STEPPS to Address BPD

Part 1

Presented by Nancee Blum, MSW



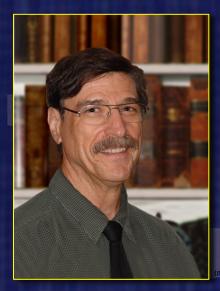


STEPPSTM Systems Training for Emotional Predictability and Problem-Solving

Nancee Blum, MSW, LISW Norm Bartels, MA, MPH Don St. John, PA-C Bruce Pfohl, MD

> Department of Psychiatry Roy J. and Lucille A. Carver College of Medicine The University of Iowa







BORDERLINE

PERSONALITY

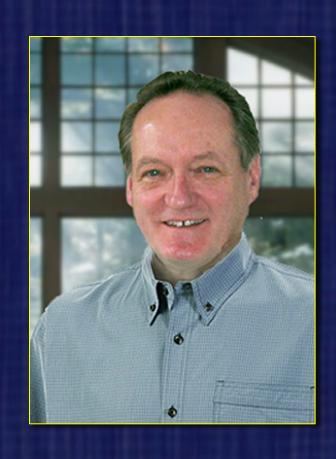
DISORDER

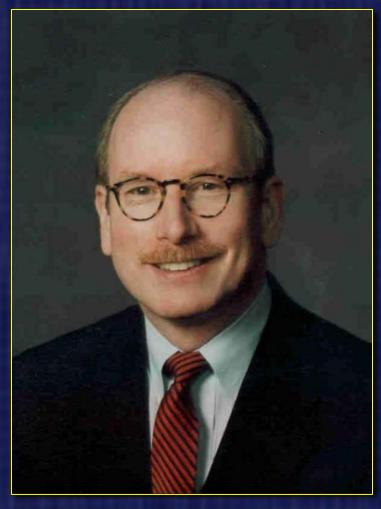
SKILL

TRAINING

MANUAL

NORMAN E. BARTELS, M.A., M.P.A. THERESA D. CROTTY, L.C.S.W.





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Where Is STEPPS?



Who Uses STEPPS?

- Outpatient clinics
- Inpatient units, Partial hospital
- Day treatment
- Residential treatment
- ACT (Assertive Community Treatment)
- HIV+ patients (for anger control)
- Corrections (prisons and community)
- Primarily used with adults
 - Adolescent version in preparation

The STEPPS Program for BPD

- Group format
- Psychoeducational approach/manual-based
- Cognitive behavioral model + skills training
- Confronts early maladaptive schemas (cognitive filters)
- Includes reinforcement team
 - Teaches a common language

STEPPS

- A "value-added" (supplemental) treatment
- May help to decrease frequency of individual therapy
- Supported by managed care
- Evidence-based practice (NREPP)

STEPPS

- Focuses on the present
- Patients learn to manage their disorder
 - Move away from being a victim
 - Do not blame others
- Do not expect other people or things to rescue them (e.g., MD, medications)
- Teach skills to others in their system
- High level of patient and therapist acceptance

Selecting Group Members

Two important elements in STEPPS:

- Learning to share time with others
- Learning to limit discussion of individual problems to those elements that serve educational goals of STEPPS
- Consider motivational interviewing

Who Is Not A Good Candidate for STEPPS?

- Individuals who are extremely narcissistic
- Individuals who deal with conflict by physically threatening or intimidating others (marked ASPD traits*)
- Avoid having only one male
- *ASPD traits did not necessarily predict poor outcome in RCT

Recommended Format

- Weekly sessions (20 weeks)
- Two hour sessions
- Two trainers/6-10 trainees
- Reinforcement team
 - Treatment system personnel
 - Other providers
 - Family and friends
- May repeat basic group or go on to STAIRWAYS

Three Step Program

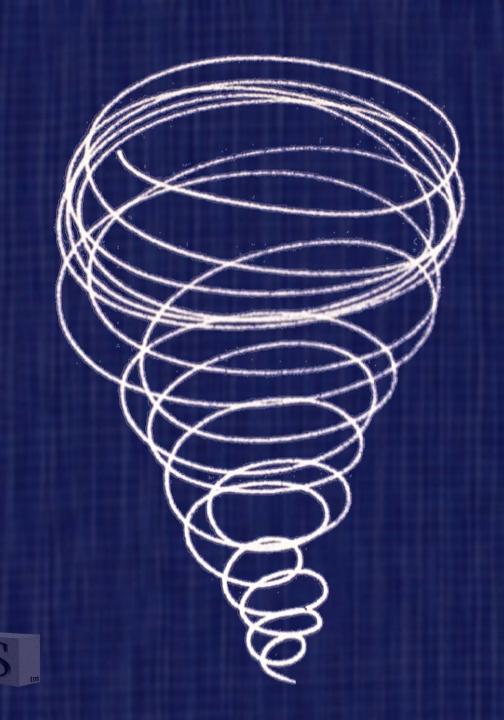
- Awareness of illness
 - DSM criteria
 - reframe as emotional intensity disorder (EID)
 - identify cognitive filters (schema)
- Emotion management skill training
 - Behavior management training

Emotion Management Skills

- Distancing
- Communicating
- Challenging
- Distracting
- Managing Problems

Behavior Management Skills

- Goal Setting
- Eating
- Sleeping
- Exercise
- Leisure
- Physical Health
- Abuse Avoidance
 - Interpersonal Relationships





Emotional Intensity Continuum

1 2 3 4 5

1=Baseline

2=Beginning of Intensity

3=Development

4=Pre-blow-up

5=Blow-up

Event: What happened?







						,	20.00			
		Skills:	Distancing	Communicating	Challenging	Distracting	Managing Problems	Abuse Avoidance	ν.	
Feelings What did I feel?	1		2		3		4	5		
Physical Sensations What was my body doing?										
Thoughts What was I thinking?										
Filters Which were triggered?										
Action Urges What did I want to do?										
Behaviors What did I do?										

Emotional Intensity, Continuum Event: What happened? Skills: Distancing Communicating Challenging Managing Problems Distracting Abuse Avoidance 3 Feelings What did I feel? Physical Sensations What was my body doing? Thoughts What was I thinking? Filters Which were triggered? **Action Urges** What did I want to do? Behaviors What did I do?

-Emotional Intensity Continuum

Event: What happened?









		Skills: Distancing	Communicating	Challenging	Distracting	Managing Problems	Abuse Avoidance	
	1	2	Communicating	3	Distracting	4	5	
Feelings What did I feel?								
Physical Sensations What was my body doing?								
Thoughts What was I thinking?								
Filters Which were triggered?								
Action Urges What did I want to do?								
Behaviors What did I do?								

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End - Part 1

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