



Problem Solving Therapy (PST)

Rebecca M. Crabb, Ph.D

This training event is funded by the Mental Health Services Act (MHSA)
in partnership with the Department of Developmental Services.

Presenter

Rebecca M. Crabb, PhD

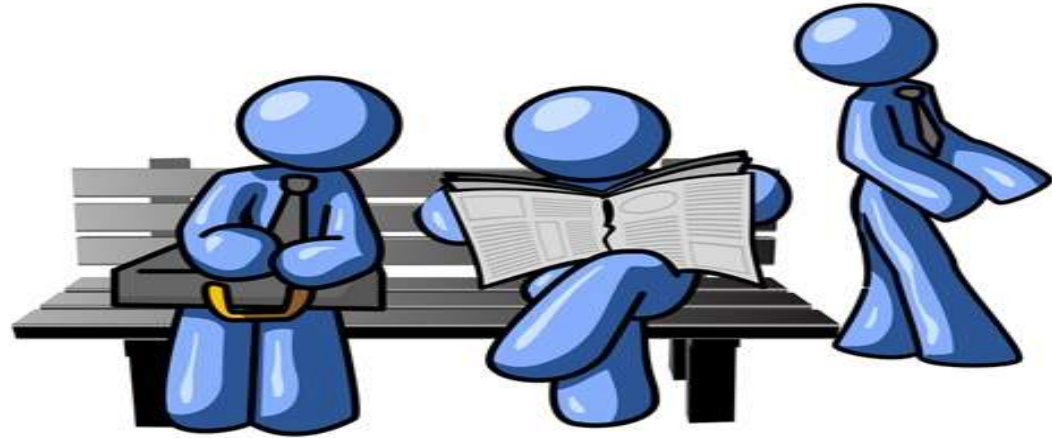
- Clinical Psychologist, Private Practice, San Francisco
- Co-Investigator and Clinical Supervisor, SPARROW Project, UCSF
- Trainer, National Network of PST Researchers, Trainers, & Clinicians

Welcome and Introductions

- How many have experience with:
 - PST
 - CBT
 - Other structured therapies
- Clinical populations
- Problem List
 - Name a common life problem or challenge that your clients experience



Overview



- By the end of today's workshop, you will be able to:
- List and describe each of the seven steps of Problem-Solving Therapy (PST)
- Assess an individual client's suitability for PST
- Explain the rationale and structure of PST to clients
- Utilize the PST steps and action-planning worksheet to break down a life problem and develop an action plan to address it

PST Workshop Timetable

Morning

9:00 Welcome and Overview

9:30 What is PST?

10:30 Introducing PST

--10:30 Break--

10:45 Video: Introducing PST

11:15 Role Play #1: Intro Session

--12:00 Lunch--

Afternoon

1:00 Problem-Solving Steps

1:30 PST Solo Exercise

1:45 Follow-Up PST Session
(with video)

--2:15 Break--

2:30 Role Play #2: Worksheet

3:15 Relapse Prevention
(with video)

3:45 Summary and Questions

4:00-4:15 Wrap-up

A Few Words on Role Plays

Learn, Watch, Try

- Trainer will give examples and show video first to demonstrate
- You will work in pairs or threes when you role play
- Trainer will circulate to provide support
- Feedback and questions in large group



Support your role play partner(s) by:

- Offering positive and constructive feedback
- Playing a relatively receptive client
- Staying on task

Role Plays

- Role Play #1: 15 minutes each to introduce PST and complete a problem list
- Role Play #2: 15 minutes each to use PST worksheet to solve a complete problem



What is PST?

Theory, Research, and Structure

PST: Clinical Example



- John is a 75-year-old widowed man who had a career in woodworking and lives alone. You meet him when he is admitted to a rehab facility following a hip replacement. He also has diagnoses of hypertension and COPD, neither of which John has been managing well prior to rehab admission. In the facility, John has been struggling in physical therapy, as he doesn't exercise between sessions and sometimes gets angry at his PTs.

PST: Clinical Example (cont)

You become concerned that John may be depressed. You've also been watching John on the unit and noticed that he keeps to himself, declines invitations to take part in conversations or activities, and spends most of each afternoon and evening in his room watching TV.

You talk to him and John tells you that he's worried about returning home, even with the 3X/week care service that has been arranged. He doesn't want to burden his children, and has had trouble staying in touch with friends since his wife passed away.

You administer the PHQ-9 and his score is 14/27, indicating moderate depression.



PST: Clinical Example (cont)

You introduce the PST model as a means to work with John on the problems that are making him feel stuck. You take a list of the problems that are concerning him most (doesn't like PT, worried about household repairs once he's home, limited contact with family and friends) and start working on one problem at a time. Sometimes, you work together on an action plan, e.g., with PT. For other problems, John takes the lead, e.g., writing a letter to his daughter.

