

Problem Solving Treatment, Part 2

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Learning Objectives

Participants will be able to:

- 1) Facilitate an introductory PST session
- 2) Identify the 7 steps of PST
- 3) Implement a PST course of treatment

Bridge from Part 1

- **Spirit of PST: Self-efficacy**
- **Teacher Role in PST**
 - You're the expert in PST. The client is the expert in their own life.
- **Introductory Session:
Tasks 1-6 Review**
 - Activity Scheduling
Goal

Course of treatment

- **Introductory Session**
- **Follow-up Sessions**
- **Relapse Prevention
Planning**

Introductory Session

Introducing PST-PC to the Patient in Session One

1. **Explain the Structure of PST-PC**
 - 4-8 sessions
 - Weekly or Bi-weekly sessions
 - Session 1 = 1 hour
 - Sessions 2-8 = 30 minutes
2. **Establish that symptoms are due to Depression**
 - Assure understanding that Depression is causing symptoms
 - Collect brief list of key Depressive symptoms
 - If necessary use Mind/Body explanation
 - Discuss tracking list of symptoms over time during treatment
3. **Facilitate a Problem Solving orientation**
 - Problems are a normal, predictable part of living
 - Problems are not “unfair” and should not be unexpected
 - Problems are a challenge to be addressed, not avoided
 - Negative mood is a sign that a problem exists and a cue to action
 - Stop and think – Look for problem areas and start problem solving
4. **Establish the link between problems and Depression**
 - Unresolved problems worsen Depression
 - PST-PC Strengthens problem solving skills
 - Improved problem solving ability lifts mood
 - Improvement follows action
5. **Describe the 7 stages of Problem Solving**
 1. Defining, Clarifying and breaking down problems
 2. Establishing achievable goals
 3. Generating multiple solution alternatives: Brainstorming
 4. Implementing Decision making guidelines: Pros & Cons
 5. Choosing the preferred solution(s)
 6. Implementing the preferred solution(s): Action Planning
 7. Evaluation the outcome
6. **Activity Scheduling**
 - Depression causes people to stop doing enjoyable things
 - Planning enjoyable activities helps treat depression
 - Focus on increasing pleasant events each day
7. **Compile a Problem List**
 - Focus on current problems
 - Allow patient to spontaneously report before cueing with Problem List Worksheet
 - Identify easily achievable problem as 1st target
 - Build on success
 - Work through the 7 stages of Problem Solving with the problem identified

Introducing PST-PC to the Patient in Session One

1. Explain the Structure of PST-PC

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Introducing PST-PC to the Patient in Session One

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Introducing PST-PC to the Patient in Session One

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Introducing PST-PC to the Patient in Session One

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Seven Steps of PST: Plain Language

- **Step 1:** Identify the problem
- **Step 2:** Identify the goal
- **Step 3:** Brainstorming
- **Step 4:** Pros & cons
- **Step 5:** Pick one
- **Step 6:** Action Planning
- **Step 7:** Evaluate how it went



Introducing PST-PC to the Patient in Session One

6. Activity Scheduling

- Depression causes people to stop doing enjoyable things
- Planning enjoyable activities helps treat depression
- Focus on increasing pleasant events each day



Activity scheduling

Rest, pleasure, and enjoyment

- Rationale: Feeling bad causes you to do less
- Goal: Encourage clients to increase level of engaging in pleasurable activities to interrupt the vicious cycle of depression

Activity scheduling

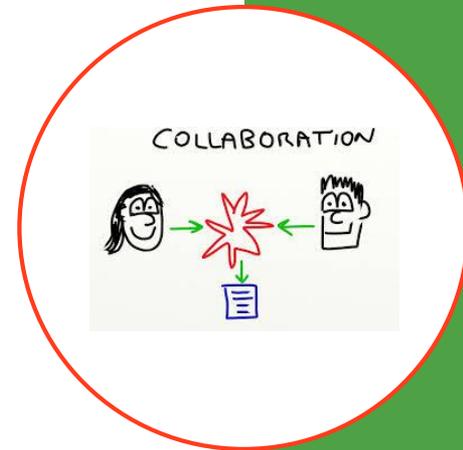
Rest, pleasure, and enjoyment

- Work with clients to schedule an enjoyable event within 24-48 hours
 - SMART goals
 - Review the Who, What, When, Where, and How: Troubleshoot possible barriers to activation
- Should be small, feasible, one-time activities
- Focus on activities that individual previously enjoyed



Teaching methods include...

