



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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PROBLEM-SOLVING THERAPY (PST)

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Definition: A multi-component procedure to help people view and manage stressful life problems effectively.

Elements: PST teaches general skills to manage current and future problems. Patients learn to view and react to problems effectively by practising: changing attitudinal and emotional barriers to solving problems; accurately defining problems and setting realistic goals; breaking down problems into manageable sub-problem areas; brainstorming many options to attain their goals; working out probable tradeoffs of each option to decide which seem likely to work best for everyone affected; trying out the apparently-best options to see which help in fact. These skills are to help clients reduce ineffective ways of reacting to problems such as avoidance, impulsivity, careless or excessive behavior, emotional intolerance, procrastination, passivity, and overdependence on others. Clients learn problem solving as a way of coping via explanations (e.g. how lack of problem-solving ability contributes to current distress), skills training (e.g. how to visualize success and use negative feelings as a clue to defining problems), role-play exercises, and homework tasks.

Related Procedures: *Cognitive restructuring, problem and goal setting, role play/rehearsal, reframing, emotional validation, acceptance.*

Application: Individually or in groups, face to face or by phone.

1st Use? D'Zurilla TJ, Goldfried MR (1971)

References:

1. D'Zurilla TJ, Goldfried MR (1971) Problem solving and behavior modification. *Journal of Abnormal Psychology*, 78, 107-126.
2. Mynors-Wallis LM, Gath DH (1995) Randomised controlled trial comparing problem solving treatment with amitriptyline and placebo for major depression in primary care. *Brit Med J*, 310, 441-445.
3. Nezu AM, Nezu CM, Lombardo E (2003) Problem-solving therapy. p301-307 in O'Donohue W, Fisher JE, Hayes SC (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice*, Hoboken, NJ; John Wiley & Son.

Case Illustration

Jennifer aged 40 felt depressed, worthless and hopeless and unable to deal with her husband's and teenage daughter's behavior. They refused to join in treatment so she had individual CBT. Initially she saw her problems as signs she had failed as a spouse and parent. Often she dealt impulsively with problems or avoided thinking about them e.g. she quickly gave into her husband's unreasonable spending and fantasized about leaving. She blocked out her anger and fears by drinking wine or calling a friend who always needed her rather than attending to her own problems. Worry about confronting problems led her to ignore her daughter's poor grades and breaking evening curfews.

Jennifer was asked to see herself as a problem solver who knew how to work toward change despite barriers. She was guided to view problems as challenges rather

than catastrophes and to reframe negative feelings as signs of a problem to manage rather than to dread (e.g. see her daughter's difficulties as behaviors needing change, not evidence she was a bad mother). She learned to reduce negative self-talk by separating facts from assumptions e.g. she was asked to describe photos her therapist chose from magazines and then make statements distinguishing known facts such as "this photo shows two women and a man seated at a table" from assumptions such as "the man looks angry" which needed more information for verification. In reverse role-playing dialogues her therapist played Jennifer voicing Jennifer's beliefs e.g. "my marriage is hopeless as it has problems" and asked her to argue against them. She learned to use discomfort to cue problem solving e.g. anxiety when her husband raised his voice prompted her to STOP and THINK, define the problem, brainstorm, and evaluate options. She discovered that at the point her anxiety rose she was trying to control her husband's emotions, and brainstormed ways to accept others' feelings and to constructively change future problems. This helped her to improve rather than avoid marital difficulties and worry he did not love her.

She became less self-critical and less depressed as she applied problem-solving skills to her husband's spending under stress by finding ways to support him and help him cope better e.g. taking long walks together. She set her daughter simple contingencies to manage her behavior e.g. adhering to curfews and completing chores and homework consistently earned a monetary allowance while non-adherence led to loss of cellphone and internet access. After 25 sessions Jennifer felt more confident of being able to solve future problems and to recognize and accept those that she could/should not change e.g. when her aunt developed cancer Jennifer worked out how to give practical help while accepting the diagnosis.