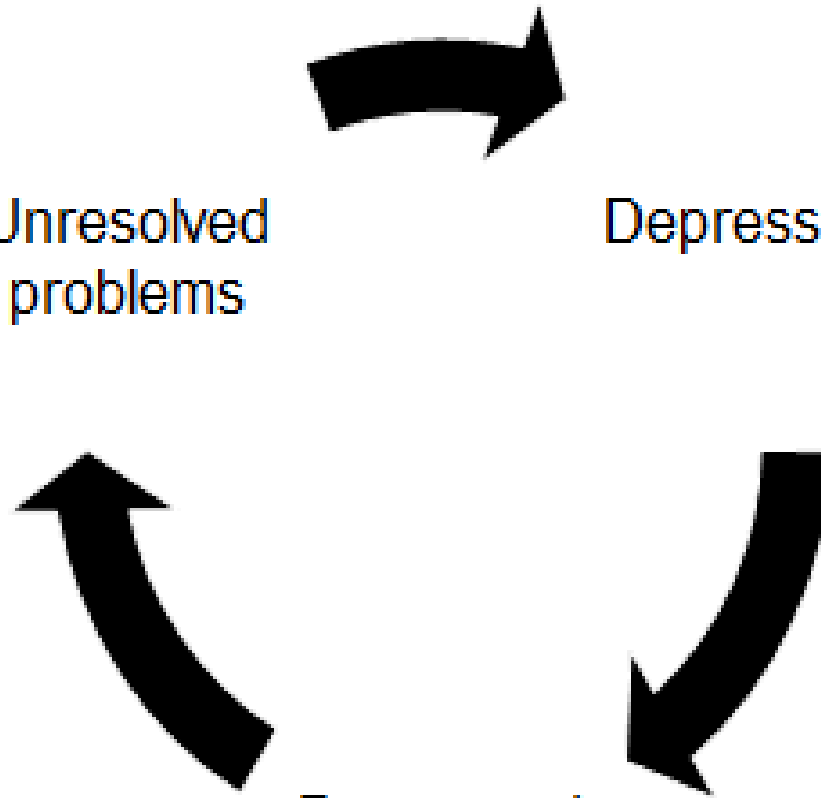
Gradually, John starts to regain his confidence and begins to feel more optimistic about his ability to cope at home.



Unresolved
problems

Depression

Decreased
problem-
solving ability



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

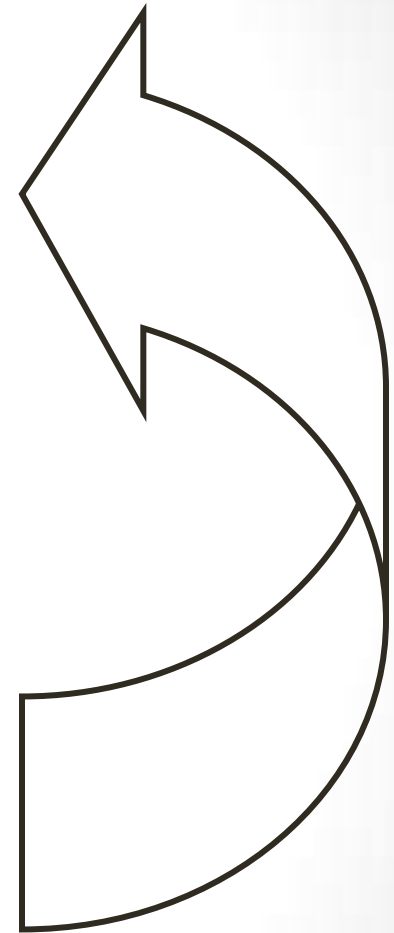
- **Planful (Rational) Problem Solving**
 - Clear definition of problems, goals, and obstacles
 - Generation of alternatives
 - Decision making
 - Solution implementation and verification
- **Impulsive/Careless**
 - Narrowed, hurried or incomplete problem solving
 - Few alternatives, often go with first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

Framework of PST

- Work on solving real-life problems of patient's choosing
- 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
- Designed as time-limited therapy but can be applied flexibly
- Usually weekly meetings, 6-12 sessions, 30-45 minutes per session

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. Evaluation of the Outcome



Evidence for PST

Evidence for PST

- PST considered a “transdiagnostic” therapy (Nezu, Nezu, & Colosimo, 2015)
- Meta-analyses indicate that, in the treatment of depression, PST has comparable effectiveness to other psychotherapies (Barth et al., 2013) and medications (Bell & D’Zurilla, 2009)
- Numerous studies show that problem solving therapy and/or teaching problem solving skills can be effective for a wide range of mental and behavioral health issues
 - Self-management of chronic illness, caregivers, dementia, self-harm
 - Distress in context of serious mental health issues or substance abuse
- PST can and should be adapted according to cultural and linguistic considerations
 - Chinese-speaking and Latino older adults
 - Zimbabwe study

Evidence for PST in Older Adults

- Recent meta-analysis of 9 studies comparing PST to active control group found large effect size for PST (Cohen's $d=1.15$, 95%CI 1.76 to 0.55)
 - Effect size of 1.15 is larger than what has been observed in meta-analyses of PST in all age groups
 - Effect sizes for other psychotherapies for late-life depression range from 0.64-0.76
- Significant reductions in depressive symptom scores
 - 45.6% remission rate among PST participants compared to 27.8% in the control group in one study
 - Also effective in reducing disability

Kirkham, Choi, & Seitz, 2016

PST for Depression and Cognitive Impairment

- Executive dysfunction is common in depressed older adults, and a predictor of poor response to medications
- 12 weeks of PST associated with greater rates of remission (75%) compared to supportive therapy (22%)¹

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

PST for Individuals with Mild Intellectual Disabilities

- A few small studies indicate that PST can reduce distress for individuals with mild intellectual disabilities and comorbid depression, self-esteem, or behavior problems (e.g., Nezu et al., 1991)
- Case studies show PST may help with generating more solutions and choosing more effective solutions (Anderson & Kazantzis, 2008)
- Modifications for any kind of intellectual disability, developmental or acquired, could include:
 - More time and repetition to teach and practice skills
 - Use of modelling (show) or scaffolding (do together)
 - Involvement of caregivers or peers

Introducing PST



Will PST be a useful tool for my client?



