

Systems Training for Emotional Predictability and Problem Solving: An Advanced Understanding

Jerrold Brown, MA, MS, Nancee Blum, MSW, LISW, & Donald W. Black, MD

ABSTRACT

Borderline personality disorder (BPD) is highly prevalent among incarcerated offenders in the United States, with estimates ranging from 27% of men to 55% of women. Those with BPD also present significant behavioral and managerial problems in the correctional setting, and are more likely to be convicted of serious and violent crimes. Experts agree that treatment, which reduce symptoms of severe personality disorders are likely to lessen an individual's offending behavior. Currently, there are few effective, easily implemented, evidence-based treatment programs for BPD within the correctional setting. Since 2005, the Iowa Department of Corrections (IDOC) has integrated the Systems Training for Emotional Predictability and Problem Solving (STEPPS) program into the routine care of incarcerated offenders with BPD. The STEPPS program has also been extended into community corrections and has been well accepted by both group leaders facilitating the program and offenders who have completed the STEPPS program.

Keywords: borderline personality disorder, corrections, group therapy, offenders, systems training for emotional predictability and problem solving, prison

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Systems Training for Emotional Predictability and Problem Solving (STEPPS) is an evidence-based (listed by the Substance Abuse and Mental Health Services Administration on the National Registry of Evidence-based Programs and Practices), manualized cognitive-behavioral and skills training group treatment program for those with borderline personality disorder (BPD) (Blum et al., 2008; 2012). The systems approach refers to not only teaching emotion regulation and behavioral skills to those with BPD, but also to teach the "language" of STEPPS to all those in their system with whom they regularly interact. BPD is highly prevalent among incarcerated offenders (Black et al, 2007). Offenders with BPD are more likely to be convicted of serious and violent crimes, and the behaviors associated with the disorder present significant behavioral and managerial problems within the correctional setting (Warren et al, 2002). BPD is characterized by a pattern of emotional intensity and lability, impulsivity, and troubled relationships (Paris, 1996). Recurrent suicidal threats, attempts, or self-harming behaviors place demands on mental health providers in clinical and correctional settings.

In 2005, the Iowa Department of Corrections (IDOC) identified the need to provide specialized treatment for offenders with BPD. This led to the implementation of STEPPS as part of the IDOCs routine mental health care. The IDOC routinely collects and evaluates data regarding the effectiveness of new, innovative mental health programs. In addition, IDOC requested a secondary data analysis of 77 male and female offenders. These offenders were represented in seven correctional groups and one community corrections group. Data indicated these offenders exhibited robust improvement in BPD symptoms (i.e., mood, and negative affectivity). A significant reduction was also noted in suicidal and self-harming behaviors and disciplinary infractions (Black et al., 2013). The STEPPS treatment manual was used "as-is" and no significant modifications were required.

STEPPS has several advantages over other BPD treatment programs in correctional settings (Black et al, 2008). The STEPPS program is relatively short in length (20 weeks), which is beneficial in both correctional and community corrections settings where sentence lengths differ and offenders can be transferred or released without notice (Black et al., 2008; 2013). Therapists from varying training backgrounds and theoretical orientations are able to learn the program relatively quickly and additional training is required (usually as a 2-day workshop with optional additional supervision by telemedicine or SKYPE). The STEPP program does not require extensive resources to implement in correctional settings and can be implemented with limited budgets.

The "systems" component is unique to STEPPS, and refers to providing psychoeducation about BPD and teaching the "language" of STEPPS to family, friends, healthcare professionals, correctional staff, and others with whom the participant regularly interacts and shares information about his or her disorder. These individuals in the participant's system are referred to as the "reinforcement team." In the IDOC, this psychoeducational component is typically a 2-hour evening session open to available corrections officers, offender family members, and

approved visitors. The facility may choose to record the session for those unable to attend. The purpose of the psychoeducational session is to educate reinforcement team members about BPD and how respond calmly and consistently to group participants by utilizing the STEPPS “language” and reinforcing the STEPPS skills. Those attending the STEPPS groups reported that hearing the same responses (i.e., “Where are you on your Emotional Intensity Continuum?”; “Have you used your folder?”; “What skill can you use in this situation?”; “How will you use it?”) from multiple persons in their system, had the effect of lowering emotional intensity. Corrections staff and others in the individual’s system have responded positively to these tools and to the provided education about the disorder and the program. In the IDOC, some correctional officers have requested the opportunity to attend weekly sessions (with consent of the group) and offenders have readily accepted them.

