***“Building Blocks” for Problem Solving Therapy (PST) Notes***

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| **Intervention / Homework Assignments** | **Draft Text for Introducing** |  | **Draft Text for Following up on****(Response to intervention; Completed/Not completed HW, etc.)** |
| Socialization to the PST Model  | Clinician socialized the patient to PST reviewing the following topics:* Structure, length, and frequency of session
* Rationale for regular attendance, homework, and full participation
* Goals for PST and their relation to the patient’s goals and problems
* PST model and the way it relates to the patient’s problems and subsequent intervention
* Roles and responsibilities of the patient and the therapist
* Patient’s expectations for therapy
* Brief review of the four problem-solving toolkits
* Personal experiences of the effectiveness of PST with past patients
* The importance of remaining motivated in relation to individual goals and problems
* Research base supporting CBT as an effective intervention
 |  | **Response to Intervention:**1. Patient responded positively to the intervention and was able to communicate an understanding of the topics reviewed.
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| Crisis Intervention/ Safety Plan  | Patient and clinician collaboratively created a Crisis Intervention/Safety Plan, to be used as needed. Plan includes:* Warning signs/triggers to help recognize appropriate times to utilize the Crisis Intervention/Safety Plan.
* Internal coping strategies
* Distraction techniques
* Emergency contacts
* Ways to create a safe environment.

At completion, safety plan was reviewed, and clinician elicited feedback from the patient, examining likelihood of follow through for each step of the Crisis Intervention/Safety Plan.  |  | **Response to Intervention:**1. Patient worked collaboratively with clinician and proactively complete all steps of the Crisis Intervention/Safety Plan. Patient and clinician collaboratively reviewed Crisis Intervention/Safety Plan to ensure that patient understand the steps of the Crisis Intervention/Safety Plan, how and when to utilize it.
2. Patient stated difficulty with identifying internal coping strategies, distraction techniques and emergency contacts. Clinician worked collaboratively with patient to explore prior incidents in which patient utilized effective coping strategies during times of distress.
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| Understanding Problem Orientation  | Clinician described the characteristics of the two different types of problem orientations - positive problem orientation and negative problem orientation. Handout titled *What is Effective Problem Solving?* (Available in Appendix III of *Problem Solving Therapy: A Treatment Manual)* was provided to the client and collaboratively reviewed.  |  | **Response to Intervention:**1. Patient responded positively to the intervention and was able to identify having a positive/negative problem orientation.
2. Although client was able to reflect an understanding of the different problem orientations, client struggled to identify whether he/she maintained a positive/negative problem solving orientation. Client was encouraged to list all the problem-solving characteristics he/she maintains.
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| Defining Problem-Solving Styles  | Clinician described the characteristics of the three problem solving styles – Planful Problem Solving, Impulsive/Careless Style and Avoidant Style. Client and clinician described how differing problem solvers might react to a variety of different hypothetic situations. |  | **Response to Intervention:**1. Patient responded positively to the intervention. Client identified his/her problem-solving style and to recognize his/her strengths and areas in need for improvement.
2. Although client reflected an understanding of the different problem-solving styles, the client struggled to identify his/her problem-solving style. Clinician explained the possibility of maintaining differing orientations and styles depending on the nature of the problem. Client and clinician collaboratively identified different problem-solving styles utilized in different circumstances. Clinician highlighted the ability to ‘transfer’ effective coping utilized in one area of life to other areas in one’s life.
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| Comprehensive Evaluation  | Clinician completed a comprehensive evaluation including a clinical interview, communication with collateral sources, and completion of the Social Problem-Solving Inventory–Revised (SPSI-R).  |  | Comprehensive evaluation revealed the following diagnoses: (Insert DSM-5 diagnoses here). The SPSI-R revealed areas specific to his/her strengths and vulnerabilities in everyday problem solving. Specifically, his/her positive problem orientation responses were consistent with scores of individuals [Insert findings here]. Nevertheless, his/her scores regarding negative orientation [Insert findings here].  |
| Generating a Problem List  | A list of 2-5 target complaints was generated and ranked in order of importance.  |  | **Response to Intervention:**1. Patient worked collaboratively with clinician and was able to identify the following goals for treatment: [insert treatment goals here].
2. Patient stated difficulty with determining/prioritizing goals for treatment but was amenable to reviewing worst symptoms experienced and how a reduction in these symptoms might look for him/her.
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| Case Formulation  | Patient and clinician collaboratively reviewed Problem-Solving Theory to create an idiographic formulation of the patient’s current presenting problems based on relevant childhood data, problem-solving orientation, problem-solving style, and long-standing patterns of coping. Patient and clinician discussed the impact of frequently utilized compensatory/coping strategies.  |  | Patient responded positively to the intervention, demonstrating active engagement in personal case formulation. Clinician and client identified ways problem-solving ability relates to current life stressors.  |

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| **TOOL KIT #1 – Problem Solving Multitasking: Overcoming Cognitive Overload**  |

