

# Problem-solving Therapy & Behavioral Activation

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# Disclosures

The presenter and all planners of this education activity do not have a financial/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of the presentation.



# Learning Objectives

- Understand depression from a PST & BA perspective
- Understand rationale of PST and BA for use in the PC setting
- Understand core principles of PST & BA
- Develop skills to utilize PST & BA for depression management
- Learn to facilitate an appropriate problem-solving orientation



Change requires  
patience and perseverance.



# PROBLEM SOLVING THERAPY

Hegel MT, Arean, PA Problem-solving treatment for primary care (PST-PC): A treatment manual for depression. Used with author's permission.

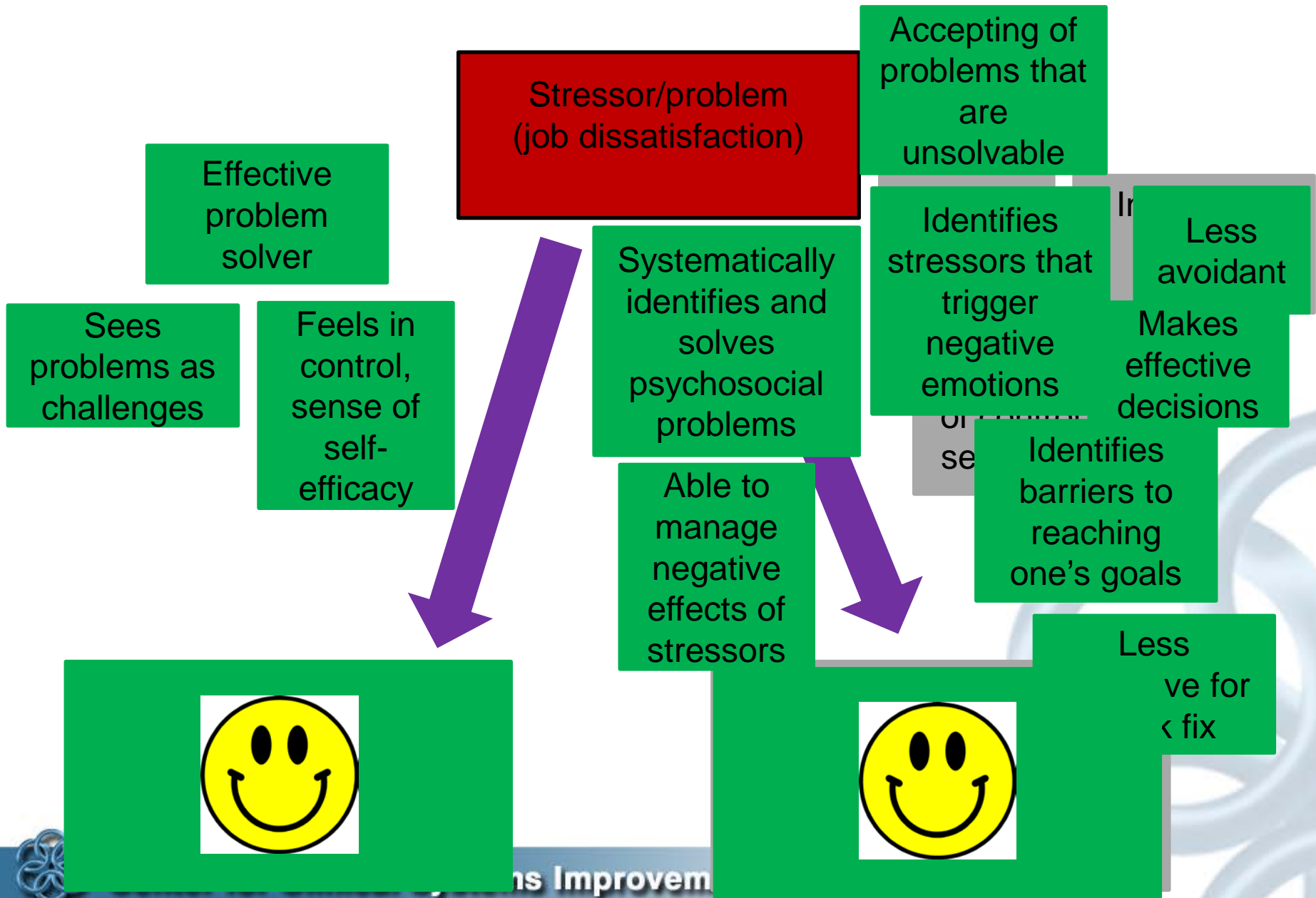


# When to use PST?

- General emotional distress
- Dysthymia
- Major Depression
- Manage negative effects of stressful events:
  - Overwhelmed
  - Inadequate coping skills
  - Lack of self-efficacy



# PST



# Case

- Alice is a 24 y/o single woman employed as an administrator. She is experiencing a depression of moderate severity. Her PCP prescribed Lexapro, but she's still depressed. She is open to therapy but has never done it before and doesn't know what to expect.





