

OCTC PRACTICAL GUIDES

PROBLEM SOLVING

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Problem solving is a fundamental coping skill enabling us to take stock, prioritise and generate solutions. Good problem solving skills have long been associated with better long-term prognosis, so you should be satisfied that your patient has the ability to problem solve by the time of discharge. This brief guide is adapted from Kennerley (2014) but a comprehensive introduction to the “Problem Solving Approach” can be found in Nezu et al (2013) who were pioneers in developing this as a therapeutic method.

Although graded practice is usually the best way of facing a challenge when there is time to organize a program, problem solving comes into its own when the challenge is imminent. In these situations, where exposure can't be gradual, we need to help our patients develop the ability to think on their feet in a calm and systematic way.

The problem-solving approach structures and focuses thinking and behaviour so that a range of solutions is generated. The framework gives guidance (which is calming) and the technique results in multiple options (which is assuring).

The 6-steps to problem-solving:

1. Define the problem(s)
2. Brainstorm solutions
3. Look at resources
4. Evaluate the pros and cons of each solution and order them
5. Choose the best option and plan to put it into action
6. Review how things have gone

1: Define the problem(s): It is really important to be specific about the task ahead – it is also important not to confuse several tasks. Sometimes the problem will be a single challenge but often it will comprise several difficult aspects, so take time to reflect and tease out different elements if necessary. If there are several elements to the problem, make a plan for each. For example, an imminent baptism might trigger the following thought in Jennifer:

I've got to go to the christening next week - attending church and a reception – without my partner and without panicking!

At first this might look like a single problem but in fact, it reflects several challenges, each of which needs to be described in detail:

1. *I have to deal with my claustrophobia in the church. This means being able to stand and sit in a confined space, some distance from the exit and without the support of my partner, for at least an hour,*
2. *‘As a god-parent, I have to cope with being a focus of attention for at least three or four hours (both in the church and at the reception) without getting too self-conscious and panicky.’*
3. *‘I am expected to attend a reception of about thirty guests. I will be without my partner and in an enclosed space (the marquee) for three or four hours and I will need to stay calm enough to mix and mingle.’*

You will notice that Jennifer’s three challenges are described in detail: what she needs to do, where, with whom, for how long. This will be really helpful in her planning because she knows precisely what she has to deal with – vagueness makes it harder to come up with sound solutions. If a problem has several challenges, take one element at a time – it is false economy to try to address several challenges at once because it can confuse the issues. Choose the first task thoughtfully, sometimes people take the easiest task first because it seems more manageable and gets them off to a good start; sometimes people take the most difficult task as they feel more confident if they have gotten this out of the way. The important rule is: *one at a time*.

Once selected, the task needs to be stated in very specific terms. Example 1, below, reflects the third aspect of the Jennifer’s problem. She chose to deal with this first because she had experience of coping at a celebratory reception before, so she thought that it would be the easiest challenge. In another example (Example 2) you will meet Dashiell who has a work issue coming up. He had been ignoring this and now he has only two days to tackle it.

Example 1: Jennifer – *‘I have to go to the christening reception, alone, next Saturday. I will sit with Mary for luncheon and mix with thirty or so guests in an enclosed space (the marquee) for one or two hours and stay calm.’*

Example 2: Dashiell - *‘I have to see my boss and put forward my argument for a pay rise within two days or lose the chance of an increase in salary this year.’*

2: Brainstorm solutions: This is an opportunity to be as creative as possible, to come up with as many ways of dealing with the problem as you [both] can. Creative thinking will yield the most possibilities but tension and hopelessness limit creative thinking. Thus, patients often need some help in generating ideas at this stage. The aim is to devise a wide range of possible courses of action and the process is hindered if there are pauses to judge the merit of each solution. Therefore this step should be done without judgement of the ideas - that can be done later. All ideas should be noted, no matter how trivial or outrageous they might seem: some ‘trivial’ or ‘outrageous’ solutions might turn out to be most useful in the end. If your patient is trying to do this alone, they might benefit from considering how a friend, partner, boss would respond if asked to come up with ideas. If possible your patient could enlist the help of someone else – two heads are usually better than one.

