal reasons for and ability to change
3. Functional analysis (“The bird’s eye view”)	Empower patients to gain greater clarity on trigger situations and teach simple techniques to improve their ability to resist urges to use opioids.	<ul style="list-style-type: none"> • Build awareness of personal high-risk situations and triggers • Introduction to functional analysis • Simple techniques to cope with triggers • Audio mental imagery/mindfulness meditation exercise to build skills to resist triggers and cravings
4. Behavioral coping with triggers (“Look over there!”)	Empower patients by teaching them how to identify and avoid high-risk situations and use simple behavioral techniques to cope with such situations.	<ul style="list-style-type: none"> • Interactive functional analysis and structured assessment of: <ul style="list-style-type: none"> ○ Personal trigger situations ○ Automatically elicited thoughts and feelings ○ Typical behaviors in high-risk situations ○ Short-term consequences ○ Negative long-term consequences • Interactive exploration of potential approaches to altering contingencies; using behaviors for distraction coping
5. Cognitive coping with triggers (“The stranger in the mirror”)	Empower patients by teaching them simple methods targeting cognitions that increase risk for opioid use.	<ul style="list-style-type: none"> • Use of mental strategies rather than physical distraction activities to cope with triggers or urges to use • Audio exercise: revisiting the “healthy future self” • Fictional case example to illustrate successful and unsuccessful coping • Interactive exploration of cognitive coping techniques • Recognizing common cognitive distortions
6. Review of first cluster (“Let’s get physical”)	Review previously learned CBT techniques and educate patients on role of healthy lifestyle in recovery.	<ul style="list-style-type: none"> • Review of key techniques from previous five “chats” • Integrating the CBT techniques to build a healthy lifestyle • Interactive exploration of the role of nutrition in opioid dependence • Interactive exploration of sleep habits and review of principle of sleep hygiene

		<ul style="list-style-type: none"> • Audio exercise: mental imagery to review key techniques form Cluster 1
Cluster 2: “Learning psychological flexibility skills”		
7. Defusion and emotional distancing (“The defusion solution”)	Teach patients to learn “defusion” techniques to distance themselves from unhelpful thoughts and feelings.	<ul style="list-style-type: none"> • Introduction to the core topic of Cluster 2: “psychological flexibility” (PF) • Overview and interactive exploration of the six components of PF (e.g., defusion, acceptance, presence, self-discovery, values, committed action)
8. Acceptance and distress tolerance (“The acceptance conundrum”)	Teach patients acceptance skills to improve distress tolerance while remaining committed to recovery-related goals.	<ul style="list-style-type: none"> • Introduction to acceptance as a key PF technique • Interactive exploration of aversive thoughts and feelings • Experiential exercise to illustrate difficulties with thought suppression • Therapeutic metaphors to convey the principle of acceptance • Introduction of the ACT concept and skill of “willingness” • Mental imagery story-based exercise to experience and practice willingness
9. Mindfulness and presence (“Enter the Buddha”)	Teach patients mindfulness techniques to reduce stress and improve coping with cravings, urges to use, and other aversive mental and emotional experiences.	<ul style="list-style-type: none"> • Brief step-by-step guided experiential mindfulness exercise • Mindfulness meditation exercises • Guided mindfulness exercise • Fictional case examples to convey the personal relevance of mindfulness meditation
10. Self-discovery (“Who am I?”)	Teach patients self-discovery skills to help them cope with high-risk situations and improve their general ability to remain committed towards healthy life goals.	<ul style="list-style-type: none"> • Introduction to the three facets of self-discovery: the “conceptual self,” contacting the “stream of consciousness,” and “the observing self” • Invitation to engage in expressive writing exercise • Fictional case example to illustrate expressive writing; exercises to discover and observe the stream of consciousness • Experiential exercise on the “observing self”
11. Values clarification (“The best values”)	Teach patients to clarify valued life directions to orient them toward a healthy life “beyond opioid dependence” and thereby support their recovery goals.	<ul style="list-style-type: none"> • Mental imagery exercise (“revisiting your healthy future self”) • Interactive introduction to personal values clarification as a key component of psychological flexibility • Fictional case example to illustrate the relevance of personal values • Exploration of values can be identified • Interactive review of importance and time investment with regard to common core values • Interactive exploration of relevance of personal values in the context of opioid dependence
12. Commitment to healthy actions (“Do it!”)	Teach patients “behavioral commitment” techniques to support their efforts to achieve healthy recovery goals.	<ul style="list-style-type: none"> • Introduction to the “committed action” PF facet • Review of potential obstacles that might prevent patient from pursuing core values • Fictional story to illustrate the concept of “SMART” goals (specific, measurable, adaptive, realistic, time-framed)

