Evidence Based Practices: Overview of Problem Solving Treatment

THE INSTITUTE FOR FAMILY HEALTH

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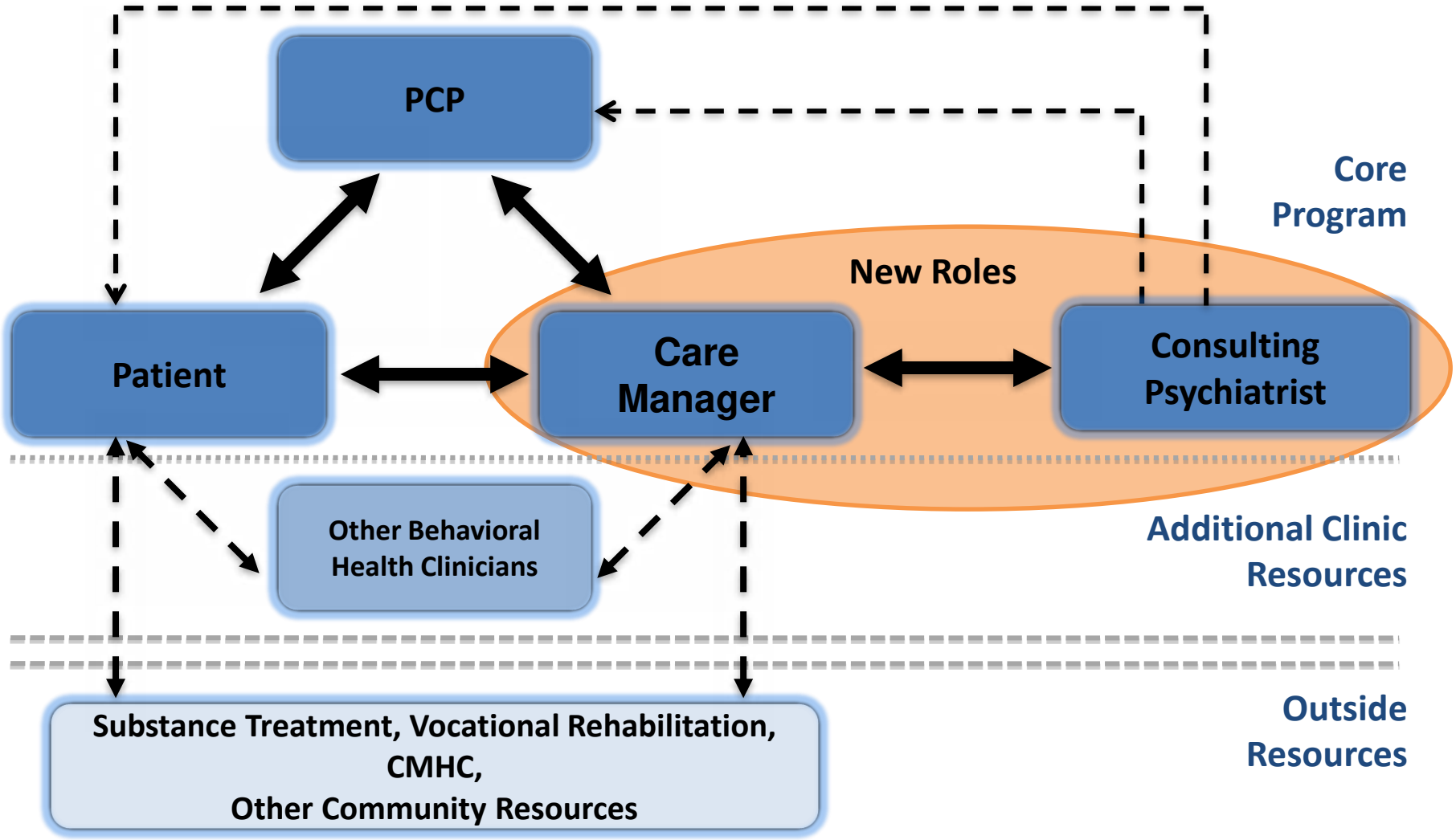
What is Collaborative Care?

