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Management of borderline personality disorder using the STEPPS Program

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Borderline personality disorder (BPD) is a disorder of dysregulated emotions that is prevalent, disabling, and challenging to treat. The author presents data on the definition of BPD, its epidemiology and risk factors, etiology, course and outcome, and clinical management strategies. While medication had limited success in treating the symptoms of BPD, group therapy programs have been developed in the past two decades, and many are now evidence-based. Clinical management strategies are reviewed including the use of psychotropic medication, the role of group treatment programs and lifestyle changes. The author has extensively researched and written about the systems training for emotional predictability and problem solving (STEPPS) program that was developed at the University of Iowa in 1995 and has now been disseminated widely, including within the UK. STEPPS is a 5 month program that utilizes a mix of cognitive-behavioral elements, psycho-education and skills training. Randomized clinical trials conducted in the US and the Netherlands and uncontrolled studies, showed the program to reduce the symptoms of BPD, lift mood, reduce negative affectivity, reduce self-harm, and reduce health care utilization. The program has also been shown to be effective in BPD patients in correctional settings. The program is well accepted by patients and therapists. More work is needed to learn which patients are most likely to benefit from the program.

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The relationship between clinical and recovery dimensions of outcome in mental health

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Little is known about the empirical relationship between clinical and personal recovery. As part of a wider exploration of the value of the recovery model in working with severe mental illness, we examined whether there are separate constructs of clinical recovery and personal recovery dimensions of outcome, how they change over time and how they can be assessed. Standardized outcome measures were administered at baseline and one-year follow-up to participants in the REFOCUS Trial (ISRCTN02507940). An exploratory factor analysis was conducted and a confirmatory factor analysis assessed change across time. We identified 3 factors: Patient-rated personal recovery, patient-rated clinical recovery and staff rated clinical recovery. Only the personal recovery factor improved after 1 year. HHI, CANSAS-P and HoNOS were the best measures for research and practice. The identification of 3 rather than 2 factors was unexpected. Our findings support the value of concurrently assessing staff and patient perceptions of outcome. Only the personal recovery factor changed over time. This desynchrony between clinical and recovery outcomes providing empirical evidence that clinical recovery and personal recovery are not the same. We did not find evidence of a trade-off between clinical recovery and personal recovery outcomes. Optimal assessment based on our data would involve assessment of hope, social disability and patient-rated unmet need.

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