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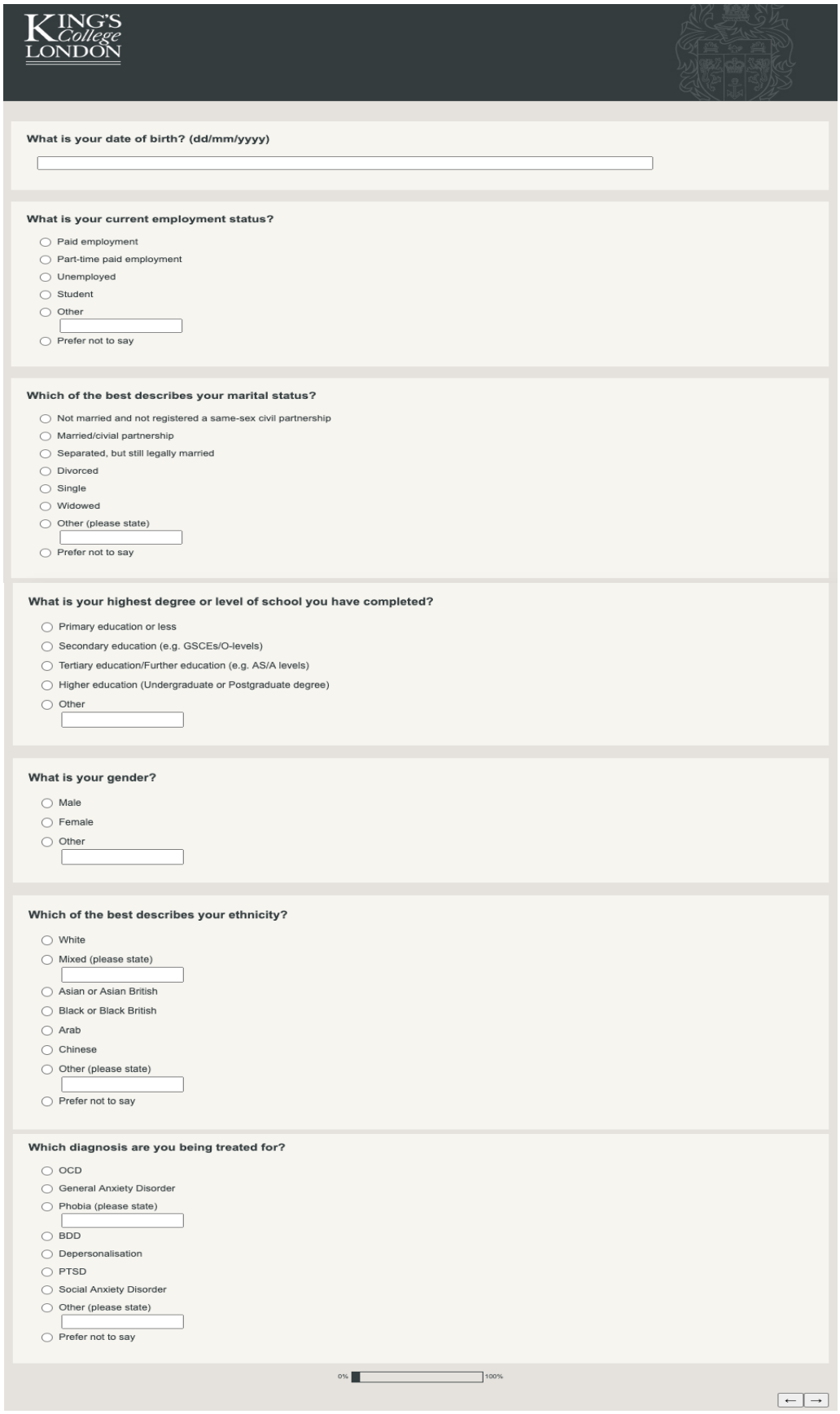
Supplementary material 1: Patient Demographic question



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What is your date of birth? (dd/mm/yyyy)

What is your current employment status?

- ○ Paid employment
- ○ Part-time paid employment
- ○ Unemployed
- ○ Student
- ○ Other
- ○ Prefer not to say

Which of the best describes your marital status?

