Module 5

Problem-Solving Treatment

IMPACT

SECTION A

Introduction

PST for Depression

Brief

Common sense

Evidence-based

Practical to apply

Easily learned by therapist and patient

High patient receptiveness and satisfaction

Multicultural Issues

Evidence supports effectiveness in diverse populations

As you learn, think about how you will adapt PST skills in working with your clients

Share ideas at the end of the day

Psychotherapy

Pros:

– **No medication side effects**

– **Alternative for poor response to medications**

– **Accommodates patient who does not want medication**

– **Evidence that could work with older adults who have mild cognitive impairments**
(Areán et al., 2010, *American Journal of Psychiatry*; Alexopoulos et al., in press, *Archives of General Psychiatry*)

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Psychotherapy

Cons:

- **More time consuming (30 min to 1 hr sessions)**
- **May take longer to work**
- **Staff training, mental health professionals**

Why Should You Invest in PST?

1. **Patient Preference**

2. **Evidence-based for primary care**

3. **Learned skills retained after treatment**
   - **Some other forms of therapy address these as well**

4. **Addresses interpersonal / real life problems**

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5. **Short session and limited numbers are the norm in PST**

- **IMPACT patients improved with an average of 4 session**

- **We are finding the same effects in county-funded health clinics in CA**

6. **Non mental health professionals can be trained to do this (e.g., RNs)**

Patient Preferences

Survey studies indicate that between 50% and 75% prefer counseling over medications

Results from IMPACT show that slightly over 50% prefer counseling when asked prior to treatment initiation

Gum et al., 2006

Effective and Tailored in Primary Care Medicine

Twenty-seven randomized trials of psychotherapy for late-life depression show that late-life depression can be treated with this intervention

> Mackin & Areán, 2006

**Meta-analysis indicate effect size of 1.37**

> Malouff, J.M., E.B. Thorsteinsson, et al., 2006, "The efficacy of problem solving therapy in reducing mental and physical health problems: A meta-analysis." *Clin Psychol Rev.*

Only PST-PC has been specifically designed for primary care patients

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Problem-Solving Treatment
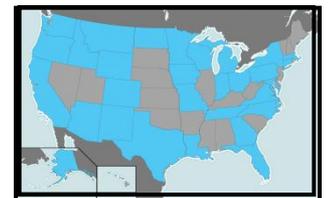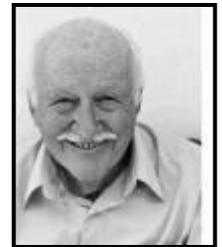
SECTION B

Supporting PST Implementation

Successful Implementation Consists of…

Strong leadership

Investment in resources

Clear expectations and accountability

A skilled, _trained_ staff

Ongoing consultation

Moderate adaptation to meet state/county needs

Mancini et al., 2009; Bond et al., 2009; Swain et al., 2010

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Leadership

Upper and middle managers should be knowledgeable of the model

Team leaders / supervisors should be trained in the model

Team members thoughtfully selected based on capacity to do the intervention

Ongoing support and commitment to the model as designed

Ongoing assessment of model viability

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Expectation of how many cases may need to start with PST (about 15%) and how many may need it as a step two (additional 10%)

Expectations about training requirements

When to use PST or some other intervention

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Space needs: Private place for uninterrupted discussion

Time allocated for care managers to provide PST

Ongoing training: Support of in-house development of training tools, in-house expert incentives

Provider Skill Set

Experience with time management

Experience with brief treatment

Clear communication skills

Ability to be flexible with structure

All these skills can be learned

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PST Case Supervision

Suggested format:

– **Tape record sessions / conference-call sessions**

– **Review and feedback before next session**

– **Case supervision with 1 – 3 patients, depending on prior experience with psychotherapy**

– **Known to be effective for honing skills**

On-going Training/Consultation

After certification (discussed at the end)

Helpful to have access to expert supervision for 6 months after certification

Helping top providers become PST experts

Nearly all evidence-based practice psychotherapies have this in place

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Moderate Adaptation

Can make changes based on your population, setting, and financial issues

Cannot change fundamental components of the treatment (which we review shortly)

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Module 5

Problem-Solving Treatment
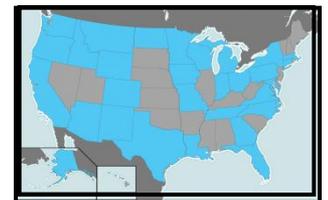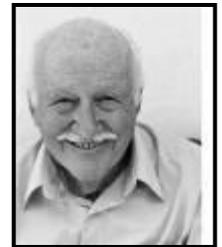
SECTION C

PST Process

PST Process

- How to do a brief treatment

- How to educate the patient

- How to do PST

What Makes PST* Effective?

