

# Problem Solving Treatment for Older Adults

Rebecca Crabb PhD

Dallas Seitz MD PhD FRCPC

# Presenters

Rebecca Crabb

Dallas Seitz MD FRCPC

Geriatric Psychiatrist, Queen's University  
Providence Care, Mental Health Services

# Faculty/Presenter Disclosure

- **Faculty:** Dr. Rebecca Crabb, Dr. Dallas Seitz
- **Relationships with commercial interests:**
  - **Grants/Research Support:** Seitz: CIHR
  - **Speakers Bureau/Honoraria:** NA
  - **Consulting Fees:** NA
  - **Other:** NA

# Disclosure of Commercial Support

- **This program has received no outside financial support.**

# Mitigating Potential Bias

No potential conflicts of interest.

# Introductions

- Introduce yourself and how long you have been working in the outreach program
- What would you hope to gain from this?

# Problem-Solving Treatment Workshop

**9:00 What is PST?**

**9:15 PST Components**

**9:30 Using PST with your  
clients**

**10:30 Break**

**10:45 The Initial PST session**

**11:00 Small Group Role Play #1**

**12:00 Lunch**

**12:45 Follow Up Session**

**1:45 Small Group Role Play #2**

**3:00 Break**

**3: 15 Managing Affect/Crisis**

**3:30 Small Group Play #3**

**4:00 Wrap-up**

# Overview

- By the end of this session, you will
  - Become familiar with Problem Solving Therapy and PST Certification Process
  - Learn how to apply PST to the treatment of depression and other mental disorders for older adults
  - Make this model flexible to the Geriatric Psychiatry Outreach program, your patients and your therapeutic style.



# PST Certification Process

- Our goal is to have all the case managers in our program certified to provide PST for our clients
- Certification process:
  - Completion of workshops on PST: May 6<sup>th</sup> and May 13<sup>th</sup>
  - Standardized Role Plays: 8 scenarios on Wednesday afternoons starting on May 21
  - 3-5 Training PST sessions with actual clients

# Small Group Role Plays

- You will be divided up into pairs to work together:
- You will role play to practice different skills throughout the two days
- In Role Play #1, you will each have up to 20 minutes to explain how you will work with your partner and do a problem list
- In Role Play #2, you will have up to 20 minutes to explain PST to solve a problem – with your one of your own problems
- In Role Play #3, you will have a follow-up session – a client problem

# Introduction to Problem Solving Therapy

# My Problem

- I work in a large geriatric psychiatry program with the equivalent of 1 psychiatrist and 7 full-time nurses. Many of the patients that we see would benefit from psychotherapy although I don't have time to do it and our nurse don't have any formal training. Only patients that can afford private psychotherapy have access to this so a lot of people miss out. Also, many psychotherapies don't work well or aren't adapted for older people and those with cognitive impairment. I feel like I'm throwing pills at problems that would be better dealt with psychotherapy.

# My Goal

- To be able to offer time-limited, evidence-based psychotherapy as a part of our outreach program which our nurses could receive training in a brief period of time and could be implemented by nurses in routine care.

# Possible Solutions

Solutions	Pros	Cons
Go with status quo	<ul style="list-style-type: none"> <li>+ Easy</li> <li>+ Acceptable to nurses</li> <li>+ Little time commitment</li> </ul>	<ul style="list-style-type: none"> <li>- Not really going to be a great long-term solution</li> <li>- Patients are probably not going to get the best care</li> <li>- Our psychiatric service should be able to provide psychotherapy</li> </ul>
CBT/IPT training for nurses	<ul style="list-style-type: none"> <li>+ I have some training in these</li> <li>+ Lots of experienced clinicians around</li> <li>+Some evidence in the elderly</li> </ul>	<ul style="list-style-type: none"> <li>- Not sure this is a great fit for many older adults</li> <li>- Typical sessions are bit longer than we would like</li> <li>- Training for nurses to become proficient may not be feasible</li> <li>- Limited evidence in cognitive impairment</li> </ul>
? Problem-solving therapy	<ul style="list-style-type: none"> <li>+ Emerging research for older adults</li> <li>+ Used in shared-care models which I'm interested in</li> <li>+ Face validity as a therapy</li> <li>+ Adapted for case management</li> <li>+ Evidence in older adults and those with cognitive impairment</li> </ul>	<ul style="list-style-type: none"> <li>- Not familiar with PST</li> <li>- Not sure how hard it is to learn or get training</li> <li>- Not aware of any local resources</li> </ul>

# Selection of Solution

- Examine whether PST might be an option to integrate into our geriatric psychiatry outreach program in Belleville

# Action Plan

- Internet search about Problem Solving Therapy
- Read some research about Problem Solving Therapy
- Apply for a few small grants to support some pilot studies if it seems like a good option



# Verification of Action Plan

- Online resources and information about PST
  - AIMS Centre at University of Washington – online materials and worksheets on PST, link to PST Training Centre at University of California at San Francisco
    - PST used as part of their depression care management programs (IMPACT)
    - PST Training provided through UCSF PST Centre
- Contacted PST Training Centre at UCSF (Dr. Arean)
  - They offer training and PST Certification
  - They have a Canadian psychologist on staff who would like to train some Canadians – Dr. Rebecca Crabb PhD
  - Provided a reasonable quote for training and supervision (\$3400.00)
  - I can become a trainer and train my nurses and other clinicians