- ○ Not married and not registered a same-sex civil partnership
- ○ Married/civial partnership
- ○ Separated, but still legally married
- ○ Divorced
- ○ Single
- ○ Widowed
- ○ Other (please state)
- ○ Prefer not to say

What is your highest degree or level of school you have completed?

- ○ Primary education or less
- ○ Secondary education (e.g. GSCEs/O-levels)
- ○ Tertiary education/Further education (e.g. AS/A levels)
- ○ Higher education (Undergraduate or Postgraduate degree)
- ○ Other

What is your gender?

- ○ Male
- ○ Female
- ○ Other

Which of the best describes your ethnicity?

- ○ White
- ○ Mixed (please state)
- ○ Asian or Asian British
- ○ Black or Black British
- ○ Arab
- ○ Chinese
- ○ Other (please state)
- ○ Prefer not to say

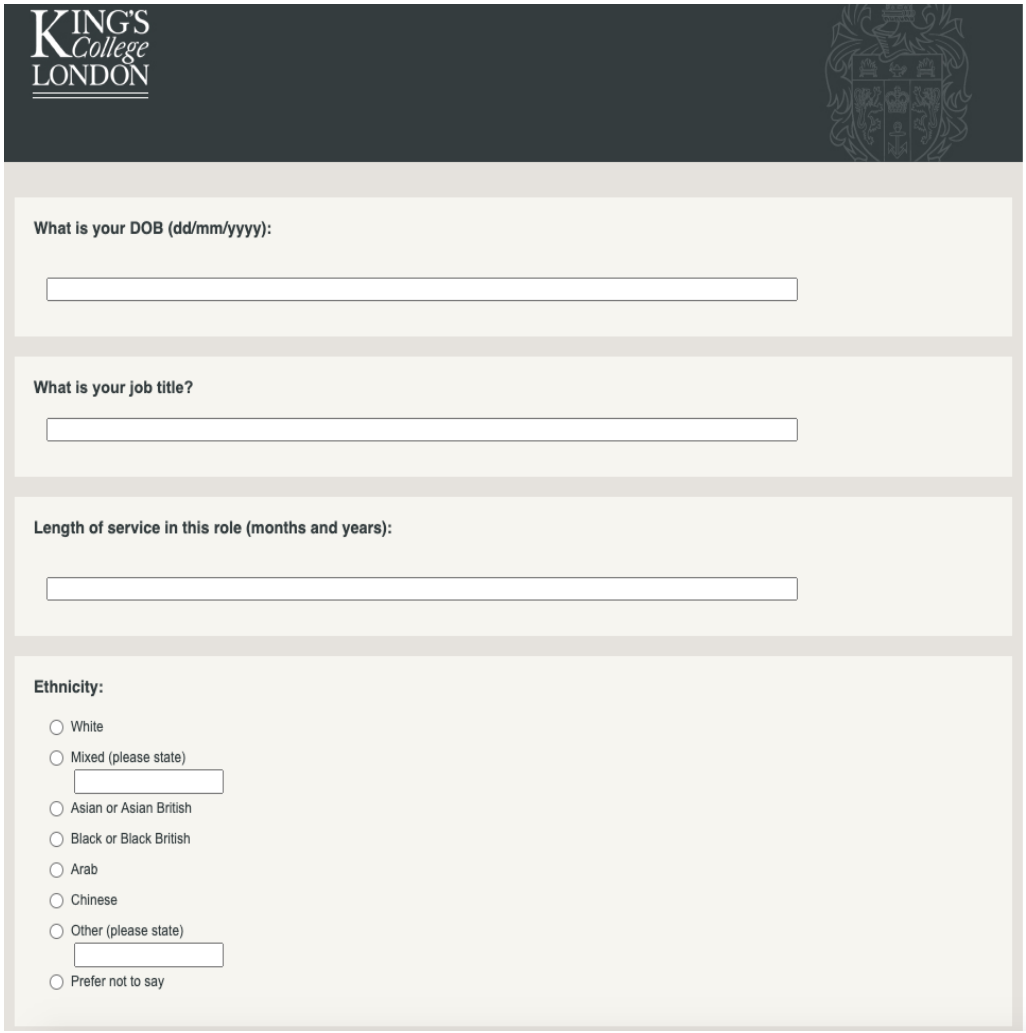
Which diagnosis are you being treated for?

