APPENDICES/SUPPLEMENTARY MATERIALS

STEPPS-EI courses for Emotional Intensity – Screening tool

Establishing suitability: Go through the questions listed below in the screening tool. If your patient answers yes to 7 or more of the themes listed in each question than they may benefit from STEPPS-EI. You also need to check the further three questions following the screening.

Some people have very strong feelings (Emotional Intensity) that can make life sometimes difficult to cope with.

Read the questions below. Does this sound like you?

- 1. You often feel empty inside? highly self-critical?
- 2. Unsure of where you are going in life? Do your life goals and plans change all the time? Not sure who you are?
- 3. Do you easily take offence? Do others say you are 'hypersensitive'? Do others say you hurt their feelings too?
- 4. Do you have trouble trusting people? Scared of being abandoned? Switch from thinking someone amazing to feeling they are doing you wrong?
- 5. Does your mood swing from happy to upset and back again?
- 6. Do you worry a lot about what people think of you?
- 7. Do you feel miserable, hopeless, ashamed. Sometimes you may even feel suicidal
- 8. Do you act without thinking? Does this sometimes end up with you harming yourself?
- 9. Do you take risks, without thinking about what might happen?
- 10. Do you often find yourself feeling angry with other people, and feel that they are upsetting you?

Further things to consider:

Do the thoughts and feelings in the questions listed above make it hard to cope with day to day life?

Do you struggle with self-esteem or a poor self-image? do you have problems in your relationships?

MODULE BREAKDOWN

Module	Session	Title	vn of STEPPS-EI, week-by-week. Description
vioduic	SCSSIOII	Title	Introduces what STEPPS-EI and EID is. Participants are also taugh
		Awareness of	how to use an Emotional Intensity Continuum (EIC) to map out and
1^{1}	1		
		EID	record emotional intensity on a 5-section sheet. This becomes a
			weekly activity and is the premise of homework.
	2	Filters	Participants complete a 'Filter Questionnaire'. This helps to identif
	2		participant's cognitive schemas, both positive and negative, which
			may be present in their day to day life.
	2	Distancing	Participants learn the skill of 'distancing'. This is the ability to stay
	3		grounded in a situation by remaining in the present and use
			relaxation techniques to manage emotions.
			Participants learn the skill of 'communicating'. This is the principle
		~	aim of being able to communicate emotions, thoughts, feelings and
	4	Communicating	physical sensations. This is linked to successfully completing the
2^{1}			EIC by being able to describe thoughts, feelings and sensations
_			during an episode of EID.
	5	Challenging, Part 1	Part 1 of 2. This session focuses on challenging common thought
			distortions (Thinking errors). This is linked to successfully
			completing EIC by noticing thinking errors during episodes of EID
	6	Challenging, Part 2	Part 2 of 2. This session focuses on common myths surrounding
			emotions and how to challenge negative statements.
	7	Distracting	Participants learn what is 'distracting'. Participants are encouraged
			to seek out and identify distracting activities which can reduce EID
			This session also includes positive affirmations and encouraging
			statements and is the finale of module 2.
	8	Managing Problems	The first session of module 3 seeks to emphasise the importance of
			understanding a problem and managing effectively. The agenda
			encourages participants to create solutions in 10 words or less for
			typical problems encountered.
			The session focuses on setting achievable goals and tracking
	9	Satting Gools	individual progress in doing so. The session challenges common
	9	Setting Goals	aspects which can become problematic, such as: eating behaviours,
			sleeping, exercise, leisure and physical health.
		Avoiding Self – destructive	The session challenges abusive behaviours and how to avoid them.
	10		In addition, the session also teaches participants how to ask for hel
		behaviour	and make progress with goals.
3^{1}		Relationship	The session focuses on building and maintaining health
	11	Behaviours, Part	relationships. Specifically, it focuses on maintain relationships
		1	during an EID episode and challenges myths about relationships.
		Interpersonal	This session builds on the previous with a focus on 'healthy' and
	12	Relationships,	'unhealthy' boundaries. Participants also use this session to identify
		Part 2	their 'Circle of Support'.
			The final session of the programme. Participants review the course
			with a focus on individual goals. Participants also re-take the Filter
	1.2	Wrapping It All	questionnaire to compare scores from session 2. Group evaluations
	13	Up	are completed at this point and future options are discussed, e.g.
		1	repeating STEPPS-EI or attending a different form of STEPPS
			(STAIRWAYS).
		Optional addition	al session which invites participants friends and family to attend. The
	F&F		create a social support system for the participants, who can reinforce
			PPS-EI outside of sessions and on the conclusion of the programme.
4.1.1	1 4 4 4		pants practice relaxation techniques and homework is administered.