- Influenced by Chronic Care Model
- Focuses on self-management support
- Evidence based treatment
- Measurement based care
- Stepped care

IMPACT

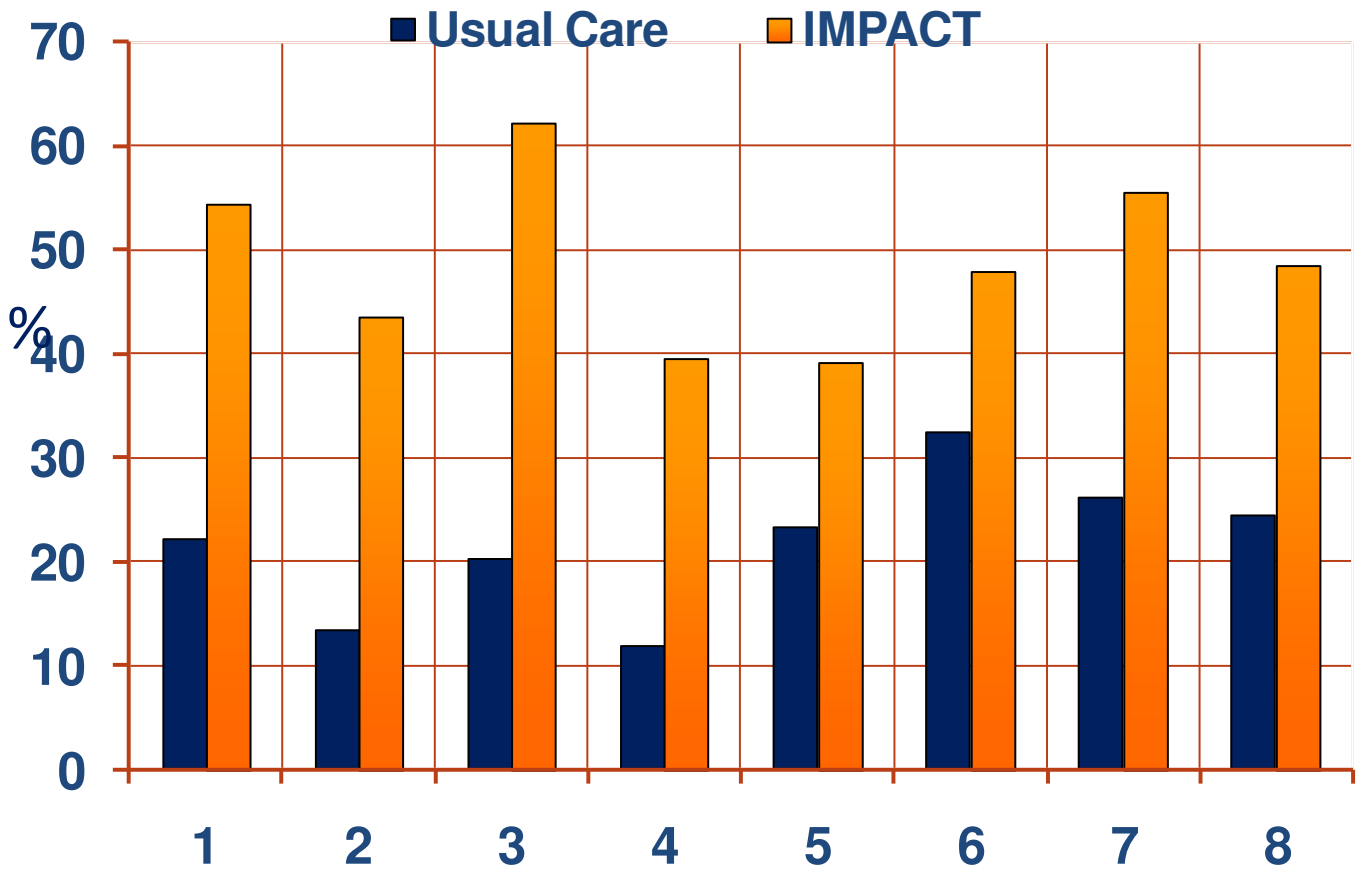
- Improving Mood Promoting Access to Collaborative Treatment
- Featured roles: PCP, Depression Care Manager and Consulting Psychiatrist
- PCP oversees patient's depression care

Collaborative Care Team Approach



Collaborative Care doubles effectiveness of depression care

50% or greater improvement in depression at 12 months



Unützer et al., *JAMA 2002*; *Psych Clin NA* 2004.

IMPACT: Summary

- **Less depression**
  - **IMPACT more than doubles effectiveness of usual care**
- **Less physical pain**
- **Better functioning**
- **Higher quality of life**
- **Greater patient and provider satisfaction**
- **More cost-effective**

Behavioral Health Measures: Patient Health Questionnaire (PHQ-9)

- Objective assessment
- Creates common language
- Focuses on function
- Similar to other health outcomes that are routinely tracked (e.g., BP)
- Avoids potential stigma of diagnostic terms
- Helps identify patterns of improvement or worsening
- Available in many languages (http://www.phqscreeners.com/)

PHQ-9:

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 in some way	(0)	1	2	3

FOR OFFICE CODING 0 + 3 + 4 + 6

=Total Score: 13

Adapted from Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16:606-13, 2001

OVERVIEW OF PROBLEM SOLVING TREATMENT

The Effects of Depression

Unresolved problems create a feeling of overwhelm that is usually met with avoidance and feelings of powerlessness

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

RATIONALE FOR PST

What is it?