- **Naming what you're doing** – this helps to create a transparent relationship and increase cooperation and buy-in
- **Creating collaboration** – Asking vs. telling. Asking open ended question to elicit client input
- **Cueing and Reviewing** – We just completed Step one: Identifying the problem, now we're going to Step 2: Identifying the goal
- **Teaching back** – Can you tell me what you understand about what I just said?
- **Summarizing** – Overall recap of the session and steps



Introducing PST-PC to the Patient in Session One

7. Compile a Problem List

- Focus on current problems
- Allow patient to spontaneously report before cueing with Problem List Worksheet
- Identify easily achievable problem as 1st target
- Build on success
- Work through the 7 stages of Problem Solving with the problem identified

Problem List

Provide Rationale (Transparency)

- Problem List represents a road map for the problems that the clinician and the client will tackle together in the coming sessions
 - Abbreviated version of “treatment planning”

Purpose

- To organize client’s problems for client and clinician
- Containment exercise: To be able to list problems, while containing the client’s emotions

Introducing the Problem List

Strategies to Introduce Problem List

- Provide client with copy of the problem list to work through on their own (5 minutes)
- Engage client in focused conversation to elicit problems from the client
- Keep in mind the purpose of containment – Keep digressions to a minimum by gently redirecting client to the exercise, managing expectations

Problem List

PROBLEM SOLVING TREATMENT FOR DEPRESSION PROBLEM LIST

1. Problems with relationships: Spouse/partner:	5. Problems with having a daily pleasant activity:
2. Problems with work:	6. Problems with sexual activity:
3. Financial problems:	7. Religious/Spiritual problems:
4. Problems with living arrangements/housing:	8. Problems with self-image:

Introducing the Problem List

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Introducing the Problem List

Reflection

- Spend a few minutes in reflection
 - Process: How did it feel to go through the problem list?
 - Content:
 - Anything that surprised you?
What did you notice?
- Highlight client strengths
 - Affirm areas that the client is doing well
 - Affirm any other realizations articulated by the client



Strategies for Explaining and Creating the Problem List

- Create an overarching list of problems at the beginning of the treatment process and use throughout to identify problems to work on
- Focus on current problems: If client reports past problems, ask how this is affecting the client **NOW**
- Don't be afraid to be directive: Keep the client on task with the steps when they digress
- **Dynamic:** New problems can be added, if they arise
- **Tip:** Guide the client to select an achievable problem as their 1st target
 - low hanging fruit, high probability of success, helps to learn the steps

Goals of the Introductory Session

By the end of the Introductory Session, the client will usually leave with two goals:

- 1) Activity Scheduling Goal
AND
- 2) Starting the problem list
OR identifying first problem to work on next week

***Intro to PST can be done in either one 60-minute session or two 30-minute sessions

Course of treatment

- **Introductory Session**
- **Follow-up Sessions**
- **Relapse Prevention
Planning**

Seven Steps of PST: Plain Language

- **Step 1:** Identify the problem
- **Step 2:** Identify the goal
- **Step 3:** Brainstorming
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Step 1:
Identify the
Problem