- Can your client sit with you for a conversation and stay focused on concrete problems (with redirection, if needed)?
- Can your client see a connection between problems, problem-solving ability, and depression/distress in their life?
- Are they motivated to address problems in their life?
- Test it out. Briefly explain problem solving. What do they think? Would they be willing to try it?
- Model problem solving first, then invite your client to try.

Introducing PST Checklist

- Explain rationale for using PST for Depression
 - Overwhelming life problems>>Depression
 - Depression interferes with solving problems
 - PST breaks the cycle
- Explain PST Treatment Structure
 - Brief treatment: 6-12 sessions, 60 minutes 1st session, 30-45 minutes subsequent
 - Each session, set agenda, review progress, and work together on a problem
 - In between sessions, carry out action plans and solve new problems
- Describe PST Process (7 Steps)
- Generate Initial Problem List

Introducing PST: Rationale

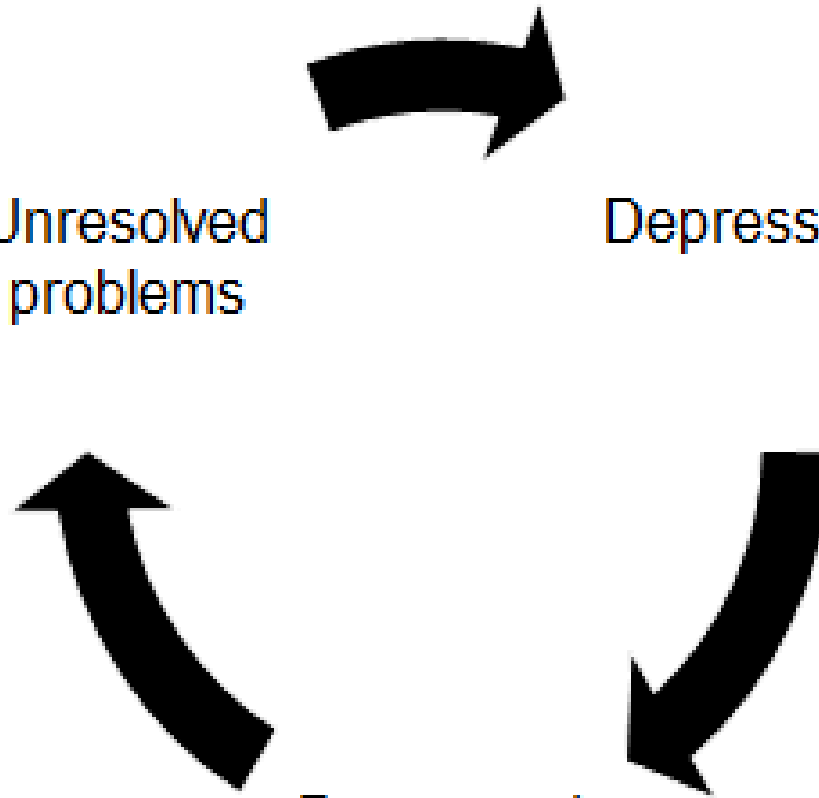
- Everyone has problems
- Interplay between problems and distress, anxiety, overwhelm, and/or depression
 - Problems contribute to making distress worse
 - Distress makes it hard to solve problems
 - Downward spiral



Unresolved
problems

Depression

Decreased
problem-
solving ability



Introducing PST: Rationale

- 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 distress and problems



PHQ-9

- Self-reported measure of depression symptoms
- Completed every week prior to PST and reviewed to track progress

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

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, please refer to accompanying scoring card). TOTAL:

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	_____

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Problem List

- “What kind of problems are concerning you right now?”
- Just a quick list, not detailed at this point
- Use Problem List worksheet to help generate problems
- Good to have 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

Jan 13/14

Problems with relationships - worried about help - feelings of loss regarding	Problems with having a daily pleasant activity - difficulty with pleasant events
Problems with work or volunteer activities - haven't had contact with in Toronto	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 - Breathing	Problems with aging
Problems with health - problems with walking, mobility - doing laundry - going to work - coping with decreased mobility - problem with able.	Problems with loneliness - like to have contact with someone to visit

Steps of PST

1. Define Problem
2. Set Goal
3. Brainstorm Solutions
4. Weighing Pros and Cons of Possible Solutions
5. Choose a Solution
6. Make an Action Plan to Carry Out Solution
7. Review Outcome – how did the plan work? What was learned?



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

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

PST: Discussing Treatment Options

- Pros:
 - No medication side effects
 - Alternative for poor response to medications
 - Accommodates client who does not want medication
- Cons:
 - More time consuming (30 min to 1 hr sessions) for client
 - Symptoms can interfere
 - May take longer to work

How is PST Different from Other Treatments?