		<ul style="list-style-type: none"> • Exploration of simple strategies to increase commitment to value-consistent actions • Mindfulness-based audio recording on committed action
Cluster 3: “Applying therapeutic skills to important life domains”^b		
13. Interpersonal relationships (“Circles of friends”)	Empower patients by improving their ability to cultivate harmonious relationships that support their recovery goals and reduce risk for relapse.	<ul style="list-style-type: none"> • Interactive exploration of the relevance of interpersonal relationship to opioid dependence • Identification of problematic relationships and perceived reasons for problems • Simulated role-plays to apply acceptance and willingness skills to relationships and to practice resisting social triggers • Interactive exploration of relationships that might contribute to opioid use • Interactive review of assertive communication techniques • Mental imagery exercise on helpful and unhelpful relationships
14. Depression (“The deepest shade of blue”)	Empower patients by teaching and rehearsing skills to reduce dysphoria and depression, which can interfere with the recovery process.	<ul style="list-style-type: none"> • Explanation of how opioid dependence increases depression risk, CBT principles, and how CBT can help reduce depression • Interactive review of current depression symptoms • Recommendation to contact healthcare professional or suicide prevention lifeline if needed • Explanation and discussion of key behavioral activation principles • Activity ideas for different valued life domains • Clarification of commitment and opportunity to declare high or low motivation • Identifying and overcoming typical cognitive-affective obstacles in behavioral activation • Applying acceptance- and defusion-based techniques to cope with unhelpful cognitions • Applying psychological flexibility skills to overcome depression
15. Anxiety and persistent worries (“Chewing your nails”)	Empower patients by teaching and rehearsing CBT skills for successful anxiety management, which also supports their recovery goals.	<ul style="list-style-type: none"> • Interactive exploration on anxiety and relevance to opioid dependence • Exploration of personally relevant worries, fears, and anxieties • Experiential exercise: conjuring up anxious thoughts/feelings and applying psychological flexibility techniques to them • Interactive review of key CBT strategies for coping with anxiety • Applying defusion techniques to anxiety • Alternative mental imagery for defusion of anxious thoughts and feelings • Mental imagery exercise on the “healthy future” self who illustrates applying willingness/acceptance techniques to coping with anxiety
16. Anger management (“Seeing red”)	Empower patients by teaching and rehearsing effective therapeutic	<ul style="list-style-type: none"> • Interactive exploration of the personal relevance of anger, frustration, and irritability

	techniques to manage anger and irritability, which could interfere with recovery progress.	<ul style="list-style-type: none"> • Fictional case example to illustrate how anger is elicited from a CBT perspective • Identifying factors that facilitate anger • Using psychological flexibility techniques to manage anger • Review of a mnemonic to manage anger • Using forgiveness and empathy in anger management
17. Sleep problems and insomnia (“Perchance to dream”)	Empower patients by teaching and rehearsing effective CBT skills for overcoming insomnia and improving the quality of sleep.	<ul style="list-style-type: none"> • Discussion of insomnia in the context of opioid dependence • Brief questionnaire on potential sleep problems • CBT strategies for better sleep • “Sleep meditation” to facilitate falling asleep • Interactive guided discovery of CBT sleep principles • Discussion of other treatment options for insomnia (e.g., medication)
18. Problem-solving skills (“Checkmate”)	Empower patients by teaching them general and broadly applicable techniques for problem-solving across a range of life domains.	<ul style="list-style-type: none"> • Introduction to problem-solving as a universal CBT technique • Discussion of systematic sequence in problem-solving: problem definition, setting realistic and attainable goals, identifying potential obstacles and strategies for overcoming them • Discussion and review of final problem-solving steps: rank-ordering plans, putting best plan into action • Audio recording exercise: mindful appreciation of past problem-solving successes and overall progress • Brief review of the “STOP method” and application to problem-solving • Simulated role-play to apply the “STOP method” in a high-risk situation that could lead to opioid use
Cluster 4: “Facilitating personal growth and development: solidifying your healthy self-identity”		
19. Compassion and self-compassion (“Because I care”)	Empower patients by teaching them effective compassion and self-compassion skills to help with successful coping with high-risk situations and recovery setbacks.	<ul style="list-style-type: none"> • Overview of positive psychology and personal growth • Introduction to compassion • Guided discovery of the personal relevance of compassion • Interactive discussion on rationale for compassion training • Mental imagery experiential exercise on “feeling compassion toward others and yourself” • Guided discovery exercise on compassion
20. Self-esteem and confidence (“Hey, good lookin’”)	Improve patients’ sense of self-esteem and self-confidence to further support their ability to achieve their recovery goals.	<ul style="list-style-type: none"> • Guided discovery of the personal relevance of self-esteem and self-confidence • Discussion of research on self-esteem/confidence in the context of opioid dependence • CBT definition of self-esteem • Differentiating self-esteem from self-confidence • Guided discovery of low self-esteem/confidence