The STEPPS Program

STEPPS combines cognitive-behavioral elements with skills training in both emotion and behavioral management. The program is delivered in a group format and does not include or require individual therapy. In non-correctional settings, most individuals attending the STEPPS program do have an individual therapist. In settings where individual therapy is available, the individual therapist is encouraged to support the material taught in the STEPPS group sessions. The person attending the STEPPS program is encouraged to bring lesson material to individual therapy sessions and to review homework assignments with the individual therapist. The treatment is intended to be adjunctive, (i.e., STEPPS is added to whatever additional services may be offered) (e.g., medication, individual therapy, other treatment groups). Groups meet for 20 consecutive, 2-hour weekly sessions and are led by two facilitators (Black et al., 2008, 2013; Black & Blum, 2011). The 2-hour sessions may be modified to accommodate facility schedules (e.g., one hour twice weekly). Sessions are conducted in a classroom or seminar setting, and are highly structured with detailed lesson plans for facilitators, and a packet containing an agenda, participant reading materials, and a homework assignment (worksheets) to complete prior to the next session. Handouts include poems, essays, and drawings created by previous STEPPS participants.

Current group members are encouraged to create similar materials that illustrate aspects of the course content and are asked to share them with the group. Beginning in the third session, relaxation exercises are introduced. The STEPPS manual also suggests using songs that may illustrate particular concepts and group members often suggest similar song titles. Participants are given a folder for program materials and are expected to bring the folder and homework assignments to each session. If an individual has had difficulty completing the homework, group members are encouraged to help. Group leaders can be alerted to potential issues such as a learning disorder or other deficits that may need to be addressed. In some settings (e.g., corrections, residential treatment, day treatment, etc.), specific homework sessions can be scheduled to allow group members to work together on the homework assignment or receive extra help. Each lesson focuses on a specific emotion management or behavioral skill (some emotion management skills take more than one session to teach; some behavioral skills are combined, e.g., eating and sleeping). It is important for each group member to have the opportunity to apply the skill to the natural environment between group sessions. Group members are frequently reminded that, “the real learning occurs between sessions.”

Once a 20-session group begins, it is closed to additional participants because each skill builds on the previously learned skills in sequence. Maintaining stable group membership encourages group cohesiveness and support.

Three main components of STEPPS:

- 1) *Awareness of Illness* is a psychoeducational component that helps individuals with BPD replace misconceptions about the disorder with an awareness of the behaviors and feelings that represent the symptoms of a disorder they can learn to manage; they receive a copy of the DSM criteria for BPD and are given the opportunity to provide personal regarding their own behavior (referred to as "owning" the disorder). The term "BPD" is reframed as *emotional intensity disorder (EID)*, which is easier for sufferers to integrate with their personal experience of the symptoms. Attention is also diverted from a diagnostic entity (BPD), which sufferers cannot change, to a focus on distorted thought patterns and problematic behaviors that can be changed. The second part of this component is to introduce the concept of schemas, referred to as cognitive or thought filters. Participants are encouraged to understand the filters as the source of personal patterns of thoughts, feelings, and behaviors. As maladaptive filters and distorted thoughts are challenged and replaced, negative feelings and dysfunctional behaviors decrease. One patient reported that, "I no longer think of having BPD as a crippling diagnosis... Despite my many emotions about having this illness, I can now see life as an adventure to be lived rather than just survived." (from essay entitled, "Backpacking Analogy.") (as cited in Blum et al., 2012).
- 2) *Emotion management skills* include distancing (noticing increase in emotional intensity and creating distance either physically or mentally), communicating (naming one's emotions, physical sensations, etc., using the Emotional Intensity Continuum described below), challenging (recognizing and challenging distorted thoughts), distracting (specific activities to distract from the emotional intensity until it decreases), and problem management (identify specific problem, desired solution, brain-storming, selecting action, and evaluating outcome). These skills teach participants to predict the course of emotional states, anticipate stressful situations, and develop more functional coping strategies to respond to their emotional intensity. Awareness of personal patterns of emotional intensity is facilitated by the use of the Emotional Intensity Continuum (EIC). This is a Likert-type scale that uses the metaphor of pots on a burner. At level 1, there is no heat under the pot; at level 5 the pot is boiling over. Participants learn to identify typical feelings, physical sensations, thoughts, filters, urges, and behaviors at each level and to identify the similarities in their emotional reactivity patterns regardless of the actual content of the identified trigger. Participants in STEPPS typically identify an "event" as the "problem;" STEPPS identifies the problem as difficulty managing emotional reactivity. The use of the EIC and other metaphors makes abstract concepts more concrete. A Skills Monitoring Form allows participants to check off skills used each day of the previous week.
- 3) *Behavior management skills* include goal setting, eating, sleep hygiene, exercise, physical health, and leisure, abuse avoidance, and interpersonal relationship management. Deficits in these behavioral areas often lead to emotionally intense responses to relatively neutral