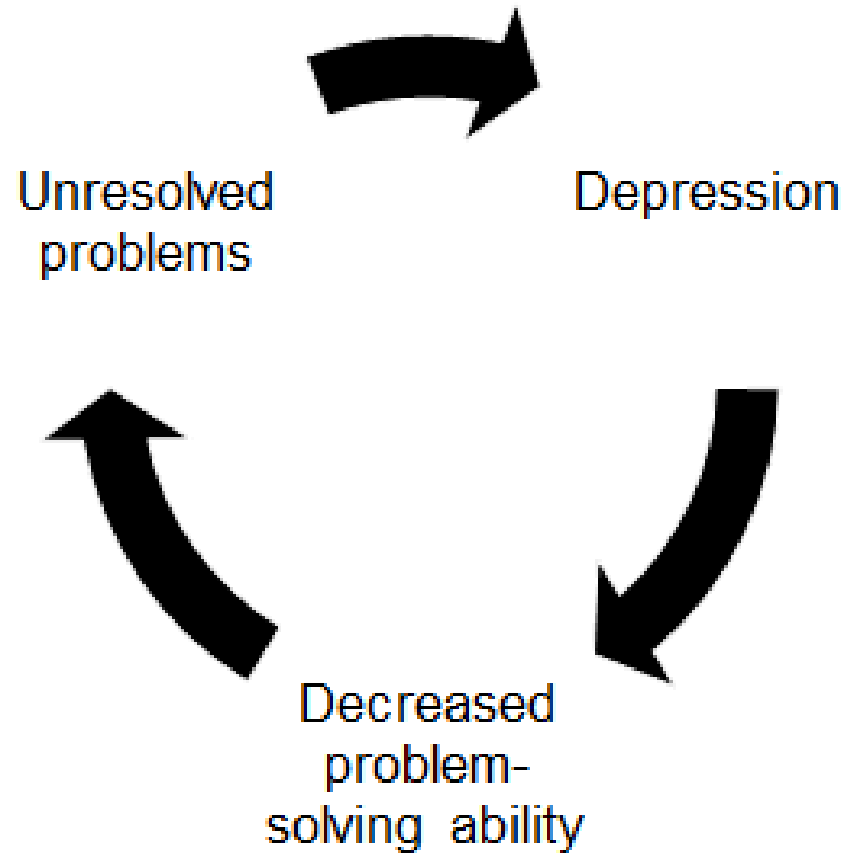
# Problem Solving Therapy

- Social problem solving therapy developed in 1970's from behavioral psychology by D'Zurilla and Thomas
- Model of problem solving consists of two components
  - General orientation (later Problem Orientation)
  - Problem solving skills
- Clinical applications of social problem solving explored in early 1980's by Nezu (student of D'Zurilla)
  - Better definition of problems, generation of solutions, and effective decision making can improve emotional outcomes
- Model subsequently refined and applied to variety of clinical populations
  - Depression, caregivers of persons with illnesses, individuals with chronic diseases, developmental disabilities, personality disorders, anxiety, psychosis, chronic pain, self-harm

# Framework for PST in Depression

- Everyone has problems
- Interplay between problems and depression
  - Problems contribute to making depression worse
  - Depression makes it hard to solve problems
  - Downward spiral





# Problem Solving Therapy

- Work on solving real-life problems
- Depression improves as problems are resolved, or attempts are made to address problems
- Learn strategies to solve problems outside of therapy
- Help to unwind the spiral of depression and problems

# Problem Orientation

## Positive Problem Orientation

- Problems are challenges
- Optimism about problems being solvable
- Self-efficacy with problem solving
- Problem solving requires time and effort
- Negative emotions are part of problem solving

## Negative Problem Orientation

- Problems are threats
- Expectation that problems are not solvable
- Doubts about ability to cope with problems
- Frustration when faced with problems or negative emotions

# Problem Solving Styles

- **Planful (Rational) Problem Solving\***
  - Definition of problems
  - Generation of alternatives
  - Decision making
  - Solution implementation and verification
- **Impulsive/Careless**
  - Narrowed, hurried or incomplete problem solving
  - Few alternatives, often go with first
  - Scan solutions and consequences quickly, monitors outcomes carelessly
- **Passive/Avoidant**
  - Procrastination, passivity, inaction
  - Avoids or puts off problem solving

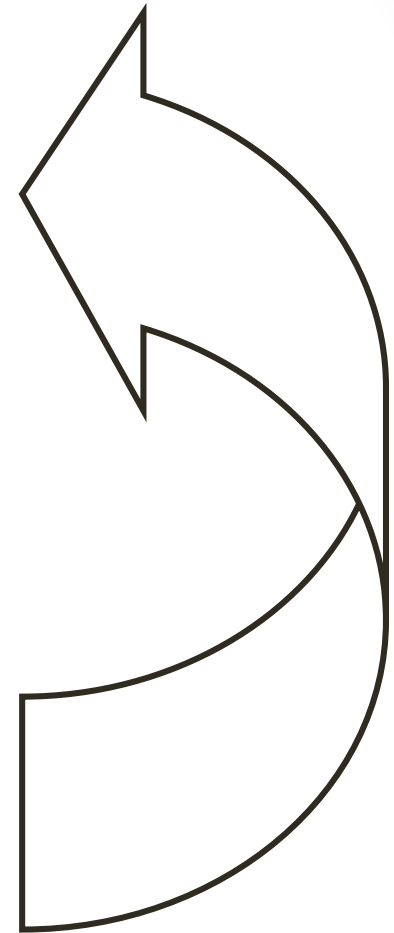
# PST process overview

- Take a patient identified problem and assist them in a structured process to come up with an action plan to address the problem



# 7 Steps to PST

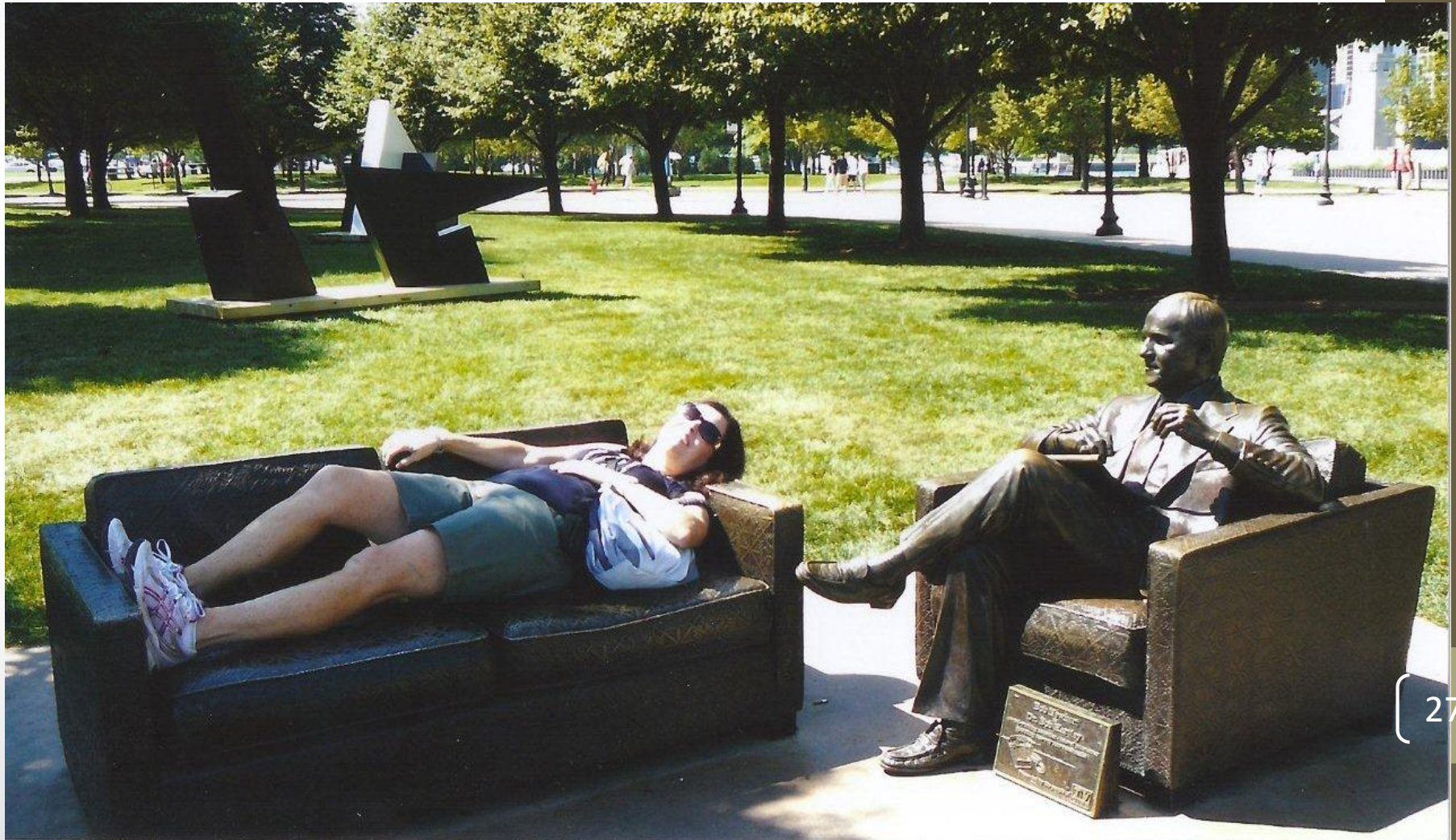
1. Problem Definition
2. Identification of Goal
3. Brainstorming Solutions
4. Weighing Pros and Cons of Solutions
5. Select a Solution
6. Implement Action Plan to Carry Out Solution
7. Verification of the Outcomes



