

# The States Description Procedure

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## **Introduction**

CAT has always emphasised the need to involve patients in accurate self reflection and has provided tools, notably the Psychotherapy File, to assist them. The joint work involved in reformulation with people with Borderline personality structures is difficult, but both the process and the resulting diagram are essential if therapy is to be effective. In order to support this process and to derive more accurate reformulations Philip Pollock, Dawn Bennett and I have developed the States Description Procedure (SDP). This has gone through a number of revisions, with help from a number of patients and therapists, and is now in a final form. You can photocopy this for your own use (remember Part 2 is completed separately for each state, so several copies will be needed). We hope you will try it out with suitable patients, introducing it as part of the early reformulation process.

## **Which Patients May Benefit?**

Any with a clinical diagnosis of BPD. Those with scores of 28+ on the Personality Structure Questionnaire or ++s in the last section of the Psychotherapy File. The PSQ and File replies also provide the first step in exploring alternating states.

## **The completion of the SDP**

The form is accompanied by explanations and instructions but the task is unfamiliar and patients may need help, in particular in completing Part 2 for each state, but time spent on this will not be wasted.

## **Interpreting the SDP**

The completed form yields descriptions of states, each of which will be subjectively experienced by the patient; in some cases it may be appropriate for therapists to merge two states where their descriptions overlap. By also eliciting an account of the sense of self and other accompanying each state the SDP makes it relatively easy for therapists to deduce the underlying reciprocal role patterns. The additional data about frequency, duration, mode of onset and ending and awareness of other states is seldom obtained from clinical interviewing.

## **The Phenomenology of Borderline States**

In addition to its clinical use, data from a series of patients will provide a clearer picture of the characteristics of the states found in these patients. As you will see, a consent form to this use of (anonymised) data is included.

Any comments or suggestions can be forwarded to ACAT.

Thanks

Tony Ryle

# A Method of Guided Self-Description

## Explanation for Therapists

This procedure is designed to assist in the reformulation of borderline patients. It provides a form of guided introspection which mobilises patients' capacity for self reflection and yields details not always recorded.

It should be used with patients scoring 28 or more on the Personality Structure Questionnaire (PSQ) or otherwise reliably diagnosed as BPD.

By 'state' we mean distinct, contrasted ways of being, feeling and acting. States can be reliably identified as being present or absent at a given time. They are more distinct and often less obviously responses to events than are ordinary mood changes.

Once the idea of contrasting states has been discussed and accepted, patients are usually able and willing to use the SDP to work at describing their states. Some will need help with the task.

## There are 3 Pages:

### Page 1 describes the purposes of the tests for patients:

It includes a consent form allowing their replies to be passed on for comparison with others provided anonymity is guaranteed. No pressure should be applied. The research aim is to describe the extent to which the descriptions of the states are similar in different patients or patient groups and to clarify the phenomenology of BPD.

### Page 2 is Part 1 of the SDP:

It offers titles and brief descriptions of common states. Patients identify those they recognise and may add more of their own. From this (and possibly other information you may have gathered) a complete list of these patient states is obtained.

### Pages 3 and 4 are Part 2 of the SDP:

It should be completed for each identified state:

It provides

1. A summary of the subjective experience of each state, and descriptions of
2. Self to other and
3. Other to self-attitudes and behaviours

The last section describes the duration, frequency, mode of starting and stopping and awareness of other states.

The completion and discussion of the SDP can contribute to accurate and detailed reformulation of borderline patients. Each state will be associated with one pole of a reciprocal role pattern; in many cases the other pole will also be described as a state (for example, patients may identify both bully and victim states) but in any case replies to 3b and 3c allow you a quick access to the apparent reciprocal role patterns through which self-states (partially dissociated rrps) can be identified.

# STATES DESCRIPTION PROCEDURE

## A description of the purpose of this questionnaire

Name: .....

Date of Birth: .....

Sex: Male ☐ Female ☐ (Please tick appropriate box)

You have been identified as someone who, more than most people, experiences an unstable sense of yourself, tending to switch between quite different, contrasting states of mind. States of mind affect one's mood, the strength of one's emotions and the sense one has of other people and of oneself. Switching between different states can be confusing to oneself and to others and in some states one may act in ways that are harmful to others or to oneself.

It is helpful to become as clear as possible about one's states and in particular to be able to recognise and control switches into damaging states. This procedure is designed to assist you and your counsellor, therapist or other health professional in the work of identifying and describing your states.

### **Part 1**

Lists the names and brief descriptions of states which are commonly encountered; select from this those states which more or less describe what you experience and add any others which are not on the list.

### **Part 2**

Needs to be completed for each of the states you have identified. By ringing or underlining those descriptions which apply to you in that state, you will be able to create a detailed profile of each state. Combined with other information this will help you and your health worker to describe and learn to recognise the ways in which your confusing or damaging states and state switches occur. This will make it more possible to anticipate and control harmful and confusing states and will contribute to the development of a more connected and consistent sense of self.