Step 1: Identify the Problem

1. Identify a problem area

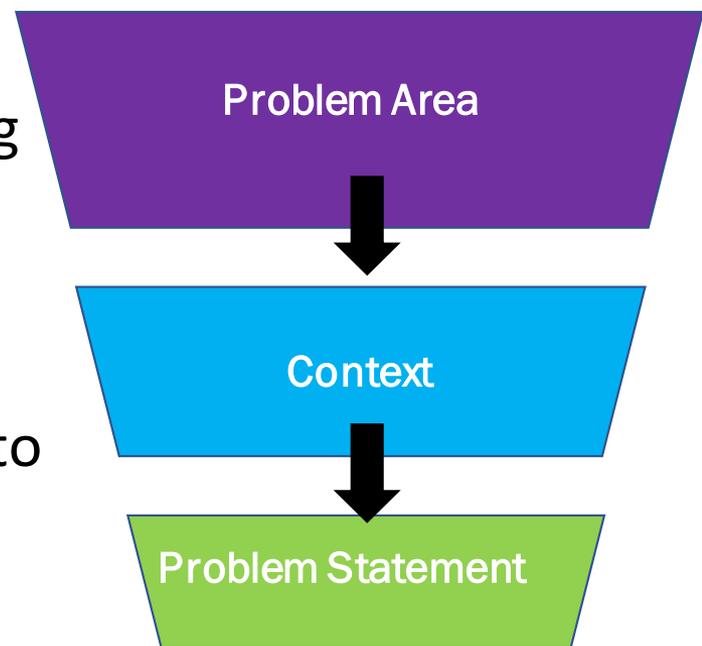
- What problem from the list would you like to work on today?
- Which problem feels the most doable to tackle today? (1st PST session, low-hanging fruit)

