

## Supplemental Material S1. Selected questions from TOPS active therapist survey.

Have you delivered the Teen Online Problem Solving (TOPS) program?

1	Yes
2	No

At the time that you delivered the TOPS program, what was your level of clinical training?  
(check all that apply)

1	Training__1	Graduate Student
2	Training__2	Unlicensed Psychologist or Fellow
3	Training__3	Clinical Psychologist
4	Training__4	Neuropsychologist
5	Training__5	School Psychologist
6	Training__6	Clinical Social Worker
7	Training__7	Speech-Language Pathologist
8	Training__8	Other (please specify)

For each of the following questions, choose one of the rating options below that best describes your experience delivering TOPS to children and their families.

Establishing rapport

1	Very Difficult
2	Difficult
3	Neutral - neither easy not difficult
4	Easy
5	Very Easy
6	N/A (not applicable or you do not have enough experience to comment)

Maintaining rapport/therapeutic alliance

1	Very Difficult
2	Difficult
3	Neutral - neither easy not difficult
4	Easy
5	Very Easy
6	N/A (not applicable or you do not have enough experience to comment)

### Reading nonverbal communication

1	Very Difficult
2	Difficult
3	Neutral - neither easy not difficult
4	Easy
5	Very Easy
6	N/A (not applicable or you do not have enough experience to comment)

### Understanding family dynamics

1	Very Difficult
2	Difficult
3	Neutral - neither easy not difficult
4	Easy
5	Very Easy
6	N/A (not applicable or you do not have enough experience to comment)

### Understanding child/family home environment

1	Very Difficult
2	Difficult
3	Neutral - neither easy not difficult
4	Easy
5	Very Easy
6	N/A (not applicable or you do not have enough experience to comment)

For each of the following questions, choose one of the rating options below that best describes your experience of a number of indicators of family and child engagement and motivation in delivering TOPS.

### Family comprehension

1	Very Poor
2	Poor
3	Neutral - neither good nor poor
4	Good
5	Very Good
6	N/A (not applicable or you do not have enough experience to comment)

#### Child engagement during session

1	Very Poor
2	Poor
3	Neutral - neither good nor poor
4	Good
5	Very Good
6	N/A (not applicable or you do not have enough experience to comment)

#### Parent engagement during session

1	Very Poor
2	Poor
3	Neutral - neither good nor poor
4	Good
5	Very Good
6	N/A (not applicable or you do not have enough experience to comment)

#### Therapist engagement during session

1	Very Poor
2	Poor
3	Neutral - neither good nor poor
4	Good
5	Very Good
6	N/A (not applicable or you do not have enough experience to comment)

#### Weekly progress

1	Very Poor
2	Poor
3	Neutral - neither good nor poor
4	Good
5	Very Good
6	N/A (not applicable or you do not have enough experience to comment)

### Family motivation

1	Very Poor
2	Poor
3	Neutral - neither good nor poor
4	Good
5	Very Good
6	N/A (not applicable or you do not have enough experience to comment)

For the following items, please consider your experiences delivering the TOPS program. Also, think about the children/families you have worked with and comment on the following.

In your opinion, what are the greatest advantages of the TOPS Program?

In your opinion, what are the greatest disadvantages of the TOPS Program?

Identify qualities of children/families that you feel are poised to benefit more from the TOPS Program.

Identify qualities of children/families that you feel hinder participation in the TOPS Program.

Please describe any common challenges in program delivery and recommended strategies that helped, including those identified by parents as specific challenges.