- ○ OCD
- ○ General Anxiety Disorder
- ○ Phobia (please state)
- ○ BDD
- ○ Depersonalisation
- ○ PTSD
- ○ Social Anxiety Disorder
- ○ Other (please state)
- ○ Prefer not to say

0% 100%

← →

Supplementary material 2: Therapist Demographic questions



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What is your DOB (dd/mm/yyyy):

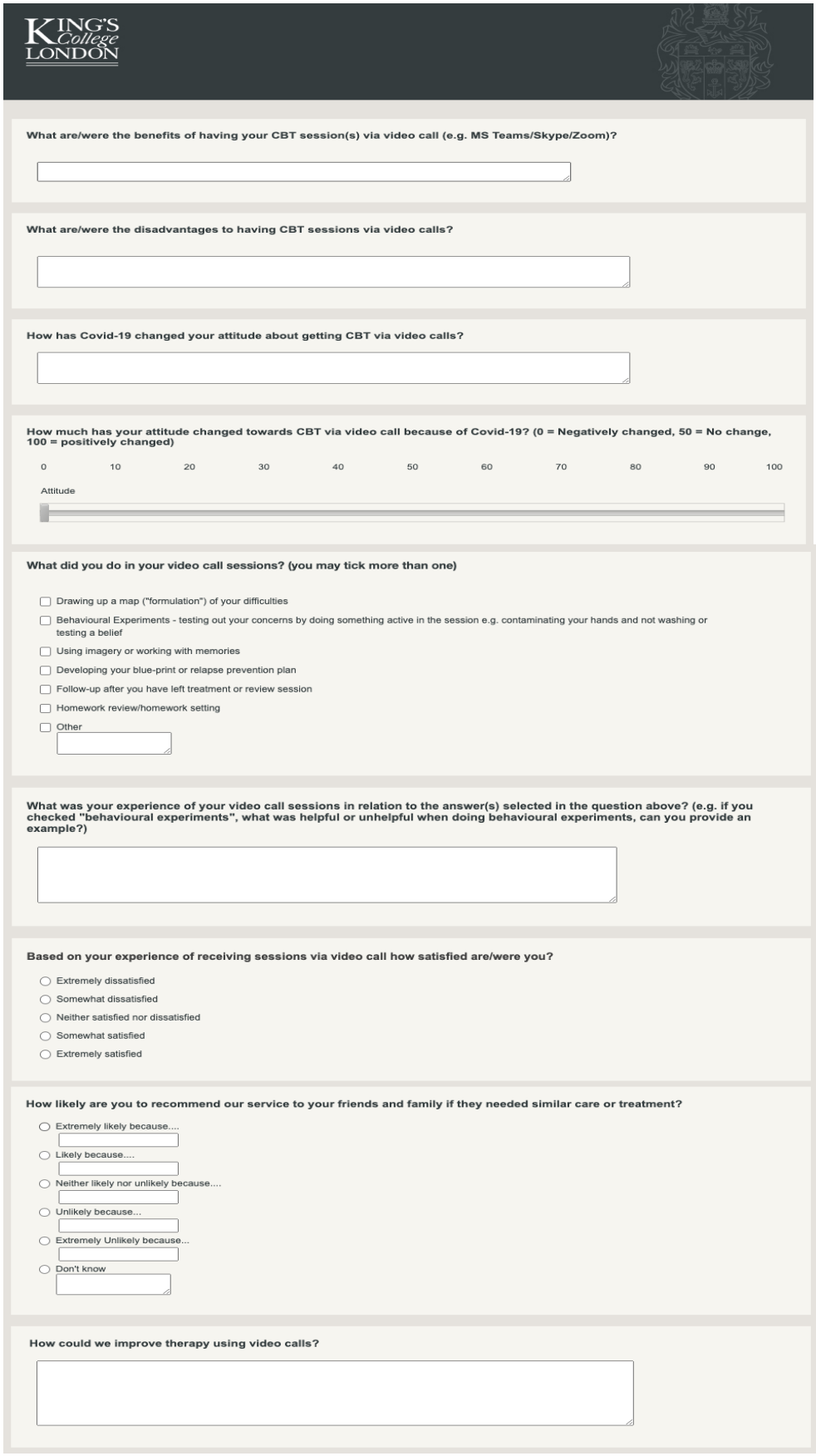
What is your job title?