Use of compassionate time management

Patient understands how PST works and the action-oriented framework

Patient engages in action planning

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Compassionate Time Management

Always set an agenda

Set aside time to get to know patient in context of why they are seeking help

Always schedule in time to talk about other issues

Use of gentle redirection

What PST is or is not:

- – **Not life review therapy**
- – **Not psychodynamic analysis**
- – **Not *just* supportive therapy/case management**

- – **Action focused on immediate issues causing depression**

Meet first for one hour to get familiar with model and learn PST process

Meet for 30-minute sessions afterwards, for up to 8 sessions

Can meet in person or by phone*

Will work on one problem at a time

Will create action plans the patient can implement between sessions

*we will review phone therapy later

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The Steps of PST

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Depression, Problems, and Problem-Solving Skills

Rationale for relationship of depression and problems

- **Life problems can be precipitants of depression**
- **Once depressed, problems become more difficult to solve**
- **Weak problem-solving skills make a person vulnerable to depression**

Rationale for treatment effectiveness

- **Problem-solving helps patients exert control over problems**
- **Fewer problems, increased self-efficacy & hope improve mood**

*Once learned, problem-solving skills can help prevent relapse*

Thomas D'Zurilla, Arthur Nezu, et al.

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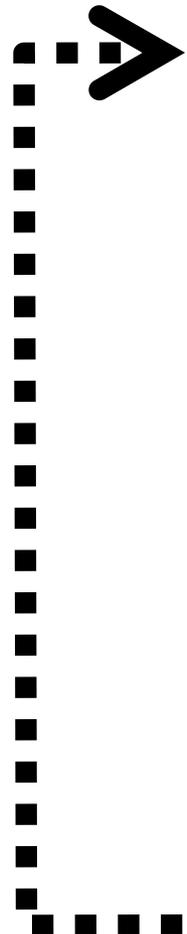
1. **Clarify and Define the Problem**

2. **Set Realistic / Achievable Goal**

3. **Generate Multiple Solutions**

4. **Evaluate and Compare Solutions**

5. **Select a Feasible Solution**

6. **Implement the Solution**

7. **Evaluate the Outcome**

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Module 5

Problem-Solving Treatment
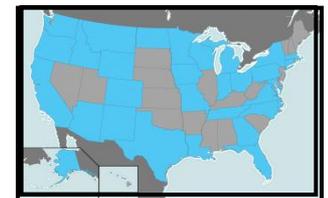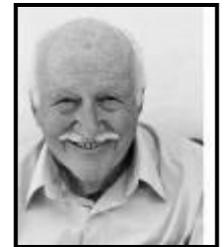
SECTION D

Initial Session

PST-PC Session 1 (60 Minutes)

Three Main Goals:

A. **Build the Rationale for PST-PC**
   (15-minutes)

B. **Collect an Initial Problem List**
   (15-minutes)

C. **Conduct an Initial PST-PC Session**
   (30-minutes)

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Six Main Tasks:

1. **Explain the structure of PST-PC**

2. **Achieve agreement with the patient that symptoms are related to depression**

3. **Explain the link between problems and depression, and the rationale for PST**

4. **Establish positive problem orientation**

5. **Describe the 7 stages of PST-PC**

6. **Build the rationale for activity scheduling**

Four to eight sessions

- **Weekly or biweekly**

Initial session: 1 Hour

Subsequent sessions: 30 Minutes

Work through at least one full problem per session

Action between sessions

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Establish Link Between Symptoms and Depression

Collect short list of depressive symptoms

Assure understanding of symptoms being related to depression

Explain "mind / body" connection as necessary

Plan to track symptoms during treatment as a measure of progress

Unresolved life problems can cause and worsen depression

Worsening mood interferes with problem solving

Downward spiral between problems and mood

PST-PC strengthens problem-solving skills

Improved problem solving lifts mood

Improvement follows action

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Problems are normal part of living

