

Structured problem solving in general practice

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This is the third article in the series on psychological treatments in general practice. This month we discuss structured problem solving, a simple, evidence based psychological strategy that can be readily incorporated into general practice. Structured problem solving involves isolating patient problems and tackling them individually using a systematic approach. Patients most likely to benefit include those suffering from depressive disorders, anxiety disorders and patients who are overwhelmed by problems.

The value of structured problem solving (SPS) as an effective psychological treatment has been demonstrated in both specialist and general practice settings.¹⁻⁵ As the name suggests, SPS involves a structured approach for helping patients who are overwhelmed by problems to identify, and systematically evaluate realistic solutions. The approach described in this article is based on the SPHERE Cognitive Behavioral Therapy (CBT) Training Program.⁶

Structured problem solving

Structured problem solving is a psychological intervention that is usually classified as being part of a CBT approach, and its specific aims are

shown in Table 1. In a collaborative approach between the general practitioner and the patient, specific problems are identified and possible solutions are generated and evaluated through a series of steps (Table 2). Worksheets are often used to guide patients through these steps (Figure 1). Patients benefit not only from dealing better with their current problems, but also learn better problem solving skills to assist them with future issues.

Evidence for SPS

Structured problem solving has been used extensively by psychologists and there is ample evidence for its effectiveness in specialist settings.⁵ In primary care settings,

studies provide some support for SPS^{1,3} and include GPs as therapists.

Selecting suitable patients

Patients who are suffering from depression, anxiety and substance abuse disorders, as well as those patients who are stressed and overwhelmed by problems may benefit from the SPS approach. Since lack of motivation is a common feature of many mental disorders, the GP needs to spend some time:

- assessing if the patient is suitable
- emphasising the benefits of the technique
- emphasising what is required of the patient to do SPS, and
- considering treating those patients who are likely to benefit most.

Table 1. The aims of SPS¹³

- Assist patients to make a link between specific life problems and dysphoria
- Help patients to recognise the resources they possess for approaching their difficulties
- Teach patients a systematic method of managing their current problems
- Enhance patients' sense of control over problems
- Equip patients with a method for tackling future problems

Table 3. Common problems managed with SPS⁶

- Relationship problems
- Unemployment or change of job/occupation
- Housing problems
- Sexual problems
- Isolation from friends
- Problems with studying
- Drug and alcohol problems
- Problems with children

Cultural factors and language skills also need to be taken into account.

A wide range of problems may be amenable to the SPS approach (Table 3). Helping patients to identify those problems that will most benefit from SPS requires experience on the part of the GP, and sometimes subjective judgments about the nature of the patient's concerns. A simple decision tree that can assist GPs to choose the best psychological technique is to consider these two questions: is the problem realistic? and, is the problem potentially solvable? (Figure 2). Unrealistic problems are usually characterised by depressive distortions about the self or the world and might be better approached using cognitive strategies.⁷ It is the realistic problems that can be potentially solved

Table 2. Six steps of SPS⁸

Step one:	Defining the problem
Step two:	Think of solutions to your problem through brainstorming
Step three:	Weigh up the pros and cons of each possible solution
Step four:	Decide which solution is the best one
Step five:	Put your solution into action
Step six:	Review the problem solving attempt

or better managed using the SPS approach.

Worksheets for SPS

The SPHERE SPS worksheets (Figure 1) are a step-by-step guide to be filled out by the patient (initially with the assistance of the GP). Once patients are familiar with the format, the worksheets may be used as a self help tool. The step-by-step approach breaks each problem down into small tasks and this assists patients to deal with each problem more effectively. Numerical ratings for advantages and disadvantages of particular options also help patients weigh up the costs and benefits of each possible solution. Each step may correspond with an individual consultation, however, more frequently the GP and the patient will set their own pace for working through each step depending on the complexity of the problems and the degree of motivation.

Six steps of SPS

The six steps of SPS are derived from the SPHERE CBT Training Program⁶ and are a standard approach to SPS.⁹ Each step is outlined with a short vignette following each explanation to demonstrate its use in practice. Although the content of this vignette relates to gambling, the case is not designed to present the comprehensive management of gambling. Rather its aim is to demonstrate the SPS technique.

