Appendix 1. Interview guide

**Interview Guide**

Date and time:

Place:

Interviewer:

Interviewee:

Position of Interviewee:

Briefly describe the project

Thank you message (assure confidentiality and potential future involvement in the study)

|  |  |
| --- | --- |
| **Interview Question** | **Prompt** |
| 1. What do you perceive as the core beliefs of rehabilitation? | What are the values of rehabilitation in general? What are the purposes of rehabilitation? What are your anticipated outcomes? What are the potential risks of and/or barriers to good outcomes after stroke or brain injury? |
| 2. Tell me about your experience in delivering rehabilitation interventions to acquired brain injury survivors before strategy training.Tell me about your experience in delivering your intervention.  | What are the interventions that you normally deliver to your clients? Duration? Intensity? What are the goals you normally set for your clients? What is the effectiveness of the interventions? |
| 3. Tell me about your experience in learning strategy training. | Why did you decide to participate in this study?When? Who trained you? How were you trained? For how long? |
| 4. Now that you are included in this study, tell me about your perspectives of strategy training. | What is your understanding of strategy training? What are the core beliefs and values of strategy training? Purpose? Target population? Providers? Procedures? How does strategy training address the risks and barriers to good rehabilitation outcomes? |
| 5. Tell me about your experience of delivering strategy training to your clients. | What are your expectations? How many participants have received your intervention so far? How long have you been practicing strategy training? How did it go? How do you feel about your experience? Tell me about some cases that left an impression on you. What are your clients’ expectations in general? |
| 6. What differences exist, if any, between strategy training and other rehabilitation interventions that you utilize with your clients?  | Is strategy training different from the interventions you normally deliver to your stroke and brain injury clients? In which way? |
| 7. What benefits, if any, have you observed from utilizing strategy training with your clients? | Can you give me some examples? |
| 8. Did you experience any challenges in delivering strategy training to your clients? If so, please describe those challenges.  | What are these challenges? Did you overcome these challenges? How? |
| 9. What is the clinical utility and feasibility of strategy training? | Do you think that it is feasible to use strategy training in hospital settings in your country? Why or why not? What are the other clinical settings in which strategy training can be used? |
| 10. Can you think of any factors that help your decision to use or not use strategy training? | Can you give me some examples? |

Appendix 2. Sample Memo

Written by J.K. on January 22, 2020

 This participant expressed considerable passion about strategy training, stating that she feels that it is the best way to approach rehabilitation intervention across the continuum of care. I could relate to several of her perspectives. First, she feels that strategy training can be implemented for nearly all patient populations, including patients with disability, chronic illness, and other conditions requiring extra support from nursing and therapy staff along with self-care. I can relate to the observation that strategy training can be used more broadly than currently used. Additionally, I relate to her feelings of challenges with patients who did not perform many activities at home prior to their hospitalization, and getting these patients to identify meaningful activities and goals can be challenging. Finally, I relate to her position that strategy training is more of a collaboration and less of a one-way transfer of information. Allowing the patient to take the lead role is an important component of strategy training that makes them feel like more of a partner in the therapy process.

 This participant responded to each question with thoughtful and detailed answers. She has practiced in nearly all practice settings and has had a wide range of experiences. This gives her unique insight into rehabilitation throughout the continuum of care and the fit of strategy training for patients. Additionally, she has many years of strategy training experience. During this time, she has learned to adapt strategy training to multiple populations and settings and has allowed her practice to be transformed by her strategy training experiences. Because she considerably values strategy training, and because it has been integrated into her practice, this may give her a different perspective of its benefits and uses compared with others with less experience. Finally, this participant is a full-time clinician who also participates in research, which gives her a different perspective than those who are only practicing in a research capacity.

 This participant had some interesting perspectives of rehabilitation in general in contrast to that in other interviews. For example, she emphasized that rehabilitation is about getting people to the next level of care. Although this is often a factor in rehabilitation treatment planning, it was not expressed as a primary goal of rehabilitation in other interviews. She also had some interesting ideas about the differences between rehabilitation practice and strategy training. She reported that in general rehabilitation, she felt that she was more of a dictator or facilitator rather than a partner, as in strategy training. This was a theme in other interviews as well, where the participants noticed a change in their relationships with their clients during strategy training. She expressed that through collaboration in strategy training, her clients were more willing to be open with her about their challenges. Additionally, it was intriguing that this participant expressed that strategy training has completely changed her practice, and that she has integrated strategy training into her daily practice. She also identified some interesting challenges, including people who are sedentary and have a generally inactive baseline level of activity or those who typically receive considerable help from their families. Finally, she identified overprotective families as a challenge. Some participants have also noticed this, whereas other participants felt that family members are a benefit in the strategy training process.

This interview provides more insights into some important differences between general rehabilitation and strategy training. In addition to the differences in the therapist–client relationship, this participant identified other similar themes from previous interviews. These include the shift of control to the client, improved client engagement, more emphasis on listening to the client, and the making of treatment more meaningful. The following are the identified codes and their operational definitions: