

Supplementary materials for:

Insights of patients and clinicians on the promise of the experience sampling method for
psychiatric care

Description of the experience sampling method (ESM) to participants

The description of ESM was the same for all participants (patients and clinicians), whether they participated in focus groups or interviews. A PowerPoint presentation or handouts were used to show examples of items, delivery format, and ESM-derived feedback (summarized in Figure 2 in the main article).

ESM was explained as a method by which patients can record their moods, experiences, psychological/physical complaints, behaviors, experiences, activities, contexts, thoughts, or anything else of importance several times a day. Many participants were familiar with retrospective questionnaires in the context of treatment, such as the quick inventory of depressive symptomatology (QIDS). To contrast ESM to such questionnaires, we mentioned that most ESM studies so far had given prompts 3-10 times a day, but that the questionnaires took less time to answer (e.g., 1-2 minutes). Further, it was emphasized that ESM questions pertain to the present moment and not to longer periods (e.g., days/weeks/months). We also mentioned that patients could participate in ESM for as long as they wanted, ranging from days to months.

Regarding the content of ESM, a couple of example items were shown for clarity (e.g., I feel relaxed, I am upset, I experience physical complaints, I worry), but it was stressed that everything was possible here as long as items pertained to the present moment or the last couple of hours. If participants offered suggestions of things they wanted to measure, interviewers discussed if and how this was an appropriate ESM item.

Practically, we explained that participants would receive a text message on their smart phones with a link to the questionnaire and that they could use a slider to indicate the level of agreement to the items. Items were answered using a visual analogue scale, ranging from 0 ('not at all') to 100 ('very much'). We explained that, in the example study (HowNutsAreTheDutch), participants had one hour to complete the questionnaire, but that this could be a shorter or longer period.

After it was clear that participants understood the concept of ESM, and that all parameters (item content, schedule, measurement period, use in practice etc.) were subject to discussion,

we showed several examples of graphical feedback (see Figure 2 in the main article). To briefly summarize, these feedback examples showed fluctuations in mood, mood patterns, frequency of activities, mood during activities, and associations between experiences/complaints in a network. The interviewers stressed that both the content and the graphical display of the feedback were subject to discussion.

Example ESM study (HowNutsAreTheDutch)

All patients and clinicians were invited (but not required) to participate in an open-source ESM study called HowNutsAreTheDutch (www.hoegekis.nl (1)). This invitation was intended to give participants an idea of what ESM could look like. In the HowNutsAreTheDutch study, participants complete assessments three times a day for thirty days on their own smart phones, after which they receive automated personalized feedback (see Figure 2 in the main article). Focus groups consisted of a mix of individuals that started the HowNutsAreTheDutch study (27% of patients and 19% of clinicians) and individuals with no previous knowledge about ESM. Given the short try-out period (most individuals started the HowNutsAreTheDutch study only a few days prior to the interview or focus group), responses to the interview and focus group questions were largely similar for patients and clinicians that did versus did not try out ESM. Further, this study’s main focus of interest was the use of ESM in clinical practice, which was hypothetical for all participants.

Interview questions

After the introduction, participants were asked the questions outlined below, not necessarily in this order. Participants could also raise the topic themselves and prompts were used to gain a detailed understanding of participants’ thoughts (2, 3).

| Question | Specific prompts |
|---|-----------------------------|
| 1. What do you think of ESM? | |
| 2. To what extent would you use ESM yourself? | How? |
| 3. What could be possible consequences of using ESM? | |
| 4. Do you see possible risks or downsides to ESM? | |
| 5. <i>Patients</i> : do you have an example of when you would use ESM yourself? <i>Clinicians</i> : do you have an example of a patient where you could use ESM? | |
| 6. <i>Clinicians</i> : are there patients where you would decide against using ESM? | What kind of patients? Why? |
| 7. <i>Patients</i> : would the way you get mental health care change | How? |

through ESM?

Clinicians: would the way you give mental health care change through ESM?

8. How do you view the implementation of ESM in mental health care?
9. What would you want to do with ESM-derived feedback?
10. *Patients:* How would you want to receive ESM-derived feedback?
Clinicians: How would you discuss the ESM-derived feedback?
11. What kind of questions would you want to ask in the ESM-diaries?
12. What kind of clinical questions could you answer with ESM?

Could you identify pitfalls?

Patients: Do you discuss it with your clinician or not? How?

Note: examples of generic prompts: “what does [...] mean for you?”, “can you elaborate?”, “what do you mean by [...]?”, “can you give an example of [...]?”

References

1. van der Krieke L, Jeronimus BF, Blaauw FJ, et al: HowNutsAreTheDutch ((HoeGekIsNL): A crowdsourcing study of mental symptoms and strengths. *International Journal of Methods in Psychiatric Research* 25:123-144, 2016
2. Evers J: *Kwalitatief Interviewen: Kunst Én Kunde.* , Boom Lemma uitgevers, 2015
3. Weiss RS: *Learning from Strangers: The Art and Method of Qualitative Interview Studies.* , Simon and Schuster, 1995