2. Understand the context for the problem

- ** Reflect what you hear to funnel down to one problem

3. Identify a problem statement

- ** Confirm problem statement with client

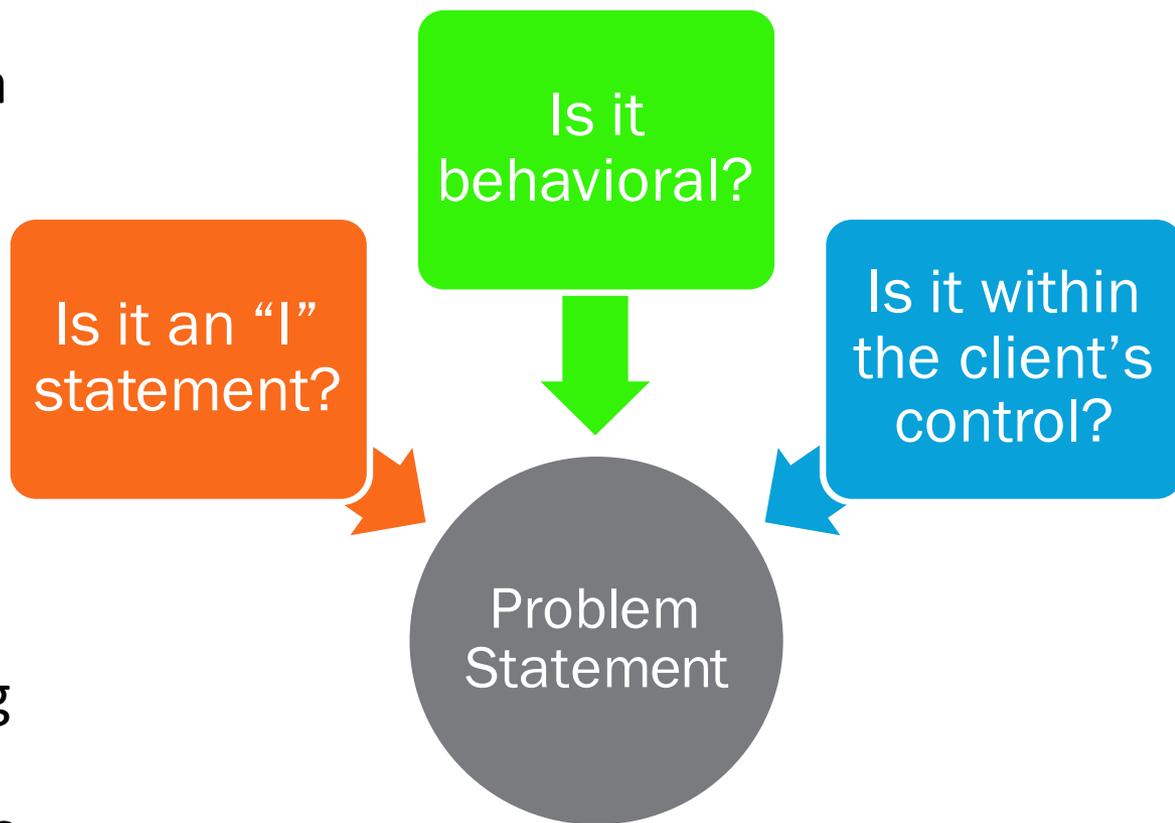


Step 1: Identify the Problem

1. Identify a problem area

2. Understand the context for the problem

- Who's involved? When does it happen?
- What is the client doing or not doing that's a problem in their life?



**** Reflect what you hear to funnel down to one problem**

Is it behavioral?

We can change behavior. When we change behavior, emotions can change.

Think Behavior vs. Emotion

I am sad (emotion) all the time – ask: what do you do (behavior) or stop doing when you're sad?

By asking yourself if you can picture the problem, you will be able to gauge whether or not it's behavioral

Measurable/Observable

"I stay home alone" is objective – this can be changed and is therefore measurable. Measurable doesn't mean numerical.

Is it within the client's control?

The client must have some degree of control over the problem. If the problem lies with someone else, it's not feasible!

- My partner isn't helping out around the house.
- I'm in physical pain.
- My children aren't listening to me.
- I'm not eligible for benefits.

We can't change anyone else – an important psychoeducation piece of work can be done here.

Problem Statement Activity

INSTRUCTIONS FOR THE GROUP:

Identify potential problem statements that you might expect from this client's description.

Remember: Problem Statements are first person ("I" statements) that are 1) behavioral and 2) within the client's control.

What is your client doing or not doing that is a problem in their life?

Meet Jane: Scenario 1

Jane is a 49-year-old woman, who presents with anxious symptoms (GAD-7 = 14) and depressive symptoms (PHQ-9 = 15). Client is divorced with an adult daughter.

Clinician: So, what problem from your problem list would you like to work on today, Jane?

Jane: I guess problems with finances.

Clinician: Tell me a little more about what sort of problems you're having with finances.

Meet Jane: Scenario 1

Jane: I just keep putting things off. I have to call the airline to get a refund on a ticket from months ago. I have to follow-up with my bank about a discrepancy. My ex-husband lost his job a little while ago, so he's been asking me for money. We're on good terms - he's one of my closest friends – and he's been really depressed since the lay off, but I'm not sure how to help him, how much I can afford, or even how to talk to him about it. We never really talked about money, and on top of that my daughter wants to buy a new car too. She's in college now, so I feel like she should take on some of the financial responsibility but have a hard time putting my foot down.

Meet Bob: Scenario 2

Bob is a 56-year-old man, who presents with severe depressive symptoms (PHQ-9 = 21) and a learning disability that makes it difficult for him to read. Client reports that he has been persistently unemployed and comes from a high-performing family of wealthy medical doctors and feels like the odd one out. Client has also been diagnosed as pre-diabetic.

Clinician: So, what problem from your problem list would you like to work on today, Bob?

Bob: I guess problems with housing/living situation.

