




# Utilizing Problem Solving Treatment

Eric Lake, LLP, CADC



# Disclosure

- I am employed by Mary Free Bed Rehabilitation Hospital, I have no other relevant disclosures.



To get CEU's for this course please  
solve the following question:

Please do not use a calculator or other device

Solve for X, Y, and Z

$$x^3+y^3+z^3=42$$

Solution:

$x = -80538738812075974$ ,  $y = 80435758145817515$ , and  $z = 12602123297335631$

# Why Use Problem Solving Treatment (PST)?

- When we can not find solutions to problems we feel “stuck.”
  - Increased Emotional Distress
  - Behavioral Problems
  - Often results in various maladaptive responses
- It works!
  - PST has been shown to be equally as effective as medications (Tricyclics and SSRI's) (Wallis, L., Garth, D, Thomas, A, Tomlinson, D, 1995; Wallis, L., Gath, D., Day, A., & Baker, 2000)
  - Meta-analysis of PST has shown a large effect for PST when compared to control conditions in the treatment of depression. (Cuijpers, et. Al, 2018)
  - A systematic review and meta-analysis for PST showed a significant treatment effect for patients treated in primary care for depression and/or anxiety. (Zhang, park, Sullian, and Jing, 2018)
- Can be implemented quickly ( $\leq 20$ minutes) (Pierce, J., & Gunn, J., 2011)



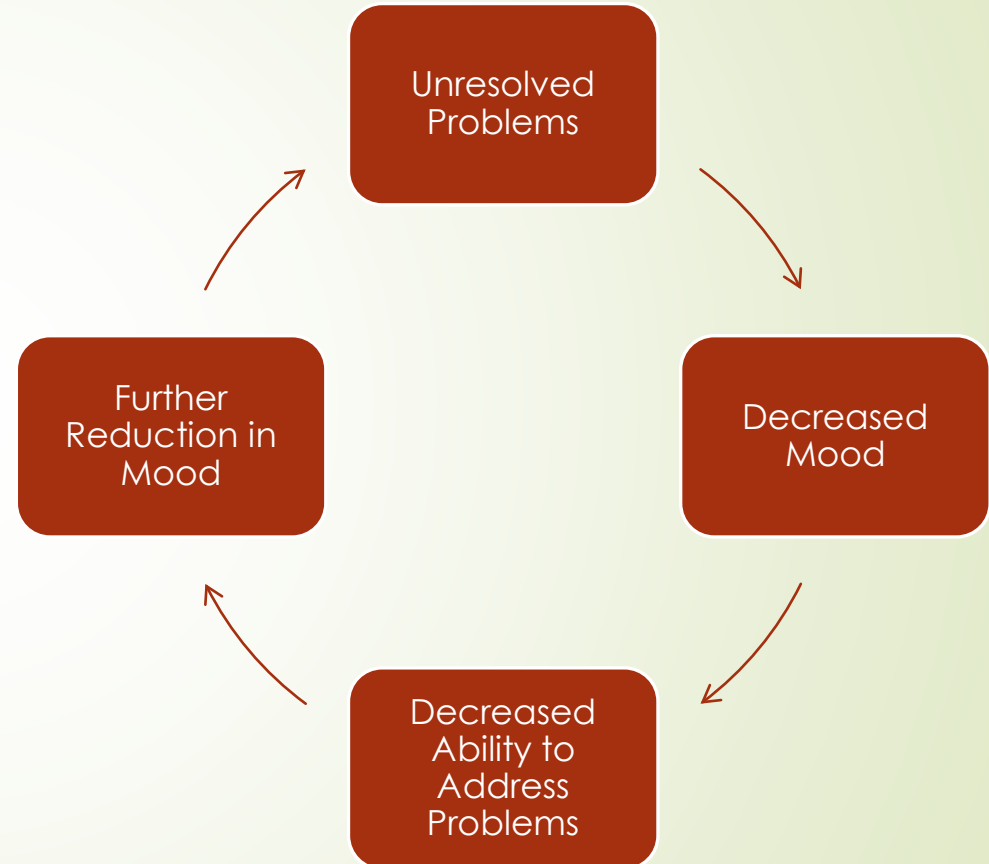
# Goals of Problem Solving Treatment

- Primary goal is helping patients to **develop problem solving** skills
  - Not solving problems for a Patient
- Increasing Self Efficacy/Confidence
  - Reduce a sense of hopelessness that may be a symptom of depression and anxiety
  - Reduce avoidant coping
  - Reduce dependency on others
- Adaptive Problem Solving Skills
  - Effective decision making
  - Creative means for dealing with problems
  - Accurately identifying barriers to reaching ones goals