- Like Case or Self Management BUT: client 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 client creating their OWN strategies

Morning Break



Video: Introductory PST Session



Role Play #1: Introducing PST

- In groups of 3, refer to Introducing PST Checklist to practice introducing the model (15 minutes for each person)



Introducing PST Checklist

- Explain rationale for using PST for Depression
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Lunch

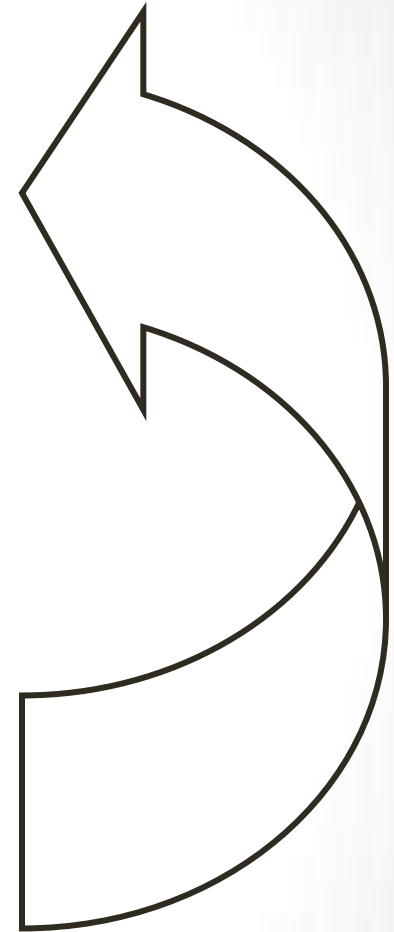


Problem Solving Steps



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

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

- Understand exactly what is happening
- Understand barriers
- Facts vs. assumptions
- Break down large problems



1. Problem Definition

- **Get concrete and behavioral:** who, what, when, where, how
“My daughter is so difficult.” → “When are things better/worse between you?”
 - What makes this a problem? What’s the part that bothers you the most? What other problems does it cause?
- **Assess barriers**
 - What have you already tried? What happened?
- **Separate facts from assumptions**
 - Do you know that for a fact? “What exactly did the letter say?”
- **Break bigger problems into smaller problems**
 - “I have back pain” → What problems does that cause?
 - “I have difficulty doing my laundry”; “I need help with grocery shopping”

2. Goal Setting

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

– Zig Ziglar



The flip side of the problem –
What do you want to see change?

2. Set a Goal

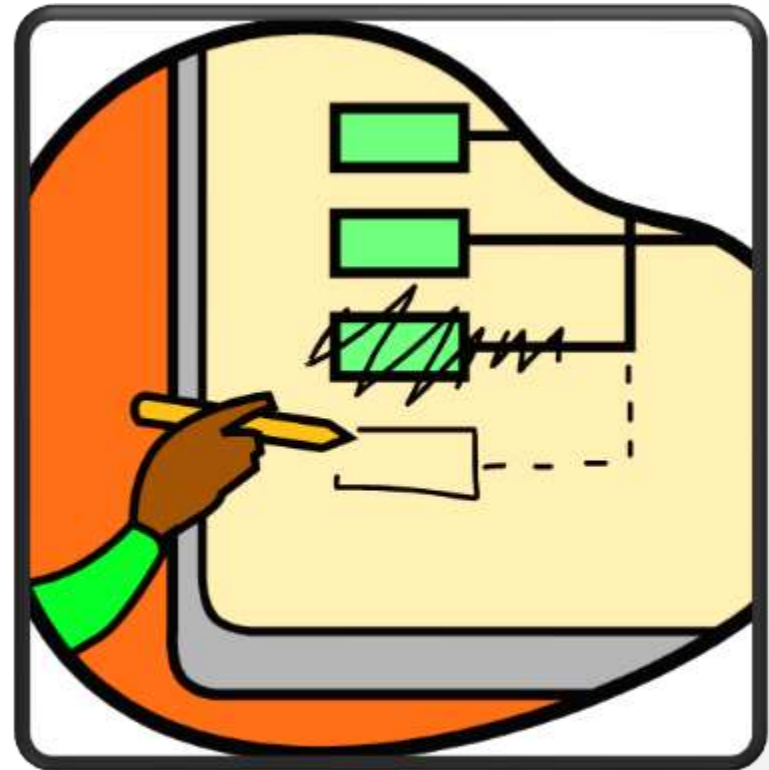
- Feasible and realistic: Things that you have control over and that you can address between therapy sessions
- Helps to state goals as, “Find a way to...”
 - “...pay my bills this month”, “...get along better with my son-in-law this weekend”
- Goals are different than solutions
 - E.g. Problem: “Procrastinating re returning phone calls”
 - Goal: “Find some ways to start returning calls again”
 - Solution: “Make a list of calls to be returned”
- 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

Don't put all your eggs in one basket

– Anonymous

- All ideas that come to mind
- Withhold judgment
- Solution should fit goal
- Be detailed
- Generate 3-5 ideas