Step one – defining the problem

The first step is to adequately define the problem or problems and to generate a problem list. This detailed

assessment can be aided by asking the series of questions:

- who is part of the problem?
- what is the problem?
- when does the problem arise?
- where does the problem arise?
- what specific difficulties does the problem cause?
- how important are these difficulties?

In order to focus the SPS approach, the GP helps the patient identify one problem at a time to work on, and to restate that problem as a defined goal or need that can be worked toward. Goals that are realistic and measurable are more likely to result in patient success with this approach.

Mike is a 55 year old man whose problem list includes depression, unemployment, gambling and relationship difficulties with his partner, Michelle. With the assistance of the GP, Mike identifies gambling as the problem he would like to address most urgently. Further definition of the problem reveals that Mike is gambling up to three times a week on the 'pokies' at his local sports club where he meets up with friends. He is losing approximately \$200 per week and this is resulting in increasing debt and ongoing conflict with Michelle. The problem has worsened recently with the introduction of an automatic teller machine (ATM) at the club which enables easier access to his account. He is motivated to address the gambling problem because his partner is threatening to leave him. With the help of the GP he restates his problem as a goal, '...to stop gambling on the poker machines within two months'.

Structured problem solving worksheet

STEP 1: Defining the problem

- n The first thing you need to do is talk over your problems with your doctor so that you can identify those difficulties you need to solve.
- n It is helpful to make a list of all the problems you have.
- n Make your own difficulty list below for the problems and choose one that is troubling you the most. Work on this problem first. You can come back to the other problems later.

Problem list	Difficulties associated with the problem	How important is the problem to ME? <small>(0 = not very important, 10 = very important)</small>	How difficult is the problem to solve? <small>(0 = easy, 10 = hard)</small>
eg. Being unemployed	eg. Financial difficulties	eg. 8	eg. 6
1.			
2.			
3.			
4.			
5.			

- n I need to work on problem number _____ first.
- n Further elaboration of the problem (eg. Who is part of the problem? What is the problem? When does the problem arise? Where does the problem arise?) – use a separate piece of paper if you need it.

- n Now you need to re-state your problem as a defined goal. For example, ‘What will I do for a job?’ could be better expressed as a goal, ‘To find a job within six months’. This helps you to have something to aim for.
- n Try to be as specific about your problem as possible and try to set a date, so that you can clearly determine when you have achieved your goal.
- n **My new goal is:**

STEP 2: Think of solutions to your problem through brainstorming

SOLUTION OPTIONS

1. _____
2. _____
3. _____
4. _____
5. _____

I need to discuss possible solutions with: _____

Figure 1. SPS worksheet

Structured problem solving worksheet (continued)

STEP 3: Weigh up the pros and cons of each possible solution

Solution	Advantages	Rate importance (0 = low, 10 = high)	Disadvantages	Rate importance (0 = low, 10 = high)
1.				
2.				
3.				
4.				
5.				

STEP 4: Decide which solution is the best one (sometimes multiple solutions are best!)

The best one I could think of is:

STEP 5: Put your solution into action

Step 1: _____

Step 2: _____

Step 3: _____

Step 4: _____

Step 5: _____

STEP 6: Review the problem solving attempt

n Have things worked as planned?

n Are there additional problems that need working through?

n Is there more you need to plan and organise to put your solution into action?

Adapted with permission from: Morgan H, Sumich H, Hickie I, Naismith S, Gander J, Scott E, Davenport T. Structured problem solving worksheet: eight steps. Melbourne: Educational Health Solutions, 2000.

Figure 1. SPS worksheet (continued)

Step two – solution brainstorming

Patients are encouraged to generate their own solutions to each problem. Often patients need to be prompted and it is a challenge for the GP to facilitate brainstorming without offering specific solutions or ‘telling’ the patient what he or she should do. For patients who struggle to generate solutions, it is useful to encourage patients to suggest even wildly unrealistic solutions without trying to evaluate them initially. Comments such as: ‘How would one of your friends deal with this?’ or ‘What other options are there?’ can help patients identify possible solutions. In between consultations, patients are encouraged to seek advice from those around them whom they trust (such as friends or partners).