It's a structured process of breaking complex problems down into bite-sized, manageable pieces.

Why do we do it?

The outcome is to:

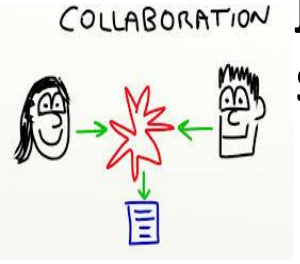
- **Strengthen client's problem solving skills**
- **Increase client self-efficacy and increase client's sense of control over their life**
- **Increase client's sense of hope**
- **And ultimately reduce depressive symptoms**

SHIFT IN ROLE: THERAPIST TO TEACHER

- You are in the role of *teacher* when doing PST, not in the role of a traditional psychotherapist
  - Teach the steps of PST and then practice the steps learned in every session with real-life problems
- This is a much more *directive* role – you are directive in guiding the patient through the process and keeping them on task but *not* in telling them what to do!

TEACHING METHODS INCLUDE…

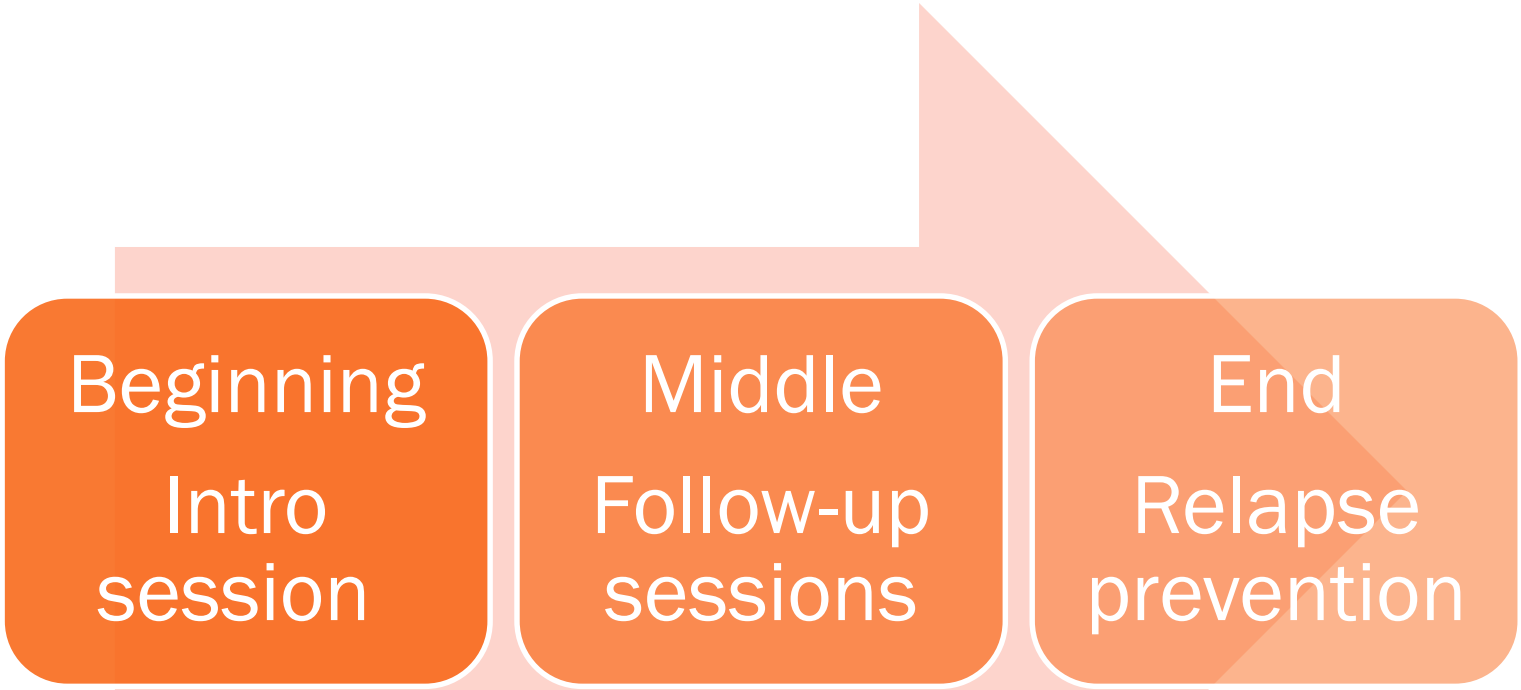
- Naming what you're doing – this helps to create a transparent relationship and increase cooperation and buy-in
- Creating collaboration – Asking vs. telling. Asking open ended question to elicit patient input
- Cueing and Reviewing – We just completed step one – identifying the problem, now we're going 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



