

Appendix 1: Interview Guide for TCMLH facilitators

Note: This interview guide was used with staff members who had a direct role in facilitating TCMLH groups. These individuals' official roles ranged from Whole Health partners to peer support specialists and health coaches.

Personal

1. To start, what is your official VA position/role?
2. How long have you worked as [position/role title]?
3. What led you to become a WH partner / peer *[use the interviewee's language]*?
4. *[If unclear from previous response]* How long have you worked at VA more generally? In what capacity?
5. *[If unclear from previous response]* We know from previous research that many, but not all, people who facilitate these groups are Veterans. What about you?

TCMLH – General Questions

6. How do you personally understand what TCMLH groups are for?
7. What, to you, are some core, non-negotiable things that make TCMLH what it is?
8. How do you understand your role as a TCMLH facilitator / WH partner?
 - a. How do others (staff, Veterans) understand your role? What are some common misunderstandings about the role of facilitator?
9. What kind of training have you received to be a TCMLH facilitator / WH partner?
 - a. What was helpful about this training?
 - b. What was not helpful?
10. What kind of ongoing support and/or supervision do you have as a TCMLH facilitator?
11. What is your favorite thing about running/facilitating TCMLH?
12. What is the most challenging thing about running/facilitating TCMLH?
13. I will ask you about the effects of COVID-19 on your groups in a minute, but thinking about your groups prior to COVID, is there anything that you personally were doing differently from the standard curriculum. Anything you changed or created?

TCMLH – Telehealth

14. How did the COVID-19 pandemic affect TCMLH groups at your site? *[Probe for details of the narrative as necessary – we want to know when the local TCMLH staff felt the effects of COVID on the group and what happened in the first few weeks and months]*
 - a. What happened to the TCMLH group(s) already running at the time?
 - b. How were decisions made about how to proceed?
15. Walk me through what was done to convert TCMLH groups at your site to a virtual format. *[Probe about the challenges and strategies to overcome the challenges.]*
 - a. What about the logistical or technological side of things? *[Probe / give examples as necessary: distributing tablets/laptops to Veterans, distributing course materials to Veterans, requesting VPN access for facilitators, working with IT to set things up, etc.]*
 - b. What about decisions on how to handle communication? *[Probe / give examples as necessary: taking turns, interruptions, video on/off, etc.]*
 - c. What about decisions to modify the curriculum or activities?
 - d. Anything else that I haven't asked about?
16. Please give me an overview of the situation with TCMLH groups at your site at this moment. *[Use probes as necessary.]*
 - a. How many are running currently? What are they? *[in case they have different partners in charge / different foci etc.]*
 - b. How are Veterans recruited and enrolled in TCMLH?
 - c. What technology/platform is used to run the groups?
 - d. Who facilitates these groups? *[Keep probing to ensure that all roles are captured – partners and clinicians, if relevant.]*
 - e. Is the TCMLH curriculum also being offered one-on-one?
17. What, in your opinion, is special or unique about running TCMLH in a telehealth/virtual format, as opposed to face-to-face? *[Probe as necessary.]*
 - a. What, if anything, has been challenging about doing TCMLH in the telehealth format?
 - b. What, if anything, have you found helpful in navigating these challenges?

Future

18. If you continue offering TCMLH as a virtual-only modality, what would be some advantages, if any? What would be some disadvantages, if any?
19. [*“Queen for a day” question*] If telehealth remains the only modality for the foreseeable future, what kind of resources or support would you need to continue offering TCMLH virtually?
 - a. What about training or guidance?
 - b. What about sharing experiences with other facilitators / other sites?

Conclusion

20. We want to make sure that in this evaluation we gather information on topics that are interesting and relevant to Veterans who participate in TCMLH and staff members who run TCMLH groups. What are you personally curious about? What would you want to know about Veterans’ and staff’s perspectives or experiences with TCMLH?
21. Who else should we talk to in order to get a fuller picture of your site’s efforts to offer TCMLH virtually?
22. Is there anything else you’d like to add or anything I didn’t ask you about?

Appendix 2: Interview Guide for Whole Health Directors/Program Managers/Coordinators/Supervisors

Note: This interview guide was used for individuals in a supervisory role, such as Whole Health program managers or program directors, coordinators, or supervisors.

Personal

1. What is your staff position or role?
 - a. [*If unclear from response*]: Do you sometimes facilitate TCMLH groups at your site? Provide training/ guidance/ supervision to TCMLH facilitators?
2. How long have you worked in this position/role?