Initially Mike struggles to come up with any possible solutions – here, the GP needs to resist jumping in with suggestions. With encouragement, Mike suggests the possibilities of being banned from the sports club, redirecting his social security into his partner’s bank account and destroying his ATM card. In between consultations he consults his partner, who suggests that a possible solution might be for the family to move to the country. A friend who has had a gambling problem suggests only bringing a small amount of cash in his pocket when visiting the club.

Step three – evaluate solutions

At this point the GP encourages the patient to evaluate each solution by asking them to list the advantages and disadvantages of each possible solution. The patient is also encouraged to rate each advantage and disadvantage according to its degree of importance on a rating scale (0 = not very important, 10 = very important). Worksheets are used to facilitate this process.

Mike works through each of the solutions. He suggests that being banned from the club has the advantage of being very effective at stopping the gambling, and he rates this as nine out of 10. On the disadvantage side of the equation, the public humiliation

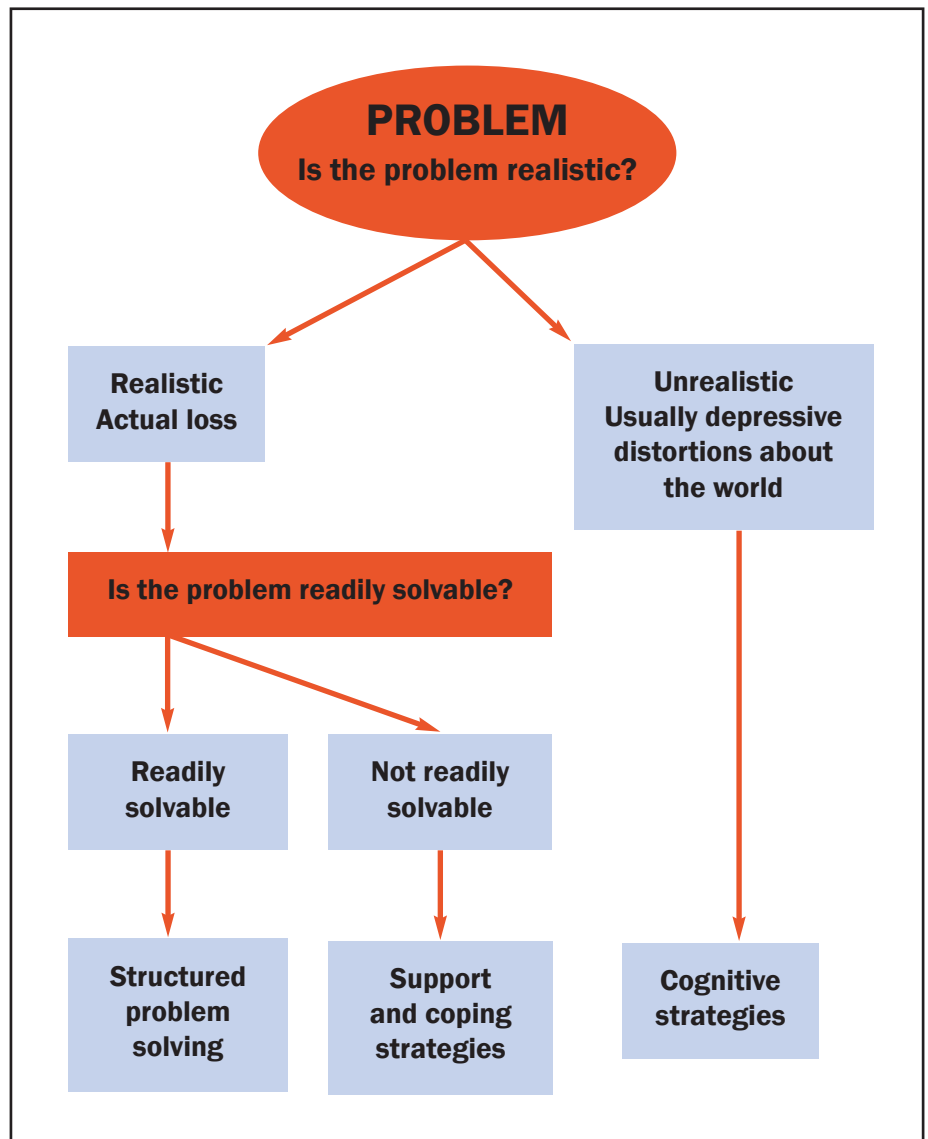


Figure 2. Tailoring psychological treatment to patient problems (adapted from ¹⁴)

