

Supplementary Material 1: Qualitative interview schedules in Phase 1

Topic guide for participants prior to the development of the intervention (stage 1)

Experience of GAD:

1. What has your experience been of having GAD/"being a worrier"/feeling anxious a lot of the time?
2. What impact has GAD/worrying had on your day-to-day life?
 - a. *Prompts: Impact on your health and well-being? Impact on relationships with your partner, family, other relatives or friends? Impact on your finances? Impact on your leisure activities or hobbies? Impact on your job or voluntary position?*

Treatment for GAD:

3. What forms of treatment have you been offered for GAD/worrying/long-term anxiety?
 - a. *Prompts: Medication? Talking therapy? Something else?*
4. FOR EACH TREATMENT IDENTIFIED:
 - a. How did you feel about it when you when you were offered it?
 - i. *Prompts: Concerns? Hopes? Prepared to try it?*
 - b. How was the treatment described to you? How did you find this? Did the description help you to understand the treatment?
 - c. Did you try it or did you turn it down?
 - d. If you tried it, how did you find the experience?
 - e. What did you like about it?
 - i. *Prompts: Ease of use <if medication>? Relationship with therapist <if therapy>? Setting e.g. at home <if therapy>? Perception that it worked?*
 - f. What didn't you like about it?
 - i. *Prompts: Side effects? Perception that it wasn't working?*
 - g. How helpful was it to you?
 - i. *Prompts: Did it change how you felt?*
 - h. If you turned down the treatment, why was that?
 - i. *Prompts: Past experiences? Side effects <if medication>? Too busy for therapy <if therapy>? Not sure that it would help?*
5. IF YES TO PSYCHOTHERAPY:
 - a. What kind of things helped you to have talking therapy?
 - i. *Prompts: Setting? Therapist coming to see you at home? Flexible timing?*
 - b. What kind of things got in the way of having talking therapy?

- i. *Prompts: Having to travel to clinic? Not enough time? Physical health problems? Other hospital appointments? Too much effort? Lacking energy? Having to care for another person?*
 - c. What might have been better for you?
 - i. *Prompts: Different location? More/less time? Different type of therapy? More flexibility over appointments?*
- 6. What do you think would be the ideal treatment for GAD/worrying?
- 7. What kind of support would you most like to receive for GAD/worrying?

Adaptations to Acceptance and Commitment Therapy:

- 8. Provide written and verbal definition of ACT:
 - a. Acceptance and Commitment Therapy (ACT) aims to help people to learn new ways of handling difficult thoughts, feelings and sensations so that they can do what really matters to them. Unlike other forms of talking therapy, the focus in ACT is on living better, by helping people to live in line with what they value and what is important to them, rather than feeling better. However, many people feel better as a by-product of therapy. One of the key differences between ACT and more conventional talking therapies is that ACT helps people to learn new ways of living with difficult thoughts, feelings and sensations rather than trying to change them.
 - b. How does this sound to you?
 - i. *Prompts: How does the focus of living better rather than feeling better sound to you? How does the focus of learning new ways of living with difficult thoughts, feelings and sensations rather than trying to change them sound to you?*
 - c. How else could we describe this type of therapy?
 - i. *Prompts: How best can we introduce these ideas? How would you describe this to a friend?*
- 9. ACT involves learning to accept difficult thoughts and feelings rather than engaging in useless struggles or battles with them. Some people have difficulties with the word “accept”. What other word or phrase could we use?
 - a. *Prompts: "Being willing to experience difficult thoughts and feelings"? "Making room for or making space for difficult thoughts and feelings"? "Opening up to difficult thoughts and feelings"? "Adapting to difficult thoughts and feelings"? "Not struggling with difficult thoughts and feelings"?*
- 10. ACT also involves committing to doing things that are in line with what you really value. Some people have difficulties with the word “commit”. What other word or phrase could we use?
 - a. *Prompts: "Agree to"?*
- 11. Do the shortened hexaflexercise:
 - a. Would you be willing to try an exercise that'll help to illustrate what ACT is? I'll be guiding you through a 6-7 minute exercise so please just listen to what I say and follow my instructions as best

you can. If you've got any questions about it then please save them until the end of the exercise.