Length of service in this role (months and years):

Ethnicity:

- White
- Mixed (please state)
- Asian or Asian British
- Black or Black British
- Arab
- Chinese
- Other (please state)
- Prefer not to say

Supplementary material 3: Patient Survey



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What are/were the benefits of having your CBT session(s) via video call (e.g. MS Teams/Skype/Zoom)?

What are/were the disadvantages to having CBT sessions via video calls?

How has Covid-19 changed your attitude about getting CBT via video calls?

How much has your attitude changed towards CBT via video call because of Covid-19? (0 = Negatively changed, 50 = No change, 100 = positively changed)

0 10 20 30 40 50 60 70 80 90 100

Attitude

What did you do in your video call sessions? (you may tick more than one)

- [ ] Drawing up a map ("formulation") of your difficulties
- [ ] Behavioural Experiments - testing out your concerns by doing something active in the session e.g. contaminating your hands and not washing or testing a belief
- [ ] Using imagery or working with memories
- [ ] Developing your blue-print or relapse prevention plan
- [ ] Follow-up after you have left treatment or review session
- [ ] Homework review/homework setting
- [ ] Other

What was your experience of your video call sessions in relation to the answer(s) selected in the question above? (e.g. if you checked "behavioural experiments", what was helpful or unhelpful when doing behavioural experiments, can you provide an example?)

Based on your experience of receiving sessions via video call how satisfied are/were you?

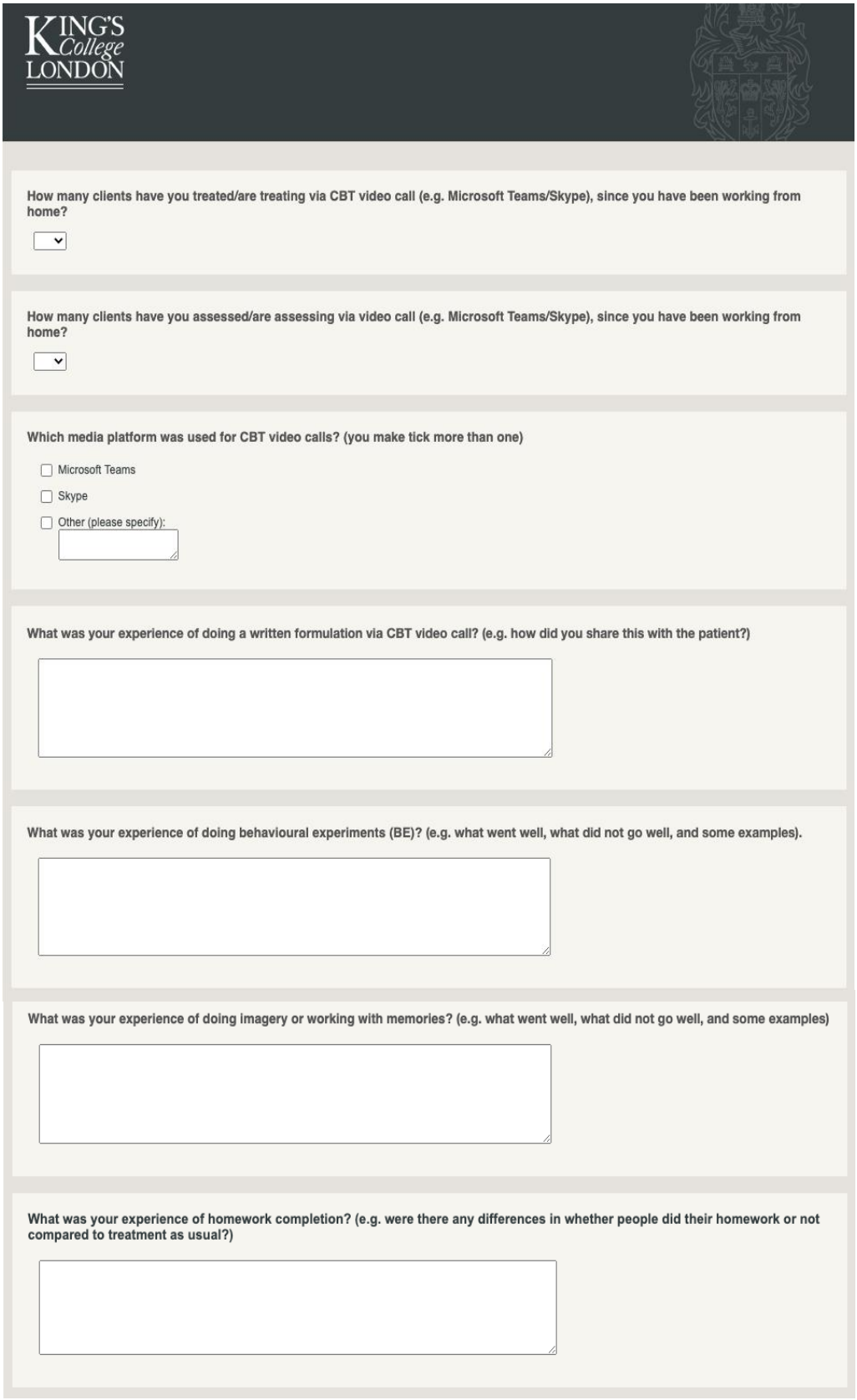
- ○ Extremely dissatisfied
- ○ Somewhat dissatisfied
- ○ Neither satisfied nor dissatisfied
- ○ Somewhat satisfied
- ○ Extremely satisfied

