

TABLE 1: Summary of IMR adaptation

Adaptation Process Phases	Original IMR Toolkit (Numbers refer to manual topics)	Culturally Adapted IMR (Numbers refer to manual topics)	Ecological Validation Model Dimensions (8)
(1) Adjusting the manual's content for greater relevance to Arab society in Israel	<ol style="list-style-type: none"> 1. Recovery Strategies: Developing a Support System 2. Practical Facts about Mental Illnesses. Refers mainly to biological factors, without spiritual or religious aspects. 3. The Stress-Vulnerability Model and Treatment Strategies: Examples of people who have found ways of coping in other contexts. <i>When I get stressed out, it helps me to... go to art museums and see paintings and drawings....</i> 4. Building Social Supports. Other places such as concerts, parks and museums. 5. Using Medication Effectively. "The best way of making decisions involves a partnership between you and your doctor, relying on the knowledge of both of you". 	<ol style="list-style-type: none"> 1. Added: Relevant strategies such as family support as promoting recovery and helping the person with SMI make decisions 2. Added: Explanation about the religious context of mental health. 3. Added: Examples relevant to Arab society. <i>When I feel stressed, I take a bath, pray to God and read the Quran. This helps me relax and think more positively.</i> 4. These places were replaced by others more relevant to Arab society, such as weddings and extended family get-togethers. 5. We start the topic by adding a statement by Muhammad that Allah created illness and medication. In addition, the statement in the original toolkit was expanded to include: "You can also rely on a family member when making decisions regarding medication. Does any member of your family accompany you in your visits to the doctor? If yes, how can he help you ask those questions?" Under the subsection Exercise: Strategies for Getting the Best Results from Medication", we added: "asking a family member for help". 	<p>Content, Methods, Context</p> <p>Content, Concepts, Context</p> <p>Content, Methods, Context</p> <p>Content, Context</p> <p>Content, Concepts, Methods, Context</p>

In examples for “Personal Beliefs Regarding Medicines” we added common negative beliefs in Arab society, such as:
In my society, whoever takes psychiatric medicines has little chances of getting married.

	6. Reducing Relapses	6. Added: Examples for triggers and warning signs of a relapse in symptoms in Arab society, such as becoming extremely religiously devoted and quarrelling with close relatives.	Content, Context
	7. Coping with Stress	7. Added: Typical daily stressors such as lack of public transportation and neighborhood intrusion and/or over-involvement by neighbors and second-degree relatives who often live next door. In the subsection on “Effective Coping” we added the recommendation to “talk to someone about the stress you’re experiencing”, and the following example: <i>I feel stressed when there’s a lot of noise around me... My brothers come with their kids and the kids play together and make a lot of noise... It helps me to take a break and go to my room. I like listening to music on the earphones, it muffles the noise and takes me away to a quieter place.</i>	Content, Methods Context
	8. Drug and Alcohol Use. The topic recommends reducing or completely stopping drug and alcohol use. It is the client’s choice whether to reduce or stop and whether to involve the therapist.	8. After consulting with members of the focus group, it was decided at this point to remove this topic completely, although the problem exists in Arab society, as Islam prohibits drug and alcohol abuse.	Content, Context
(2) Involving the family in	General recommendation to involve significant others in parts of the process,	1. We prepared a special IMR manual in Arabic for families with brief information about each topic and the illness, and guidelines on	Methods, Context

the treatment	with no specific guidelines in the manual or reference to the facilitator's skill in leading the meeting with the family. Encouraging	improving communication and for helping the family understand the client's experience, with emphasis on participation in promoting personal goals. 2. We encouraged participants to invite their families to participate and they were invited to attend group and/or individual meetings.	
(3) Adapting the facilitation process	The facilitation is based on the following strategies: 1. Psycho-educational 2. Cognitive-behavioral 3. Motivational	Additions in the spirit of the adapted manual included: 1. The family member's role in the recovery process, in setting rehabilitation goals and achieving them 2. Family communication skills 3. The family as a key rights take-up agent 4. Psychoeducational explanation about the importance of medication and its management 5. The family's role in preventing relapse 6. Knowledge about spirituality and religion 7. Basic family therapy skills to help facilitators integrate family members and understand their significant role. 8. Using video clips, paintings, diagrams, cards and role-playing to overcome the family's difficulty to express emotions, read & write	Goals, Methods, Context
(4) Meeting location	Making the intervention accessible is important but not critical; it is possible to have participants travel to the meetings.	Given conditions in Arab society in Israel, where mobility is restricted due to lack of public transportation and the fact that single women may not travel alone, meetings must be highly accessible.	Methods, Context
(5) Developing unique training for facilitators	General training sessions countrywide without reference to sociocultural groups.	Culturally adapted training, with meetings held in a relatively accessible location that is also familiar and provides culturally suitable background.	Methods, Context