# PST Theory

- Contributors to distress
  - Rumination
  - Decreased healthy behavior/ avoidance
  - Increased stressors
- PST Treatment supports
  - More effective problem solving
  - Self efficacy
  - Action



# Key's to Remember when using PST

- Rapport, Rapport, Rapport!
  - Explain structure and gain patient agreement
- Utilize motivational interviewing skills
  - Ask Permission "can we come up with a list of problems?"
  - Empathy
  - Reflective Listening
    - Open ended questions/reflections
- Normalize the patient experience
- Remember the **process**, *not the solution* is the goal
  - Helping patients to problems as a challenge vs. threat
  - Puzzles vs insurmountable obstacles
  - Requires continuous effort, determination, and action





# PST Sessions



- Session 1: Education on the Treatment Model (60 min)
  - Build a rationale for treatment (Why do PST)
  - Explain Structure
  - Discuss mental health dx
    - Especially important when patient reports physical symptoms (pain, fatigue)
  - Role of problem solving in addressing symptoms
    - Symptoms as emotional response to problems
    - Downward Spiral (Reducing patients perceived helplessness)
  - Explain PST Process/Steps
  - List of Problems
  - Complete Problem Solving Process





# PST Sessions

- Sessions 2+ (30 minutes)
  - Initial follow up 1 week, and then can be reduced.
  - Review of Implementation
  - Reworking past problem or engaging in new problem solving
- PST typically is effective in 4-8 sessions
  - Some problems will be addressed and patient will be able to initiate problem solving process on their own

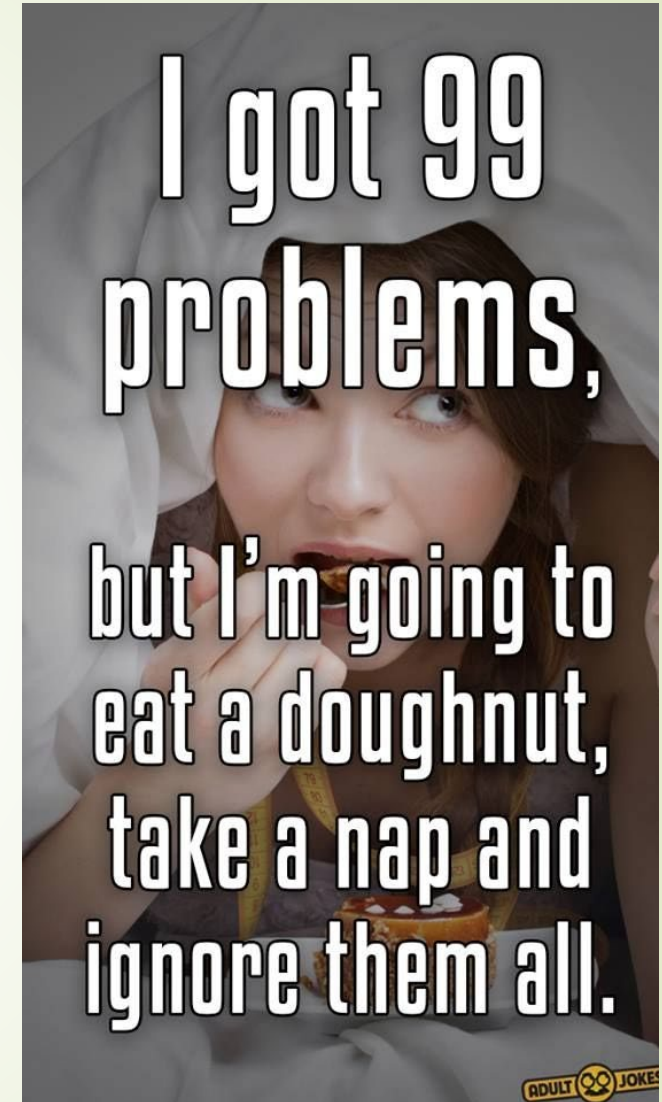
# PST Case Study

- Paul is employed as a real estate novelist, he is single, reporting that he “never had time for a wife.” He identifies few social supports. He has one close friend Davey, who Paul tends to spend time with at a local bar. He identifies listening to piano music as a hobby, but does few other leisure activities. He comes in for a primary care appointment and screens positively for depression. He acknowledges he is quite depressed but has no idea what to do about it.