3. Brainstorming Solutions

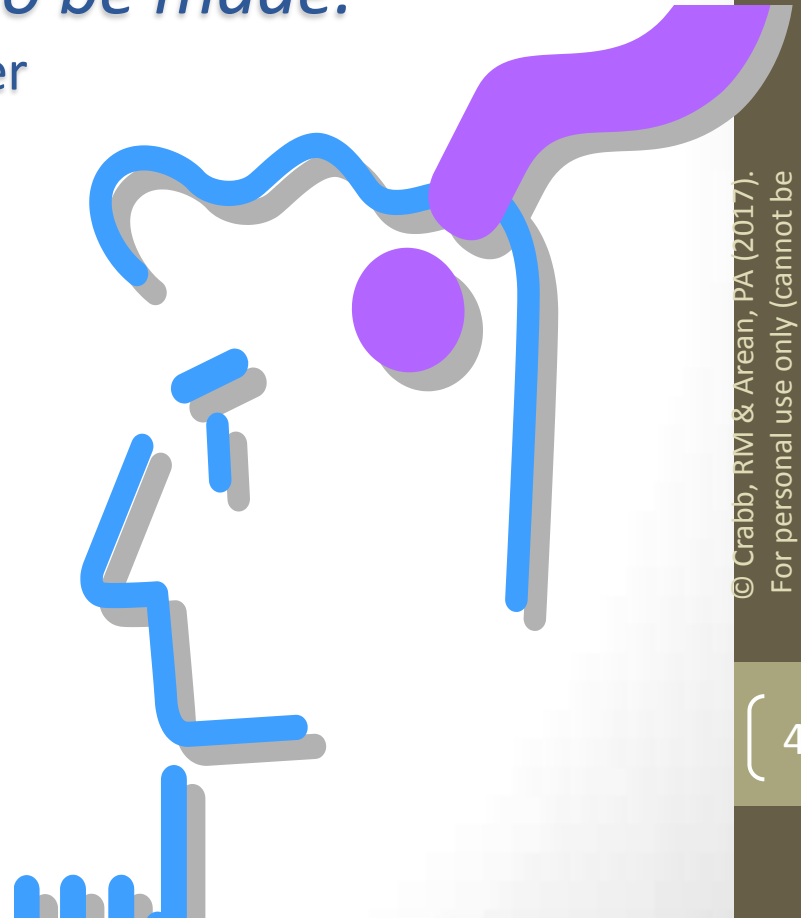
- Encourage generation of solutions:
“Great, what else?”
- If client is stuck: “What have you tried in the past with a similar problem? What have others tried or suggested? Anywhere you might go for information about this problem?”
- Hold off on judgment
- Provider can suggest some solutions that might work as well after client has identified some
 - E.g., a community resource that client may not be aware of

4. Weighing Pros and Cons

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

- What are the advantages of this option? What are the disadvantages?



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

5. Choose a Solution

“You are the sum total of all your choices up to now.”

– Dr. Wayne Dyer

- One with the most pros and fewest cons
- Most feasible
- Doesn't create other big problems
- May select more than one solution for a particular problem, just prioritize which solutions will be tried first



6. Action Planning

“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 if needed
- When to check in
- Do you need other people to help?



6. Action Plan



- Review with client whether they see any possible obstacles to implementing action plan
 - Role playing
 - Ways to enhance motivation
 - Strategies to decrease anxiety prior to implementing action plan

Pleasant Activity Planning

*“One joy scatters a hundred
griefs”*

– Chinese proverb

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



7. Reviewing the Outcome

“When you lose, do not lose the lesson.”

– The 14th 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?



7. Reviewing the Outcome

- How satisfied were you with your efforts?
Any impact on mood?
- Challenges with implementing the action plan can be addressed briefly or can be the focus of additional problem solving

