Using problem solving therapy in general practice

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BACKGROUND
In Australia, mild and moderate depression is predominantly treated by general practitioners. Many of these patients prefer a nondrug therapeutic approach. Problem solving therapy (PST) is an evidence based psychological treatment that can be provided to such patients by GPs.

OBJECTIVE
This article aims to explain what PST is, how PST skills may be developed, and how specific difficulties using PST may be addressed.

DISCUSSION
Problem solving therapy consists of a series of sequential structured stages. While many GPs use elements of the PST approach, few use its structured format. In this article the specific stages of PST are described in detail. This is followed by a discussion of ways GPs can learn more about developing PST skills from their existing problem solving skills. Finally, difficulties observed using PST are described in combination with potential responses to these difficulties.

Many patients have expressed a wish for nonpharmacological treatments for depression.[1] Problem solving is a brief, structured, psychological treatment suitable for use by general practitioners in a number of settings, including anxiety and depressive disorders. Randomised controlled trial research conducted in general practice suggests problem solving therapy (PST), when provided by an appropriately trained GP, is as effective as antidepressant medication (either tricyclic or SSRI) in the treatment of major depression, but that little additional benefit results from combining PST and antidepressant therapy.[2,3] This research also suggests PST is well accepted by patients. Problem solving therapy is recommended in both Australian and overseas guidelines for the treatment of mild to moderate major depression in general practice.[4–6]

This article focuses on the practical considerations for GPs learning about and using PST in every day general practice for mild to moderate major depression.

What is problem solving therapy?

Problem solving therapy is a psychological therapy consisting of a series of sequential stages. It is also referred to as structured problem solving or problem solving treatment. Many GPs use elements of the PST approach in consultations, yet few use the structured approach that is the hallmark of PST.[7] It is essential to distinguish between generic problem solving, as a familiar skill, and PST. The latter is an evidence based, brief, structured, psychological intervention in which the patient is supported by the therapist (the GP) to learn about and apply a structured approach to address symptom causing problems. Problem solving therapy emphasises the importance of facilitating the patient's development of a new skill, in which the patient recognises potential solutions to their problems rather than solutions being suggested by the therapist. It therefore involves the patient developing a skill that will empower them to solve any future problems.

Table 1. PST stages and clinical actions

PST stage	Clinician actions	Additional notes
Introduction	• Briefly explain the aims and stages of PST • If needed, discuss the following with the patient: – symptoms may be caused by life problems, which, if resolved, may improve symptoms – PST is an organised way to approach many life problems	The patient may need assistance recognising: • psychological (emotional) symptoms • that PST requires active patient involvement to be effective
Problem	• Ask the patient to list current problems • Ask the patient which problem they want to start with today • Encourage the patient to discuss that problem, clarifying it for them and the GP • If needed ask further clarifying questions	If the problem is large and complex, the patient may need to be encouraged to reduce it to a number of smaller problems If the problem is unclear to the GP, it may also be unclear to the patient
Goal	• Ask the patient what they want to achieve • Encourage SMART goals: – **s**pecific – **r**elevant – **m**easurable – **t**imely – **a**chievable	If the overall goal has longer time frame, encourage short term interim goals achievable before next consultation
Generating solution	• Ask the patient to brainstorm as many solutions as possible	The more solutions considered the greater the chance of successful resolution
Choosing solution	• Ask the patient to consider the pros and cons of each potential solution • Encourage the patient to consider if solution will achieve their goal	The patient may need to be encouraged to work through pros and cons
Implementing solution (homework)	• Encourage the patient to describe their plan to implement solution • Ensure both patient and GP are clear about details of plan	Solutions implemented before next consultation are often more effective
Review (at beginning of next consultation) 1–2 weeks	• Ask the patient how they got on • Explore patient's symptoms • Discuss further action, including changes to solution • If appropriate discuss other problems to be addressed	Encourage successes

Adapted from: Mynors-Wallis L. The seven stages of problem solving treatment. In: Mynors-Wallis L. Problem solving treatment in for anxiety and depression. Oxford: Oxford University Press, 2005

Using PST in practice

Problem solving therapy is a skill that GPs can easily learn and confidently use, as it builds upon the counselling and consulting skills many GPs already have. It requires little ongoing supervision, fits within the time constraints of current Australian general practice, and requires between 2–6 visits.[8] The sequential stages of PST, as they might be applied in general practice, are described in *Table 1*.