<Take participant through exercise>

i. How did you find that exercise?

1. *Prompts: What did you notice during the exercise? What came up for you during it?
What did you like? What didn't you like?*

ii. How useful was the exercise in helping you understand what ACT is about?

1. *Prompts: Did it change what you thought about ACT?*

iii. Were there any parts of it that were unclear or that you didn't understand?

1. *Prompts if yes: Which parts?*

12. A key aspect of ACT is practising skills in between sessions. Some people have problems with the word "homework". What other word or phrase could we use for this?

a. *Prompts: Home practice? Between-session work?*

General adaptations:

13. Some older people have difficulties with their memory or with their concentration, which can affect having talking therapy. What kind of things would be the most helpful if you have difficulties with your memory or concentration?

a. *Prompts: Information sheets about GAD? Handouts after each session? Appointment reminders? Support in between sessions? Involving someone to help remind you? Smart phone app that prompts to do home practice or attend sessions?*

Other questions:

14. Is there anything else you would like to add that we have not talked about?

Topic guide for clinicians prior to the development of the intervention (stage 1)

Working with older people with GAD

1. What do you think are the best evidence-based treatments for GAD in this client group? Why?
2. What are the main challenges in working with this client group?
3. What treatment strategies have you found that can help?
4. How best could we address each of the challenges? *<Go through each challenge raised in turn>*
5. What do you think would be the ideal treatment for this group? Why?
6. Which treatment is best for people who also have significant depression? Why?
7. How should the ideal therapy be modified for people with mild difficulties with concentration, attention or memory?

Could you bring to mind an older person with GAD who responded to treatment?

1. What were the main challenges in working with this person?
2. What treatment strategies helped? What strategies didn't?
3. What do you think would have been the ideal treatment for this person? Why?

Could you now bring to mind an older person with GAD who didn't respond to treatment?

1. What were the main challenges in working with this person?
2. What treatment strategies helped? What strategies didn't?
3. What do you think would have been the ideal treatment for this person? Why?

Manual development

1. What do you think are the main issues that should be covered in a talking therapy manual for this client group? Why?
 - a. *Prompts: What should be included? What shouldn't be included? Anything else to add?*

Delivery of the intervention

1. How many sessions should be offered? Why?
2. How frequent should these sessions be? Why?
3. In which settings should therapy be offered? Why?
4. How can we encourage participants to complete home practice (i.e. 'homework') in between sessions?
5. What obstacles or barriers might get in the way of delivering this intervention?
6. How can we overcome each of these obstacles or barriers? *<Go through each obstacle raised in turn>*

Other questions

1. Is there anything else you would like to add that we have not talked about?

Acceptability of the developed intervention

1. What do you think about the proposed name of the therapy ("Living well with anxiety: Acceptance and Commitment Therapy for the over 65s")?
 - a. *Prompts: Any other suggestions?*
2. We have now adapted the ACT manual based on previous research and feedback from our interviews. It has been adapted to take into account a range of issues that are known to affect older people who are experiencing difficulties with long term worry. What do you think about the following adaptations we've made to the therapy for older people with treatment-resistant GAD? We'd like to hear your thoughts as you're looking at them...
 - a. Use of concrete metaphors and experiential exercises
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - b. Early focus on values and committed action
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - c. Focus on creative hopelessness
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - d. Focus on cognitive fusion/attachment to the conceptualised self
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - e. Focus on mindfulness
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - f. Use of selective optimisation with compensation principles
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - g. Compensating for age-related cognitive changes
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - h. Working with possible substance misuse
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - i. Working with other issues
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - j. Working with families and healthcare professionals
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - k. Use of terminology in ACT
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
3. What do you think about the following practical aspects of the intervention?
 - a. Structure of each session
 - i. Mindfulness exercise (5 mins): One of the things that people who worry a lot describe having difficulties with is being "stuck in their head" worrying about the future or ruminating about

the past. People report that they sometimes feel like they don't enjoy things in the moment or they're not aware of what's going on around them because of worrying. Therefore, we'll start off every session with a 5 minute mindfulness exercise that is designed to help people get out of their head and into the here and now.