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
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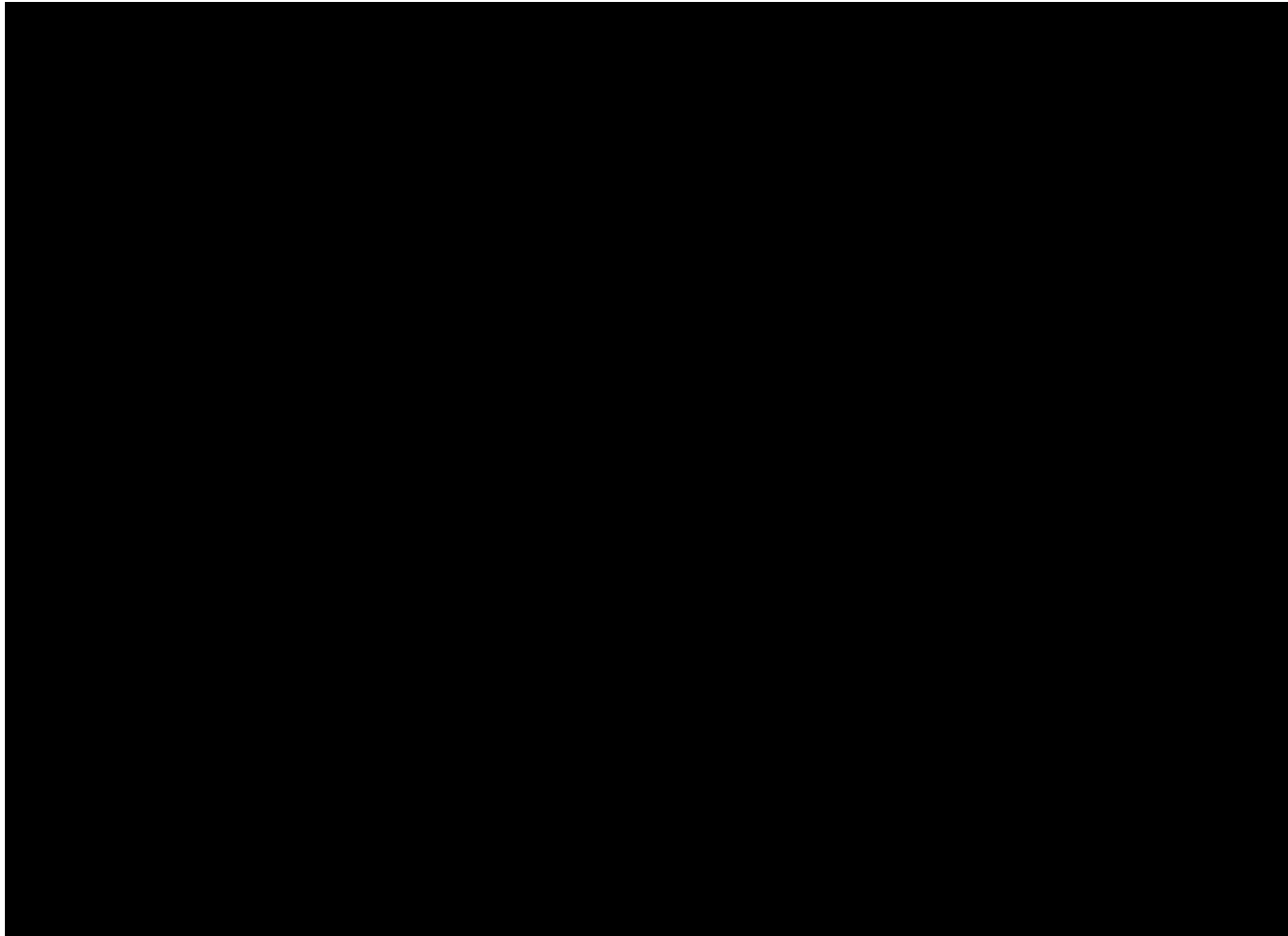
Problem Solving Worksheet

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

The Follow-Up Session

- **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**

Video: Follow-Up Session



Afternoon Break



Role Play #2: Solving a Problem Using PST

- Clinicians role play (20 min per partner; 5 min feedback at the end of each partner's turn)



Role Play Wrap-Up and Q & A



When To End PST

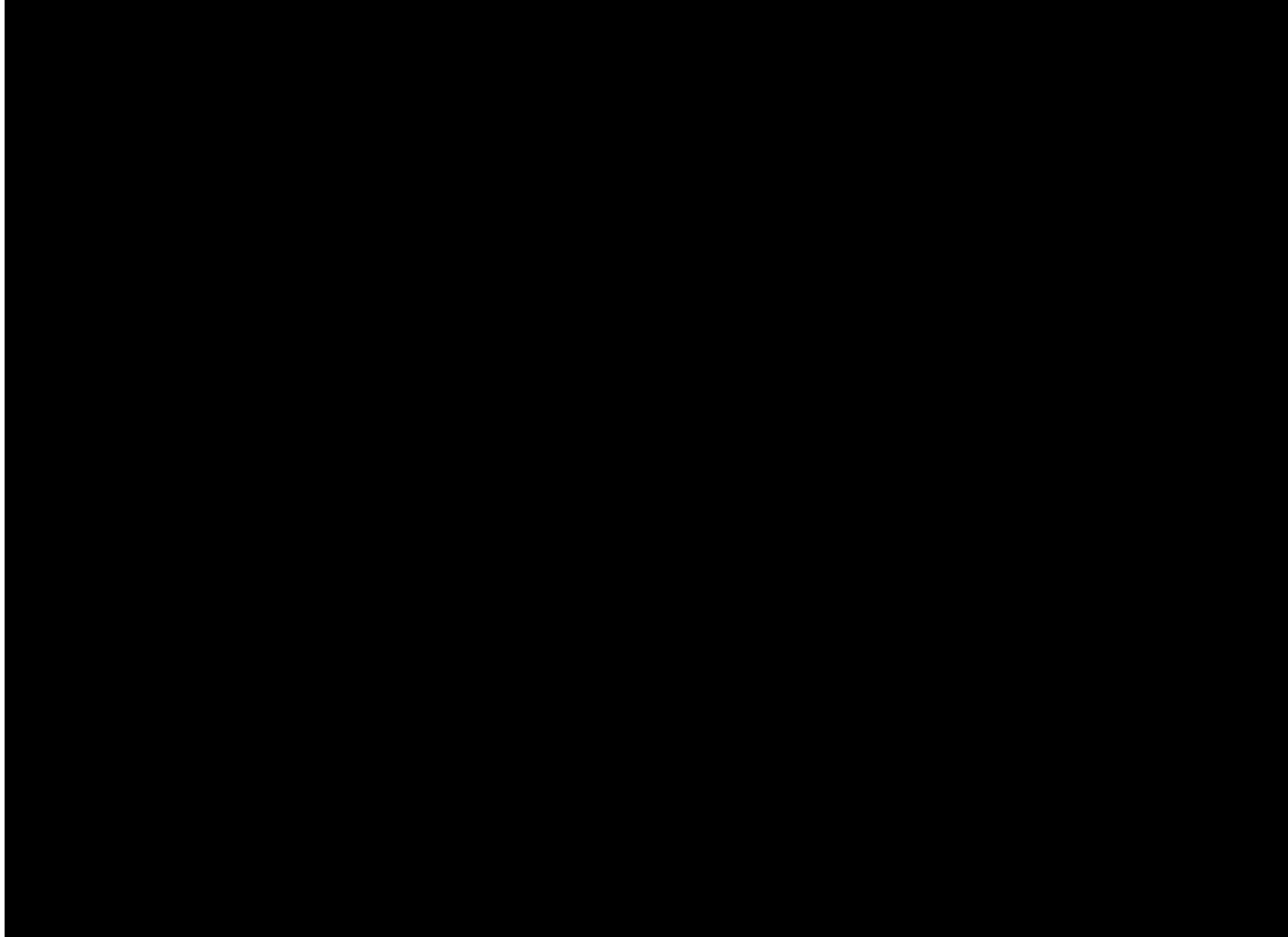
- Client understands PST and utilizes it well on their own
- Client expresses desire to do behavioral activation only
- Client not doing PST in sessions
- Client needs specialty mental health care
- Client isn't coming in or available by phone for three sessions in a row
- Treatment is not effective
- Client's distress or depression is significantly improved