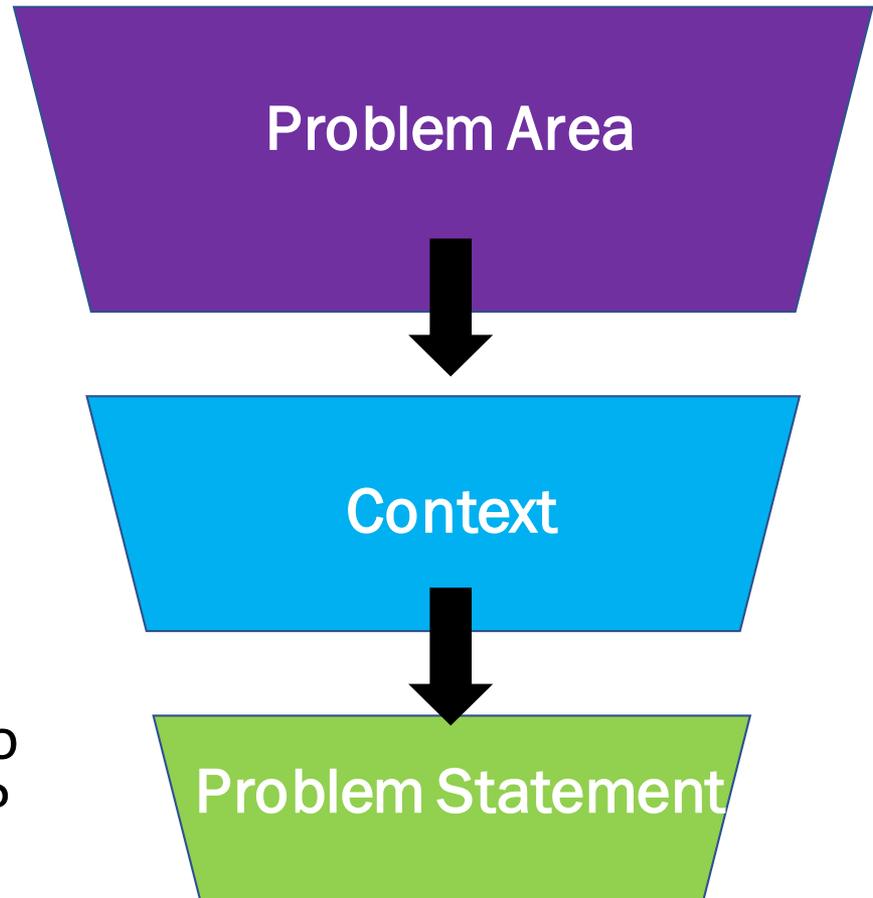
Clinician: Tell me a little more about what sort of problems you're having with housing/living situation.

Meet Bob: Scenario 2

Bob: Well, I'm unemployed and have been for a few years now, and my parents pay my rent. And I just feel like a failure, relying on my retired parents when my brother has a wife and kids and a house and a job. I've worked in the past, but it's just hard to feel motivated to get out of the house. And there's a bunch of stuff that's just not working in the house too, like a lightbulb in my kitchen that went out weeks ago or my fridge that needs to be replaced. And it's all stuff that I could do in theory but it doesn't ever get done. I don't go grocery shopping, so I'm eating unhealthy and gaining weight. And sometimes I think about just moving altogether and going camping for a few months. That's when I feel like I'm living.

Step 1: Identify the Problem

1. Identify a problem area
2. Understand the context for the problem
3. Identify a problem statement
 - Which of these problems do you want to work on today?



REMINDER: TAKE TIME ON STEP 1. IT WILL HELP BUILD THE FOUNDATION FOR THE REST OF THE PROCESS.