In the example below, Jennifer did the brainstorming by herself and you’ll see that she just jotted down solutions as they came into her head – she didn’t pause to judge them - so some might seem a bit odd or extreme. The advantage of not pausing is that she did not interrupt a train of thought that was becoming rather productive. You will see that her first thoughts are of avoiding the situation (this is a common

starting point) but as she gets into her stride, her solutions become more constructive. If she'd paused and reviewed her first ideas, she would have lost the flow of the brainstorming and she might not have been able to come up with the excellent later solutions.

Problem-solving in action: Jennifer

Problem

I have to go to the christening reception, alone, next Saturday. I will sit with Mary for luncheon but then mix with thirty or so guests in an enclosed space (the marquee) for one or two hours - and stay calm?

Sitting with Mary for the luncheon did not pose much of a problem as Jennifer knew she'd be distracted by chatting – so she focussed her thoughts on the challenge of mixing with guests later.

Solutions

- *Stay in bed – get under the duvet and say I'm ill so that I can avoid the whole thing*
- *Avoid the whole thing by sending my apologies, with an explanation of my problem*
- *Take one tranquilliser to calm me before the reception*
- *Send my daughter in my place*
- *Drink a lot of wine at lunch so that I have 'Dutch courage'*
- *Recall how I coped the last time I went to a public event and use these strategies again*
- *Plan 'escape routes' that I could use if I thought I'd panic*
- *Practice 'small talk' with my partner so I feel I've got something to say to the guests.*
- *Ask Mary if I can bring along my daughter for support*
- *Sit and talk through all my fears with a friend or my partner as this puts things in perspective.*
- *Spend the morning before getting as relaxed as possible*
- *Take breaks – I can leave the marquee from time to time to compose myself and then go back in*
- *Listen to calming music when I take a break – I've several good tracks on my phone.*

Problem-solving in action: Dashiell

Problem

"I have to see my boss and put forward my argument for a pay rise within two days or lose the chance of an increase in salary."

Solutions

- *Quit to avoid the confrontation or the embarrassment of not making a good enough argument Say I'm sick to buy myself some time*
- *Ask a colleague how I might phrase my request*
- *Ask my friend, Ali, to rehearse what I might say - and do some role-play with me*
- *Go to the pub and get relaxed before the meeting*
- *Do something else to get as relaxed as possible – I'm quite good at yoga meditation and I can distract myself by reading a good book (I've always got one with me)*
- *Ask for a time extension so that I can prepare myself better*

- *Ask if I can submit my argument by e-mail*
- *Just keep my head down and miss the chance of a rise this year*
- *Remind myself that it's not the end of the world if I don't get a rise but at least I can give myself credit for trying.*

3: Look at resources: The ideas generated in Step 2 will be viewed with a critical eye in Step 4, but first you need to prompt your patient to review their support and resources. These resources might be external (family and friends and a cash flow, for example) or internal (good social skills, a reliable memory, for example). When Jennifer did this part of the exercise, she recalled that she had a very supportive partner who would do all he could to help her before the big day, although he would not be there for the baptism; she had a daughter who was always sunny and supportive and distracting in a very helpful way; Mary herself was a good and sensitive friend who would understand Jennifer's struggles; Jennifer had learnt a few stress management skills which she could call on – distracting herself with soothing music for example.

When Dashiell carried out a similar review, he realised that he had a very good friend in Arno and, at work, his colleague Sonia was particularly trustworthy and kind. He also knew that he had a loving family who would understand whatever he did and this took some pressure off him. He knew that even without a pay rise they would be financially comfortable. Finally he recognised that – on paper he was a very articulate and clear thinker, more so than many of his colleagues.

4: Evaluate pros and cons and order your solutions: Now it is time to scrutinise the solutions of Step 2 in the light of the resources identified in Step 3. Some solutions will be retained and some rejected.

For each solution, consider the pros and cons– this will help identify the non-starters, the good ideas and those that lie somewhere in-between. When Dashiell considered the pros and cons of: *'Quit to avoid the confrontation or the embarrassment of not making a good enough argument'*, he decided that there were no advantages to this and that the downside would be enormous – so it was easy to delete it. However, when he considered: *'Ask if I can submit my argument by e-mail'*, it was less straight forward – the advantages would be that he would be more relaxed and able to make his points more clearly and forcefully in an e-mail but the downside was that he thought he'd seem odd and unassertive if he made his request this way. So he decided to keep this idea but as a 'last resort solution'. When he reviewed the possible solutions: *'Ask a colleague how I might phrase my request'*, and, *'Ask my friend, Arno, to rehearse what I might say'*, it was clear to him that these were both good ideas with no disadvantage and so they would stay near or at the top of his list. In addition he now realised that Sonia would be the ideal colleague to consult.