How likely are you to recommend our service to your friends and family if they needed similar care or treatment?

- ○ Extremely likely because....
- ○ Likely because....
- ○ Neither likely nor unlikely because....
- ○ Unlikely because...
- ○ Extremely Unlikely because...
- ○ Don't know

How could we improve therapy using video calls?

Supplementary material 4: Therapist Survey



What was your experience of involving family or loved ones in the CBT video call sessions? (e.g. what went well, what did not go well, and some examples)

Were there any specific technological problems?

Did you record the CBT sessions?

- ○ Yes (please write how you recorded them):
- ○ No (please write why not):

How many clients have declined CBT treatment via video call?

How many clients have declined assessments via video call?

What were the main reason clients declined video calls?

What are the advantages to providing CBT for anxiety disorders via video calls?

What are the barriers or disadvantages to providing CBT for anxiety disorders via video calls?

Overall, what do you make of CBT via video calls in treating *different* anxiety disorders?

How has Covid-19 changed your attitude regarding CBT via video calling?

How much has your attitude changed towards CBT via video teleconferencing because of Covid-19? (0 = negatively changed, 50 = no change, 100 = positively changed)

0 10 20 30 40 50 60 70 80 90 100

Attitude

How have you adapted your CBT treatment to take into account of video calling?

What helpful ways have you found for sharing CBT treatment materials via video calls?

Is there anything we have missed that you think is important part of your experience of using CBT via video calls?

Supplementary Material 5: Themes, subthemes, categories, subcategories and codes

Table 1

Theme 1 and its associated subthemes, categories, subcategories, and codes.

Theme 1	Behavioural Experiments work well if the problem lends itself to CBT videoconferencing.		
Category	Positive Behavioural Experiment (BE) experiences		
Subcategory	Patients' experiences	Therapists experiences	Home environment is ideal
Codes	BE are helpful and useful (n= 5) BE can be done while walking via video calls (n= 2) Video calls allow flexibility to do BEs (n = 2) Able to do BEs at home via video call (n= 2)	BEs work well (n=1) BE are successful in general (n=2) BE successful outside (n=1) BEs gone well in BDD and SAD (n=3) BEs works well in OCD (n=4) Discarding experiments went well for hoarding (n=3) BE works well for SPOV (n=2)	Therapist feels BE fine if problem lends itself to home (n=6) Home environment better for generalisation (n=1) See patient in home environment and support real-time (n=3) Home enhances opportunities for BE (n=4) BE successful at home (n=2)
Category	Covid-19 restrictions may confound BEs.		
Codes	Patient found BE helpful, but limited in what can do in sessions (n = 3) BE helpful for smaller experiments, limited in more challenging ones (n=1) BE is helpful, although BE in person is more challenging, it may therefore more rewarding than video (n = 1) Patient felt BE more effective in person for SAD (n=1)	Therapists felt BEs difficult to see SSBs and avoidance behaviours and emotional responses in real-time (n=1) Therapists felt video call sessions may become SSB in SAD (n=1) Therapist says lockdown influencing factor (n=4) Therapist: not as efficient experiments for BDD (n=2)	BEs that include exposure may be difficult to set up (n= 3) Patients felt missed out on exposure (n=2) Exposure harder to do in certain disorders due to Covid-19 lockdown (n=7) Declined video call sessions as exposure work limited due to Covid-19 (n=4)