STEPPS-EI Evaluation

FORM A

Group Evaluation

- Please complete the following statements using the rating scales provided (circle the appropriate answer).
- Please use the space below each question to give extra information or to suggest improvements.

I					Much
oo Short	Too Short	Just Right	Too Lo	ong Much Too	
	mpared to my ui O is now	nderstanding of EID	before the grou	p started, my under	standing of
orse	Worse	The Same	Improved	Much Improved	Much
3. I fo	ound the folders	and materials to be.			
_					All

	The gr	oup sessio	ms mear	nt that I could	handle diff	iculties			
luch	Worse	A bit W	orse 1	Neither Better	or Worse	A bit Bet	ter Mud	ch Better	
5.	The re-	inforceme	nt team	skill cards wer	re				
									Very
Jnhel	pful	Slightly U	nhelpful	Neither	Slightl	y Helpful	Very I	Helpful	very
6.		ared to how		d with probler	ns before s	starting the	group, oth	ners belie	eve I
				d with probler The same a			group, oth		
	am nov	w coping							
	am nov	w coping							
⁄luch	Worse	w coping.	rse		as before				

as there anything you found						
ompared to when I started the	he group, my	life has				
empared to when I started the	he group, my	life has				
Greatly Worsened a Little	e Not Chango	ed Improve	ed a Li	ttle Impro	oved Greatl	У
hat would you like to see a	dded to, chan	nged or drop	pped fr	om the gro	oup?	
	there anything else we can	there anything else we can do to make t	there anything else we can do to make the group be	there anything else we can do to make the group better?	there anything else we can do to make the group better?	there anything else we can do to make the group better? hat would you like to see added to, changed or dropped from the group?

FORM B

Group Evaluation

1.	Number of sessions attended
2.	Was the length of time for group too little, too much, or just right?
3.	How is your understanding of EID different compared to your understanding before the group started?
4.	Did you find the folders and materials to be useful?
5.	How did the group sessions help you handle difficulties better?
6.	How well did your therapist/care-co-ordinator agree with the information taught in the group?

How helpful were the reinforcement team skill cards?
How do others believe you are now coping with problems, compared with how you coped before starting the group?
Overall, what was helpful for you in this group?
What was not helpful?
What did you find confusing?

12. How is your life different now compared to when you started?

_	
_	
_	
13. Is	s there anything else we can do to make the group better?
_	
_	
_	
at wo	ould you like to see added to, changed, or dropped from this group?
_	
_	

FORM C

Patient Experience Questionnaire- End of Treatment

Please help us to improve our service by answering some questions about the service you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions.

	At All Times	Most Of The Time	Sometimes	Rarely	Never	Don't Know
	Times	The Time				KIIOW
1. On reflection, did you get						
the help that mattered to you?						
2. Did staff listen to you and						
treat your concerns seriously?						
3. Do you feel that the sessions						
helped you to understand better						
and address your difficulties?						
4. Did you feel involved in						
making choices about your						
treatment and care?						
5. Did you have confidence in						
your therapist and his/her skills						
and techniques?						

Please use this space to tell us about your e	experience	of your t	reatment (f	or example,	relationship	with			
the clinician, focus of the sessions, relevance of the issues covered to your current problems)									
			•	•	,				
		T	T	T	Γ .				
How likely are you to recommend our	Very	Likely	Neither	Unlikely		Don't			
service to friends and family if they	Likely		likely or		Unlikely	Know			
needed similar care or treatment?			unlikely						
Please use this space to tell us about your e		of our co	urvi o o						
Please use this space to tell us about your e	experience	or our se	rvice						

Form D

- 1. Please reflect on the support and treatment you have been receiving/have recently received from the Wellbeing Service. What has your experience of this support/treatment been (eg helpful/unhelpful)? Please also give some examples to illustrate your comments
- 2. If you have had past treatment within the Wellbeing Service/Mental health services, how does this experience compare?
- 3. Please describe how the treatment has impacted on your quality of life?
- 4. Would you recommend this service you your friends or family? And why?
- 5. Is there anything that wasn't offered that would have helped your recovery?