Step 4 should produce a list of constructive ideas that can then be ranked according to usefulness at this time. The most useful and 'do-able' sit at the top of the list. By this stage, it might also be clear that some of the ideas complement each other and they will work well together. For example, Dashiell realised that he could first ask Sonia's advice about phrasing his request and then take this forward into a role-play in the meeting with Arno.

Problem-solving in action: Jennifer

Reject these solutions:

- *Stay in bed – get under the duvet and say I'm ill so that I can avoid the whole thing*

- *Avoid the whole thing by sending my apologies, with an explanation of my problem*
- *Send my daughter in my place*

Her number one solution was to take some time and recall how she'd last coped – she thought that she might be able to calm and reassure herself just by doing this. If not, there were other things she could try.

My list of solutions:

- *Recall how I coped the last time I went to a public event and use these strategies again*
- *Sit and talk through all my fears with a friend or my partner as this puts things in perspective.*
- *Practice 'small talk' with my partner so I feel I've got something to say to the guests.*
- *Spend the morning before getting as relaxed as possible*
- *Take breaks – I can leave the marquee from time to time to compose myself and then go back in*
- *Listen to calming music when I take a break – I've several good tracks on my phone.*

Keep as 'last-resort solutions':

- *Plan 'escape routes' that I could use if I thought I'd panic*
- *Ask Mary if I can bring along my daughter for support*
- *Drink a lot at dinner so that I have 'Dutch courage' (change this to one or two drinks only)*
- *Take one tranquilliser to calm me before the reception*

Jennifer really hoped that she would not have to resort to taking a tranquilliser so she put this at the very bottom of the list, but she kept it there because it was an option *if all else failed*.

Problem-solving in action: Dashiell

Reject these solutions:

- *Quit to avoid the confrontation or the embarrassment of not making a good enough argument Say I'm sick to buy myself some time*
- *Just keep my head down and miss the chance of a rise this year*
- *Go to the pub and get relaxed before the meeting*

My list of solutions:

- *Ask Sonia how I might phrase my request*
- *Ask my friend, Arno to rehearse what I might say - and do some role-play with me*
- *Do something to get as relaxed as possible – I'm quite good at yoga meditation and I can distract myself by reading a good book (I've always got one with me)*
- *Remind myself that it's not the end of the world if I don't get a rise but at least I can give myself credit for trying.*

Keep as 'last-resort solutions':

- *Ask for a time extension so that I can prepare myself better*
- *Ask if I can submit my argument by e-mail*

Step 5: Choose a solution and plan to put it into action: Now simply take the first-choice solution and plan in detail how to put it into action. Be very specific and concrete – remember that vagueness usually makes it harder to follow a plan. Encourage your patients to address the following questions:

- What will I do?
- How will I do it?
- When will I do it?
- Who is involved?
- Where will it happen?
- What is my back-up plan?

A **back-up plan** can be put into operation if the task is more difficult than anticipated, or if there is an unexpected obstacle. For example, Jennifer might carry the telephone number of a friend whom she could ring if she needed some words of encouragement.

Problem-solving in action: Jennifer

Task: *Recall how I coped the last time I went to a public event and use these strategies again.*

Action: *'This afternoon, I will sit in my bedroom (which is quiet and comfortable) where I shan't be disturbed. I'll try to recall the details of the celebratory reception I attended and I'll write down all the things I did that made it possible for me to stay there. This will remind me that I can cope. I will keep this list with me to reassure myself. If I struggle to come up with ideas I'll ring my partner – although he's working away from home right now I know that he'll spend some time on the phone with me. If I can't come up with ideas and I can't get hold of my partner, I'll contact one of my good friends. If this solution doesn't work for me, it's not the end of the world because I'll move on to solution 2, which means I'll begin by talking through the whole problem with a friend who will help me get things into perspective.'*