Problem Solving Treatment

- Problem Solving
- Activity Scheduling

Problem Solving



INTRODUCING PST TO THE PATIENT (INTRO SESSION)

Tasks for this session include:

- **Give an overview of length & frequency of PST treatment**
- **Review the use of PHQ-9 & clarify patient's understanding of their symptoms**
- **Discuss patient's problem solving orientation & provide information about effective problem solving**
- **Challenge distortions in thinking regarding problems as needed**

Beginning
Intro session

INTRODUCING PST TO THE PATIENT (INTRO SESSION)

- **Describe the 7 steps of Problem Solving**
- **Review activity scheduling**
- **Create a problem list with the patient**

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

Beginning
Intro session

STRATEGIES FOR EXPLAINING AND CREATING THE PROBLEM LIST

- Create a comprehensive list of problems at the beginning of the treatment process and use throughout to identify problems to work on
- Allow patient to spontaneously report problems before cueing with Problem List Worksheet
- Focus on current problems – if patient reports past problems ask how this is affecting the patient NOW
- Give tip that an easily achievable problem as 1st target helps to learn the steps
- Don't be afraid to be directive – keep the patient on task with the steps when they digress
- New problems can be added if they arise

Beginning

Intro session

SEVEN STEPS OF PST

- **Step 1 Clarifying and defining the problem**
- **Step 2 Establishing achievable goal**
- **Step 3 Generating multiple solution alternative: Brainstorming**
- **Step 4 Implementing decision making guidelines: Pros & Cons**
- **Step 5 Choosing the preferred solution(s)**
- **Step 6 Implementing the preferred solution(s): Action Planning**
- **Step 7 Evaluation of the outcome**

Middle

Follow-up sessions

STEP 1: CLARIFYING AND DEFINING THE PROBLEM

- The task for this step is to define the problem in "I" language and in behavioral terms – we can change behavior. When we change behavior, emotions can change.

- The problem statement must be "objective" and therefore amenable to 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
  - "I stay home alone" is objective – this can be changed and is therefore measurable – doesn't have to be a number!

Middle

Follow-up sessions

STEP 1: CLARIFYING AND DEFINING THE PROBLEM CONTINUED

- **Explore and Clarify: Don't take the problem from the problem list and use it directly. Think of it as the general topic – you are looking for the specific behavior that accompanies the problem**
  - **Explore the Who, What, Where, When, Why of the problem**
  - **Break down complex problems into manageable pieces with feasible solutions**
    - **Finances are a BIG problem – what are the components that make up the problem?**
    - **Think about the time frame of this visit to the next – what can be achieved in that time?**

Middle

Follow-up sessions

STEP 1: CLARIFYING AND DEFINING THE PROBLEM

- **The Patient must have some degree of control over the problem – if the problem lies with someone else, it's not feasible! We can't change anyone else – an important psychoeducation piece of work can be done here**
  - **Life problems are potentially controllable – I don't have enough food to get me through the week**
  - **Symptoms are not directly controllable – I am in pain**

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

Middle

Follow-up sessions

STEP 2: IDENTIFYING THE GOAL

1) Follows directly from the Problem definition

Ask:

- "If this problem was solved, what change would you see?"
- "How would you like things to be different?"
- "What would you like to do differently?"

2) The goal must be objective (ie: measurable):

- Either it happened or it did not happen – this is how we can measure it – does not have to be a number
- Improving self-esteem is not objective whereas getting my hair and nails done is

Middle

Follow-up sessions

STEP 2: IDENTIFYING THE GOAL

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

For example:

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.