Graduation From PST



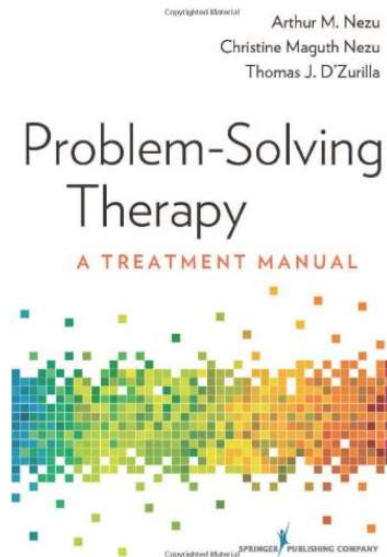
- Similar to follow-up sessions
- Review PHQ-9 from beginning of therapy to last session
- Review problems and solutions used to overcome them
- Discuss strategies to reduce relapse
 - Encourage ongoing use of PST for new problems that occur
 - Booster sessions if needed

Video: Relapse Prevention

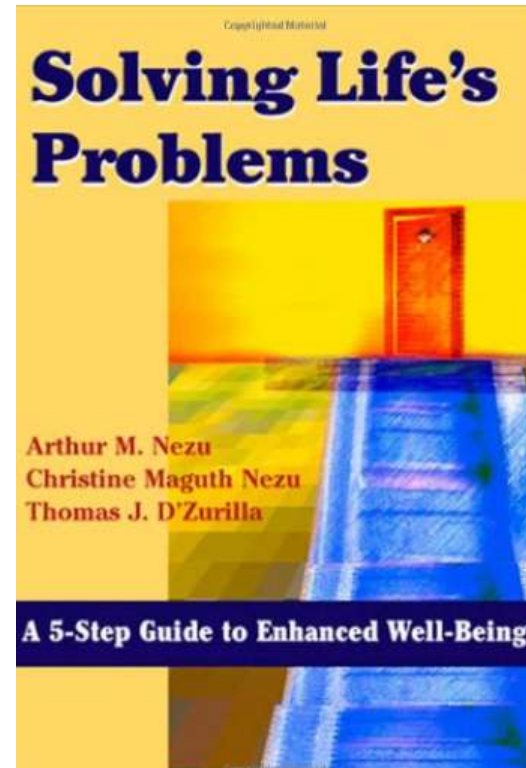
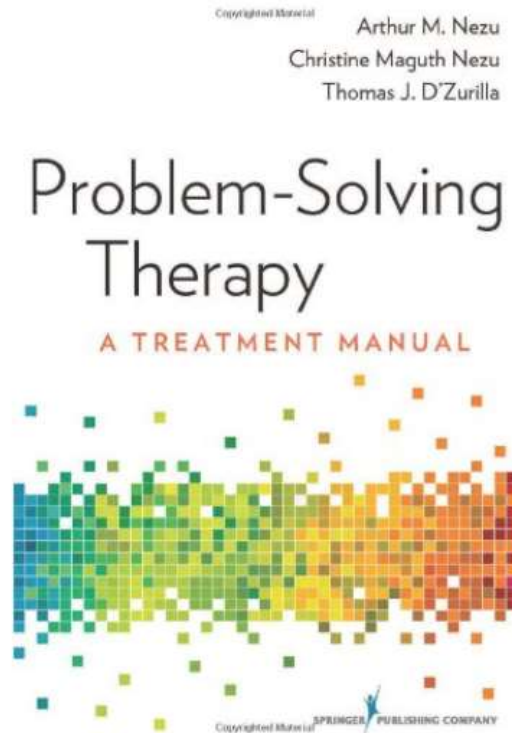


Resources

- National Network of PST Clinicians, Trainers & Researchers
 - <http://pstnetwork.ucsf.edu/>
- IMPACT Depression Online Training Modules
 - <http://depts.washington.edu/impacttr/IMPACT.html>



Resources



Acknowledgments

- UW AIMS/PST Network
 - Dr. Patricia Arean, Ph.D
 - Rita Haverkamp, RN
- Queen's University, Canada
 - Dallas Seitz, MD



Problem-Solving Therapy

Day 2: Certification Track

Rebecca M. Crabb, Ph.D

This training event is funded by the Mental Health Services Act (MHSA)
in partnership with the Department of Developmental Services.