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| Externalization  | Clinician described the procedure of *Externalization* to the client, as well as the rationale for intervention. Clinician elicited examples of instances in which client utilized this technique in the past and how it has been helpful. Handout titled *Problem-Solving Multitasking* (Available in Appendix III of *Problem Solving Therapy: A Treatment Manual)* was provided to the client and collaboratively reviewed. **Homework:** Client will review *Problem-Solving Multitasking* handout. In addition, client was encouraged to purchase a small notebook or journal to utilize as an aid while undergoing PST.  |  | **Response to Intervention:**1. Patient responded positively to the intervention and identified past instances in which he/she utilized externalization.
2. Patient responded positively to the intervention but was unable to identify past instances in which he/she utilized such strategies. Patient communicated an understanding of the rationale for intervention and identify situations in which he/she would use externalization in the future.
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| **Response to Homework:**1. The patient completed practice assignments related to review of the *Problem-Solving Multitasking* handout. In addition, client purchased journal and recorded useful information and questions related to handout.
2. Patient was not able to review *Problem-Solving Multitasking* handout or utilize *Externalization* throughout the week. Clinician and client collaboratively uncovered barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| Visualization  | Clinician described the procedure of *Visualization* to the client, as well as the rationale for intervention. Clinician described the different uses of visual imagery for a variety of purposes that can positively impact the problem-solving process, including: 1) problem clarification; 2) imaginal rehearsal; and 3) stress management via guided imagery. Handout titled *Go On a Vacation in Your Mind: Visualize to Reduce Stress* (Available in Appendix III of *Problem-Solving Therapy: A Treatment Manual)* was provided to the client and collaboratively reviewed. Client and clinician practiced visualization exercise utilizing visualization script provided in the handout **Homework:** Client will review *Go On a Vacation in Your Mind: Visualize to Reduce Stress* handout and practice visualization exercises throughout the week.  |  | **Response to Intervention:**1. Patient responded positively to the intervention and identified past instances in which he/she utilized visualization.
2. Patient responded positively to the intervention but was unable to identify past instances in which he/she utilized such strategies. Clinician elicited examples of instances in which client could utilize such strategies in the future.
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| **Response to Homework:**1. The patient completed practice assignments related to review of the *Go On a Vacation in Your Mind: Visualize to Reduce Stress* handout. In addition, client reported using the [specify the type of visualization exercise utilized] throughout the week.
2. Patient was not able to review *Go On a Vacation in Your Mind: Visualize to Reduce Stress* handout or utilize visualization exercises throughout the week. Clinician and client collaboratively uncovered barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| Simplification  | Simplification technique was introduced to break down more complicated tasks into multiple more manageable components. Clinician explained the rationale for use of this technique prior to implementation. Simplification technique was utilized to for the purpose of [Insert goal here, e.g., applying to a job]. Patient identified three components for completion of assignment:1.

**Homework:** Patient will complete first identified components of the simplification technique.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention and was able to effectively break down of [Insert goal here, e.g., applying to a job] into smaller, more manageable components.
2. Patient experienced difficulties identifying ways to break down of [Insert goal here, e.g., applying to a job] into smaller components. Clinician provided a menu of options to the patient to help with generating ideas.
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| **Response to Homework:**1. The patient completed practice assignments related to completion of the first component [Insert specific component here, e.g., writing a resume] of the larger goal of [Insert goal here, e.g., applying to a job].
2. The patient did not complete practice assignments related to completion of the first component [Insert specific component here, e.g., writing a resume] of the larger goal of [Insert goal here, e.g., applying to a job]. Clinician worked with client collaboratively to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Patient indicated xx% confidence and xx% motivation to complete this homework assignment in the upcoming week.
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| **TOOL KIT #2 – The SSTA Method: Overcoming Emotional Dysregulation and Maladaptive Problem Solving Under Stress**  |
| STOP, SLOW DOWN, THINK & ACT (SSTA) Method: Overview and Rationale | Clinician introduced the *STOP, SLOW DOWN, THINK & ACT (SSTA)* method. *STOP, SLOW DOWN, THINK & ACT (SSTA) Method* handout (Available in Appendix III of *Problem Solving Therapy: A Treatment Manual)* was provided to the client. Difficulties that arise while under stress were reviewed and an overview of the model was presented. Rationale for SSTA Method was discussed with a focus on preventing negative emotional reactions from escalating and inhibiting one’s problem solving abilities. **Homework:** Patient will review handout: *STOP, SLOW DOWN, THINK & ACT (SSTA) Method.*  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively identify situations in which using the SSTA Model would be helpful.
2. Although client was able to articulate an understanding of the intervention and rationale, he/she expressed concerns about his/her ability to implement this model when emotionally aroused. Clinician reinforced the importance of practice and encouraged client practice this method.
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| **Response to Homework:**1. The patient completed practice assignments related to reviewing handout: *STOP, SLOW DOWN, THINK & ACT (SSTA) Method*.
2. The patient did not complete practice assignments related reviewing handout: *STOP, SLOW DOWN, THINK & ACT (SSTA) Method*. Handout was reviewed collaboratively in session.
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| The SSTA Method: Becoming more Emotionally Mindful  | Clinician introduced mindfulness as a method to help increase awareness and use emotions as cues. The following 4 step method for mindfulness was introduced:1. Step 1: Client was instructed to become aware of emotions and their intensity.
2. Step 2: Client was instructed to become aware of the way the emotion is expressed (i.e., physical sensations, facial expressions, affect, behavior, etc.). *Reactions to Stress* Worksheet (Available in Appendix II of *Problem Solving Therapy: A Treatment Manual)* was introduced; client and clinician collaboratively completed sample worksheet to help illustrate client’s reactions to stress.
3. Step 3: STOP and Slow Down! Client was instructed to imagine a stop sign or flashing traffic light to help stop action during times of negative emotional arousal. Figure illustrating *The SSTA Method* (Available in Appendix II of *Problem Solving Therapy: A Treatment Manual)* was introduced and reviewed with client.
4. Step 4: Learn to Be Wise! Clinician discussed the importance of both understanding emotions and using logical thinking. The consequences of relying only on one were discussed.
5. Step 5: What are my emotions telling me? Handout titled *Listening to Feelings: What Your Emotions Might be Telling You* (Available in Appendix II of *Problem Solving Therapy: A Treatment Manual)* was introduced. Client and clinician discussed how to extract important information from one’s emotions.
6. Step 6: Achieving emotional balance. Client and clinician discussed the dialectic of acceptance and change