# Compile a List of Problems


- Emphasize Personal Choice
  - Even when a problem is apparent to you but not the patient
- Help Patient to move toward more objective problems
  - I am unhappy with my home environment vs I am depressed





# Case Study Problems

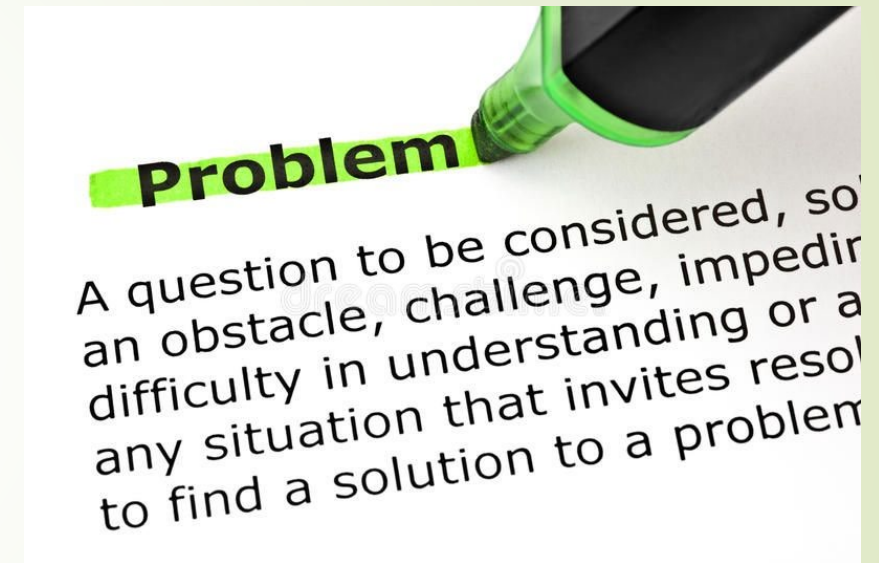
- I want to feel better
- I want to have more friends
- I need to drink less
- I want to get married
- I always feel anxious talking to women
- I need to take better care of myself



What feedback could be provided to help move toward more objective problem descriptions?

# Step 1: Select and Define

- What is the actual problem?
  - This may appear simple but many times is quite complex
  - A patient may have limited insight into how to define a problem.
- The patient should always be the one to select the problem
  - What is **meaningful** to the patient that they are **willing** and able to address at this moment
- Work to define the problem **objectively**
  - When problems are not defined correctly, it may lead to ineffective problem solving
  - Measurable
- Should be feasible (attainable and realistic)
- Take your time!







# Step 1: Case Study

Paul states "My depression is the biggest issue, I just want to feel better."

- Open ended questions may be used to help specify the problem.
  - "Let's talk about what leads to low mood?" "How would you know your depression is improving?" "Tell me about periods in which you felt good in the past."
  - Talk it through, if the patient does not feel like the problem statement is correct make adjustments.

**Problem Statement:** *"I do not do enough activities that result in positive emotions."*



## Step 2: Set Realistic and Achievable Goal

- Should relate directly to the problem statement

**Problem Statement:** *"I do not do enough activities that result in positive emotions."*

- All goals should be:
  - Objective: Measurable, Clearly Defined
  - Behavioral: Something the patient can engage in
  - Achievable: Is this goal realistic for the patient to accomplish
    - Focus on short term, what can be done before the next session