- ii. Brief review of mood in previous week (5-10 mins): This review of how people have been feeling in the previous week is time-limited so that as much of the session as possible can be dedicated to helping people to learn new skills for unhooking themselves from difficult thoughts, feelings and sensations.
 - iii. Brief review of previous session & review of at-home practice (10 mins): This will recap on what was covered in the previous session and review how people have found the at-home practice and explore any barriers that may have come up.
 - iv. Focus of current session (30-35 mins): The main focus of the session will be on helping people to identify what is important and what matters to them, and to learn new skills for unhooking themselves from difficult thoughts, feelings and sensations.
 - v. Set at-home practice (5 mins): This will involve a discussion of how people can put these new skills into practice in their everyday lives.
 - vi. *Prompts: OK? Not OK? Why? Any other suggestions?*
- b. 16 sessions
 - i. *Prompts: Too many? Too few? Just right? Why? Any other suggestions?*
 - c. Weekly for the first 14 weeks and fortnightly thereafter to facilitate ending of the sessions
 - i. *Prompts: Too frequent? Not frequent enough? Just right? Why? Any other suggestions?*
 - d. Sessions can be completed in clinic, in the GP surgery or at home, depending on personal preference.
 - i. *Prompts: OK? Not OK? Why? Any other suggestions?*
 - e. Individual face-to-face sessions
 - i. *Prompts: Would another format be better (e.g. group, via telephone)? Why? Any other suggestions?*
4. Is there anything you think we should change about the therapy?
 - a. *Prompts: Adaptations we've made? Content of the sessions? Practical aspects of the therapy? Any other suggestions?*
 5. Do you have any other comments about the therapy?

Optimising engagement with therapy

6. How could we help people to engage with therapy or take part in it to the best of their abilities?
 - a. *Prompts: Things that might be helpful?*
7. What do you think about the following additional ways of helping people to engage with therapy?
 - a. Providing support during therapy through mid-week telephone calls from the therapist?

- i. *Prompts: Useful? Not useful? Why? Any other suggestions?*
- b. Providing support during therapy through one-to-one peer mentors (i.e. people who are similar to the person undergoing therapy, who have already gone through therapy themselves)?
 - i. *Prompts: Useful? Not useful? Why? Any other suggestions?*
- c. Providing support during therapy through a drop-in peer support group (i.e. a drop-in group comprising people who are similar to the person undergoing therapy, who have already gone through therapy themselves)?
 - i. *Prompts: Useful? Not useful? Why? Any other suggestions?*
- d. Providing an online peer support forum during therapy (i.e. an online forum comprising people who are similar to the person undergoing therapy, who have already gone through therapy themselves)?
 - i. *Prompts: Useful? Not useful? Why? Any other suggestions?*

Ways of capturing information about how you feel

- 8. We know that questionnaires where you are asked to rate how you have been feeling in the past week do not always best capture how you have been feeling, as some days you might feel worse than others. One way of overcoming this problem is to ask people to rate how they are feeling on a daily basis. How would you feel about being asked to rate how you feel (on a simple scale from 0 to 10) on a daily basis?
 - a. *Prompts: OK? Not OK? Why? Any other suggestions?*
- 9. How would you feel about being asked to rate how you feel on a scale from 0 to 10 two to three times a day?
 - a. *Prompts: OK? Not OK? Why? Any other suggestions?*
- 10. How would you feel about being asked to provide information about how you are feeling on a daily basis using...
 - a. Paper questionnaires or record forms?
 - i. *OK? Not OK? Problems? Any other suggestions?*
 - b. A smart phone (i.e. a mobile phone that allows you to do more than just make phone calls e.g. have access to the internet)?
 - i. *OK? Not OK? Problems? Any other suggestions?*
 - c. Telephone calls?
 - i. *OK? Not OK? Problems? Any other suggestions?*
 - d. Emails?
 - i. *OK? Not OK? Problems? Any other suggestions?*

Other questions

- 11. Is there anything else you would like to add that we have not talked about?