

ESM 2

Detailed description of the outcome measures

Short form of the German version of the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS-D). This short form included the items 1-10 (items 1b and 6b [time interval without obsessions and compulsions] were excluded) of the CY-BOCS-D rating scale (Goletz & Döpfner, 2018); by summing up the responses of these items, the total OCD severity scale was derived. In Accordance with the full version of the CY-BOCS-D rating scale, OCD severity was rated based on a parent interview (patients < 11 years) or patient interview (patients ≥ 11 years) and items were rated on a 5-point Likert scale (0-4), with higher scores indicating greater symptom severity; In contrast to the full version, severity ratings refer within this short version to the previous day and not to the last four weeks.

Additional to the daily rated OCD severity items, the CY-BOCS-D rating scale item, assessing global improvement (“0=very much worse” to “6=very much improved”) was rated once.

Diagnostic Checklist for OCD (DCL-ZWA). The DCL-ZWA is part of the Diagnostic System for the Assessment of Mental Disorders in Children and Adolescents based on the ICD-10 and DSM-5 (DISYPS-III; Döpfner & Görtz-Dorten, 2017). The checklist includes diagnostic criteria according to these classification systems.

German OCD Inventory for Children and Adolescents (OCD-CA). The OCD-CA (German: Zwangsinventar für Kinder und Jugendliche; ZWIK; Goletz, Adam & Döpfner, 2020) is a modified version of the Padua Inventory - Washington State University Revision (PI-WSUR; Burns et al., 1996 / PI-WSUR (German translation); Department for Neuropsychology of the University Hospital Bonn, 2002). It comprises two multidimensional questionnaires: a parent form (6 to 18 years) and a self-report form (11 to 18 years). Both questionnaires include the same 36 items for assessing various obsessions and compulsions on a 5-point scale from 0 (not at all) to 4 (very much). Obsessions and compulsions are summarized into four subscales: (1) contamination obsessions and washing compulsions, (2) obsessions and compulsions concerning catastrophes and injuries, (3) checking compulsions, (4) ordering/arranging and repeating compulsions, and a total scale. For scale formation, ratings of the items are added up. The OCD-CA was found to be a reliable and valid diagnostic instrument (Adam et al., 2019). The total score was used for the present analyses.

OCD-functioning list (OCD-FL). The OCD-FL is based on the Weiss Functional Impairment Rating Scale – Parent Report (WFIRS-P, Canadian Attention Deficit Hyperactivity Disorder Resource Alliance [CADDRA], 2011). It comprises 26 items and is available in a parent form (patient ≥ 6 years) and a self-report form (patients ≥ 11 years), which are constructed analogously to each other. Psychosocial impairment is assessed on a 4-point scale ranging from “0 = not at all” to “3 = very often or very much” with regard to five domains (subscales): (1) family, (2) learning & school, (3) life skills,

(4) self-concept, (5) social activities. These domains are summed up to a total score, which was used for the present analyses. First analyses regarding reliability of this scale (Adam et al., in prep.) showed good to excellent internal consistencies for the self-report ($\alpha = .91$) and parent report form ($\alpha = .84$).

Feasibility rating of the online coaching. The clinician-rated feasibility inventory was developed for the purpose of this study. For every online coaching session, a 4-point scale (“0 = not true” to “3 = very true”) was used to evaluate whether image and audio quality were sufficient (transmission quality, three items) and whether ERP assignment via VTC was sufficiently observable (one item). For the evaluation of the transmission quality, items were averaged across all online coaching sessions.

Protocol of self-guided ERP assignments. On every day when therapist-supported online coaching did not take place, patients were asked whether they carried out the self-guided ERP assignments (yes/no).

Telepresence Questionnaire. The telepresence questionnaire is based on the Telepresence in Videoconference Scale (TVS; Bouchard & Robillard, 2018). The patient-rated instrument includes six items measuring the response to the VTC method in order to assess how natural the patient found the VTC to be and whether the patient felt as if the therapist was physically present. Each item has to be rated on scale from 0% (completely disagree) to 100% (completely agree). To evaluate telepresence in the present study, for each patient, a mean score across the six items was calculated.

Satisfaction with the online coaching. A satisfaction inventory was developed for the purpose of this study. The inventory was based on the Client Satisfaction Questionnaire adapted to Internet-based interventions (CSQ-I; Boß et al., 2016) and the Therapy Evaluation Questionnaire (German: Fragebogen zur Beurteilung der Behandlung [FBB]; Matthejat & Remschmidt, 1999). It is available in a clinician-report form (13 items) and a patient-report form (15 items). Each item is rated on a 4-point scale ranging from “0 = not true” to “3 = very true”. To evaluate satisfaction with the online coaching, a mean score across all items was calculated for each assessment point and then averaged over all assessment points.

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