**Interview guide for people diagnosed with schizophrenia**

**Opening questions:**

- What help or support are your currently receiving?

- Medication/faith healer/psychosocial intervention

- What has helped the most?

- Have you been offered any non-pharmacological programmes (e.g. CBT, family intervention)? If yes, can you tell me about it?

- What do you think about non-pharmacological programmes?

- What do you think that a non-pharmacological programme should look like to meet your needs?

**Before participants were asked about the CBT program, a brief explanation of each component was introduced as follows:**

**Engagement and assessment**

The aim of this stage is to build a rapport, an important therapeutic relationship between the therapist and patient, and to collect information by using assessment tools to understand the problems and experiences that cause distress to the patient. During this phase, the therapist should be listening carefully to the patient’s concerns and empathise with them. In addition, the therapist should be describing the process of the intervention to the patient and answering their questions.

**Psychoeducation:**

This phase usually follows the engagement phase. The therapist, in this phase, is providing information about schizophrenia, including its causes and descriptions of various symptoms. The aim of the sessions is not just to teach the participant facts about schizophrenia, but also to help the participant understand the nature of schizophrenia and how different factors can increase susceptibility to schizophrenia.

**Working with psychotic symptoms**

This phase includes working with delusions (where a person has an unshakeable belief in something untrue), hallucinations (where someone sees, hears, smells, tastes or feels things that do not exist outside their mind) and negative symptoms (where someone a lack of motivation and disengagement from social activities), and coping strategies. The therapist helps patients to understand the link between their beliefs and thoughts, and how these can impact their feelings and behaviour. Following this, the therapist can help the patient to change disruptive delusions and beliefs by developing alternative explanations in order to reduce their distress. In addition, the therapist will educate the patient about coping strategies in order to help them better manage their symptoms.

**Medication management**

In this phase the therapist will discusses the advantages and disadvantages of medication. If the patient is taking medication, the therapist will discuss the side effects of the medication and how they can help the patient to manage their side effects. The therapist will explain how to take medication effectively.

**Relapse prevention**

In this phase the therapist will help patients understand the early signs of relapse and how they can reduce the chances of relapse. In addition, the therapist will help the patient to identify specific triggers of relapses and enable them to develop a relapse-prevention plan.

**Main Questions:**

**What is your first impression of the program?**

**Engagement and assessment:**

- Do you think providing comprehensive information about the programme will encourage you to engage and complete the sessions of the intervention?

- What would keep you coming back to the sessions?

- What barriers might prevent you from engaging and completing the intervention?

**Psychoeducation:**

- What do you think/believe causes your illness?

- Do you think providing information about your illness will be useful to you?

**Working with psychotic symptoms:**

- What strategy do you use to manage your psychotic symptoms?

**Medication management:**

- Do you use any anti-psychotic medication? (If not, why? If yes, it is helpful?)

- Do you suffer any side effects from the medication? (If yes, how do you manage them?)

- Do you think providing information about the medication and how you can manage the side effects will be useful?

- Do you think anything needs to be removed, changed or added to make it acceptable and appropriate for you?

**Relapse prevention:**

-When was the last time you relapsed?

-Can you tell me more about what happened before the relapse?

**Delivery:**

- Would you prefer to receive the intervention as an individual, or in groups, or with your family members?

- How many sessions do you think would be best?

- How long do you think each session should last?

**Language and communication:**

- Is there anything about language or communication that you think the therapist needs to consider when delivering the therapy?

-Is there anything more you would like to add to this programme to make it acceptable and appropriate for you

**Interview guide for family members of people diagnosed with schizophrenia**

**Opening questions:**

-What help or support is your relative receiving?

- Medication/ faith healer/psychosocial intervention

- What has helped the most?

- Has your relative been offered any non-pharmacological programme interventions (e.g.

CBT, family intervention)?

If yes, can you tell me about it?

-What are your thoughts about developing a non-pharmacological programme, specifically to meet the needs of your relative?

-What do you think the non-pharmacological programme should look like to meet your

relative’s needs and you?

**Before participants were asked about the CBT program, a brief explanation of each component was introduced as follows:**

**Engagement and assessment**

The aim of this stage is to build a rapport, an important therapeutic relationship between the therapist and patient, and to collect information by using assessment tools to understand the problems and experiences that cause distress to the patient. During this phase, the therapist should be listening carefully to the patient’s concerns and empathise with them. In addition, the therapist should be describing the process of the intervention to the patient and answering their questions.

**Psychoeducation:**

This phase usually follows the engagement phase. The therapist, in this phase, is providing information about schizophrenia, including its causes and descriptions of various symptoms. The aim of the sessions is not just to teach the participant facts about schizophrenia, but also to help the participant understand the nature of schizophrenia and how different factors can increase susceptibility to schizophrenia.

**Working with psychotic symptoms**

This phase includes working with delusions (where a person has an unshakeable belief in something untrue), hallucinations (where someone sees, hears, smells, tastes or feels things that do not exist outside their mind) and negative symptoms (where someone a lack of motivation and disengagement from social activities), and coping strategies. The therapist helps patients to understand the link between their beliefs and thoughts, and how these can impact their feelings and behaviour. Following this, the therapist can help the patient to change disruptive delusions and beliefs by developing alternative explanations in order to reduce their distress. In addition, the therapist will educate the patient about coping strategies in order to help them better manage their symptoms.

**Medication management**

In this phase the therapist will discusses the advantages and disadvantages of medication. If the patient is taking medication, the therapist will discuss the side effects of the medication and how they can help the patient to manage their side effects. The therapist will explain how to take medication effectively.

**Relapse prevention**

In this phase the therapist will help patients understand the early signs of relapse and how they can reduce the chances of relapse. In addition, the therapist will help the patient to identify specific triggers of relapses and enable them to develop a relapse-prevention plan.

**Main Questions:**

What is your first impression of the program?

**Engagement and assessment:**

- Do you think that providing comprehensive information about the programme will encourage your relative and you to engage and complete the sessions of the intervention?

- What would keep your relative coming back to the sessions?

- What barriers might prevent your relative and you from engaging with and completing the

intervention?

**Psychoeducation:**

- What do you think/believe is the cause of your relative’s illness?

**Working with psychotic symptoms:**

-What is the strategy used by your relative to manage their psychotic symptoms?

**Medication management:**

- Do any of your relatives use any anti-psychotic medication? (If not, why? If yes, is it

helpful?)

- Does your relative suffer any side effects from the medication? (If yes, how does the

relative manage them?

**Relapse prevention:**

**-**When was the last time your relative relapsed?

-Can you tell me more about what happened before the relapse?

**Delivery:**

- Would you prefer to be involved in the programme with your relative?

If yes, would you prefer to receive treatment as a group, or as an individual?

If not, why not?

- How many of sessions do you think would be best?

- How long do you think each session should last?

**Language and communication:**

- Is there anything about the language or communication that you think the therapist need

to be consider when delivering the therapy?

-Is there anything more you would like to add to this programme to make it acceptable and

appropriate