# Educate patient- What it is...

- Brief treatment
- Patient centered treatment
- Goal focused
- Effective for:
  - All adults, 18-100
  - Children with oppositional defiant disorder
  - Self Harm
  - GAD
  - PTSD
- Available in Spanish, Chinese, Hebrew, Dutch, French, Vietnamese, Japanese.

# What PST is not...



# Educate patient -What it is not...

- Long term psychotherapy
- Life review therapy
- “Just” supportive therapy
- A panacea
- Clinical Case Management
- Something you do once in a while

# PST/ Psychotherapy- discussing treatment options

- Pros:
  - No medication side effects
  - Alternative for poor response to medications
  - Accommodates patient who does not want medication

# Psychotherapy

- Cons:
  - More time consuming (30 min to 1 hr sessions) for patient
  - Symptoms can interfere
  - May take longer to work

# Similarities of Other Behavioral Health Practices and PST

- Meeting the client where they are
- Here and now focus
- Works on specific goals and objectives
- Structure that supports patient follow through
- Homework that helps incentivize them
- Teaching skills

# How is PST Different from What I Already Do?

- Like Case or Self Management BUT: patient makes the plan
- Like Motivational Interviewing, BUT: picks up where MI ends
- Like Behavioral Activation, BUT: focuses on life problems
- Like Cognitive Behavioral Therapy BUT: emphasis is on patient creating their OWN strategies



# Evidence for PST in Older Adults

- Effect size of PST for depression in older adults 0.27<sup>1</sup>
  - N=3 studies, 1 large study in dysthymia/minor depression had minimal effect, other 2 studies had ES = 0.6 – 1.2
- 12 weeks of group PST superior to reminiscence therapy and waitlist controls on depression scores measured using HAMD and GDS<sup>2</sup>
- PST-PC (Primary Care) delivered as part of IMPACT study increased access to psychotherapy in primary care (44% vs 18% at 3 months), depression response (45% vs 19%)<sup>3</sup>

1. Cuijpers, Eur Psychiatry, 2007
2. Arean, J Clin Consult Psychol, 1993
3. Unutzer, JAMA, 2002

# PST for Depression and Cognitive Impairment

- Executive dysfunction is common in depressed older adults, predictor of poor response to medications
- 12 weeks of PST associated with greater rates of remission (75%) compared to supportive therapy (22%)<sup>1</sup>
- 12 weeks of PST superior to supportive therapy for depressed older adults with executive dysfunction<sup>2</sup>
  - Response 57% vs. 34%, Remission 47% vs 28%
- Reductions in disability also noted with PST > ST<sup>3</sup>
- PST associated with greater reduction in depression and disability when compared to ST among older adults with cognitive impairment<sup>4</sup>

1. Alexopolous, Am J Geriatr Psychiatry, 2003
2. Arian, Am J Psychiatry, 2010
3. Alexopolous, Arch Gen Psych, 2011
4. Kiossis, Am J Geriatr Psychiatry, 2010

# PST In Specific Populations

- PST-PC more effective than community based psychotherapy in reducing days with depression and symptoms of depression<sup>1</sup>
- PST delivered in home-care setting more effective than usual care<sup>2</sup>
- Telephone or in-person delivered PST for home bound older adults associated with higher rates of depression response compared to telephone-call only (49%, 42% vs 28%)<sup>3</sup>

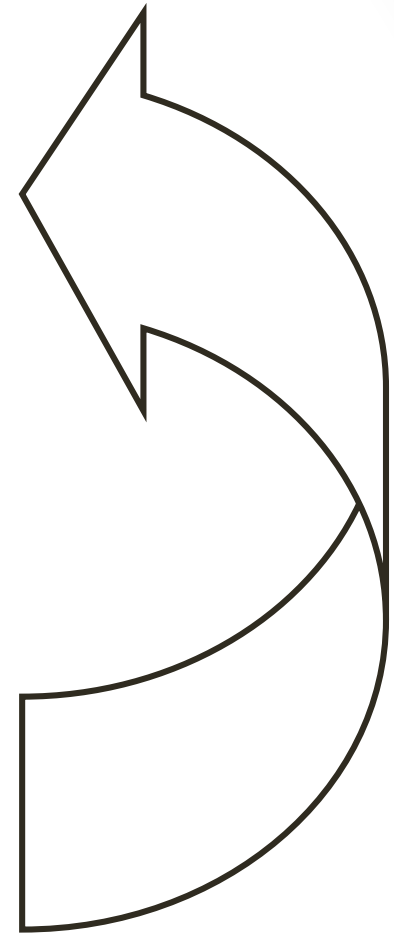
1. Arean, Gerontologist, 2008
2. Gellis, Am J Geriatr Psychiatry, 2007
3. Choi, Behav Ther, 2013

# PST Components



# 7 Steps to PST

1. Problem Definition
2. Identification of Goal
3. Brainstorming Solutions
4. Weighing Pros and Cons of Solutions
5. Select a Solution
6. Implement Action Plan to Carry Out Solution
7. Verification of the Outcomes



# 1. Problem Definition

- Get the facts:
  - Details of the problem
  - Who, what, where, when, why, how?
  - What have you already tried?
  - Separate facts from assumptions
  - Break bigger problems into smaller problems
    - “I can’t walk” → What problems does that cause?
    - “I have difficulty doing my laundry”; “I need help with grocery shopping”

# 2. Goals

- Feasible and realistic goals
- Things that you have control over
- Initial goals that you can address between therapy sessions
- Patient decides on problems and goals to work on but encourage manageable problems and goals to start
  - “You are learning a new skill. Just like when you started to learn to read you started with Dick and Jane, not Shakespeare. In a similar fashion we should probably focus on some less complex and emotionally charged goals and topics until you get the hang of it.”