events; the intense emotional reactivity in turn creates further deficits in these behavioral areas. Group members learn that establishing daily routines and managing behaviors helps to better manage the disorder. Behavior management is described as “change from the outside in,” where new behavior patterns affect thoughts and feelings. One participant compared this to the AA expression of “walking the walk.”

Monitoring progress during the STEPPS program is done by the use of the Borderline Evaluation of Severity Over Time (BEST), a self-rated, 15-item scale that allows group participants to rate thoughts, feelings, and behaviors typical of BPD. There are three subscales: A) Thoughts and Feelings, B) Negative Behaviors, and C) Positive Behaviors. The scale is completed at the beginning of each session and the score is recorded on a graph, allowing participant to see visual evidence of change over time. The BEST is both valid and reliable in measuring severity and change in individuals with BPD (Pfohl et al., 2009). A copy of the BEST may be obtained from one of the authors (nancee-blum@uiowa.edu).

Selecting participants: those with strong narcissistic or antisocial traits may have difficulty in group settings and may not be suitable for group settings. It is important for each group member to have some capacity to understand that other members may have problems that, although different from their own, are equally serious or debilitating. A willingness to consider that another person’s perception may be different from his or her own, but nevertheless has some validity is also required. Group members must also have the ability to share time with others. Individuals who deal with conflict by physically threatening or intimidating others are not appropriate for a STEPPS group.

Conclusion

STEPPS has been successfully implemented by the IDOC since 2005, both in correctional and community settings. Participants in STEPPS groups have been both male and female offenders (the data cited included a preponderance of female offenders because the program was first started in two female correctional facilities. Participants who completed the program (or the majority of sessions) experienced significant improvements in BPD-related symptoms, mood, and negative affectivity. A decrease in negative affectivity suggests participant’s felt less hopeless and had decreased personal negative perceptions. Suicidal behaviors and disciplinary infractions were also reduced. Group members reported a high level of satisfaction with the treatment program, and previous reports indicated high therapist acceptance and satisfaction (Blum et al., 2002). The magnitude of change is consistent with previous reports from STEPPS programs from community samples in the US, UK, the Netherlands, and Italy (Blum et al., 2008; Bos et al., 2010; Harvey et al., 2010; Bocalon et al., 2012).

There are a number of limitations with the STEPP program. Offenders may experience improvement in their BPD symptoms because of the social support and hope received through the STEPPS program, and not solely from the program itself. The study was not a formal research project and data collection was limited and occasionally incomplete. Since the study was not a controlled trial, conclusions cannot be made regarding the efficacy of STEPPS compared to treatment as usual or in comparison to other treatment programs for BPD, despite the similarity of the results to the previously cited controlled trials in community settings. Offenders in the IDOC groups were incarcerated in medium security correctional facilities or

community corrections; results may not be generalizable to those incarcerated in higher security facilities, particularly those who were convicted of violent crimes. Offenders in the IDOC were frequently taking medication, so it is possible that the use medication contributed to some of the individual improvement. Further studies would be beneficial in order to test whether the benefits of STEPPS will extend beyond the 20-week treatment period and whether they will generalize to offenders when they leave prison and/or community corrections. Despite the limitations described, it is believed that the STEPPS program can be successfully implemented for the treatment of offenders with BPD both in correctional and community corrections facilities.

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