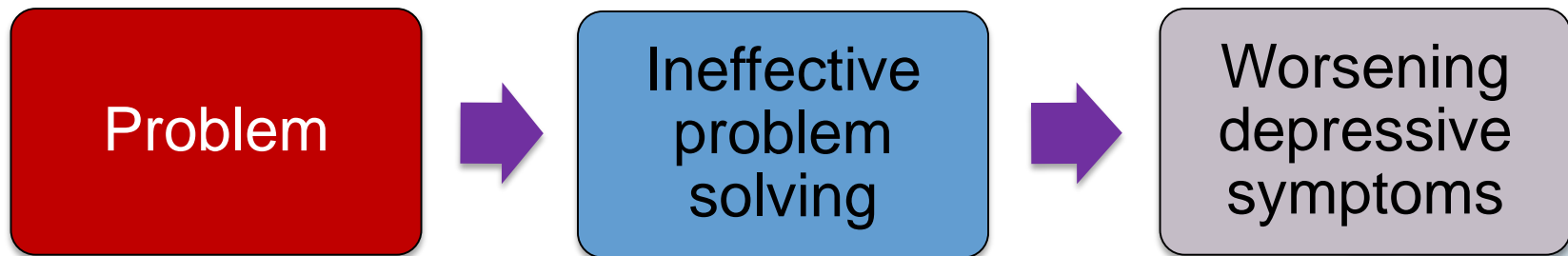
# #1 Orientation to PST

- Symptoms are an emotional response to problems
- Physical symptoms are related to depression
- PST model of depression
- Baseline symptoms (PHQ-9)
- Structure of sessions

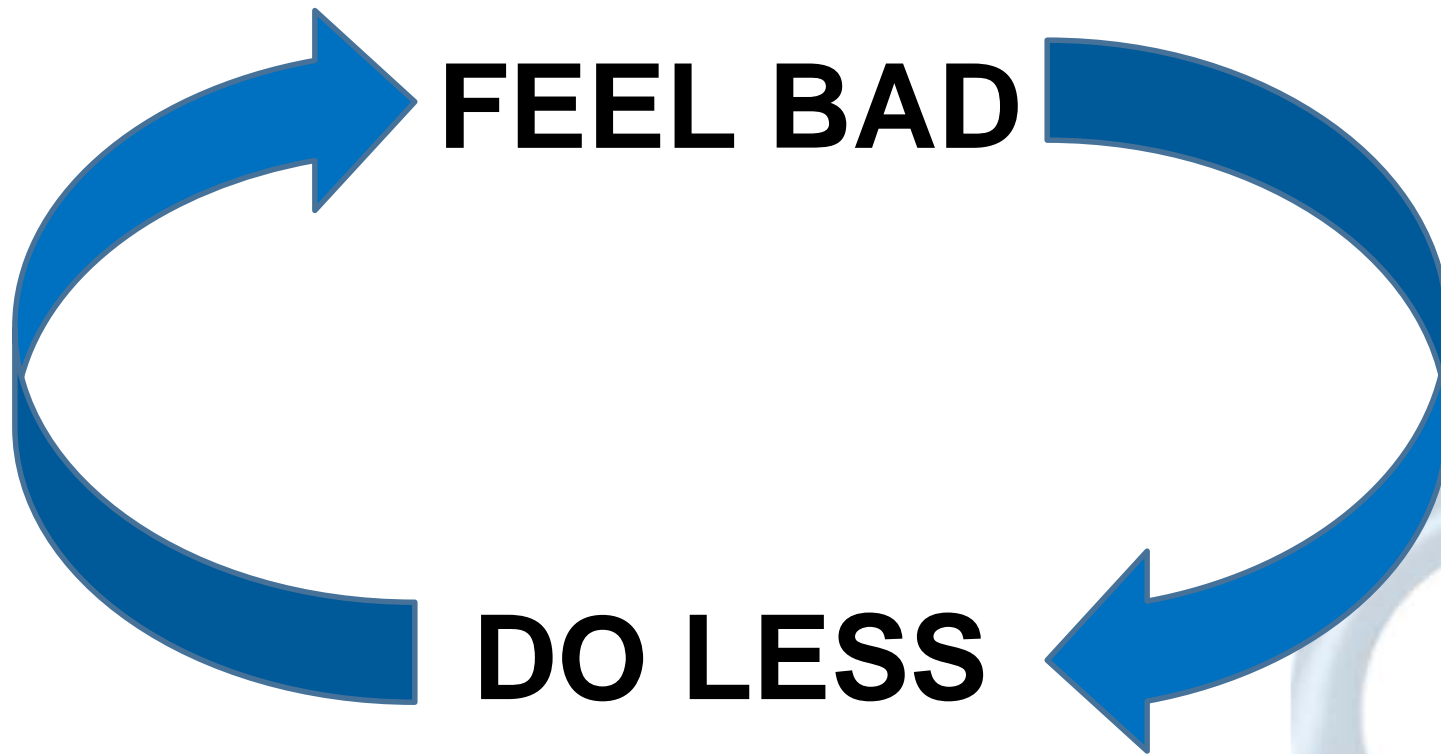


# Symptoms are an Emotional Response to Problems

“I’m tired all the time, and I just can’t get out of bed.”