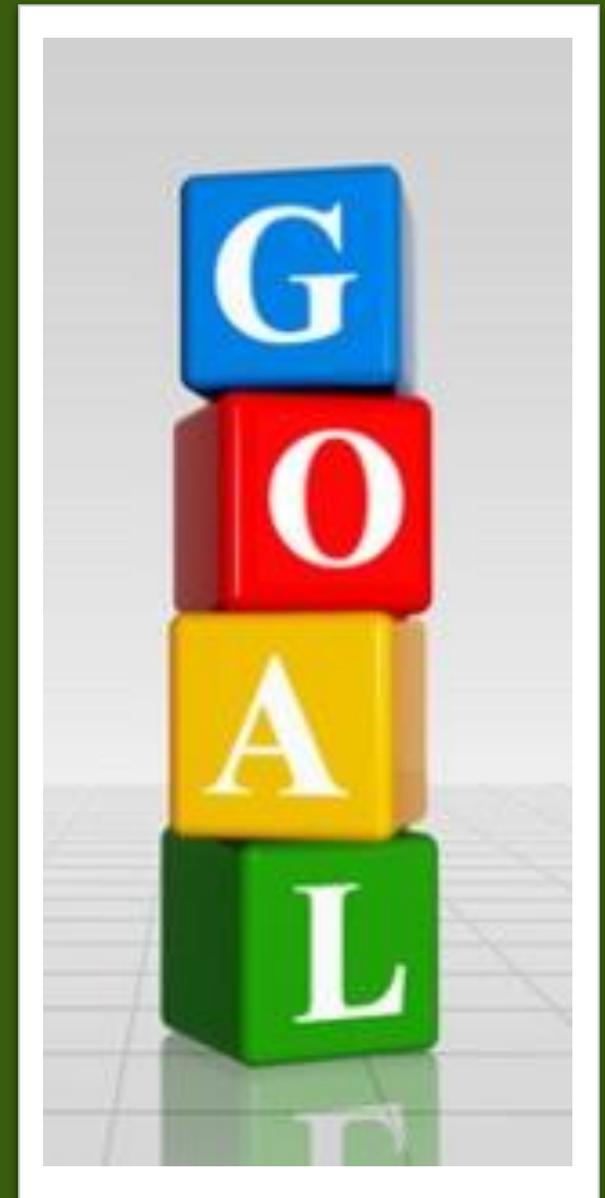
Step 2: Identify the Goal

Explore the goal: The problem states what is wrong, but the goal states how you would like to see that problem change.

- If this problem was solved, what change would you see?
- How would you know if this problem was solved?
- How would your behavior look different?
- What would you do differently?

Collaboratively define a goal statement

Identify a measurable goal: the client must be able to see what the change will be from the problem; however, it does not have to be numerical.



Step 2: Identify the Goal



Must logically align with the problem statement. Think of these two statements as mirror images of one another.

If they don't align, take the time to assess the misalignment, and correct it before moving onto Step 3.

Does the goal statement represent a change for a different problem that needs to be teased out?

Does the client need psychoeducation so that the goal statement is something within their control?

Step 2: Identify the Goal

- **Problem statement:** I am waking up late.
 - **Goal statement:**
-
- **Problem statement:** I take on all the childcare responsibilities during week days.
 - **Goal statement:**
-
- **Problem statement:** I can't afford to pay for healthy food.
 - **Goal statement:**

Step 2: Identify the Goal

- **Problem statement:** I am waking up late.
- **Goal statement:** I would wake up on time.

- **Problem statement:** I take on all the childcare responsibilities during week days.
- **Goal statement:** I would ask for help with childcare responsibilities during week days.

- **Problem statement:** I can't afford to pay for healthy food.
- **Goal statement:** I would be able to buy healthy food.

Step 3: Brainstorming



- Provide psycho education re: how cognitive function gets dulled when we're depressed and brainstorming is a way of waking up the brain (**Tunnel vision**)

“Throw caution to the wind”

Our Role:

- Elicit solutions from the client
 - Quantity over quality
- Affirm the process

Step 3: Brainstorming

If the client is coming up with ideas:

- Prompt the client to think outside the box by asking: “What else?” (then be quiet)



If the client is struggling, then we can ask creative open-ended prompts.

- What are some things that you can do to solve this problem _____ and move towards your goal _____?
- In the past, what have you done?
- If your friend had this problem, what would you tell them?
- Is there anything on your mind that you’re not saying?
- Any ideas that you already think are bad ideas that you’re not saying?