Theme 1 Quotes

"I actually felt that I could push myself more out of my comfort zone by doing behavioural experiments at home. I could do all of the things that would usually cause my OCD to flare up on a day-to-day basis like leave the hob on or touch dirty laundry, and by being able to do those things during a behavioural experiment it showed me that I could do them outside of sessions too and not feel as anxious as I thought I would." (Patient 17, OCD)

"…I have done a lot for OCD, BDD and health anxiety and they have worked well. Eg Contamination experiment the client took me on their laptop to the area by the bins and touched things" (Therapist, ID12)

"…social anxiety tx in particular - very easy to record and immediately play things back i.e. for video feedback BEs" (Therapist, ID11)
"This has gone well, particularly with clients being in their own homes, which has enhanced opportunities - e.g. for BEs addressing contamination fears where client exposure can be conducted in the session." (Therapist, ID16)

"It was good to do behaviour experiments in video call because it allows to add people easily and also to use your screen to write something in front of other people which was part of one of my experiment. It was also a bit damaging as before Covid-19 these experiments were done in person and it was much more challenging but maybe in a way more rewarding." (Patient 6, Social Anxiety Disorder)

"…going out with client to do the behavioural experiment while being on the video call was difficult. One client with PTSD is not aware of all her safety and avoidance behaviours, so not being able to see her wholebody language and only seeing her face was sometimes difficult to identify any other SSB client might be engaging in…" (Therapist, ID16)

One of the difficulties I have found is other people being at home during the session - this means it has been hard for people to leave their homes and do anti OCD experiments (e.g. leaving the window open) as there may be a flat mate at home who would share the responsibility and the experiment would be less effective. (Therapist ID 14)

"I also needed to play sounds for exposure type experiments, and because they were using headphones we were not able to do the experiments as we usually would (which involves moving varying distances from the sounds - it did not change the volume of the sounds because they had headphones in)." (Therapist, ID8)

"It has made it harder to do exposure work. For me, attending sessions at SLAM would've been exposure in itself, so doing sessions from home has meant losing that exposure in sessions" (Patient 7, OCD)

Table 2

Theme 2, categories, subcategories and codes.

Theme 2	Overall practicalities, but some home environment implications.		
Category	Practical Elements		
Subcategory	Opportunity to Access Treatment during the Pandemic		Helpful elements
Codes	Able to *start* CBT during Pandemic (n=3) Able to *continue* CBT during Pandemic (n=17)	<u>Patients:</u> Show documents at same time (n=1) Share-screen helpful (n=1) Sit at desk, make notes (n=1) Video calls are practical (n=1) Practical way to continue pandemic (n=2) Formulation worked well due to share screen options (n=4) Formulation is helpful via video calls (n=2) Prefer formulating online (n=1) No problems with formulation (n=2) Able to review homework via video call (n=1) Homework review and setting was helpful (n=1) Homework review and setting work well through share screen (n=2) Convenient and did not have to travel (n=12) Easier to fit around schedule, as no need to travel (n=10) Easier to schedule work and childcare (n=3) Avoidance of anxiety from travelling (n=6) Less time taken off work (n=2) Distance from the clinic (n=8) Video call therapy saves costs (n=3) Word and email to share therapy materials (n=1) More flexibility (n=4) Greater Opportunities for exposure work (n=1) Formulation worked well due to share screen and whiteboard options (n=4) Prefer formulating online (n=1) No problems with formulation (n=2) Able to review homework via video call (n=1) Easier to send resources by email (n=2) Homework review and setting work well through share screen (n=1) Prefer video calls with some patients (n=1) Homework setting good (n=1)	<u>Therapist:</u> Youtube clips were helpful (n=3) Digitalise documents, use less paper (n=2) No room booking required (n=2) Video calls more efficient (n=2) Video calls are more formal (n=1) Video calls overcome stigma as barrier to accessing treatment in clinics (n=1) Video calls help prevent spread of Covid-19 (n= 2) Fewer DNAs (n=1) No need for formal wear (n=1) Sharing electronic documents easily (n=3) Email and share-screen used to share therapy materials (n=5) Photos and email to share therapy materials (n=1) Saving time not travelling (n=2) Increased accessibility (n=6) Do not have to travel (n= 6) Therapist no need to travel (n=1)