# PST Model of Depression



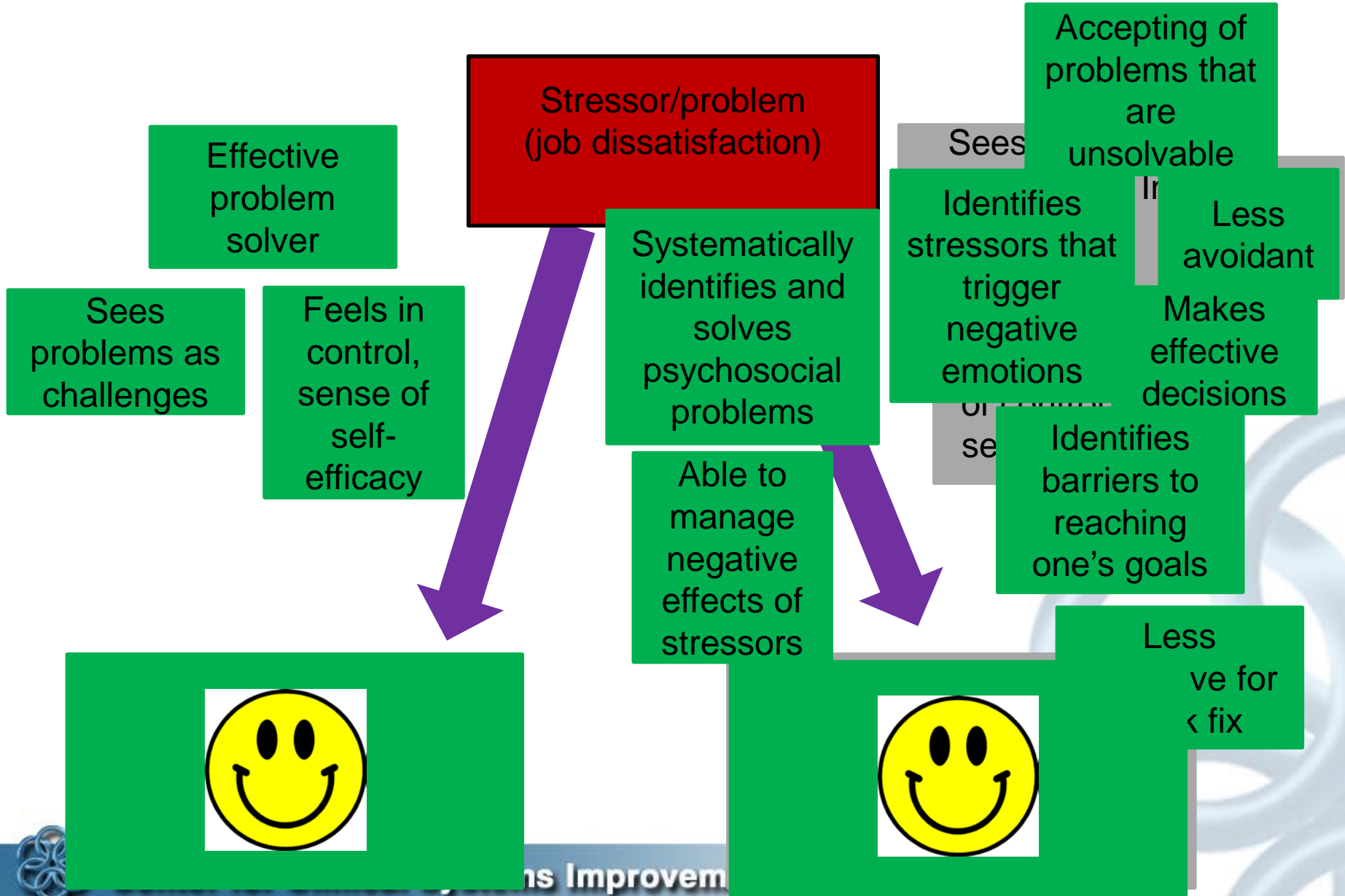


# Physical Symptoms are Related to Depression

“I don’t understand why my doc referred me for therapy. I don’t need a shrink, I need meds for my aches and pains, and for sleep.”



# PST Model of Depression



# Baseline Symptoms (PHQ-9)

- Goal is  $< 5$
- Ask about suicide if question #9 is  $> 0$
- Complete at each visit
- Graph, compare previous scores each visit



# Structure of PST Sessions

## Initial Session(#1):

1. 60 minutes
2. Orientation to PST
3. Baseline PHQ-9
4. Problem solve
5. Agree on action item for next session

## Follow-up Sessions (#2-6):

1. 30 minutes (1-2 weeks apart)
2. PHQ-9 (compare previous scores)
3. Follow-up on last session's action item
4. Problem solve a new problem
5. Agree on action item for next session



# #2 Problem Solve

- Compile a list of problems
- Select and define the problem
- Establish realistic & achievable goals
- Brainstorm possible solutions
- Weigh the pros and cons of each solution
- Evaluate and choose the solution
- Implement the solution
- Evaluate the outcome





# Compile a List of Problems

1. Job dissatisfaction
2. Isolation from family and friends
3. Loneliness
4. Weight management
5. Lack of enjoyable activities



<b>1. Problems with relationships:</b> Spouse or partner Family members: children, grandchildren, other family members Friends Other:	<b>8. Problems with having a daily pleasant activity:</b>
<b>2. Problems with work or volunteer activities:</b>	<b>9. Problems with sexual activity:</b>
<b>3. Problems with money and finances:</b>	<b>10. Problems with religion or moral values:</b>
<b>4. Problems with living arrangements:</b>	<b>11. Problems with self-image:</b>
<b>5. Problems with transportation:</b>	<b>12. Problems with aging:</b>
<b>6. Problems with health:</b>	<b>13. Problems with loneliness:</b>



# Select and Define the Problem

- **#4 - weight management**
- Explore and clarify the problem
  - Eating unhealthy because no time for shopping and not exercising because lack of structure for exercise
- Break down problem into small manageable parts
  - Focus on diet or exercise – whichever is simpler
- State the problem in a clear and objective form
  - **Lack of exercise**



# Establish Realistic & Achievable Goals

- Exercise every morning at 5am
- Exercise everyday
- Exercise 5 days consecutively next week
- Exercise 2 days during the next week