Problem solving therapy is a useful approach with broad therapeutic application. In the context of depression it is useful for patients overwhelmed by multiple life problems who want a nonpharmacotherapeutic treatment approach. It makes it easier for such patients to re-engage in processes to address these difficulties.[8] General practitioners will be familiar with the common problems affecting such patients including:

- relationship conflicts
- financial stress
- employment uncertainties
- difficulties with children, and
- social isolation.

In clinical practice, patients may select more than one goal and more than one solution. A key role of the GP is to assist the patient in deciding which goal and which solution to work with first.

Developing PST skills

Experienced GPs will have existing problem solving skills. Problem solving therapy may be seen by many GPs, not as a new skill that needs to be learned, but a skill that can be developed.[7] Developing the structured skills required for PST can be done informally through reading about and using PST, or via specific training programs.

General practitioners may learn about PST from medical journals.[9] In addition, texts specifically focused on PST in the primary care setting are available.[10] The disadvantages of this approach are the absence of interactive learning and that it has not been tested to see whether clinicians who are self taught are as effective in PST as those who have undergone some formal training.

Problem solving therapy skill development has been included as part of wider mental health training programs for GPs and is offered in Australia.[11] Such programs often have the learning advantage of interactive skill development with other GPs. Recently, we developed a practical training program called 'PS-GP', focusing specifically on PST for mild to moderate depression. It aims to develop GPs' existing problem solving skills. PS-GP is informed by current evidence and is an efficient way for GPs to learn the systematic approach of PST in limited time.

Information about PS-GP (Problem solving approaches to depression for GPs) has been included to illustrate one approach to learning about PST that has been well accepted by GPs and based on preliminary results is associated with increased GP competence in providing PST.

PS-GP is a targeted approach, developed by GPs for GPs, that is informed by experience of GP PST training both in Australia[11] and overseas[12] and has been designed to overcome some of the barriers GPs perceive to the use of PST.[7] Key features include:

- use of interactive workshops
- brief written material
- simulated consultations with actors (rather than GPs role playing)
- early application of PST skills in clinical practice, and
- limiting the training time demands on participating GPs.

Table 2. PST difficulties, GP concerns and potential solutions

Clinical difficulties	Potential solutions for GPs to use
Problem is unclear/vague	Ask the patient to describe the problem in a single sentence
Problem appears very complex	Suggest the patient breaks the problem into a number of smaller problems
Unrealistic problem (loss of perspective)	Consider other cognitive interventions – PST may not be the best approach
Goals not clear (may be contributed to by having moved directly from problem to solution)	Ask the patient to pause and define goal(s) Do not assume you know what the patient wants to achieve
The patient can't think of any solutions (brainstorming) (patient may say 'If I knew the answer I would not have come')	Ask the patient some probe questions to help get them started considering possible solutions
The patient's solution is very unlikely to be achieved	Ask the patient probe questions to help him/her recognise this difficulty
The patient's plan is vague	Ask the patient to describe in detail what they will do – ask for more specific detail if required
The patient reports at review consultation that the solution did not work	Support the patient, encourage consideration of other solutions (skills learned are often more valuable than immediate outcome)
GP concerns	**Possible solution**
'Using PST will take too long'	Try using PST; see how long it takes (the structure PST adds may have a positive rather than negative impact on consultation time)
'I haven't the skills to use PST... I'm not a psychologist'	Develop your existing skills with training and rehearsal (ideally with an actor or role play consultations)

Difficulties using PST

A number of difficulties, along with solutions to these difficulties, have emerged from the experiences of both Australian GPs' and other health professionals' use of PST.[7,13] These solutions are discussed in *Table 2*. They should be seen as suggestions only, not as prescriptive answers and considered by each GP in the context of their own clinical setting and experience.

Conclusion

Problem solving therapy is an evidence supported, structured psychological treatment that is recommended for use by GPs. This article has focused on its use for mild to moderate depression. It is an approach with features that will be familiar to experienced GPs and is easy to learn. It differs from current practice in that it includes a structured format to facilitate patient decision making and a component GPs sometimes find difficult – the holding back of giving advice.

A range of training approaches exist to develop GPs' PST skills, including PS-GP as outlined in this article. We encourage GPs to consider PST as an effective intervention for the many patients they see with mild to moderate depression.

Conflict of interest: none declared.

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