STEPPS

Emotion and Behaviour regulation for Emotional Intensity Difficulties

New adaptations

Nancee Blum, Norm Bartels, Don St John, Bruce Pfohl, 2009

Renee Harvey,
Consultant Clinical Psychologist
STEPPS in the UK


2007: First Group: Horsham, W Sussex
Next Groups: 2007-2017

Highland
Dumfries & Galloway
Manchester
Oxfordshire
Berkshire
Somerset
Sussex
Surrey
Edinburgh
Borders
Milton Keynes
Essex
London
Kent
## Worldwide

<table>
<thead>
<tr>
<th>USA States</th>
<th>Argentina</th>
<th>Kenya</th>
<th>South Africa</th>
<th>Japan</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Provinces in Canada</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Europe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• France</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Germany</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The Netherlands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Norway</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Belgium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Italy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prisons in:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Minnesota</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nevada</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Florida</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Wisconsin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pennsylvania</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Iowa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OVERVIEW OF STEPPS

• Psychoeducational Group

• Cognitive Behaviour Therapy + Schema Therapy

• Standard version: 20 weeks

• 90 – 120 minutes

• 8 – 12 per Group

• 2 Group Leaders, CBT trained.

• 1:1 Skills reinforcer

• Reinforcement ‘team’ – evening
After STEPPS … STAIRWAYS

- 24 Lessons
- Two-weekly
- One year
- STEPPS ‘graduates’ only
Implementation of STEPPS within the PD pathway in Sussex

Tier 1

Tier 2

STEPPS and STAIRWAYS

Phase 1

Phase 2

1. Bluebell House
2. Lighthouse

Phase 3

Early intervention
CAMHS P/C

Phase 4

Forensic/Residential (Future)

Tier 3

Tier 4

2007
Adapting the programme

Tier 1: STEPPS EI (13 weeks)

Tier 2: STEPPS + Clinician Reinforcement + System reinforcement + STAIRWAYS

Tier 3: Preparation for groups

  - Building motivation
  - STEPPS + practice and reinforcement
  - STEPPS consolidation
  - STAIRWAYS

Tier 3/4: Extended STEPPS (+ 30 weeks) + additional practice

CAMHS:
STEPPS-YP

  - Plus
  - Parents/Carers Group
  - Clinician Reinforcement
New Versions

- STEPPS EI for Primary Care
- STEPPS YP for young people in CAMHS
- STEPPS HI - (in development)
New Versions

<table>
<thead>
<tr>
<th>STEPPS EI</th>
<th>STEPPS YP</th>
<th>STEPPS HI</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 weeks</td>
<td>18 weeks`</td>
<td>30 weeks +</td>
</tr>
<tr>
<td>‘pre-diagnostic’</td>
<td>‘pre-diagnostic’</td>
<td>Complex needs</td>
</tr>
<tr>
<td>2 hours, weekly</td>
<td>2 hours weekly</td>
<td>1 hour 2 or 3 x weekly</td>
</tr>
</tbody>
</table>

- **Module 1 (1)**
- **Module 2 (6)**
- **Module 3 (6)**

- **Young People**
- **Parents / Carers**

- Intensive or In-patient setting
- Whole team approach
General modifications

- Language and grammar simplified
- Diagnostic and ‘illness’ language changed
- More illustrations and non-verbal content
- More flexibility in application
TIER 1: STEPPS EI in Brighton Primary Care Services 2015+

- Usual Client Group: mainly short term referrals from GP for CBT for Anxiety and Depression
- Clients are screened using a list of BPD descriptors (no diagnosis)
- 5 full courses of treatment now completed:

<table>
<thead>
<tr>
<th>Whole course: 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1 109</td>
</tr>
<tr>
<td>Module 2 93</td>
</tr>
<tr>
<td>Module 3 54</td>
</tr>
</tbody>
</table>
TIER 1: STEPPS EI in Brighton Primary Care Services - Outcomes