# Brainstorm Multiple Solutions

- Join a health club
- Establish an exercise program at home
- Buy exercise equipment
- Take walks with friends and co-workers



# Weigh the Problem: Pros and Cons

- **Join a health club**

- Pros

- Exercise equipment readily available
- Trainers on hand
- Option during bad weather

- Cons

- Membership fee
- Time to go to and from club
- Prefers a partner
- Self-conscious



# Weigh the Problem: Pros and Cons

- **Taking walks with friends and co-workers**

- Pros

- More fun to exercise with others
- Company of others is motivating
- Presence of others increases safety
- No cost involved
- Can walk during lunch

- Cons

- Has to find a partner
- Coordinate with others



## Review of progress during previous week:

Rate how satisfied you feel with your effort (0 – 10) (0 = Not at all; 10 = Extremely): \_\_\_\_

Mood (0-10): \_\_\_\_

1. **Problem:**

2. **Goal:**

3. **Solutions:**

4. **Pros vs. Cons (Effort, Time, Money, Emotional Impact, Involving Others)**

a)	a) Pros (+)	a) Cons (-)
b)	b) Pros (+)	b) Cons (-)
c)	c) Pros (+)	c) Cons (-)
d)	d) Pros (+)	d) Cons (-)
e)	e) Pros (+)	e) Cons (-)





# Evaluate and Choose the Solution

- **Taking walks with friends and co-workers**
- Lack of money
- Low motivation exercising alone



# Implement the Solution

- Committed to start walking next Monday
- Speak with co-workers about their interest in walking
- Find a common time to walk
- Will buy walking shoes this weekend
- Goal changed to 3 days per week due to meetings



# Evaluate the Outcome

## Session 2:

- Follow-up on action plan:
  - Arranged to walk lunch hour with two co-workers
  - Walked on 2 days the first week
  - Walked on 1 day the second week
- Compliment on successes
- Analyze failure to meet goal:
  - Overlooked bi-weekly lunch meeting at work
  - Meetings scheduled too close to lunch
- Problem-solve obstacles:
  - Won't schedule meetings past 11:30am
  - Skip walking on bi-weekly meeting days



<b>5. Choice of solution:</b>	
<b>6. Action Plan (Steps to achieve solution):</b>	<b><u>Write down the tasks you completed.</u></b>
a)	
b)	
c)	
d)	
<b>Pleasant Daily Activities.</b>	<b>Rate how Satisfied it made you feel (0 – 10)</b>
<b>Date      Activity</b>	<b>(0 = Not at all; 10 = Extremely)</b>



# #3 Facilitate Problem-solving

- Patient's experience using problem-solving model
- Review of progress, highlight of successes
- Modify patient's perceptions and beliefs
- Problems are a normal, predictable part of life
- Everyone has the ability to solve most problems
- Negative emotional/physical symptoms are cues



# Modify Patient's Perceptions and Beliefs

“I don't think that's going to work for me. Nothing else has so far.”

- Sounds like you're feeling pessimistic about the ability of this, or any treatment, to give you relief from your emotional pain. Perhaps we can give it a try and then check in and see how it's working? I know many patients experiencing what you are, and they have found PST to be very helpful.



# Problems are a Normal, Predictable Part of Everyone's Life

- “I’m just cursed!”
- “Why do I have so many problems in my life?”
- “Life isn’t fair.”
- Devil’s Advocate:
  - “If your friend told you what you just told me, what counterarguments would you offer her?”
- Weigh the Evidence:
  - “Let’s compile a list of areas in your life that *are* going well.”
  - Highlight all or nothing thinking



# Everyone Has the Ability to Solve Most of Life's Problems

- “I have no control over my problems.”
- “It feels like too much to handle.”
- “My problems are because of toxic people in my life.”
- Devil's Advocate:
  - “If your friend told you what you just told me, what counterarguments would you offer her?”
- Focus on changeable aspects of problems:
  - “How has [the unsolvable problem] created other problems in your life?”





# Negative Emotional and Physical Symptoms are Cues for Change

”If someone has knee pain, the pain is a signal that something is wrong. They must stop what they are doing or the pain will continue. They have a variety of options: they can sit at home and never walk again, which doesn’t solve the problem but alleviates pain temporarily, or they can see a doctor, and have their knee fixed, which solves the problem. Depression works the same way.”



# BEHAVIORAL ACTIVATION

Martell CR, Dimidjian S, Herman-Dunn R. Behavioral Activation for Depression, A Clinician's Guide.



# When to use BA?

- Moderate to severe depression
- When patient lists too few pleasurable activities as a problem
- When patient's problem is outside of their control
- When the solution to patient's problem is noxious
- When patient insists they have no problems to work on



# Core Principle #1

The key to changing how people feel is helping them change what they do.

- “Field of Dreams”



# NEGATIVE BEHAVIOR

Feel better due to increased energy



# IMMEDIATE CONSEQUENCES

No time for daily

Pack 2 toasts with peanut butter the night before

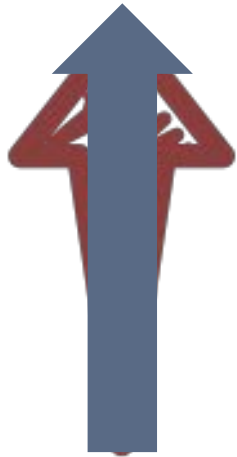
Walk 20 minutes at lunch with co-worker



# RESPONSE

Increased stress due to unaddressed responsibilities.  
Guilt about worsening health due to little activity.  
Inequitable diet.