**Goal Statement:** Clearly defined goal statement should be written

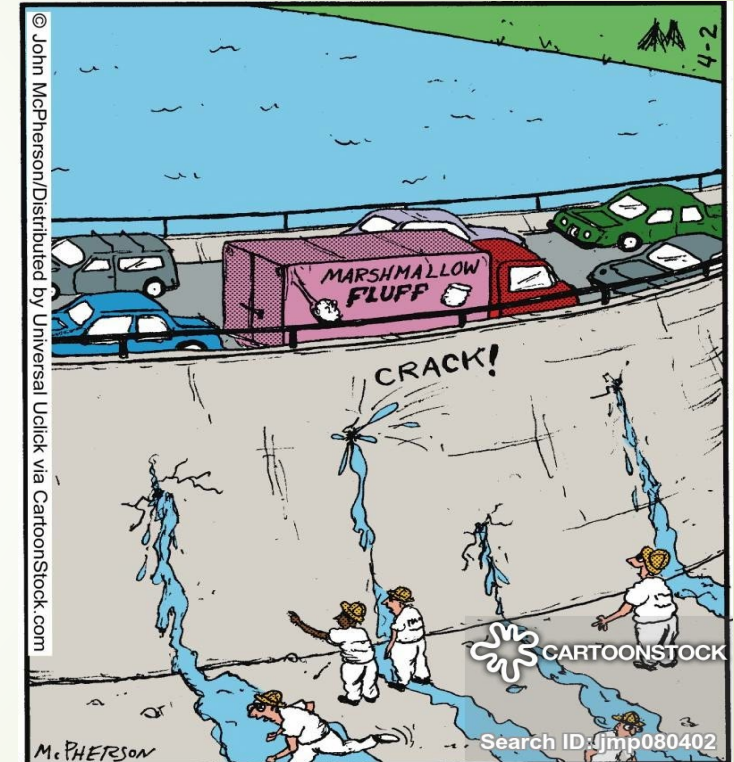


## Step 2: Case Study

- **Problem Statement:** *"I do not do enough activities that result in positive emotions."*
- *How can we move towards being objective?*
  - *What are ways in which we can measure?*
- *Is this a behavioral goal?*
- *How can we work towards something achievable?*
- **Goal Statement:** *"I will engage in one activity that I have previously found pleasurable each night."*

## Step 3: Brainstorm Possible Solutions

- Patient generated
- No bad ideas
- Quantity over quality
- May be difficult for patient
  - Long standing problem
  - Use silence/ what else / humor
- Have patient write them down
- Remember the treatment is the process!



With the dam on the verge of collapse and no supplies to patch the leaks, dam maintenance man Clark Wagner has a miraculous brainstorm.



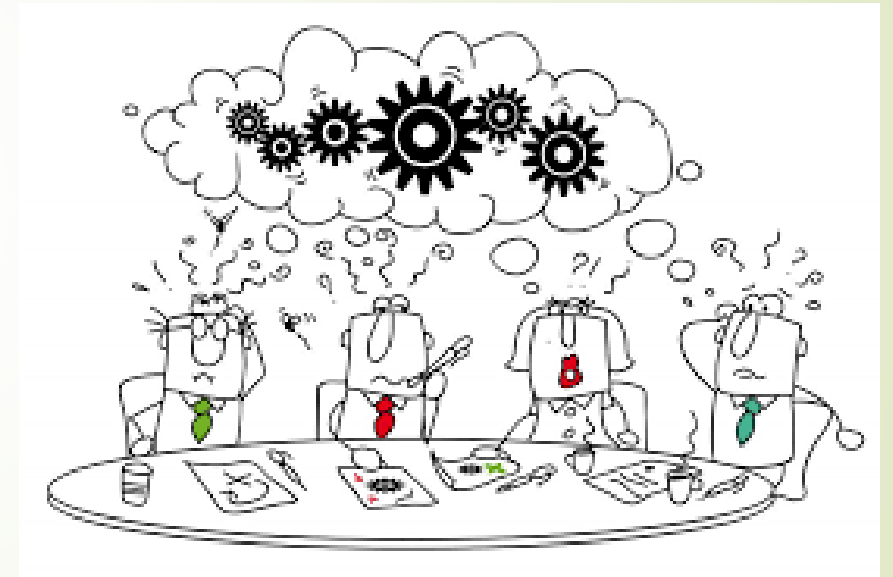
## Step 3: Case Study

- **Goal Statement:** *"I will engage in one activity that I have previously found pleasurable each night."*
  - Walk the dog
  - Find a new hobby
    - Drawing, woodworking, cooking
  - Drinks with friends
  - I could start doing drugs
  - Home improvement
  - Knitting



# Step 4: Weigh the Pros and Cons

- Review each solution
- **Pro's**
  - What makes this solution good?
  - Is there anything that is different/ or unique about this solution
  - Don't skip the "bad" ones.
- **Con's**
  - What may make this difficult?
    - Are their Barriers to using this solution?
  - Pay attention to themes and patient values
  - Honest assessment, are you likely to do this?
  - Does the patient have the resources?