Step 3: Brainstorming

Tips:



- Write down whatever the client states, no matter how “unreasonable” it might sound
- There is no exploration here – just generating ideas and supporting the client in their process
- Avoid inserting any qualifying statements such as “good” or “great idea” as they can bias the client

Step 4: Weighing the Pros and Cons



- The task of this step is to explore and process all the possibilities of each solution so that the client has a clear understanding of each and can easily choose the best one at the end of the exploration.
- Simply ask:
 - Pros: What makes this a good solution?
 - Cons: What makes this not such a good solution?
 - What are the barriers and obstacles?

Step 4: Weighing the Pros and Cons



- Review themes as needed:
 - Time, Effort, Money, Emotional impact, Involvement of others, etc.
- Only ask about themes that fit with the solution – ask about a theme if you recognize it as a potential problem but the client hasn't brought it up

Step 5: Pick One

The task of this step is to support the client's choice of solution

Simply ask: Which solution seems like the best one? What made you pick that one?

***Very rarely, a client may pick an unsafe solution. In that case, it can be helpful to transparently bring up your concerns in this step.





Step 6: Creating an Action plan

This is the reason for all the previous steps.

Creating a plan that is detailed and specific will enhance the likelihood of the client following through.

TAKE YOUR TIME WITH THIS STEP!

Step 6: Creating an Action plan



- Keep the momentum going: 24-48 hours
- SMART goal: Who, What, When, Where, How
- Make it bite-sized – What is the very first step?
- Identify and work through potential obstacles and barriers
 - Could include roleplaying an interaction with the client
- If you feel you don't have the time to create a comprehensive plan, then you can assign it as homework to complete
- Inform client that you will learn something new regardless of the outcome

Step 7: Evaluating the Outcome

- The 7th step is done in the next session – assess what worked and what didn't.

- The tasks of this step are to:
 - Provide support and encouragement for the client's efforts
 - Identify factors contributing to success and/or barriers



Step 7: Evaluating the Outcome

- **Emphasize the learning process**

Forecast in Step 6 and Frame with Step 7

- **Affirm success and underline client's sense of accomplishment and mood**

Could use a rating scale. Help client make explicit connections.

- **Explore barriers to client follow through and create a plan to address barriers, if feasible.**

Set a "Plan B" for action plan OR work on a new problem



Goals of Follow-Up Sessions

Rinse and Repeat

At the end of each Follow-Up Session, the client will usually leave with two goals:

- 1) Activity Scheduling Goal
AND
- 2) PST Action Plan Goal

***Start next session by reviewing both goals and going through the 7 steps anew. This could be a continuation of the problem from the previous week or a new problem, pending the client's preference.

Course of treatment

- **Introductory Session**
- **Follow-up Sessions**
- **Relapse Prevention
Planning**

Relapse Prevention Planning

- This is an important part of the treatment process
- Review with the client the reasons it is important
- Discuss the warning signs of relapse
- Review what strategies have worked previously with the client
- It should be completed when:
 - The client completes PST treatment
 - The client wishes to end treatment

** For some clients, it may be helpful to complete the relapse prevention plan prior to the end of treatment when preparing client for imminent discharge

Questions

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Common Questions:

- What if I don't get through everything in the introductory session?
- What if I don't get through all 7 steps in a follow-up session?
- How do I know when to shift into the relapse prevention planning phase of treatment?

PST Resources

Some helpful resources for enhancing your understanding of PST:

Impact Website: *<http://aims.uw.edu>*

- *Online training and videos*

IMPACT PST-PC Manual developed by Dr. Mark Hegel and Dr. Patricia A. Arean

- <https://pstnetwork.ucsf.edu/sites/pstnetwork.ucsf.edu/files/documents/Pst-PC%20Manual.pdf>

University of Auckland – Problem Solving Therapy

- http://www.problemsolvingtherapy.ac.nz/3_1.html