More energy due to eating breakfast



# Core Principle #2

- Stressors/problems in life can lead to depression.
- Short-term coping strategies may keep people stuck over time.

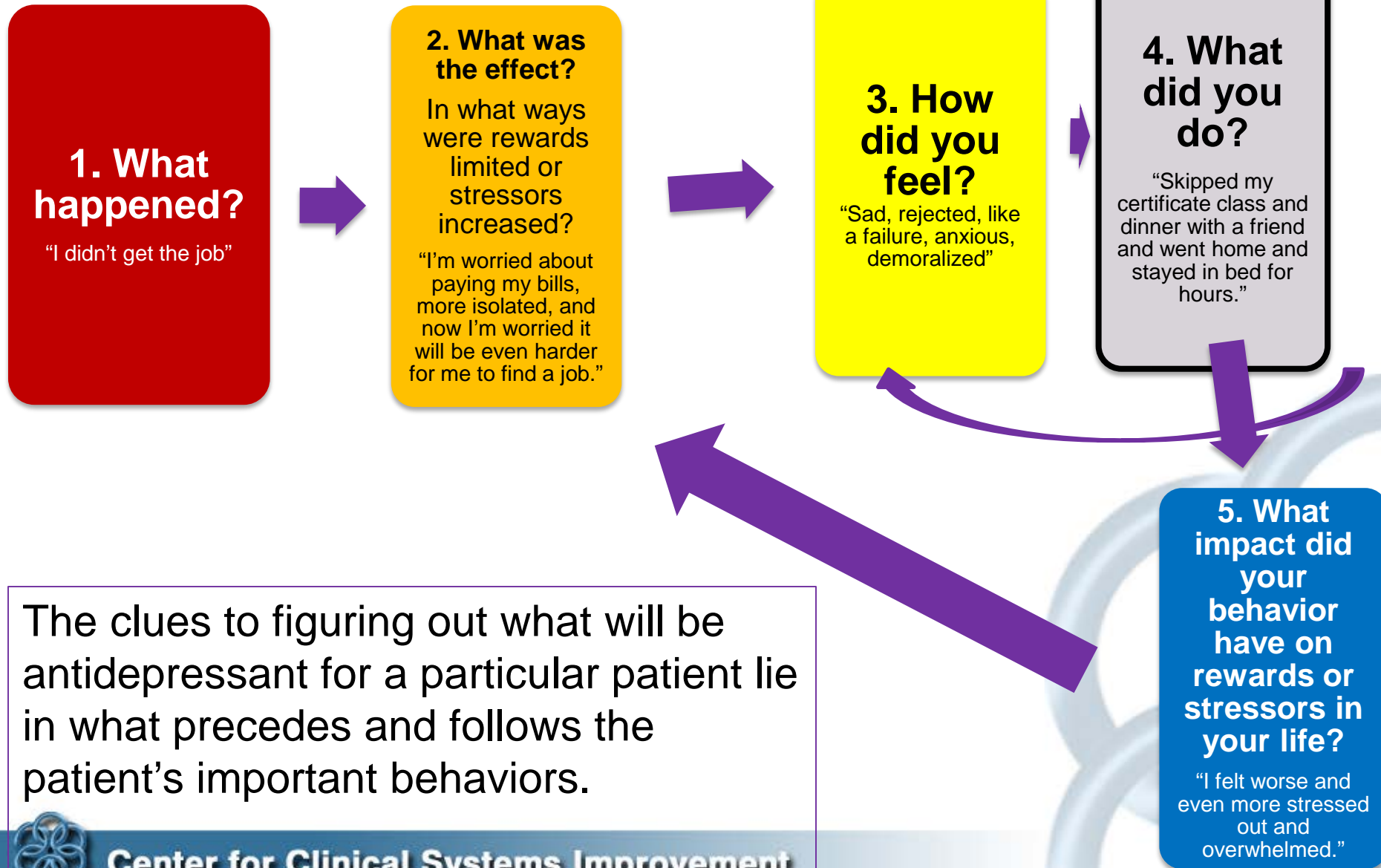
FEEL BAD

**The key to changing how people FEEL →  
change what they DO**

DO LESS



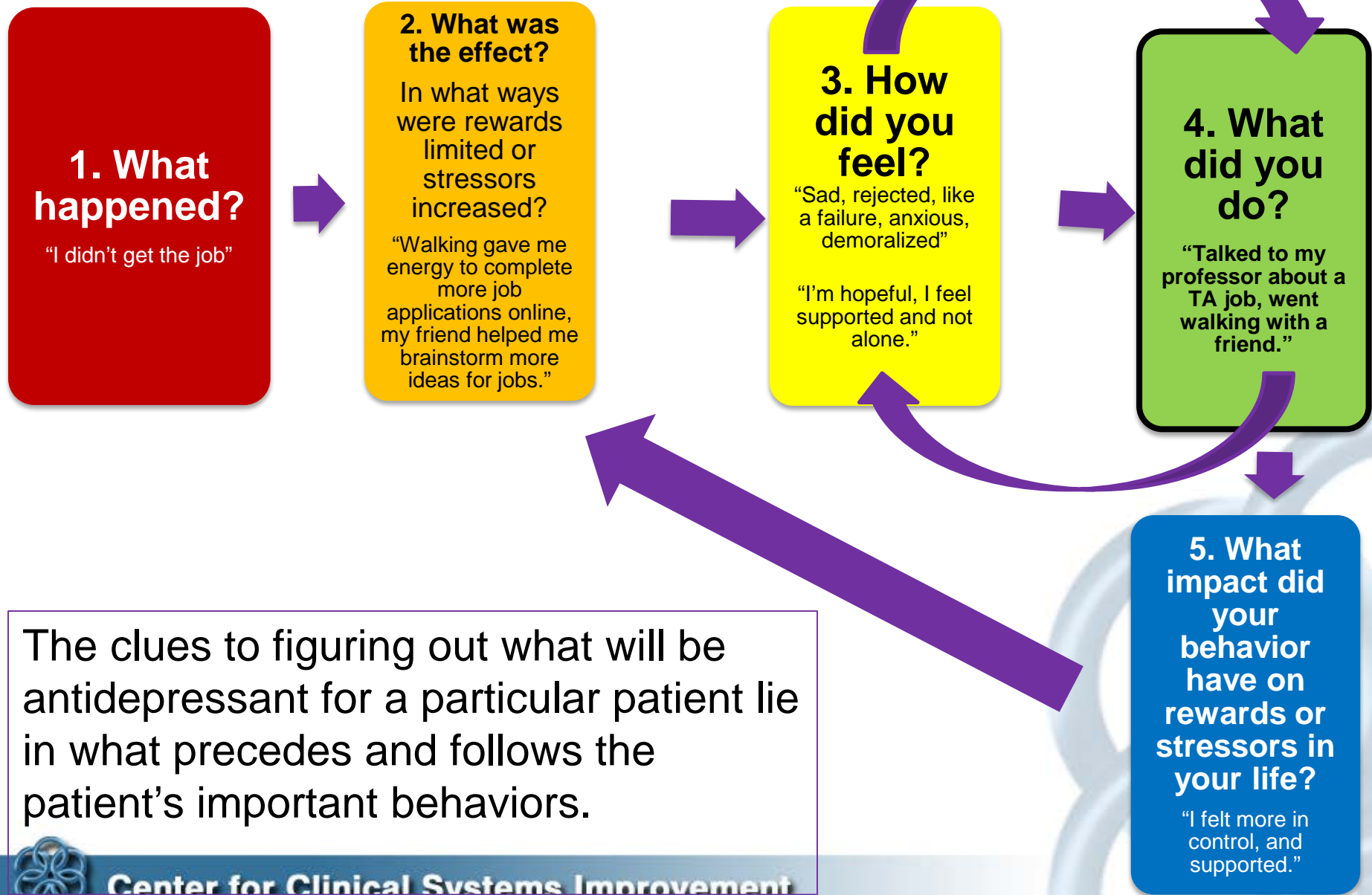
# CORE PRINCIPLE #3



The clues to figuring out what will be antidepressant for a particular patient lie in what precedes and follows the patient's important behaviors.



# CORE PRINCIPLE #3



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# Core Principle #4

- Schedule activities that follow a plan, not a mood
- Act from the “outside-in”

Time	Activity	Completed?	Mood Rating
8-9am	Brush teeth	✓	Sad
9-10am	Eat toast with PB	✓	Anxious
10-11am	Walk around neighborhood	X	Content
11-1pm	Rest/watch TV	✓	Bored
1-2pm	Make and eat lunch	✓	Bored
2-4pm	Pull weeds in backyard	✓	Happy
4-5pm	Drive to Starbucks for a coffee	X	Anxious
5-6pm	Talk to friend on phone	✓	Sad
6-7pm	Make and eat dinner	✓	Bored



# Core Principle #5

Change will be easier when starting small.

- “I want to exercise more.”
  - Sign up for a half marathon
  - Run at 5am every morning this week
  - Buy running shoes
  - Find a path where you can run
  - Run for 15 min 3x this week during lunch hour



# Operant Conditioning

## Reinforcement

- **Increases** a behavior:
  - +: by providing a reward
  - -: by stopping/removing an aversive consequence

## Punishment

- **Decreases** a behavior by either:
  - Stopping/removing a reward
  - Applying an aversive consequence



# Core Principle #6

Emphasize activities that are naturally reinforcing.

- Natural reinforcement:
  - Says hi to co-worker and receives a warm smile back
- Arbitrary reinforcement:
  - Gets to eat a piece of candy each time says hi to a co-worker
- Arbitrary self-reinforcement:
  - No weight lost after 1 week of dieting – gets to put \$20 in a jar to save up for a new dress or suit



# Core Principle #7

Act as a coach:

- Structure session to stay on track
- Follow-up on action items from previous session
- Get patient's input on agenda, lists, problem-solving, etc.
- Emphasize that all results are helpful
- Maintain an activation focus "What can/will the patient do?"
- Validate patient's experiences
- Encourage achievable goals
- Resist the urge to solve the problem for the patient



# Core Principle #8

Have a problem-solving empirical approach.

- All results are useful
- Try a behavior and observe the outcome
- “Now we know something new”
- “Nothing’s a guarantee”
- “I see you’re feeling discouraged. That’s natural at this stage. This has worked for many of my patients and I’m hopeful it will work for you too. We have lots of other interventions we can try.”



# Core Principle #9

Don't just talk, do!

- Action plan for each session
- Plan of implementation
- F/up on each plan from previous session



# Core Principle #10

Troubleshoot possible and actual barriers to activation.