# 3. Brainstorming Solutions

- Every solution is possible, no such thing as bad or good solutions at this stage
- The more options at this stage the better, try to have between 3 – 5 solutions
- A variety of approaches are good
- Can use strategies that patient has identified that have worked in the past
- Therapist can suggest some solutions that might work as well after patient has identified some
  - i.e. deep breathing, relaxation therapy



# 4. Weighing Pros and Cons of Solutions

- Pros and cons should take into account:
  - Emotional effects of solution
  - Financial effects
  - Time and effort required
  - Can the solution be implemented by patient alone or does it require someone else to participate
  - Short and long-term consequences
- May select more than one solution for a particular problem, helpful to prioritize which solutions will be tried first

# 5. Selection of Solution

- After weighing pros and cons, preferred solution selected for current problem

# 6. Action Plan

- Putting solution into action
- Good to get specific about action plan
- Encourage patient to start on action plan as soon as possible, even preliminary steps
- Review with patient whether they see any possible obstacles to implementing action plan
- Use strategies to help address these obstacles
  - Role playing
  - Ways to enhance motivation
  - Strategies to decrease anxiety prior to implementing action plan

# 7. Verification

- Review how action plan went at subsequent PST session
- Patient asked to review how satisfied they were with the action plan
- Challenges with implementing the action plan can be addressed briefly or can be the focus of additional problem solving

# Problem Solving Therapy

- Typically 4 – 8 sessions scheduled weekly to biweekly
- Initial session is 45 – 60 minutes, follow-up sessions 30 minutes maximum
- Introductory, middle, and termination sessions

# Problem Solving Therapy

- Introductory Sessions
  - Discuss the structure of PST, weekly meetings
  - Review the relationship between depression and problems
  - Explain why PST is helpful and its evidence base
  - Introduce PHQ-9
  - Introduce 7 steps of PST
  - Generate initial Problem List
  - Solve a Problem
  - May also include Pleasant Activity/Behavioral Activation (IMPACT)

# PHQ-9

- Patient Health Questionnaire-9
- Self-reported depression measure
- Completed every week prior to PST and reviewed to track progress

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns  +  +

(Healthcare professional: For interpretation of TOTAL, TOTAL:   
please refer to accompanying scoring card)

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

# Problem List

- “What kind of problems are you having now that led you to seek out help?”
- Just a quick listing, not detailed at this point
- Use Problem List worksheet to help generate problems
- Good to have a variety of problems to work on

Problems with relationships	Problems with having a daily pleasant activity
Problems with work or volunteer activities	Problems with sexual activity or intimacy
Problems with money/finances	Problems with religious or moral values
Problems with living arrangements	Problems with self-image
Problems with transportation	Problems with aging
Problems with health	Problems with loneliness



with , connecting

Jan 13/14

Problems with relationships - worry about help - feelings of loss regarding	Problems with having a daily pleasant activity - difficult to get pleasant events
Problems with work or volunteer activities - haven't had contact with in Toronto in 15 years	Problems with sexual activity or intimacy
Problems with money/finances	Problems with religious or moral values
Problems with living arrangements	Problems with self-image
Problems with transportation	Problems with aging
Problems with health - problems with walking, mobility - doing laundry - going work	Problems with loneliness - like to have contact with someone to visit

→ Breathing  
- coping with decreased mobility  
- problem with able.

# Problem Solving Worksheet

PROBLEM-SOLVING WORKSHEET		
Name: _____ Date: _____ Visit #: _____		
Review of progress during previous week: Rate how Satisfied you feel with your effort (0 - 10) (0 = Not at all; 10 = Super): ____ Mood (0-10): ____		
1. Problem:		
2. Goal:		
3. Options/Solutions: 4. Pros versus Cons (Effort, Time, Money, Emotional Impact, Involving Others)		
a)	a) Pros (+) What makes this a good choice?	a) Cons
b)	b) Pros (+) What makes this a good choice?	b) Cons
c)	c) Pros (+) What makes this a good choice?	c) Cons
d)	d) Pros (+) What makes this a good choice?	d) Cons

# Problem Solving Worksheet

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

# PROBLEM-SOLVING WORKSHEET

Name: \_\_\_\_\_

Date: Feb 10, 2014

Visit #: \_\_\_\_\_

**Review of progress during previous week:**

**Rate how Satisfied you feel with your effort (0 - 10) (0 = Not at all; 10 = Super):** \_\_\_\_\_ **Mood (0-10):** \_\_\_\_\_

1. **Problem:**  $\phi$  Contact with her son. Called 2 Years ago and said Happy Mother's day. Calls & leaves phone messages.   
 Loner,  $\phi$  married, good cook, loner.  $\phi$  flight. Good student. Keep trying, limited contact with others, maybe he's on the streets.
2. **Goal:** Why he is not in contact with her anymore.   
 phone at christmas 411 - Tried to ask other family members.
3. **Options/Solutions:**

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

a) Trying to contact him. Add, 411 Number that was possible.	a) Pros (+) What makes this a good choice?	a) Cons
b) <u>Contracting her daughter in Toronto and asking her to find him</u>	b) Pros (+) What makes this a good choice? * It's a better time to talk * Opportunity to talk to daughter. * I think she will do it for me.	b) Cons "I"
c) Asking where he might be.	c) Pros (+) What makes this a good choice? * Opportunity to reconnect * Haven't spoken to him in yes.	c) Cons
d) Calling the police.	d) Pros (+) What makes this a good choice? They might be able to direct her in the right direction.	d) Cons "No we can't help you"
e) Address/call/email. Writing a letter.	He can read it when he is ready He couldn't hang up on me. I did something I didn't give up. * Can be redirected if address has changed	

5. Choice of solution:

Contact & Writing a letter.

6. Action Plan (Steps to achieve solution):

Write down the tasks you completed.

a)

Calling her on a regular basis.

b)

Contact her and see if she can contact him.

c)

→ Letter → I miss him?  
→ How's doing, work?

d)

Write a letter with ~~my~~ daughter in  
Call ~~participate~~ and ask her to

Pleasant Daily Activities.

- troubles with this.

Draft a little bit of letter.

Date Activity

"She can always write her version."

going to Walmart.

