**Supporting Online Materials**

Detailed Summary of Qualitative Written Data

Views on the ADepT model and its fit within IAPT

Overall, therapists were positive about the model, with a number commenting particularly on the value of the positive interpersonal style it cultivated:

*‘It worked well for 3 clients I worked with who had severe symptoms of depression where they all reached recovery range and feedback I received was that the focus on working towards the positives rather than exploring the negatives was really motivating’*

*‘I enjoyed helping patients to identify positive moments of wellbeing or resilience and having a more solution focused approach to problems.’*

One of the tools that was commented on as working well was the values dartboard:

*‘Using the values dartboard and clear goal setting was really helpful for client who felt 'stuck' and not sure what to work towards’*

*‘The values based exploration using the Dartboard and it's focus on the 4 important areas of life has been meaningful and motivating to all my clients, and they have been able to set meaningful goals for this work. It's been easy to refer back to.’*

Aspects of the model that could be improved including being more explicit with trainees about which techniques to use to help clients to ‘act opposite’ to depressogenic mechanisms:

*‘……more structure and clarity on techniques to manage depressive mechanisms ‘*

A number of therapists commented that ADepT had been a useful way to work with clients around comorbidity:

*‘the clients I had, had comorbid presentations alongside anxiety and also long term health conditions. I found that the use of values was especially helpful for people with health conditions who may not have been able to do what they used to do but could explore new activities that were in line with their own values and therefore benefited from.’*

*‘In my limited clinical experience I have found it helpful to apply some of the tools/techniques with LTC, complex anxiety and some dissociation, low self-esteem. Depression rarely presents on its own.’*

There were mixed views about how well ADepT in its current form might work with clients with a history of trauma underpinning depression:

*‘I think ADepT would work well with other conditions and specifically anxiety and I think it could also work well as part of stabilisation work for PTSD/ complex trauma’*

*‘I am not sure what its intent would be for complex trauma in terms of processing trauma , development of stabilisation, present orientation and validation. Not sure how it would impact interpersonal conflicts in complex trauma …… the importance of building a safe therapeutic alliance could be ruptured if too much focus is upon the conflict between positive drive system and threat system without a strong soothing system being accessible for the client.’*

When considering developmental issues, a number of trainees commented on the potential need to adapt the values work with young adults from clarification to exploration:

*‘I think this was mentioned before but say, for younger patients, identifying values might be more challenging as they are still 'figuring themselves out' but we spoke about 'trying out values for size' and perhaps spending more time on this could be useful for younger clients.’*

There was a general consensus that ADepT ways of working would be helpful in a NHS TTad setting but there were mixed views as to whether this should be as a standalone treatment or via integration into existing CBT practice::

*‘I feel from my own experience it [ADepT] can improve practice for most therapists to integrate into their CBT practice. It may be useful as a standalone approach for depressed clients who have a particular deficit in being able to utilise the positive drive pathway and find pleasure or a sense of resilience…’*

There was also a recognition that if ADepT was to be implemented in NHS TTad settings, therapists would require extensive training and supervision:

*‘I am not sure whether it is realistic unless CBT Therapists get the same level of training and supervised practice our cohort has received? However, I have really valued the ADepT training and the supervised practice experience and would like to continue to use it as a stand alone model.’*

Experiences of training pathway

There was a shared theme of the challenges of learning a new model, which was likened to learning a new language:

 *‘It's like learning a new language and familiarising with all the material. At times it has felt like a lot of different things I should be incorporating (language, feedback summaries and thickening narrative, a range of tools - but that is to do with new learning and developing familiarity and practice with it all.’*

The structure and delivery of training was generally experienced as helpful:

*‘The structure of training, clinical practice and supervision is a great way to learn and I felt well supported. ‘*

*‘It has a clear rationale at every step, and it was very practice focussed. I found it very helpful to have the practical application of ADepT tools and skills modelled in the form of listening to clips and trainers role-playing before we were asked to practice ourselves.’*

A number of trainees commented on the positive impact of the training on their own wellbeing:

*‘I have found the training really helpful in not only my professional work but helping me to live more intentionally based on my own values. Each supervision, having to reflect on any opportunities met or challenges overcome, has helped me to feel more positive, goal focused and motivated and this has helped me both personally and professionally. ‘*

A suggestion for improvement to the training was to build in additional review workshop sessions during the supervised placement:

*‘Maybe having a training session half way through after working with ADepT patients for a while so that we could revisit any of the particular techniques. We did always have opportunity to do this in supervision but also having a 'top up' full training session may be useful.*

Key to being able to engage with training was adjustment in workload from line managers. Where these were made this facilitated learning and where these were not made this inhibited learning:

*' It was helpful that my manager gave me space in my diary to attend the supervision each week and this was reflected in my caseload. I also found it useful that I could select client who I think would be good training cases to work with for ADepT rather than just take a client from the top of the waiting list who may not have been as suitable to practice using the model with.’*

*‘It has been difficult to fit in the reading and extra preparation needed when practicing ADepT. Even thought supervision was protected I would have like some extra protected time for that. ‘*

There was a recognition that trainees would need ongoing supervision to keep practising ADepT with fidelity:

*‘I feel relatively confident but would like to have more specific supervision and feedback for it in the future as I know that if I do not have the feedback things will drift. ‘*