PST Workshop Day 2 Timetable

8:30 Overview of PST Certification

9:00 Addressing Problem
Subtypes

9:30 “What If...?” Addressing
Challenging Situations

10:00 Break

10:15 Role Play #3

11:15 Debrief, Questions

12:00 Wrap-up

PST Certification Process

- Completion of workshop on PST: March 22nd and 23rd
- Standardized Role Plays: 8 scenarios, 1.5 hours/week, starting in April
- Attain standard of practice via ratings of audio recordings of PST sessions



More Details



- PST workshop –done!
- 8 weekly 1.5 hour role plays
 - Each session highlights 1 component of PST (e.g. introducing the model, problem definition)
- Review of PST Cases with trainer
 - Minimum of 3 sessions recorded with 1 – 2 clients
 - Rated for adherence by PST supervisor
- (Train the trainer – for future thought)
 - Provide a workshop, co-lead role plays, and co-supervise PST trainees with supervisor

Addressing Problem Subtypes



Health-Related Problems

- Difficulty with preventative health care
- Self-management of a chronic condition, e.g., diabetes
- Chronic pain
- Life-threatening illness
- Mobility and independence issues
- Working with health care providers
- Try:
 - Breaking down problems further: e.g., nutrition, exercise, medication use, functional and experiential aspects of pain
 - Recognize that multiple goals may exist
 - A first goal might be obtaining more info about condition or management
 - Understand obstacles to management/adherence
 - Differentiate between functional and treatment goals

Interpersonal Problems

- Caregiving for another person
- Another person's substance use or mental health problems
- Exploitative or harmful behavior by another person
- Divorce, break-up, or estrangement
- Chronic relationship distress
- Try:
 - Differentiate between self-care and other- or relationship-care goals
 - "What makes this a problem for you?"
 - Choose goals under own control, emotion or problem focused
 - Consider lack of support or knowledge as part of problem definition
 - Consider readiness to change in choosing problems to tackle

Loneliness, Grief, and Existential Problems

- Unmet needs re companionship, social support, intimacy
- May be longstanding or due to recent change or loss
- Acute vs complicated bereavement
- Lack of meaning, purpose, or fulfilling roles
- Try:
 - Recognizing that resistance to addressing any chronic unmet need is normal and expectable
 - Encourage a view of “the long game” with respect to forming bonds with new people or trying on new roles or activities
 - Work with available social resources
 - Get concrete about lack of meaning and encourage life review to get clues about possible goals

Problems with Resources

- Transportation, health care and disability, educational, vocational, financial assistance
- Try:
 - Consider that lack of information may be part of initial problem definition; first goal may be getting more info
 - Assess for barriers at system, provider, and individual levels
 - Use collaborative case management as appropriate to offer additional resources or to facilitate access
 - Encourage consideration of alternatives when a resource “should” exist or be better but isn’t
 - Roll with resistance to resources that client is not yet ready to access
 - Return to goals if conversation gets stuck

What If...? Managing Crises and Challenging Situations



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 Disclose Trauma? ?

- 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 There Are Too Many Problems?



- 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

Other Common Challenges and Strategies

Problem

- Emotion: Overwhelmed emotionally with problems



- Motivation: Apathy or inertia 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, practicing more effective thinking

Using Barrier Strategies

- Acknowledge presence of a barrier
 - “I’ve noticed that low motivation seems to be getting in the way of completing your action plans.”
- Get buy-in to address barrier
 - “What thoughts do you have about how motivation is affecting you?”
- Offer barrier strategy
 - “One strategy that can help is reward planning.”
- Tailor to client needs
 - “Let’s think of a reward that might work for you.”
- Talk about how to apply strategy in context of solving a problem
 - “So, you’ll stop by the coffee shop after your tax meeting.”
- Include barrier strategy on action-planning worksheet

Role Play #3: Solving a Problem Using PST

- Clinicians role play (20 min per partner; 5 min feedback at the end of each partner's turn)

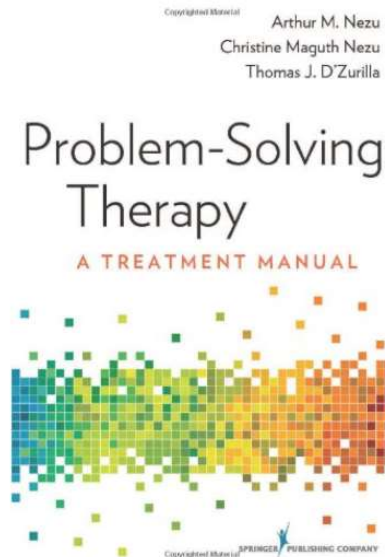


Role Play Wrap-Up and Q & A



Resources

- National Network of PST Clinicians, Trainers & Researchers
 - <http://pstnetwork.ucsf.edu/>
- IMPACT Depression Online Training Modules
 - <http://aims.uw.edu/impact-improving-mood-promoting-access-collaborative-treatment/>



Resources