Letter Writing

with

Rate how Satisfied it made you feel (0 - 10)  
(0 = Not at all; 10 = Super)

Next appointment: \_\_\_\_\_

# Follow-Up Sessions

- 30 minutes in length
- Always begin with an agenda:
  - Review PHQ-9 scores and compare to previous week
  - Review action plan from previous week
  - Solve a new problem
  - Anything else patient wants to address
- Address any crises first prior to any other work

# Termination

- Similar to follow-up sessions
- Helpful to review PHQ-9 at the beginning of therapy and at last session to review improvement
- Review problems that patient was having at the start of therapy and strategies that patient used to overcome them
- Discuss risk of relapse and strategies to reduce relapse
  - Encourage ongoing use of PST for new problems that occur
  - Maintenance medication if appropriate

# Termination

- Review potential “triggers” for relapse based on past problems and strategies to address these triggers
- Review potential signs of depression recurrence (e.g. PHQ-9)
- Availability of therapist to provide “booster” PST or maintenance PST if available



# Break

# Initial PST Session



# Problem Solving Therapy

- Introductory Sessions
  - Discuss the structure of PST, weekly meetings
  - Review the relationship between depression and problems
  - Explain why PST is helpful and its evidence base
  - Introduce PHQ-9
  - Introduce 7 steps of PST
  - Generate initial Problem List
  - Solve a Problem
  - May also include Pleasant Activity/Behavioral Activation (IMPACT)

# Initial PST session- what you need to do

- Educate and socialize the patient to the treatment
- Create a problem list
- Teach the patient the 7-step process
- Use the worksheet as a guide to PST
- Create an action plan
- Schedule in pleasant/valued activities

# Educate and socialize- Therapeutic Frame

- 4 – 8 sessions
- You work on problems EVERY SESSION
- They need to solve problems between sessions
- *Eventually the patient should be able to problem solve on their own*

# Process Continued...

- Meet first for one hour to get familiar with model and learn PST process
- Meet for 30 minute sessions afterwards
- Can meet in person or by phone
- Will work on one problem at a time
- Will create action plans

# Link Between Problems, Depression, and PST

- Unresolved life problems can cause and worsen depression
- Worsening mood interferes with problem solving
- Downward spiral between problems and mood
- PST strengthens problem solving skills
- Improved problem solving lifts mood
- Improvement follows action

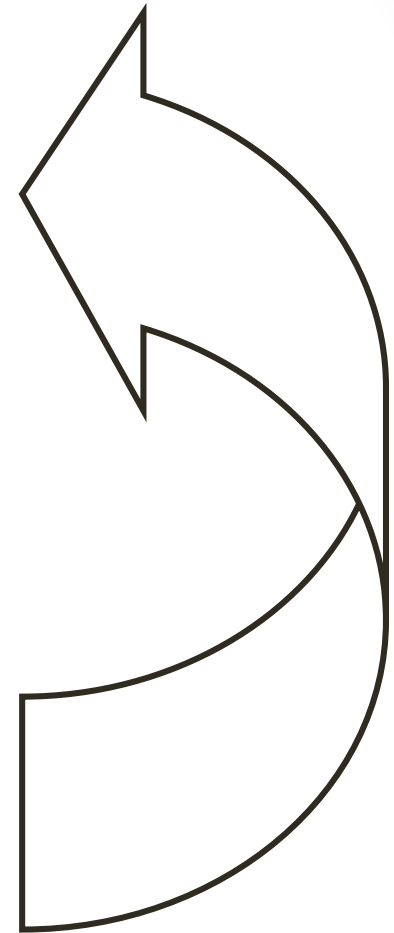
# Establish Positive Problem Orientation

- Problems are a 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
- All problems will not be solved in these sessions



# 7 Steps to PST

1. Problem Definition
2. Identification of Goal
3. Brainstorming Solutions
4. Weighing Pros and Cons of Solutions
5. Select a Solution
6. Implement Action Plan to Carry Out Solution
7. Verification of the Outcomes



# Problem List

If you're not having a problem, you're missing a chance to grow. – anon

- Present problems
- Domains
  - Financial
  - Housing
  - Medical
  - Social
  - Family
- Start with an easier problem



# Role Play #1

- With your partner complete an initial session (30 min each)
- Use Initial Session Checklist as a guide
- Explain PST Treatment Structure
- Explain reason for PST in Depression
- Describe PST Process (7 Steps)
- Generate Initial Problem List

# Day 1 Morning Wrap Up

# Day 1 Afternoon

# The Follow Up Session



# Video (USCF) Follow up session



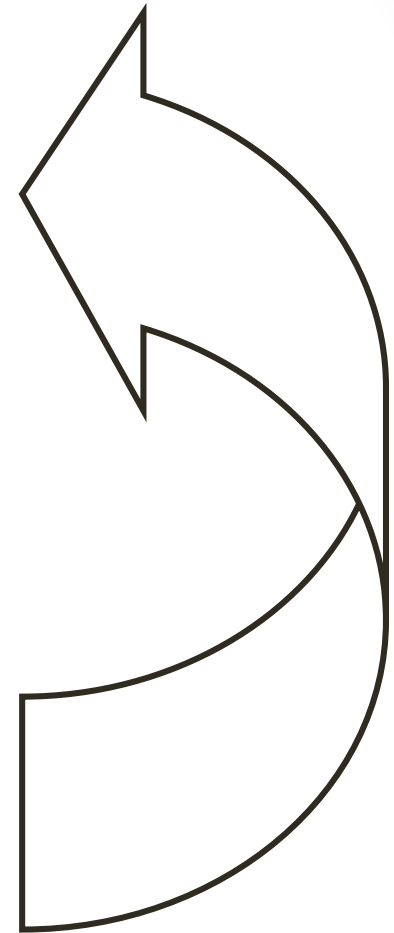
# What a follow up Session Should Look Like

- Brief check in (2 minutes)
- SET AN AGENDA! STICK WITH IT!
- Review of between session PST (3 minutes)
- Solve another problem (20 minutes)
- Review the skills while going over PST
- Review the session, be CLEAR about who is doing what during the week
- Help the patient with environmental prompts



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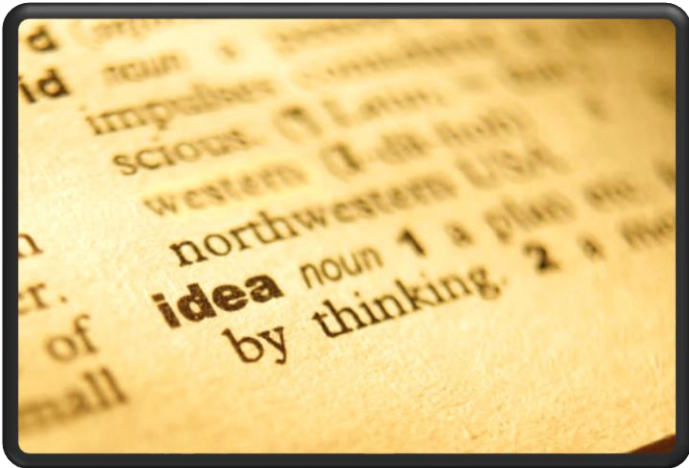


# 1. Problem Definition

- Get the facts:
  - Details of the problem
  - Who, what, where, when, why, how?
  - What have you already tried?
  - Separate facts from assumptions
  - Break bigger problems into smaller problems
    - “I can’t walk” → What problems does that cause?
    - “I have difficulty doing my laundry”; “I need help with grocery shopping”

# Problem Definition

A problem well-stated is a problem half solved. – Kettering



- Concrete and specific terms
- Assumptions versus facts
- Details
- Breaking down problems

# 2. Goals

- Feasible and realistic goals
- Things that you have control over
- Initial goals that you can address between therapy sessions
- Patient decides on problems and goals to work on but encourage manageable problems and goals to start
  - “You are learning a new skill. Just like when you started to learn to read you started with Dick and Jane, not Shakespeare. In a similar fashion we should probably focus on some less complex and emotionally charged goals and topics until you get the hang of it.”