3. How long have you worked at VA more generally?
4. [If unclear from previous responses] What is your professional background or training?
5. When did you start working in your profession / complete training in your profession?
 - a. If clinical: Do you still provide patient care?

TCMLH prior to and after COVID

6. Briefly, can you describe what was happening with TCMLH groups at your site prior to COVID?
 - a. Format [if they were already doing virtual]
 - b. Locations [just the main site vs. CBOCs]
 - c. Number of classes running
 - d. Staffing [who's running]
 - e. Adaptations
 - f. Participation [how well it was going; was it a certain "kind" of Veterans they were seeing]
7. How did the COVID-19 pandemic affect TCMLH groups at your site? *[Probe for details of the narrative as necessary – we want to know when the local TCMLH staff felt the effects of COVID on the group and what happened in the first few weeks and months]*
 - g. What happened to the TCMLH group(s) already running at the time?
 - h. How were decisions made about how to proceed?
 - i. How many, if any, full TCMLH groups has your site had since switching to telehealth?
8. Walk me through what was done to convert TCMLH groups at your site to a virtual format. *[Probe about the challenges and strategies to overcome the challenges.]*
 - j. What about the logistical or technological side of things? *[Probe / give examples as necessary: distributing tablets/laptops to Veterans, distributing course materials to Veterans, requesting VPN access for facilitators, working with IT to set things up, etc.]*
 - k. What about decisions on how to handle communication? *[Probe / give examples as necessary: taking turns, interruptions, video on/off, etc.]*
 - l. What about decisions to modify the curriculum or activities?
 - m. Anything else that I haven't asked about?
9. Please give me an overview of the situation with TCMLH groups at your site at this moment. *[Use probes as necessary.]*

- n. How many are running currently? What are they? *[in case they have different partners in charge / different foci etc.]*
 - o. How are Veterans recruited and enrolled in TCMLH?
 - p. What technology/platform is used to run the groups?
 - q. Who runs these groups? *[Keep probing to ensure that all roles are captured – partners and clinicians, if relevant.]*
 - r. How many weeks does each group last?
 - s. Has your site made any modifications to the OPCC curriculum?
 - t. What, if anything, happens after Veterans complete the group? Are there post-group follow-ups or referrals?
- 10.** What, if anything, has been challenging about doing TCMLH in the telehealth format at your site? *[Probe for details and strategies used to address the difficulties]*
- 11.** What have been some positive aspects of doing TCMLH in the telehealth format at your site, if any?

Future

- 12.** If you continue offering TCMLH as a virtual-only modality, what would be some advantages, if any? What would be some disadvantages, if any?
- 13.** *["Queen for a day" question]* If telehealth remains the only modality for the foreseeable future, what kind of resources or support would you need to continue offering TCMLH virtually?
- a. What about any training or guidance?
 - b. What about sharing experience with other sites?

Conclusion

- 14.** In this project, we'll have a chance to talk to Veterans and staff across sites to understand their experiences with TCMLH. Are there some things that you personally would want to know / are curious about / are keeping you up at night?
- 15.** Who else should we talk to in order to get a fuller picture of your site's efforts to offer TCMLH virtually?
- 16.** Is there anything else you'd like to add or anything I didn't ask you about?

Appendix 3: Additional quotations

Theme / subtheme	Quotation
Challenges of virtual TCMLH	
Navigating the logistics: Recruitment	<p>“I was partnered with <a clinician, and> I was like, ‘Hey, what does it look like to get Taking Charge started <again>?’ And he said he can barely get a hold of half the people that were in that group. So it's... calls and check-ins but when <we> asked about, ‘Hey, would you like to come back and, you know, do some Taking Charge?’ <They are>, like, ‘Yeah, we'll wait till the VA opens back up again’” (Participant_35_Site_12)</p> <p>“I started recruiting for it in May but we just couldn't get that many people, so I... wasn't able to start until August. <...> ...I tried [to recruit with the help of] primary care mental health but they weren't really – there's not much business because of COVID. Also... I wanted people to have gone through orientation and I didn't get the orientations up and running until, like, July” (Participant_21_Site_07).</p>
Navigating the logistics: Technology	<p>“The most challenging thing about facilitating this group? Maybe just some of the... tech issues that we've been having, where the people are getting, you know, dropped calls or dropped Internet” (Participant_07_Site_03).</p> <p>“...so many of the older Veterans... they rarely... get to benefit from these VVC groups because of... you know, their fear around you know using a computer, so... we have to figure out a way to make that more easy for them” (Participant_03_Site_01).</p>
Difficulty maintaining engagement	<p>“I think <it's> just a little bit more challenging to keep people engaged and to manage the conversation... Now a year later it might be a little bit different. I think even for a skilled facilitator who's just losing that face to face contact was difficult” (Participant_06_Site_02).</p> <p>“The Veterans prefer doing the in-person visits. They don't really care for VVC, and I don't think it gives it a personal</p>