**Negative mood may indicate a problem**

Some degree of control can often be achieved

Effective solutions exist at least in part, if not in total

Taking action alone will improve mood

Activity Scheduling

Feel Bad

Do Less
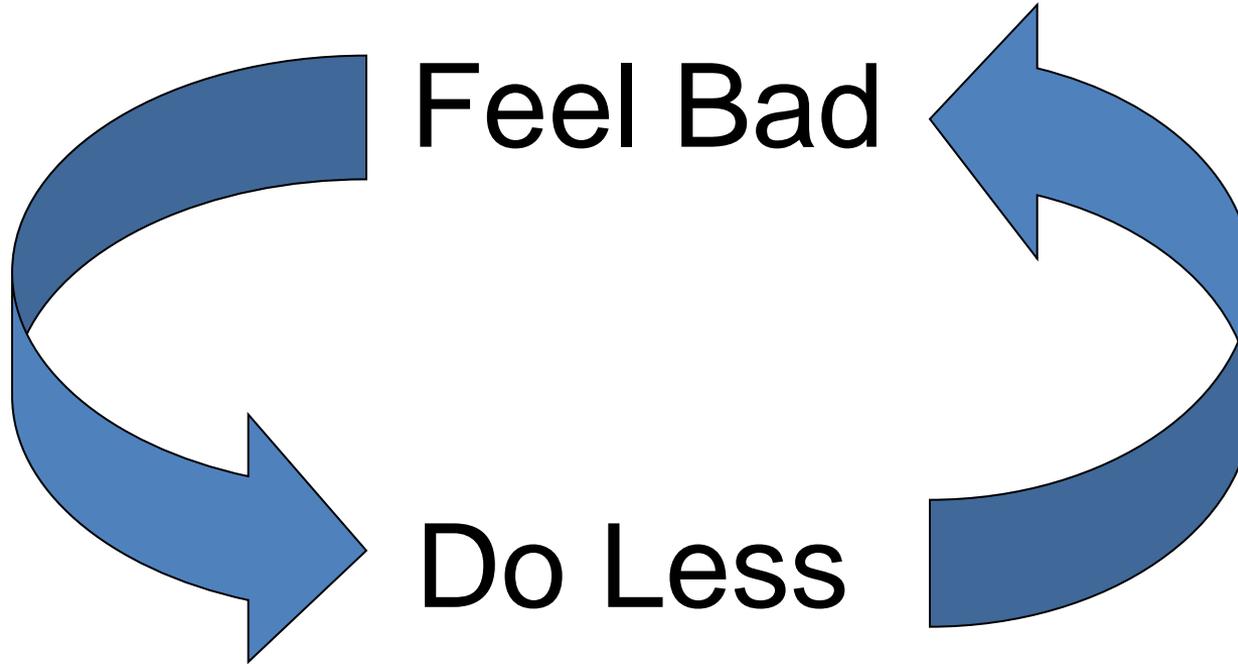
Social / physical activities tend to be most potent mood boosters

Treatment will also focus on increasing daily pleasant events

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B. Compile a List of Current Problems *(15 Minutes)*

Stay focused on the present

"What problems are you facing right now?"

Allow spontaneous report

Cue patient as necessary regarding:

- **Relationships, Work, Money**
- **Housing and Transportation**
- **Health and Exercise**
- **Pleasant Activities, etc.**

Initial PST Session

Module 5

Problem-Solving Treatment
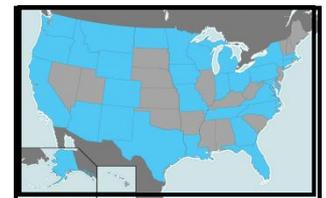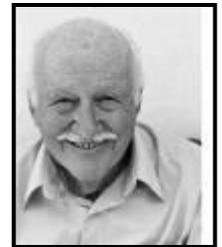
SECTION E

Follow-up Sessions

1. **Clarifying and Defining the Problem**
2. **Establishing a Realistic Goal**
3. **Generating Multiple Solutions**
4. **Evaluating Pros and Cons**
5. **Choosing the Preferred Solution(s)**
6. **Implementing the Preferred Solution(s)**
7. **Evaluating the Outcome**

Break down complex problems into objective issues with feasible solutions

Explore and clarify:

- *Who, What, When, Where, Why?*
- *"What have you already tried?"*

Must be "objective" (i.e., observable and therefore measureable):

- *"Low self-esteem" is <u>not</u> objective*
- *Ask yourself, "Can I picture this?"*
- *Think, "Function"*
- *"I stay home alone" <u>is</u> objective*

Must be feasible:

- *Patient must have some degree of control*
- *Life problems are potentially controllable*
- *Symptoms are not directly controllable*

Follows you directly from the problem definition:

– *"What do you want to change about…"*

– *"How would things be different?"*

Goal must be objective (i.e., measureable):

– *Either it happened or it did not happen*

– *Improved self-esteem is <u>not</u> objective*

– *Going out with friends <u>is</u> objective*

Must be stated in behavioral terms:

– *Weight loss <u>is</u> objective, but it is <u>not</u> behavioral*

– *Changing eating habits is both objective <u>and</u> behavioral*

Goal must be achievable:

– *Can it be accomplished prior to next visit?*

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1. *Solutions come from the patient*

2. *Withhold judgment*

3. *It's all about __attitude__…*
   - **Throw caution to the wind!**
   - **Number over quality**
   - **Combine and modify ideas**
   - **"What else?" *(then be quiet)***
   - **Write them down**

Feasibility and uniqueness

Pros:

- **What is unique about this solution?**
- **What makes this solution so good?**

Cons:

- **Barriers and obstacles**
- **Systematic review of themes:**
  - **Time, effort, cost, independence, emotional impact**

How does each solution compare to other solutions?