# Goal Setting

Goals are dreams we convert to plans and take action to fulfill. – Zig Ziglar



- Specific
- Attainable
- Realistic
- Measureable

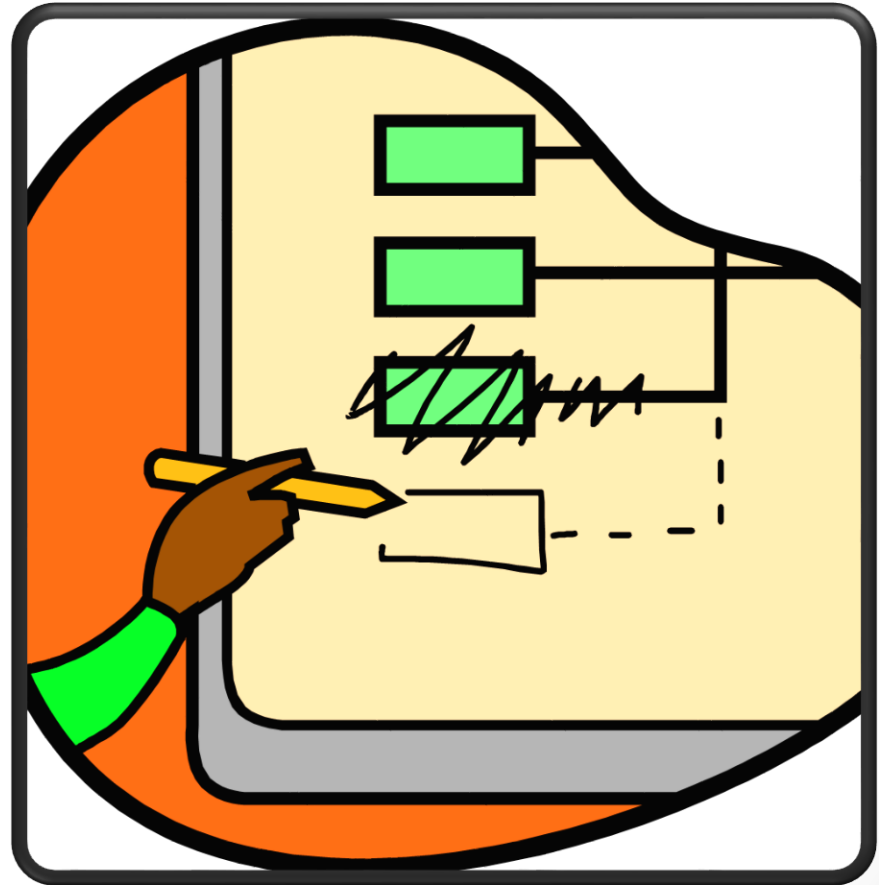
# 3. Brainstorming Solutions

- Every solution is possible, no such thing as bad or good solutions at this stage
- The more options at this stage the better, try to have between 3 – 5 solutions
- A variety of approaches are good
- Can use strategies that patient has identified that have worked in the past
- Therapist can suggest some solutions that might work as well after patient has identified some
  - i.e. deep breathing, relaxation therapy

# Brainstorming

Don't put all your eggs in one basket – anon.

- All ideas that come to mind
- Withhold judgment
- Be detailed
- Generate five



# 4. Weighing Pros and Cons of Solutions

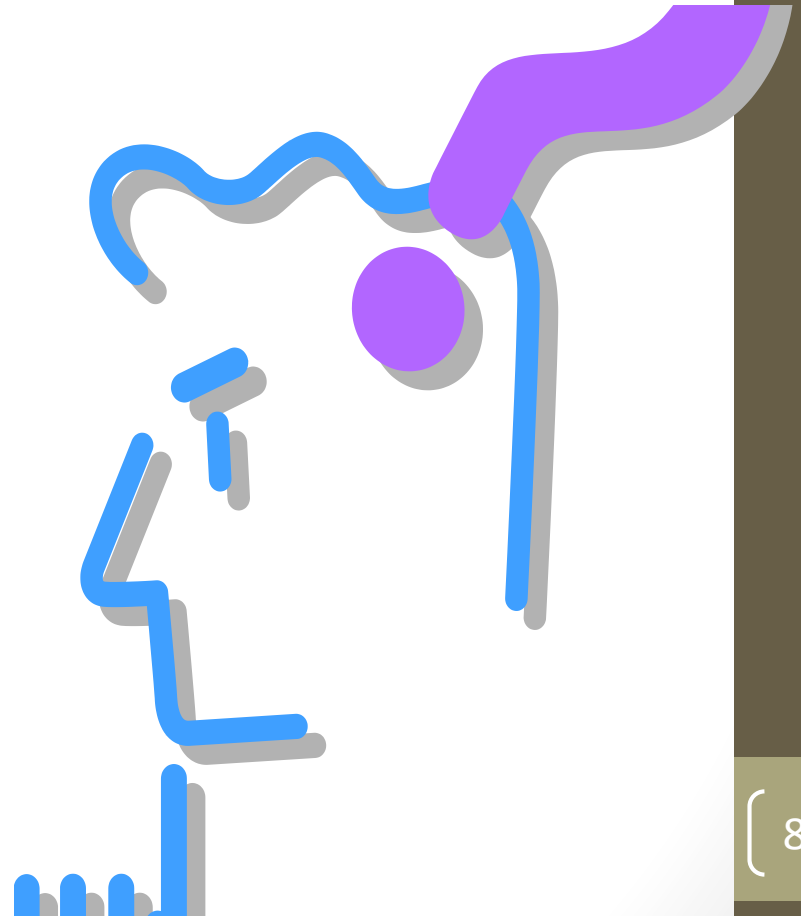
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  - Financial effects
  - Time and effort required
  - Can the solution be implemented by patient alone or does it require someone else to participate
  - Short and long-term consequences
- May select more than one solution for a particular problem, helpful to prioritize which solutions will be tried first



# Decision Making

Again and again, the impossible problem is solved when we see that the problem is only a tough decision waiting to be made. – Robert H. Schuller

- Weighing the pros and cons
- Does it meet immediate goal?
- Does it meet long term goal?
- Does it create other problems?
- Is it feasible?