		<ul style="list-style-type: none"> • How psychological flexibility techniques can be applied to low self-esteem/confidence; guided discovery and simulated role-play of other defusion techniques • Guided discovery on the detrimental effect of upward social comparison on self-esteem • Mental imagery exercise (“how the healthy future self does not buy into self-disparaging thoughts”)
21. Discovering personal strengths (“Look at those assets”)	Empower patients by focusing their attention on personal strengths and resources, which could help them structure their lives in a healthy manner “beyond opioid dependence.”	<ul style="list-style-type: none"> • Introduction to discovering personal strengths rather than dwelling on problems/pathology • Mental imagery exercise (“reflections of your strengths in the waterfall”) • Storytelling mental imagery exercise based on the Values in Action (VIA) classification of strengths and virtues • Guided discovery of potential personality strengths across six domains (wisdom, courage, humanity, justice, temperance, transcendence) • Mental imagery exercise: revisiting “people, places, and things” with greater awareness of personal strength
22. Cultivating the healthy future self (“Your healthy future self”)	Empower patients by strengthening their sense of conviction (or self-efficacy) that they can reach their recovery goals and cope successfully with obstacles they might encounter.	<ul style="list-style-type: none"> • Praise and reinforcement of progress; guided discovery: “revisiting decisional balance” • Revisiting the mental image of the “healthy future self” • Guided mental imagery exercise: “reflecting on your progress, obstacles and setbacks, and the healthy future self”) • Therapeutic writing exercise • Assessing confidence for reaching healthy future self • Anticipating obstacles and setback • Mental rehearsal of potential coping strategies
23. Anticipating relapses (“Relapse”)	Empower patients by teaching them to identify early signs of relapse and respond effectively.	<ul style="list-style-type: none"> • Introduction to preventing and responding to relapse • Interactive review of different stages of relapse: emotional, mental, and physical • Guided discovery: detecting and responding constructively to signs of emotional, mental and physical relapse • Fictional case example of a person who has relapsed and coped • Audio recording mental imagery exercise: “Urge-surfing in the presence of your healthy future self”
24. Grand review and wrap-up (“Blast off to the future! Thank you!”)	Empower patients by providing an effective review of key techniques encountered throughout the program; providing a sense of closure that supports patients’ confidence and ability to	<ul style="list-style-type: none"> • Introducing the “memory palace” technique to rehearse key techniques from previous modules • Guided mental imagery: “a visit to the memory palace with a goodbye-party” • Final praise for having finished the program

	continue successfully on their journey to sustained recovery.	• Empathic farewell
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^aMost clusters also include a brief review of the patients' emotional state, a review quiz, and homework assignment

^bThe sequence of modules in Cluster 3 is not fixed; patients are encouraged to apply CBT skills to relevant problem areas; automated suggestion to start with one particular domain (patients can opt to accept the suggestions or select another domain).

CBT cognitive-behavioral therapy, *PF* psychological flexibility, *ACT* acceptance and commitment therapy