# Step 4: Case Study

## *Walk the dog*

**Pro's:** Its free, The dog would be happy, I might meet neighbors, I like being outside

**Con's:** Its getting cold out, I could fall, the dog is bad on the leash

## *Find a new hobby*

**Pro's:** I might really enjoy it, it might include others, could get better at something,

**Con's:** It could be expensive, I might give up if its hard, I have things that I never really started at home, people might think I am weird

## *I could start doing drugs*

**Pro's:** I would probably feel good for a bit, might make me more comfortable in social situations, Pots legal now.

**Con's:** I could develop addiction, its expensive, I have had trouble with drinking in the past, its not really who I want to be

## *Home improvement...*

## *Knitting...*

## Step 5: Evaluate and Choose a Solution

- Review Pro's and Con's in a systematic fashion
- Does this solution address the goal?
- Is there minimal downside?
- Often helpful to discuss the reason for the patients solution choice
- Provide support and work to empower the patient!





# Step 5: Case Study

- **Goal Statement:** *"I will engage in one activity that I have previously found pleasurable each night."*
- Walk the dog ++++ --
- Find a new hobby ++++ --
  - Drawing, woodworking, cooking
- Drinks with friends ++ ----
- I could start doing drugs + -----
- Home improvement +++++ -----
- Knitting++++-----

# Step 6: Implementation Plan

- Where the rubber meets the road...  
Developing a plan of action
- Be specific
  - Who, What, Where, When....
- Normalize Challenges
  - Help the patient to anticipate things that they are likely to encounter
- Make sure the solution is realistic for the patient, consider barriers
- Role play, processing, or rehearsal may be helpful
  - Especially if the patient has attempted something similar before







# Step 6: Case Study

- **Goal Statement:** *"I will engage in one activity that I have previously found pleasurable each night."*
- **Action Plan:**
  - I will engage in one of the following activities each night (except Tuesday)
    - Walk the dog
    - Woodworking
    - Home Improvement Projects (painting or planting)
  - I will implement them each night 30 minutes after I get home on weeknights except Tuesday, and during the day on the weekend
  - I will do at least 5 in the next week



# Step 7: Evaluate the Outcome

- Review implementation?
  - Did it work or not?
- Provide reinforcement
  - Patients should be encouraged, even if the solution was not successful, solution oriented behavior is more important than things working out.
- If solution was not successful
  - Consider what worked and what was a barrier to successful problem solving
  - Reengage in the problem solving process
    - Consider breaking down the problem further
- If successful move on to another problem, working to encourage the patient to be active in the process

## Step 7: Case Study

- Paul returns a week later, he reports that he completed enjoyable activities 2 out of the planned 5 times. When asked why he did not complete all 5 he reports, "I don't know." He appears frustrated and defeated.
- What worked?
- What were barriers?
- What changes can be made?





# Common Challenges in PST

- Extremely Complex Problems
  - Work to break them down, focus on progress not resolution.
- Unclear goals
  - Make sure problem/goals are objective
  - Do not move forward before a clear goal is established
- Patient is unable to generate solutions
  - Use motivational interviewing, including open ended questions, silence
- Unrealistic Solutions
  - Use questions to help patient identify shortcomings
- Plan is too Vague
  - Be objective and focus on specificity of both problem and plan

Hegel, M, Arean, P., 2003



# Resources



- <https://www.therapistaid.com/worksheets/problem-solving.pdf>
- <https://www.getselfhelp.co.uk/docs/ProblemSolvingWorksheet.pdf>





# Group Case Study 1

- ▶ Tommy, a 36 year old male used to work on the docks. Recently the union went on strike and he describes himself as “down on his luck.” He notes a decrease in leisure activity including a decision to “hock” his 6 string guitar. He feels that he has no outlet for his distress and states “its tough, so tough.”



# Group Case Study 2

- ▶ Mary Jane is a 22 year old female, she grew up in a rural Indiana town with a mother who was never around. At age 18, she moved to Grand Rapids, MI, where she was introduced to her first serious boyfriend. Recently this individual broke up with her, stating that “I dig you baby, but I got to keep moving on.” Mary Jane presents with substantial depressive and anxiety symptoms. She reports that she is “tired of screwing up, tired of going down, tired of myself, and tired of this town.” She has increased alcohol and marijuana use, which she describes as helpful for “killing the pain.”



# References



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