- Anticipate possible barriers:
  - “Will anything get in the way of you walking tomorrow?”
- Analyze what worked and what didn’t work, and why:
  - “Seems that’s not a productive time of day for you, is it?”
  - “I noticed you didn’t get around to reading on Saturday as planned. How did that afternoon go for you?”
- Brainstorm alternatives:
  - “Hmm, seems we haven’t solved this problem yet. Let’s take a closer look and see what interfered and see what we can learn. We must have missed something last week.”





# Structure of Therapy

## Session #1:

- Set the agenda
- Baseline PHQ-9
- Conduct a behavioral assessment
- Decide on action items for next session

## Subsequent sessions (8-24 total):

- Set the agenda
- Follow-up PHQ-9
- Review action items from previous session
- Problem solve
- Decide on action items for next session



# Conduct a Behavioral Assessment

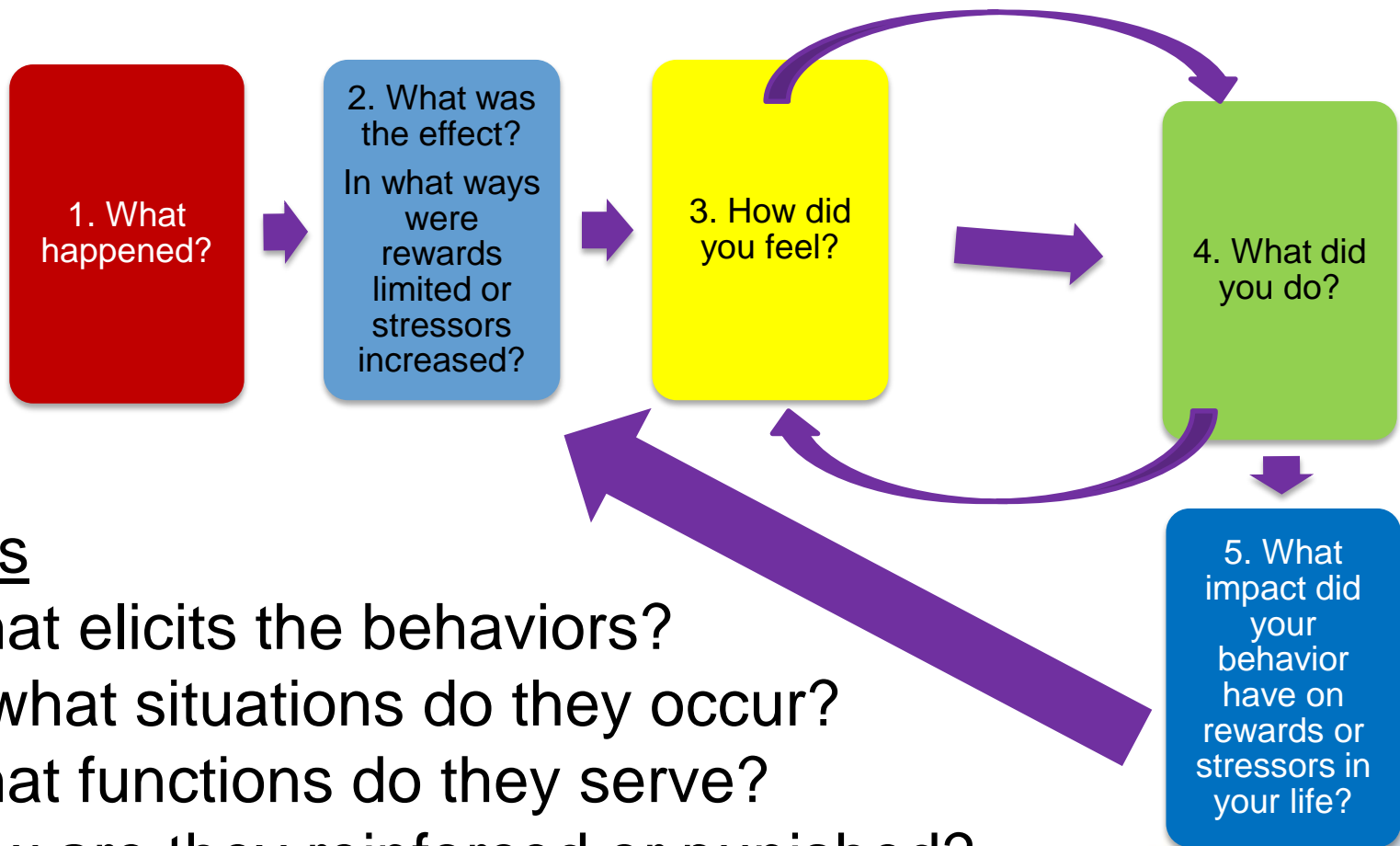
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
7am		Asleep		Asleep	Asleep		
8am		In bed Sad - 10		In bed Dread – 8	Asleep		
9am		In bed Sad – 8		In bed Dread – 8	Asleep		
10am	Garden Content – 7 Mastery - 10	In bed Dread – 8	Work Miserable!!	Showering Pleasure – 1 Mastery – 1	Asleep		
11am		Driving to work Anxious - 4		Driving to work Anxious - 4	Asleep		
12pm	Reading Content – 6 Mastery – 10	Website Bored – 6 Sad – 7		Website Bored – 6 Sad – 7	Called in sick to work		Garden Sad – 4 Mastery – 2
1pm		Same			In bed Sad – 10		
2pm		Same	Snack Bored - 8		In bed Sad – 10		
3pm		Same					
4pm		Driving home Relieved – 8					
5pm	Coffee with Ellen Mastery – 9 Pleasure – 5	Watching TV Bored – 8 Sad - 5		Walked to store Content – 10			