(Table continues)

Category	Practical Elements (continued)	Home Environment	
Subcategory	Unhelpful elements	Comfort of own home	Home Environment Issues
Codes	<u>Patient:</u> Handwritten formulation harder to do via video call (n=2) Missing the whiteboard experience (n=1) Video call is slower, get less done (n=3) <u>Therapist:</u> Formulation via video calls takes longer (n=2) Formulations online can be difficult (n=1) Formulation worked well, less collaborative (n=1)	Comfort of own home (n=8) Not having to travel home afterwards (n=1) Felt easier to talk in own home (n=1) Felt safe in own home (n=3)	<u>Patients:</u> Home environment not ideal (n=3) Intimidating talking at home (n=1) Video calls removes distance from home and therapy space (n=2) Distracted at home (n=3) Motivation difficulties at home (n=1) <u>Therapists:</u> Home environment not ideal for trauma work (n=6) Need for therapeutic space outside of home (n=4) Noise outside can be very distracting (n=1) Client distracted at home (n=1) Difficult for therapist to manage own emotions while at home (panic related) (n =1)
Category	Home Environment (continued)		
Subcategory	Privacy Issues		Technical Issues
Codes	<u>Patient:</u> Not able to speak openly due to privacy issues (n=2) Worries about Privacy (n=6) Confidentiality is as issue (n=1) Feels public (n=1) Pandemic limited privacy of video calls (n=3) <u>Therapist:</u> Lack of privacy, difficult to engage (n=2) Concerns about privacy (n=3) Patients declined due to Privacy issues (n= 5) Patient declined as children home, and no childcare (n=2)	Internet issues (n = 16 patients, n = 18 therapist) Software difficulties (n=1) Technological limitations (n=1) Technical problems – more difficult to build therapeutic relationship (therapists) (n=2) Unstable connection outdoors (n=1)	Measures difficult to implement (n=1) Setting up video call uses up session time (n=1) Admin via video calls seems to take longer (n=3) Lack technological skills (n=1) Patients may have digital poverty (n=4) Patient declined as no access to technology (n=4) Patient declined as have poor technical abilities (n=1)

Theme 2 quotes

"this [the positive experience of video call sessions] might have been helped by the use of email and sending documents (e.g. goals list, worksheets) back and forth." (Therapist, ID2)

"I thought it worked really well actually as I was able to edit it and update it more easily than I would with a written one, it looked more presentable and we could update it over the course of therapy to capture key themes or get rid of things that were not useful or too detailed, it was easy for the client to have a copy as I could email." (Therapist, ID3)

"I have found this has taken some getting used to. Screen sharing has helped with this, however trying to get the formatting right can be distracting and slows the process down." (Therapist, ID14)
"BDD clients might not feel comfortable with video calls as they may feel more anxious looking at themselves on the screen depending on their BDD context." (Therapist, ID16)

"…this has been really positive- I've had several sessions where a loved one has attended for part of the session who might otherwise have struggled to get time out of work to make a long journey into London. I've had good feedback that this has helped the patient to have a 'co-therapist' and to help plan how they can work on the problems effectively together." (Therapist, ID2)

"It's definitely good if you live far away from the centre and you are being treated for something where trying to get to the centre weekly will cause a lot of anxiety" (Patient 17, Agoraphobia)
"People do not need to travel so far which some people (national patients) have remarked on being a huge positive." (Therapist, ID2)
"I also like that it's a little bit less invasive, I think when having therapy for anxiety it can increase the anxiety dramatically during the session and so for me having the sessions at home and knowing if I start panicking that I'm safe." (Patient 41, Depersonalisation)
"The client being in their home is an advantage with online therapy because it is usually here that they may experience their anxiety the most." (Therapist, ID13)

“I disliked having a difficult session on Video and then having all my thoughts present in my own home - being able to leave them in the consulting room is helpful in creating distance from problems, for me.” (Patient 4, OCD)

“For complex PTSD or those who dissociate it isn't always safe to work remotely….Many of my complex PTSD clients have had to be put on hold however, due to risk of dissociation.” (Therapist, ID12)

“...There is something very protective about going to a therapy room for treatment and leaving the trauma there.” (therapist, ID14)