Middle

Follow-up sessions

STEP 3: BRAINSTORMING

The purpose of brainstorming is to encourage the client to think

Brainstorming is a way of waking up the brain

- **Throw caution to the wind – just throw out ideas even if they seem wild or out of reach**

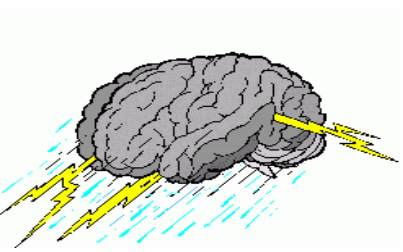
- **Solutions come from the patient - encourage the patient to think for themselves vs. relying on you for the answers**

- **You want to get quantity over quality**

- **Provide solutions without judgment or explanation**

Middle

Follow-up sessions



STEP 3: BRAINSTORMING

- **Prompt the patient to think outside the box by asking, "What else?"**
  (then be quiet)

- **Write down whatever the patient states**
  (no matter how unreasonable it might sound)

- **There is no exploration here – just generating ideas and supporting the patient in their process – Allow the ideas to flow**

REMINDER: AVOID INSERTING ANY QUALIFYING STATEMENTS SUCH AS "GOOD" OR "GREAT IDEA" FOR IDEAS THAT ARE GENERATED.
We are affirming client progress with the process, not the content

Middle

Follow-up sessions

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 patient 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?**

Middle

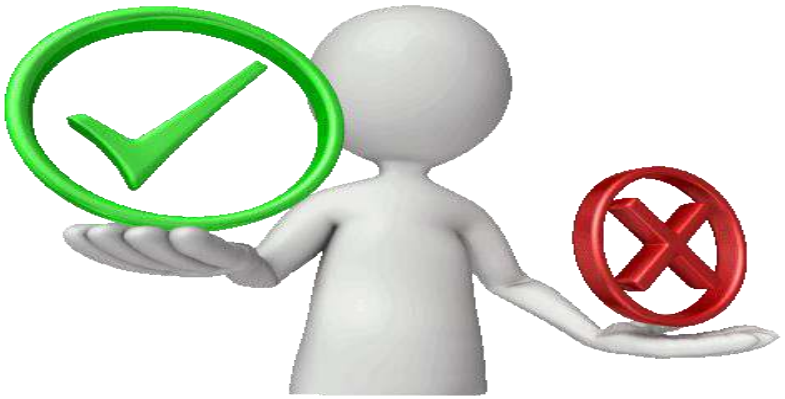
Follow-up sessions

STEP 4: WEIGHING THE PROS AND CONS

Review themes as needed:

- **Time, Effort, Money etc.**

Only ask about themes that fit with the solution – ask about a theme if you recognize it as a potential problem but the patient hasn't brought it up



Middle

Follow-up sessions

STEP 5: CHOOSING THE PREFERRED SOLUTION

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

Simply ask: Which solution seems like the best one?

Explore by asking:

- **Does the solution satisfy the goal?**
- **Is the negative impact limited?**
- **Does it make sense to the patient?**
- **Does it empower the patient?**

If you can identify a valid reason for the patient not to pick the solution it's good to explore this and discuss your concerns

Middle

Follow-up sessions

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 possibility of the patient following through - DON'T RUSH THIS STEP!

- **SMART goal: who, what, when, where, how.**
- **Make it bite-sized**
- **Identify and work through potential obstacles and barriers**
- **If you feel you don't have the time to create a comprehensive plan, then you can assign it as homework to complete**
- **Inform patient that you will learn something new regardless of the outcome**

Middle

Follow-up sessions

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 patient's efforts, explore what might have gotten in the way if not followed through on and to withhold judgment

Ensure that it's ok re: what ever outcome occurs – best to do this at the end of the previous session and reinforce at beginning of current session

Praise success and rate patient's sense of accomplishment and mood

Explore barriers to patient follow through and create a plan to address barrier if feasible – this may be a plan "B" for what's already occurred or a new plan

Middle

Follow-up sessions

Problem Solving Treatment

- Problem Solving
- Activity Scheduling

ACTIVITY SCHEDULING

- Lack of pleasurable activities can contribute to a depressed mood
- Rationale: Feeling bad causes you to do less
- Goal: Encourage patients to increase level of engaging in pleasurable activities
- Work with patients to schedule regular enjoyable events if possible within 24-48 hours
- Should be small, feasible activities.
- Focus on activities that individual previously enjoyed
- Trouble shoot possible barriers to activation

RELAPSE PREVENTION PLANNING

- **Review with the patient the reasons it is important**
  - Anticipate relapse and episodes of care

- **Discuss the warning signs of relapse e.g., triggers**

- **Review what strategies have worked previously with the pt**
  - Including medication, meeting regularly with care team, and coping skills

    *** Reinforce use of PST on their own

- **It should be completed when:**
  - **The Patient completes PST treatment**
  - **The Patient wishes to end treatment**

End

Relapse prevention

Additional Questions?

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