### **The SDP is for using during your therapy and is confidential.**

However, for the purposes of building up a series of descriptions which could contribute to our understanding of personality problems it would be helpful if you would agree to your replies being added to those of others for comparison, so that this method of enquiry can be developed and our understanding of the problems extended. They would, of course, be passed on without any identifying details. **You are under no obligation to agree to this.** If you do agree please sign below:

I agree that my replies to the SDP, with no personal or identifying information, may be passed on to be compared with those of others.

Signed:.....

Dated: .....

# STATES DESCRIPTION PROCEDURE

## PART 1

### IDENTIFYING YOUR STATES

Use this page to identify which of the following states you experience.

The commonly used names and brief descriptions of frequently experienced states are listed below, labelled A to K.

Remember by a 'state' we mean a way of being and feeling which is clearly distinguished from others and which is only present some of the time. Select those states on the list which more or less describe states which you experience and ring the letter. You may prefer to give a different name to some states. If you experience states not described below, you may add their titles and descriptions, labelled L, M etc.

When you have ringed the letters of the states you recognise, proceed to give a detailed account of each of these by filling in part 2 for each state.

A.	OK STATE	A more or less normal state of coping with life and feeling the common range of moods.
B.	VICTIM, ABUSED STATE	Feeling that other people use and abuse you, do not respect or care for you, threaten you, bully you.
C.	SOLDIERING ON STATE	Getting on with what has to be done, coping, doing what people expect of you without a lot of pleasure or satisfaction.
D.	RAGE STATE	Crazy, out of control, dangerous, feeling violent to self and/or others.
E.	REVENGEFUL STATE	Angry, self-righteous, violent, wanting to get your own back.
F.	ZOMBIE STATE	Blanked off from emotion, indifferent to others, 'on automatic', unreal.
G.	BULLY STATE	Without pity, like hurting others, contemptuous of others, like hurting yourself.
H.	HIGH STATE	Speedy, energetic, efficient, happy, over the top.
I.	CLOUD CUCKOO STATE	Blissfully happy, close to others, safe.
J.	DISMISSIVE, CONTEMPTUOUS	Feel better than others, special, deserving admiration, intolerant of weakness in others, intolerant of weakness in self.
K.	POWERFUL CARETAKER	Helpful to others, strong, needed, in charge, resourceful.
L.		
M.		
N.		
O.		

## STATES DESCRIPTION PROCEDURE (SDP)

### PART 2

#### DETAILED DESCRIPTIONS OF YOUR STATES

Complete these 2 pages for each recognized state.

Ring the letter of the state described on this page.

A B C D E F G H I J K L M N O

Name of state: \_\_\_\_\_

Indicate:

1. How you feel in yourself
2. Your attitude towards others and
3. Other people's attitude to you and when you are in this state by underlining or ringing all the descriptions which usually apply.

1. In this state I feel:

Content	In control of my life	Secure	Efficient
Powerful	Energetic	Over the top	Blissfully Happy
Anxious	Sad	Despairing	Hopeless
Weak	Guilty	Exhausted	Worthless
Out of control	Vicious	Dangerous to myself	Dangerous to others
Emotionally blank	Unreal	Strangely detached	Headache
Other physical symptoms			

2. In this state my attitude and/or behaviour to other people is:

Respecting	Indifferent	Caring	Dependant
Submissive	Anxious to please	Controlling	Violent
Cruel	Rejecting	Threatening	Critical
Demanding	Fearful	Kind	Contemptuous
Dangerous	Competitive		

Continued...

## PART 2 continued for state A ..... O

3. In this state other people's attitude and/or behavior to me is:

Respecting	Indifferent	Caring	Dependent
Submissive	Anxious to please	Controlling	Violent
Cruel	Rejecting	Threatening	Critical
Demanding	Fearful	Kind	Contemptuous
Dangerous	Competitive		

4. Other features of this state.

Ring the answers which apply; there may be more than one answer for some questions:

How often have you experienced this state in the last 6 months?

Every day	Most days	Most weeks	Every month
Occasionally	Never		

How long does it usually last?

A few minutes	Less than an hour	Several hours	All day
2 or more days			

How quickly does this state usually come on?

Abruptly	Over a few minutes	Gradually	
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How quickly does this state usually go away?

Abruptly	Over a few minutes	Gradually	
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What makes this state likely to come on?

Conscious choice	What others say or do (or do not say or do)	Self judgements	Drinking alcohol
Taking other drugs	Fatigue	No clear reason	Other (specify)

What can make this state end?

Conscious choice	What others say or do	Talking to myself	Talking to a friend
Drinking alcohol	Taking other drugs	Hurting myself	No clear cause
Other (specify)			

Remembering other states : in this state I have a clear recollection of ....

All	Most	Some	None
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... of my states.