# 5. Selection of Solution

- After weighing pros and cons, preferred solution selected for current problem

# Selecting the Solution

You are the sum total of all your choices up to now. – Dr. Wayne Dyer

- One with the most pros and least cons
- Most feasible
- Less amount of effort



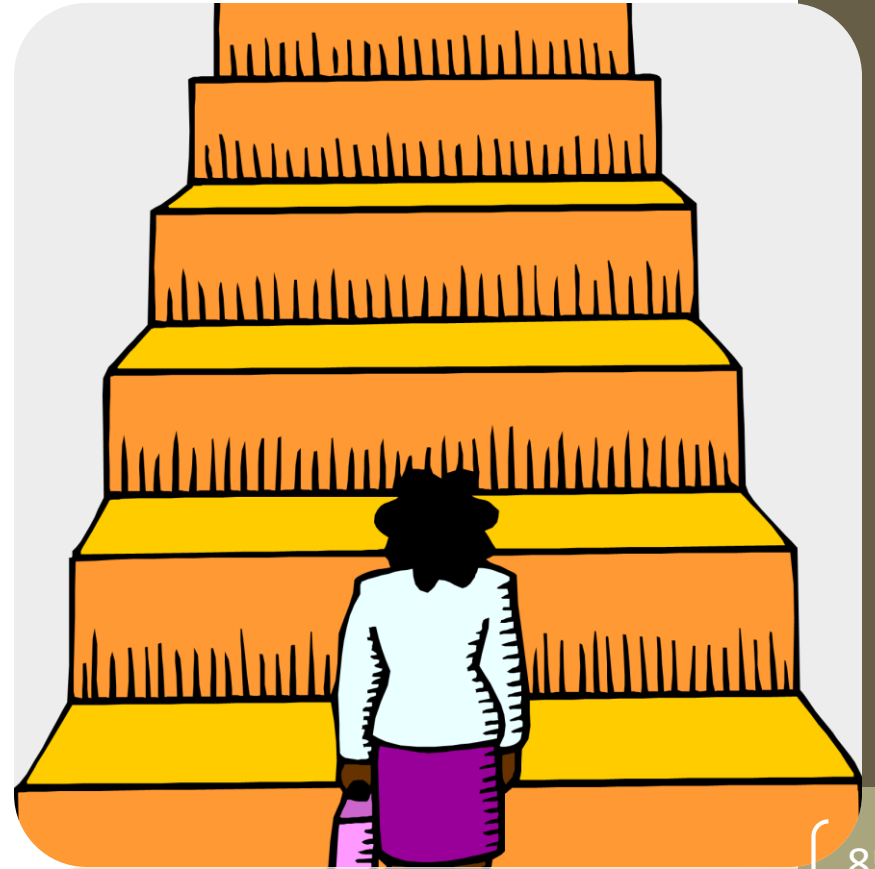
# 6. Action Plan

- Putting solution into action
- Good to get specific about action plan
- Encourage patient to start on action plan as soon as possible, even preliminary steps
- Review with patient whether they see any possible obstacles to implementing action plan
- Use strategies to help address these obstacles
  - Role playing
  - Ways to enhance motivation
  - Strategies to decrease anxiety prior to implementing action plan

# Solution Implementation

Even if you are on the right track, you'll get run over if you just sit there. — Will Rogers

- Steps to implementation
- Specify when will do (earlier the better)
- Delegate
- When to check in
- Do you need other people to help?



# 7. Verification

- Review how action plan went at subsequent PST session
- Patient asked to review how satisfied they were with the action plan
- Challenges with implementing the action plan can be addressed briefly or can be the focus of additional problem solving

# Solution Evaluation

When you lose, do not lose the lesson. – The 14<sup>th</sup> Dalai Lama

- Did it work?
  - If so, why?
    - Would you do anything differently?
    - Will you use this solution again?
- If not why?
  - What did you learn?
    - Does the problem need to be redefined?



# Rewards and Activities

One joy scatters a hundred griefs. – Chinese proverb

- Make sure includes pleasant activities
- Include a reward for hard work
- Reinforce patient efforts at change





# Problem Solving Worksheet

PROBLEM-SOLVING WORKSHEET		
Name: _____ Date: _____ Visit #: _____		
Review of progress during previous week: Rate how Satisfied you feel with your effort (0 - 10) (0 = Not at all; 10 = Super): ____ Mood (0-10): _____		
1. Problem:		
2. Goal:		
3. Options/Solutions: 4. Pros versus Cons (Effort, Time, Money, Emotional Impact, Involving Others)		
a)	a) Pros (+) What makes this a good choice?	a) Cons
b)	b) Pros (+) What makes this a good choice?	b) Cons
c)	c) Pros (+) What makes this a good choice?	c) Cons
d)	d) Pros (+) What makes this a good choice?	d) Cons

# Problem Solving Worksheet

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

# PROBLEM-SOLVING WORKSHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Visit #: \_\_\_\_\_

**Review of progress during previous week:**

**Rate how Satisfied you feel with your effort (0 – 10) (0 = Not at all; 10 = Super):** 9 **Mood (0-10):** 6

**1.Problem:** Head ache- will be visiting Mother soon, visits lead to doing what her Mother wants to do- especially cooking and pt doesn't get much time with her own children and grandchildren

**2.Goal:** Have time alone with children/grandchildren and cook less for her Mother

**3.Options/Solutions**

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

a) ) talk to Mother about the issues	a) Pros (+) What makes this a good choice? adult thing to do	a) Cons fear / mother would get upset and probably not agree it is a problem/ may not end up happening
b) stay at son's house	b) Pros (+) What makes this a good choice? Free of mother	b) Cons mother paid transportation/ feel guilty/ does want to see her
c) go out to eat	c) Pros (+) What makes this a good choice? Helps with less work, mother enjoys this	c) Cons cost issues but can find inexpensive places
d) spend some days at son's house	d) Pros (+) What makes this a good choice? Combines both visits/ get special time with grandchildren	d) Cons mother could be unhappy/effort to packing and unpack

# PROBLEM-SOLVING WORKSHEET

## Continued

5. Choice of solution: <b>stay a few days with son, go out to eat</b>	
6. Action Plan (Steps to achieve solution):	<u>Write down the tasks you completed.</u>
a) Talk to son about the plan tomorrow- practice wording of how to tell mother with son so he can support the plan	talked to son
b) take these days in middle of trip	took the middle days
c) tell mother a few days before going rather than prior to trip	did this
d) go out to eat a number of times on the trip	went out a few times
<u>Pleasant Daily Activities</u>	<u>Rate how Satisfied it made you feel (0 – 10)</u> (0 = Not at all; 10 = Super)
Date      Activity	
Daily      work on puzzle, read	
Sat      walk with friend	
<b>Next appointment:</b>	

# PROBLEM-SOLVING WORKSHEET

Name: \_\_\_\_\_

Date: Feb 10, 2014

Visit #: \_\_\_\_\_

**Review of progress during previous week:**

**Rate how Satisfied you feel with your effort (0 - 10) (0 = Not at all; 10 = Super):** \_\_\_\_\_ **Mood (0-10):** \_\_\_\_\_