# Conduct a Behavioral Assessment

## Observe

- What activity-mood relationships do you notice?
- What general emotions are reported?
- Where are there routine interruptions?
- What avoidance patterns affect functioning?
- Describe and define behaviors to be ↑ or ↓





## Assess

- What elicits the behaviors?
- In what situations do they occur?
- What functions do they serve?
- How are they reinforced or punished?
- What are the consequences?
- Are they consistent with long-term goals?
- Do they act as a depressant or antidepressant?
- Explore the patient's values and goals





# Activity Scheduling & Structuring

- Activate your patients
  - Broken arm analogy
  - Therapy/lifestyle changes alter brain function
- Set detailed, graded tasks
  - Focus on avoidance behaviors first
  - Decide on specific days & times for the activity
  - Decide on frequency of the activity
  - Decide on intensity and duration of activity
    - Anchor to act upon
    - Will others be involved?
    - How will success be measured?





# Activity Scheduling & Structuring

- Emphasize naturally reinforcing activities
  - “What do you do when you’re not depressed?”
- Start small and simple
  - Set the patient up for success
  - **Change requires patience and perseverance**
  - Small changes bring pleasure over time
  - **Mastery is key**: small, successful changes lead to bigger ones
- Manage contingencies
  - Tells her mother she is having coffee with Ellen this month
  - Scheduled to have sister over when she calls Ellen
  - After calling old friend, she gets to watch favorite TV show
- Integrate behavior into routine



# Activity Scheduling & Structuring

## Re-engaging with friends

- Make a list of friends patient has lost contact with
- Gather current phone numbers/emails
- Choose 1 or 2 people to contact
- Choose a day, time, method for contacting them
- Make the call or send the email
- Invite the person to meet face-to-face
- Identify another old friend
- Repeat



# Problem-solving

- What worked and what didn't?
- Define the problem
- Set a realistic goal
- Brainstorm solutions
- Pros and cons of the solutions
- Evaluate and choose a solution
- Implement
- Evaluate outcome





# Understanding Avoidance

- Identify avoidance
- Validate patient's dilemma
- Depression leads to cognitive impairment
- Increased effort when depression is aversive
- Depressed patients are acting naturally
- When attempts are not reinforced or are punished



# Identify Avoidance

“I can’t”

- If you don’t do it, what will you do instead? How do you usually feel when you do that? This is the cycle you’ve found yourself in.



# Validate Patient's Dilemma

“I didn't get up at 9am like we talked about. I'm just so tired in the mornings, and don't feel like I have anything to get up for. I'm too anxious to start my day, so I just lay back in bed.”

- That is totally understandable. When you're depressed, it takes extra effort to activate yourself, and do the opposite of what your body and mind want to do. So really, you're just acting the way your depressed mind and body are telling you to. But if you can push through that extra effort, it will get easier and easier to be more active, and you'll be able to make even bigger changes. Perhaps we didn't start small enough – how can we change our plan to make it more likely that you can wake up at the time we choose? How do you get up for work on time each morning? Or for our sessions?



# Why Am I so Stuck?

- Stressors/problems in life can lead to depression.
- Short-term coping strategies can keep you stuck over time.

FEEL BAD

**The key to changing how people FEEL →  
change what they DO**

DO LESS



# Depression Leads to Cognitive Impairment

“I don’t know what to do. I can’t even figure out simple tasks, and so I don’t do anything.”

- Remember we talked about how to body and mind work together? Well, your depression not only affects your emotions, it can affect how we think, and our ability to problem solve, and make decisions. When you’re depressed, your brain is under immense stress, and so it is not functioning as well as it can when you’re not depressed. That’s why we start with small, simple steps, and then gradually build to bigger steps and bigger changes.



# Ruminative Thinking

- Function of ruminations
  - Solve the problem
  - Alleviate negative emotions
  - Default cognitive style
  - Socially learned/accepted behavior
- Target context, not validity
  - Explore triggers
  - What contingencies maintain ruminating?



# Countering Ruminative Thinking

- Explore consequences
  - How does ruminating affect my mood?
  - What are the long-term consequences?
- Problem solve
  - Define a concrete problem to be solved
  - Generate and evaluate solutions
  - Experiment with change
  - Put steps in motion
  - Review results and troubleshoot



# Countering Ruminative Thinking

- Attend to senses
  - Direct attention to sensory experience of seeing, hearing, smelling, touching, or tasting in the moment
- Refocus on task at hand
  - Identify specific steps to complete task
  - Bring attention back to each step
- “2-minute rule”
  - Have I made progress toward solving my problem?
  - Do I understand something more about my problem?
  - Am I less critical or depressed?





# Preventing Relapse: Post-therapy Plan

- What situations increase vulnerability to depression?
- What behaviors contribute to maintaining depression?
- What antidepressant behaviors need to continue or ↑?
- What can increase chances of follow through?
- Expand activation to other life contexts
- Identify and prepare for high risk situations
  - When is this most likely to happen?
  - What can I do to prevent it?
  - What can I do to reduce the impact?
- Graph patient's PHQ-9 score
  - Identify depressant and antidepressant behaviors



Change requires  
patience and perseverance.



# The End

Thank you for attending today. We welcome you to watch the other webinars in this series. They can be found at [www.miccsi.org/training/upcoming-events](http://www.miccsi.org/training/upcoming-events)

