Supplementary Table S4

Detailed Session-by-Session Schema Therapy Protocol

Session	Objectives	Main content and therapeutic procedures	Homework
1.Schema Identification and Therapeutic Engagement	Establish therapeutic alliance and group safety; introduce the Schema Therapy framework; provide an initial roadmap from schemas to modes; begin preliminary case conceptualization.	Group introduction and discussion of expectations and rules; psychoeducation regarding schemas and modes; introduction to Vulnerable Child and Healthy Adult modes; initial case conceptualization linking participants' presenting concerns to schema-related patterns; use of empathic confrontation and limited reparenting as clinically appropriate.	Completion of the Young Schema Questionnaire (YSQ) and recording situations associated with emotional distress or activation of child modes.
2. Developmental Formulation and Exploration of Schema Origins	Identify dominant schemas; explore developmental origins; increase awareness of links between schemas, current difficulties, and diabetes-related self-management.	Review of homework and YSQ findings; identification of 2–3 prominent schemas; construction of an individual developmental timeline; exploration of childhood experiences associated with schema development; introduction to Vulnerable Child and Punitive Parent modes.	Recording a childhood experience associated with shame, defectiveness, or worthlessness and reflecting on its relationship to current schema activation.
3. Schema Validation and Examination of Evidence	Examine the accuracy and meaning of maladaptive schemas; distinguish schema-driven beliefs from current evidence; identify maladaptive coping responses.	Review of developmental experiences; cognitive schema validation; identification of evidence supporting and contradicting schema beliefs; Socratic questioning; empathic confrontation of Punitive Parent messages; exploration of maladaptive coping patterns and their possible relevance to diabetes self-management.	Daily recording of at least one piece of evidence that challenges a maladaptive schema belief.
4. Mode Awareness and Work with the Vulnerable Child	Increase recognition of schema modes; strengthen awareness of unmet childhood emotional needs; develop compassionate responses to the Vulnerable Child mode.	Psychoeducation regarding schema modes using visual aids; identification of Vulnerable Child, Punitive Parent, and Healthy Adult modes; structured chair work between the Vulnerable Child and Healthy Adult modes; development of compassionate self-responses; therapist-guided limited reparenting.	Writing and reading a compassionate letter to the child self.
5. Experiential Work and Imagery Rescripting	Facilitate experiential processing of schema-related emotional experiences; strengthen compassionate and corrective responses.	Review of homework and emotional readiness; therapist-guided imagery rescripting for participants considered emotionally ready; modification of distressing childhood representations through protective and compassionate Healthy Adult responses; grounding and return to present-focused awareness following experiential	Practising an individualized therapeutic exercise agreed upon with the therapist and recording emotional responses.

		work; group reflection and emotional processing.	
6. Modification of Maladaptive Coping Responses	Increase awareness of surrender, avoidance, and overcompensation coping styles; develop alternative adaptive responses.	Identification of dominant coping styles; exploration of short-term versus longer-term consequences of maladaptive coping; structured chair work involving the Vulnerable Child and coping mode; cost–benefit analysis of maladaptive schemas and coping responses; identification of healthier behavioral alternatives.	Daily monitoring of schema-triggered coping responses and identification of an alternative Healthy Adult response.
7. Strengthening the Healthy Adult and Future Planning	Consolidate adaptive schema responses; strengthen the Healthy Adult mode; prepare individualized strategies for challenging situations.	Chair work between the Punitive Parent and Healthy Adult modes; review of schema evidence and adaptive responses; development of individualized schema flashcards containing dominant schemas, developmental origins, contradicting evidence, Healthy Adult responses, and alternative behaviors; application of Healthy Adult strategies to anticipated diabetes-related challenges, including emotional distress, food cravings, and body-image concerns.	Daily review of individualized schema flashcards and application of planned Healthy Adult responses in relevant situations.
8. Consolidation and Termination	Consolidate treatment gains; reinforce Healthy Adult responses and self-compassion; facilitate termination and future maintenance.	Review of the therapeutic process and individual goals; review of homework and schema flashcards; written future-oriented reflection from the Healthy Adult perspective; final group discussion of therapeutic learning and progress; consolidation of self-compassion and adaptive coping; termination of the group intervention. Post-intervention outcome assessment was conducted following completion of the final treatment session.	No new therapeutic homework; participants were encouraged to continue using their individualized coping strategies and schema flashcards.