

Item number	Item TIDieR checklist for BOPT-MUS, “Strategies for Better Living” groups	Where located (Manual) **	
		Primary paper (page or appendix number)	Other † (details)
1.	<p>BRIEF NAME</p> <p>Manual: Body Oriented Psychological Therapy for Medically Unexplained Syndromes (BOPT-MUS)</p>	_____ 1 _____	_____
2.	<p>WHY</p> <p>The BOPT-MUS intervention/manual was developed using the body oriented psychological therapy approach and aims to address a predisposing biological vulnerability with low pain/somatic sensation thresholds and labile physiological systems as well as labile body schemata, leading to hyperarousal and an amplifying somatic style of coping. Furthermore the manual aims to address difficulties in emotion-recognition in self and others, as well as the complex ambiguity (subject-object nature) of embodiment by increasing a subtle integration of the somatic and psychological aspects of the bodily sensations and the underlying conflicts</p> <p>This is described in detail in section 2. “The theoretical model and the therapeutic principles / mechanism underpinning BOPT-MUS”, including the sub-sections “2.1. Basic premises” and “2.2. Why BOPT-MUS, the mode of action” of the manual</p>	_____ 5-8 _____	_____
3.	<p>WHAT</p> <p>Materials: Patient leaflets. A big mirror; Soft balls (between 8 and 13.5 diameter); 24 foot lengths of rope; parachute (3.7metres diameter); co-oper buddy band, coloured clothes and stretch cloths, coloured ribbons, a selection of hand held percussion instruments, beanbags, balloons, CD player and range of music with different rhythmical qualities; natural materials such as stones, feathers, pine cones, shells, soft toys. Felt tips and oil pastels in a range of colours. A1 sugar paper in assorted colours.</p>	_____ 11 _____	_____

4.	<p>Procedures: See section 4 of the manual with detailed description of range of interventions, delivered in five distinct parts (a check-in, warm-up and activating, exploration of objectives / structured tasks, creative work, warm-down / closure and homework) and utilised to address specific objectives (Therapeutic alliance; Empathic exploration, enhancing complex awareness of the body; Learning to recognize and express emotions; recognizing the connection between emotional and bodily changes; affect regulation; Emphasizing the impact of bodily complaints/symptoms on quality of life and overall functioning; Emphasizing and exploring the competencies and abilities of the body; Drawing analogies, helping to understand the connection between difficulties and physical reactions; feelings, bodily reactions and symptoms; Maintain achieved improvements/relapse prevention).</p> <p>WHO PROVIDED</p>	_____12-18____	_____
5.	<p>Therapists fulfilled requirements defined in manual: Knowledge of and experience in working with patients suffering from mental health problems; qualified therapist in one of the main body oriented psychotherapy modalities (Dance Movement Psychotherapy / DMP with ADMP accreditation or according to European Association of Body Psychotherapy / EABP with UKCP registration). Experience in offering body oriented psychotherapy in groups.</p> <p>HOW</p>	_____12____	_____
6.	<p>10 sessions in group therapy format</p> <p>WHERE</p>	_____	_____
7.	<p>Group sessions were delivered in three GP practices in Newham / East-London</p>	_____	_____
WHEN and HOW MUCH			
8.	<p>Delivered according to manual / plan: closed group cycles with ten weekly consecutive group sessions of 90 minutes over a period of approximately three months.</p> <p>TAILORING</p>	_____	_____
9.	<p>NA</p> <p>MODIFICATIONS</p>	_____	_____

10.†	NA		
	HOW WELL		
11.	Intervention adherence or fidelity was assessed during monthly supervision sessions by one of the authors of the manual.		
12.‡	Actual: intervention was delivered as planned.		

** **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see www.consort-statement.org) as an extension of **Item 5 of the CONSORT 2010 Statement**. When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see www.spirit-statement.org). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see www.equator-network.org).