1. **Problem:**  $\phi$  Contact with her son. Called 2 Years ago and said Happy Mother's day. Calls & leaves phone messages.   
 Loner,  $\phi$  married, good cook, loner.  $\phi$  flight. Good student. Keep trying, limited contact with others, maybe he's on the streets.
2. **Goal:** Why he is not in contact with her anymore.   
 phone at christmas 411 - Tried to ask other family members.
3. **Options/Solutions:** 4. **Pros versus Cons (Effort, Time, Money, Emotional Impact, Involving Others)**

<p>a) Trying to contact him.   Add, 411   Number that was possible.</p>	<p>a) Pros (+) What makes this a good choice?</p>	<p>a) Cons</p>
<p>b) <del>Contacting her daughter in Toronto and asking her to find him</del></p>	<p>b) Pros (+) What makes this a good choice?   * It's a better time to talk   * Opportunity to talk to daughter.   * I think she will do it for me.</p>	<p>b) Cons   "I"</p>
<p>c) <del>Asking where he might be.</del></p>	<p>c) Pros (+) What makes this a good choice?   * Opportunity to reconnect   * Haven't spoken to him in yes.</p>	<p>c) Cons</p>
<p>d) <del>Calling the police.</del></p>	<p>d) Pros (+) What makes this a good choice?   They might be able to direct her in the right direction.</p>	<p>d) Cons   "No we can't help you"</p>
<p>e) <del>Address/call/email.   Writing a letter.</del></p>	<p>→ He can read it when he is ready   He couldn't hang up on me.   I did something   I didn't give up.   * Can be redirected if address has changed</p>	

5. Choice of solution:

Contact & Writing a letter.

6. Action Plan (Steps to achieve solution):

Write down the tasks you completed.

a)

Calling her on a regular basis.

b)

Contact her and see if she can contact him.

c)

→ Letter → I miss him?  
→ How's doing, work?

d)

Write a letter with ~~my~~ daughter in  
Call ~~participate~~ and ask her to

**Pleasant Daily Activities.**

- troubles with this.

Draft a little bit of letter.

Date Activity

"She can always write her version."

going to Walmart.

Letter Writing

with

Rate how Satisfied it made you feel (0 - 10)  
(0 = Not at all; 10 = Super)

Next appointment: \_\_\_\_\_

# If it's Problem Solving, Why does the Structured Process Matter?

- It's a cognitive training technique (plasticity intervention)
- Personalized action plans
- The patients need to know the process first before incorporating it into their way of being

# What Makes PST Effective?

- Use of compassionate time management
- Patient understands how PST works and the action oriented framework
- Patient engages in action planning



# Compassionate Time Management

- Always set an agenda;
- Set aside time to get to know patient in context of why they are seeking help;
- Ask if there are other issues they need to add to agenda
- Use of gentle redirection.

# Small Group Role Play #2

- You will each have up to 20 minutes do a full PST session.
  - Use one of your own problems from the checklist last week
- This is the same patient you were working with last time.
- Your task: Do a follow up session:
  - Use the PST Follow-up Checklist

# Break

# Managing Affect, Anxiety and Crises



# Problem Orientation

Help patients identify factors that prevent them from problem solving

Feelings are a message to do something

# How to Choose the Best Problem Orientation Option

- Helplessness/Hopelessness (doubting that their situation can change)
- Negativity Bias (focusing only on the negative, extreme pessimism)
- Affect Regulation (strong emotions override the ability to focus on here and now)
- Attention Deficit (difficulty focusing)

# Learned Helplessness / Hopelessness

- 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
- Devil's advocate exercise
- Visualization

# Negativity Bias

- The need to strengthen positivity bias
- Readiness to change ruler
  - On a scale of 0 -10, how ready are you to change xyz/meet your goal, etc
- Evoking change language
  - What would you like to see different?
  - What will happen if you don't meet this goal?
  - What will happen if you do meet this goal?



# Affect Regulation

- Education about importance and role of emotion
- Importance of learning to regulate feelings so you still have them but they do not take control
- Mindfulness strategies
- Prayer

# Common Challenges and Strategies Used in PST

## Problem

- Overwhelmed emotionally with problems
- Low-motivation to follow through on action plan
- Negativity Bias, anticipating poor outcomes, catastrophizing



## Potential Strategies

- Deep breathing, progressive muscle relaxation, meditation prior to action plans
- Imagery, Devil's Advocate, Reverse Role Plays, Rewards
- Weighing the evidence (thought records), Negative Thought Logs

# What if There's a Crisis?

- By all means, address it
- Add it to the agenda
- Use PST while you have them tell you what is going on with the crisis
- Show them HOW PST can be helpful in a crisis

# What if they Confess to a Horrible Thing from their Past?

- Again, add it to the agenda
- Listen to them
- Ask them what their goal is in sharing the information with you
- Use that information for problem solving.
- What if it comes up in a middle of a session?

# What if they have 100's of Awful Things that all seem Important?

- Take a deep breath
- Help them focus
- Emphasize that by focusing on one problem, others often fall into place
- Have them prioritize
- Look for opportunities where case management would be appropriate

# Clinician Concerns when Working with Latino/Spanish-speaking Clients

1. PST structure does not allow culturally-sensitive engagement and rapport building
2. Limited literacy not conducive to PST structure
3. Clinical presentation too vague, complex and multifaceted for PST, trauma

# Tips

1. PST structure and culturally-sensitive engagement and rapport building
  - Always be your authentic self as a clinician. Practice, practice, practice.
  - Align the client with the expectations of PST this will give them room to *desahogarse* with guidance and focus while addressing PST steps
  - Involve family where appropriate i.e. when client needs help implementing action plan

# Tips Continued

2. Limited literacy not conducive to PST structure
  - Be creative
  - Adapt PST to fit their unique needs
  - Use the worksheet as a conversational guide
  - Use images to convey steps if that's helpful to the client
  - Involve the family if appropriate
  - Empower the client to design their own form or way to remind themselves of the PST process



# Tips Continued

3. Clinical presentation too vague, complex and multifaceted for PST
  - Provide structure to reduce “spilling” especially around clinical material related to trauma. Use clinical skills (e.g. containment, redirection).
  - Bring it back to the client – what does the client want to change about themselves?
  - For e.g., How does husband’s drinking affect the client? Define problem from that vantage point. Change occurs here.

# When to end PST

- Patient understands PST and utilizes it well on their own
- Patient expresses desire to do BA only
- Patient not doing PST in sessions
- Patient needs specialty mental health care
- Patient isn't coming in or available by phone for three sessions in a row
- Treatment is not effective
- Patient no longer meets medical necessity

# Small Group Role Play #3

- You will each have up to 20 minutes do a full PST session.
  - Use one of your CLIENT problems
- Your task: Do a follow up session:
  - Use the PST Follow-up Checklist
  - Integrate some of the new strategies that we learned today

# Wrap up of Day 2

# Small Group Role Play #2

- You will each have up to 20 minutes do a full PST session.
  - Use one of your own problems from the checklist last week
- This is the same patient you were working with last time.
- Your task: Do a follow up session:
  - Use the PST Follow-up Checklist

# Small Group Wrap Up and Q & A