	<p>approach. It's kind of -- I don't know -- it's different facilitating it compared to the in-person. I think with in-person, it's more personal, and you have more excitement, more fun when you're in connection and contact with others" (Participant_24_Site_08).</p>
<p>Obstacles to relationship-building</p>	<p>"Well, I've had many Veterans say, 'You know, I wish we were back in-person because I don't feel like I'm part of a group because I'm just staring at my computer screen.' And, so... that's what causes them to not really participate because they don't have other people -- like, it's not an actual group of people sitting down and conversing. It's just across computer screens. ...the last class, there was a Veteran like that, and, so, he said that, I'm just going to sit here and listen. I'm not going to participate just because I just don't feel like I'm part of a group" (Participant_33_Site_11).</p> <p>"I think that's... the challenge is, you know... it's just a little more difficult to keep these guys connected together when you're doing it in the virtual space. <...> You know, a lot easier for them to develop relationships when we were doing face-to-face because they'd walk out of the room together, so they would walk away, maybe they went upstairs to the canteen and got a cup of coffee together. <...> And, those are the things that the Veterans talk often about missing" (Participant_03_Site_01).</p>
<p>Benefits of virtual TCMLH</p>	
<p>Home environment as a source of insight and motivation</p>	<p>"I think that's an advantage of... being able to do it... in your own home and to make that connection between, oh yeah, this is my life that I'm working with, and I can see my environment and all of that" (Participant_10_Site_04).</p> <p>"...it's more impactful for the individuals; that's what I think. Being in the comfort of your own home will allow you to experience it on a deeper level" (Participant_12_Site_04).</p>
<p>Improved comfort with sharing</p>	<p>"I think that this virtual environment allows people to be comfortable in their home and so they don't feel like they're being picked on or called on without volunteering. So, you</p>

	<p>know, you can really ask somebody, 'Hey, do you feel like you have something to offer?' And I was able to watch one of the Veterans who experienced a trigger and removed herself and just said, you know, 'I need to... step back for about 10 minutes.' And that was okay, you know. <...> She was able to acknowledge that and then the class could still go on and... that Veteran didn't feel like they were taking something away from the class or they were missing out. They felt comfortable enough to just take a knee and step away for a few minutes. And I thought that was very powerful because she was fully empowered and she didn't feel like she was in this room where it was, I have to remove myself from the room" (Participant_31_Site_10).</p> <p>"...you know, if you think about the veteran who does turn off his camera <I talked about earlier>, you know, maybe he wouldn't feel comfortable coming in a group, so it creates a space where maybe people who aren't as comfortable with that can still access it and feel comfortable" (Participant_04_Site_01).</p>
Convenience	<p>"...the good part is, I think, because they're at home, you don't hafta worry about them getting here. Because I know before when I had groups, it was always parking issues. You know, they had to leave so, and they had to run up here and get parking and get in here. Or just getting here because they didn't have transportation, you know what I'm sayin'? And they -- so, you don't have that problem, cause they can do it from their house. And I don't, you know, if you wanna be still in bed, I don't care, you know" (Participant_14_Site_05).</p> <p>"They're at home. They can jump on this class from wherever and be able to participate, and it's not taking time out of their day to get to a facility and to be able to find where they're going. They're not getting lost in a facility. So, that, in and of itself, just the accessibility, has increased their willingness to participate in these because it's so much easier to click a button and get into the class than take the time to go somewhere" (Participant_32_Site_11).</p>

Help in overcoming the COVID-19 isolation

“...we have a lot of people that, you know, they’re in a lot of pain... but, you know, movement, they’re very, they’re very into wanting to move now, especially due to COVID, you know, but I think, I think for the TCMLH, I think the curiosity, I think they’re curious, and it’s just something that kind of sparks that. They kind of say, ‘Okay, well, I can... do the self-care class and kind of gain resources and kind of find out... some of the areas that I want to work in. Let me, let me, let me see what this thing is all about’”
(Participant_20_Site_06).

“At our site, the positive has been the attendance and I think also the opportunity for... veterans who are still quite isolated at home you have the connection with the group and work on these important skills sort of as a very productive use of their time right now”
(Participant_08_Site_04).