- Re-referrals for additional treatment: 6 (5%)
- Onward referral to secondary care: 2 (2%)
- Outcome measures:
  - Standard IAPT measures – no change
  - QUEST (Best) scores: significant drop at Module 2 and Module 3
  - Feedback from participants and families overwhelmingly positive
TIER 1: STEPPS EI in Brighton Primary Care Services 2015+ Outcomes

• In addition:
  • Clearer focus and better outcomes for Anxiety, depression and other groups
  • Enhances practitioners’ skills
  • Functioning as early intervention – helping to avoid escalation

• Some challenges
  • Capacity when not fully commissioned
  • Still need careful selection
  • If course is not enough – (Stairways?)
TIER 1: STEPPS YP - CAMHS

- Pilot Group: Feb – July 2012
  - Parallel groups for young people and parents / carers
    - 8 participants aged 16-18
    - male and female
    - 9 parents/family members
    - 2 group leaders per group

- 2nd group with revised Manual: Jan 2014
- 2 further groups to date
Preliminary feedback:

• Young people very sensitive to anything seeming ‘childish’

• The material definitely needs modifying – and further modification for lower age?

• The importance of thorough assessment

• Working with the system for good support, communication and crisis management

• The importance of follow-up.
Outcomes of 2015 group:

- 14 started, 12 completed
- Initial presentations highly complex
- Throughout group
  - Hospital bed-days
  - Presentations at Accident and Emergency
  - Incidents of self-harm
  - Section 136 (police involvement)

Need for further research
From the Young People:

• It has helped me to look differently at my emotions and know that it’s okay to feel that way.

• It has helped a lot. I am more aware when I am vulnerable to harm.

• I have had to face up to my difficulties and have been taught how to better communicate myself to others.

• I can communicate better and no longer self harm.
From the Parents/Carers

• The only people who understand what I’m going through are here, on a Tuesday night

• Trying to understand what I may have done, and working with guilt feelings

• I have backed off, and she is taking responsibility – for the first time

• My husband and I both feel we have changed and have noticed this change of behaviour in one another
• ‘I can see changes in front of my eyes’ ‘I’m not sure I can believe it yet!’

• ‘This has been a godsend’

• ‘I feel we have a future – a future as mum and daughter – as friends – and as her reinforcer which is how we laughingly refer to me!’

However… ‘It’s early days – will the change last?’ ‘There is a lot of secrecy – I don’t really know yet’
For groups with higher complexity needs: Therapy Model:

- ‘Common factors’
  - Attachment
  - Trust
  - Hope
  - Recovery orient.

- Safety and risk management:
  - Crisis planning
  - Support

- Skills and Life Management:
  - Psychoeducation
  - Skills: STEPPS
  - Life skills
  - Housing
  - Finances
  - Childcare
  - Health
  - Spiritual needs

- Psychological Therapy:
  - Dealing with trauma
  - Self-development
  - (Re-)engagement with community, life, Work

PRIORIT Y
TIER 3 – 4: STEPPS HI

- Designed to meet needs of forensic inpatient setting and people with more complex presentations, including those with more limited educational attainment

- Simpler language, more activity

- Modular format

---

**Module 1**
- Laying foundations
- 8 session

**Module 2**
- Emotion Management
- 22 sessions

**Module 3**
- Behaviour Management
- 18 Sessions
STEPPS HI : Format

- Group sessions 1 hour long, can be delivered twice weekly
  - Brief teaching
  - More group based discussion and interaction

- Regular weekly manualised 1:1 sessions, including
  - completing QUEST form
  - Emotional Intensity pie chart
  - work on new materials,
  - opportunity to talk about experience of being in group
A general note on evidence base

- STEPPS has been recognised in 2012 in the USA by NREPP (the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices).

- Most reports don’t include all studies, e.g. Australian NHMRC guideline for management of BPD (2012): doesn’t include Blum’s RCT (2008).

- Evidence on self-harm:
  - Not pre-selected in above studies (lower starting baseline)
  - When high self-harm is isolated in the data, reduction is highly significant
  - Prison studies all found significant reductions.
Thanks!

I came a sceptic

and left a convert. Thanks

Contact info: renee.harvey@sussexpartnership.nhs.uk