“In addition, it was impossible to find a room in my flat where I wouldn’t potentially be overheard by one of my flatmates or a neighbour. Again, had I been at the start of treatment, this would have made me reluctant to speak. One of the advantages of attending a specific site for therapy was the knowledge that I could speak freely without being overheard by others in my life.” (Patient 55, OCD)

“I think it is more tiring/demanding on therapists to focus on screen presence, emotional responses and on the therapy relationship via video calls. (Therapist ID 5)

“I am very much a people person and much prefer seeing someone face to face but I genuinely do not feel it affected the quality of the therapy I received. I feel it was as good as it would have been if I had have been travelling to see the therapist at XXX for each appointment.” (Patient 48, PTSD)
“Working with memories and other imagery techniques has been fine. There were no obstacles to both reliving and imagery rescripting that I could identify.” (Therapist, ID4)

“Sometimes communication is lost, in person, it would have been picked up, for example, my therapist said she would be on leave for two weeks, and then I got a “DNA” message/email saying that I didn’t want sessions anymore, which wasn’t the case. This would have not happened if we met in person.” (Patient 29, OCD)

“….imagery re-scripting completed for SPOV. Not such a 'live' experience of patient's emotions, perhaps more distanced and more difficult to sense the suitable presence of affect not being present in person.” (Therapist, ID17

Table 3

Theme 3, category, subcategories, and codes.

Theme 3	High Telepresence and fear of impacting therapeutic alliance.	
Category	Telepresence	Negative therapeutic alliance
Codes	Patient: No difference between video call and face to face (n= 5) BE in video calls no difference to in person (n=2) Video calls are as effective as in person (n=3) Able to do everything in video call (n=1) Therapist: Imagery went well for SPOV, no obstacles (n=2) Imagery went well for PTSD (n=1) Able to do imagery (n=2)	Patients: Video calls are less personable (n= 8) Loss of communication (n=6) Less natural (n=1) Less engaging (n=1) Less rapport (n=1) Limited human interaction (n = 6) Imagery more difficult to sense suitability of affect than in person (n=3) Therapists: Difficult to notice emotional cues (n=2) Video calls not ideal for emotional support (n=1) Unable to read non-verbal communication (n=2) Miss out on non-verbal communication (n=2) Lose therapeutic relationship (n=2) Less intimate (n=1) Possibility of being less committed (n=1) Lack of privacy, difficult to engage (n=2)

Table 4

Theme 4, categories, subcategories and codes.

Theme 4	Covid-19 restrictions may influence attitudes towards CBT videoconferencing positively	
Category	No attitude change	Positive change in attitude
Codes	No attitude change to video call because of Covid-19 (n=7 patients) No attitude change, already had a positive attitude (n=2 patients, n= 3 therapist) For homework, liked video calls regardless of Covid-19 (n=3, therapist) Always been open to video calls regardless of Covid-19 (n=1, therapist)	Positive attitude to video calls (n=1) Open to more video calls, due to Covid-19 (n=2) Videos are great and should be used more (n=1) Video call sessions better that initially thought (n= 2) Initially anxious, but realised video calls work (n=1) Surprised that CBT via video calls work (n=5) Positive change of attitude because of Covid-19 (n=1) Covid-19 changed mind to use video calls (n=1) Open to video calls, but used as a back-up option (n=1) Video calls are necessary & effective during Covid-19 (n=3) Increased confidence with video calls due to Covid-19 (n=2) <u>Therapists:</u> Covid-19 changed therapist attitude to more positive (n=4) More confidence in delivering video call CBT (n=1) Sceptical before Covid-19 (n=5)

Theme 4 Quotes

"It's not really changed my attitude towards video call, I've always been very pro online therapy. I think it's great that video calls are available, especially for those with social anxiety and depression." (Patient 24, Social Anxiety Disorder)

"…I've done video therapy for years and have loved it long before the government's response to the covid-19 virus." (Therapist, ID11)

"If you'd have asked me before the online sessions started I would have said I was sceptical about how they would work and what the quality would be like because I am very much a people person and much prefer seeing someone face to face but I genuinely do not feel it affected the quality of the therapy I received." (Patient 46, PTSD)

"I would be much more happy to offer virtual sessions in the future. Before Covid I would have been sceptical about how this works but have actually found it has gone very well." (Therapist, ID15)