of being banned is also rated nine out of 10, and not seeing his friends he rates very highly as 10 out of 10. The other possible solutions, redirecting his social security into his partner’s bank account, destroying his ATM card, moving to the country and only taking limited cash to the club are each assessed via the same process of listing advantages and disadvantages and weighting each one with a score out of 10.

Step four – choose the solution

Having filled out a worksheet listing the problems, solutions and ratings, patients are encouraged to choose one or more of the solutions. It is useful to emphasise that no solution is perfect, and that their

goal is to choose the best possible solution(s) from the ones available.

Mike looks over the worksheet and the ratings. He decides that the best solutions are to redirect his social security payment and get rid of his ATM card.

Step five – action the solution

Having selected the best solution(s), the next step is to put the plan into action. This entails listing the specific tasks involved in carrying out the solutions and setting deadlines for these tasks to help avoid procrastination. Sometimes the tasks will involve engaging the assistance of others or obtaining necessary resources. When the

task involves a conversation that the patient may find difficult, the conversation can be rehearsed in a role play with the GP.

Mike was pleased with his chosen solutions, and the GP helped him generate a list of tasks necessary to put them into action. Mike agreed to see the social security officer to redirect his pay cheque, and with the encouragement of the GP agreed to a deadline of the end of the month. Another task was to discuss the plan with his partner and a joint appointment was scheduled for Mike and Michelle for the following week. Mike also undertook to cancel his ATM card by the end of the week. Mike role played with the GP, saying 'no' to his friends when they encourage him to gamble at the club.

Step six – reviewing progress

The final step involves reviewing progress and reflecting back on the goal that was set in step one. Regardless of the outcome of the solution, the patient is congratulated for making an attempt at solving their problem. If the solution was unsuccessful, the patient is encouraged to persevere with their problem solving attempts and to reflect on what went wrong. Feelings of failure need to be addressed. A constructive way of viewing the process is to treat the prior problem solving attempt as an experiment or practice run. Alternative strategies can be explored. Perhaps the problem was more complex than originally thought. Perhaps the goal was unrealistic and needs to be reconsidered or broken down in smaller steps.

At the review appointment, Mike was pleased with his progress. He had stopped losing money from gambling. He described one episode of gambling following an argument with Michelle, however, on this occasion he lost only \$10 because he was unable to access any further funds. Overall, Michelle and Mike were getting on better. The GP encouraged Mike to continue adopting the successful solutions and suggested that he should feel free to come back if the gambling got out of hand again in the future.

GP training and support

Learning SPS is not a difficult task for GPs. Medical education literature suggests that one of the best ways to learn new consulting skills is to role play consultations.¹⁰⁻¹² Watching skills performed by a colleague on video, and then rehearsing those skills allows the GP to gain confidence and become familiar with the language and tools associated with the new technique.

Barriers for GPs

Providing a particular type of psychological treatment for the first time is likely to be more taxing and anxiety provoking for the clinician than prescribing a new medication. It is important for GPs to remind themselves that new skills are only new for a short period of time. After using SPS on one or two patients, the process becomes more familiar and GPs will gain confidence in the knowledge that they have another treatment strategy to offer patients.

Another potential barrier to the use of SPS is the notion that psychological treatments are too time consuming. Naturally, developing a new skill is more time consuming at first, however, delivering SPS becomes more automatic with practice and consequently treatment becomes more time effective.

Conclusion

Structured problem solving is a relatively simple evidence based psychological strategy that can be used in general practice. As a time limited and structured approach, it fits well into the context of 'everyday' general practice care. Structured problem solving can be used to help patients with common problems such as depression, anxiety and substance abuse disorders, as well as helping patients cope with life problems and stresses. With training, support and provision of appropriate resources, GPs can add this approach to their repertoire of psychological tools.

Conflict of interest: none.

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