Problem-solving in action: Dashiell

Task: *Ask Sonia how I might phrase my request.*

Action: *'Right now I'll text Sonia, explain my situation and ask her if and when she's available to talk with me. I'd like to do this as soon as possible. I'll fit in with her and go over to her place or meet her here in the study – whatever suits her. I'll make notes and try to run through several options so that we can choose the best. I know I'm good with words if I'm not under pressure so I think that we'll come up with some good ideas. If she isn't available then I could try Jude or Chris – or even Joe. If for some reason I don't manage to write a little script with a colleague, I'll write my own and go to option 2 which is role-playing it with Arno.'*

Simply planning to this level might take the edge off Jennifer's and Dashiell's anxiety – having a clear plan and a backup strategy can promote confidence. Clearly, plans still have to be put into action and it can be stressful so, where possible, it's a good idea to *rehearse* dealing with the task. This can be done either in imagination or, better still, in role-play. Either of these options can be carried out in a session or as a between-session assignment. Another good idea is scanning all solutions to see if they might be combined for better effect. For example, *'Asking my friend to rehearse with me what I might say'* links very well with *'Preparing myself by relaxing before I see my boss'*.

5. Do it: Now it is time to try out the solution, making sure that contingency plans are in place and that as much physical and mental preparation as possible has been done. Good planning means that things

should go smoothly but in real life there are sometimes unforeseeable obstacles or problems – so set this up as a behavioural experiment and be open to different outcomes. We often learn a lot from setbacks so they are not the end of the world – far from it. Be ready to help your patients learn from setbacks: the OCTC practical guide on relapse management is a helpful document (<https://www.octc.co.uk/wp-content/uploads/2016/07/Relapse-management-2.pdf>). Whether or not the action is ultimately regarded as sufficiently successful, it should be reviewed and learning evaluated.

6: Review the outcome: If the solution works and is sufficient, great, but take this forward. Always ‘debrief’ thoroughly and explore just why it was successful: what has been learnt that might be relevant in the future? What has been learnt about person strengths and needs?

If the solution does not resolve the problem, try to understand why it didn’t – perhaps it was over-ambitious, perhaps the patient was not feeling strong that day, for example. Whatever conclusions you reach, remember that the attempt *did not fail*. It was a set-back and we can all learn from set-backs. Expect some disappointments, but encourage your patients to commend themselves for having tried. Learn as much as you can from the experience and then move on. Go back to the solution list and select the next one. A real advantage of having a long list of options is that if there are more possibilities to go back to, so it is worth spending time on steps 2-4.

Common difficulties in using problem-solving

‘My solution didn’t work and I didn’t know what to do!’

Remember how important it is to prepare thoroughly. Thorough brainstorming is essential to problem-solving; without this, there will be a shortage of solutions and back-up plans. When you do make specific plans for action, always consider what could go wrong and prepare a back-up solution, have contingency plans. This creates reserve plans if the first choice doesn’t work. Not only is this helpful because it provides a ‘fall back’ but knowing that there are options can be calming.

‘I can’t possibly include such unhelpful solutions as avoidance and using alcohol or drugs’

Avoidance and taking medication is far from an ideal solution and certainly not a long-term option, but if a person has to face a fear and the time isn’t right to tackle the problem head-on, then this might be an acceptable *compromise*, in moderation (see Jennifer’s “last resort” list). If a patient resorts to using substances or avoids a situation then they need to debrief and understand why this was compelling if they are going to make progress, it is usually unhelpful to simply be critical at this point. Of course, other options should always be considered before resorting to ‘unhelpful’ solutions, but sometimes patients need to accept that they have tried their best and have had to handle difficulties in a less than ideal way. With time and practice they will be better able to use more obviously functional strategies, and, as therapists we should strive to encourage this.

A final note: Problem-solving is a useful technique when a situation requires prompt action. However, it is always better to plan well in advance so encourage patients not to put off thinking about a difficult task until the last moment.

Summary

- Sometimes there is little time to prepare for facing a fear
- In that case we can use problem-solving steps to generate ideas
- This involves: defining the problem(s) and brain-storming solutions in the context of personal resources and thoroughly reviewing the outcome.
- It gives a framework for structuring our planning and this takes some of the stress out of the situations

Useful reading:

Kennerley, H. (2014) *Overcoming Anxiety: a self-help guide to using cognitive –behavioural techniques. (2nd Edition)* Constable Robinson

Nezu, A.M., Nezu, C.M. & D’Zurilla, T.J. (2013) *Problem-Solving Therapy: A Treatment Manual*. Springer Publishing Company