Systematic evaluation of pros and cons

Solution satisfies the goal

Negative impact is limited

Review of rationale for choice

- *Especially if it does not seem to reflect preceding decision analysis*

Empowers the client

Specific tasks identified:

– **Where, When, How, Who…**

Anticipate obstacles

Realistic behavior requirements

Behavior rehearsal / role play to improve confidence

Plan pleasant, social and physically active events

Review all tasks

Praise success!

Explore undesirable outcome:

- **Low motivation**

- **Goal definition**

- **Unforeseen obstacles**

Reinforce the PST-PC model

Review all previous problem areas

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Follow-up PST Session

PST-PC Strategies Used

0 = not at all true 1 = slightly true 2 = moderately true 3 = very true 4 = extremely true	1st PST session (week 6)	4th PST session (week 9)	8th PST session (week 15)	Last session (week 57)
When my first efforts to solve a problem fail, I know if I persist and do not give up, I will eventually find a good solution.	2	2	3	4
When I am trying to solve a problem, I can get so upset that I cannot think clearly.	4	3	1	0
When I have a decision to make, I weigh the consequences of each option and compare them against each other.	0	3	3	3
When I am attempting to solve a problem, I go with the first good idea that comes to mind.	4	0	0	0
When a problem occurs in my life, I put off trying to solve it for as long as possible.	4	3	3	0

Haverkamp et al, 2005

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Common Issues in PST-PC: Keeping on Track

Redirecting sidetracks back on focus

Terrible stories

Suicidal comments

**Ending the session**

Terrible Stories

Suicidal Comments

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- ✓ *Taking charge of my life*

- ✓ *Staying in the present*

- ✓ *Dealing with problems*

- ✓ *Taking better care of myself*

- ✓ *Able to take care of the things my husband used to handle*

- ✓ *It makes me face up to things*

- ✓ *Puts problems in perspective*

Module 5

Problem-Solving Treatment

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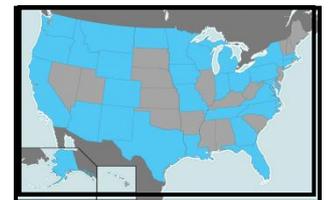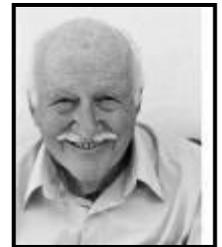
SECTION F

Adapting PST

Monthly meeting for patients who have utilized the concepts in treatment

Patients need to be stable and willing to be part of a group / class

Focus is on reviewing skills learned in sessions

PST Class / Group Process

I. Introductions / set agenda / prime MD

II. Review of stages of problem solving

III. Success stories

IV. Break

V. Problem solving on new issues

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Use of success experiences

Then give stages of problem solving and discuss them

When working on problems let each person solve their own problem

Problems shared by group members are a good example (i.e., making friends, holidays)

Adapting PST for Your Patients and Setting

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Telephone Based PST

Best to have first intro visit in person if can

Patient given a patient manual and forms

Patient instructed on how to set up the time

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1. Quiet place with NO distractions
2. Turn off TV, radio, computer, 'Do Not Disturb' sign on door
3. Have all materials ready and by the phone (manual, PST forms, PHQ-9, last week's action plan)
4. Have at least two pencils with erasers
5. Hearing aides or any other hearing assistance should be on

Setting Up the Phone Session: The Care Managers

1. Quiet place with no distractions

2. Turn off radio, computer, put out a 'Do Not Disturb' sign

3. Have all your materials ready

4. Speak slowly and clearly

5. Convey empathy through voice tone and language

6. Silence: After 30 seconds ask: "I'm checking to see if you are still there"

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Bernal's method for cultural adaptation:

– **Should retain the key theory of change and features of the therapy**

- **Language**
- **Persons**
- **Metaphors**
- **Content**

- **Concepts**
- **Goals**
- **Methods**
- **Context**

Bernal G, et al.

Ecological Validity and Cultural Sensitivity for Outcome Research: Issues for the Cultural Adaptation and Development of Psychosocial Treatments with Hispanics.

Journal of Abnormal Child Psychology. 1995; 23(1): 67-82.

How will you adapt PST skills in working with your clients?