**Homework:** Patient will review the following handouts: 1. *Reactions to Stress* Worksheet
2. *The SSTA Method* Figure
3. *Listening to Feelings: What Your Emotions Might be Telling You* handout

In addition, client committed to practicing the STOP and Slow Down components of the SSTA Method using the 6 Step Technique learned in session.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively identify situations in which using the STOP and Slow Down technique would be helpful.
2. Although client was able to articulate an understanding of the intervention and rationale, he/she expressed concerns about his/her ability to implement this model when emotionally aroused. Clinician reinforced the importance of practice and encouraged client to practice this method.
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| **Response to Homework:**1. The patient completed practice assignments related to reviewing of the handouts presented in previous session. In addition, client implemented the 6 Step Technique learned in session.
2. The patient did not complete practice assignments related to review of the handouts presented in previous session. Furthermore, client was unable to implement the 6 Step Technique learned in session. Clinician and client worked collaboratively to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| The SSTA Method: Identifying Unique Triggers  | Ways to identify unique triggers were discussed with client. Clinician explained the rationale identifying emotions and stimuli that serve as triggers for arousal. Clinician provided examples of personal (affect, conflict, cognitions, physical sensations, and urges to act differently) and environmental/social (interpersonal and physical) stimuli that can serve as triggers. *What are Your Unique Triggers* Worksheet (Available in Appendix II of *Problem-Solving Therapy: A Treatment Manual)* was introduced; client and clinician collaboratively started worksheet to help identify triggers. **Homework:** Patient will complete *What are Your Unique Triggers* Worksheet and identify additional personal and environmental/social stimuli that serve as triggers.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention and effectively identified personal and environmental/social triggers.
2. Patient experienced difficulties identifying personal and environmental/social triggers. Clinician provided examples of triggers observed over the course of treatment.
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| **Response to Homework:**1. The patient completed *What are Your Unique Triggers* Worksheet and identified additional personal and environmental/social stimuli that serve as triggers.
2. The patient did not complete *What are Your Unique Triggers* Worksheet, reporting difficulties identifying personal and environmental/social stimuli that serve as triggers. Clinician worked with client collaborative to identify triggers.
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| Slowing Down  | Focus of session was *Slowing Down* Techniques. The following *Slow Down* strategies were reviewed in session:1. Counting
2. Deep Breathing
3. Guided Imagery/Visualization
4. “Fake” Smiling
5. “Fake” Yawning
6. Mindful Meditation
7. Deep Muscle Relaxation Exercises
8. Exercise/Mindful Walking
9. Talking to Someone
10. Gum Chewing
11. Prayer

Clinician presented rationale for *Slow Down* strategies, focusing on the mechanisms of action. The following mechanisms of action were discussed:1. Decrease in physiological arousal that accompanies agitation, anger and anxiety.
2. Coping strategy to help tolerate distress, rather than engaging in reactive behavior.
3. Provide evidence that patient can tolerate distress, which helps to counteract maladaptive cognitions related to the ability to cope.

Each of the *Slow Down* strategies was discussed and briefly practiced in session **Homework:** Patient will utilize one *Slow Down* strategy daily.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention and articulated a decrease in physiological arousal resulting from engaging in *Slow Down* strategies.
2. Patient did not respond positively to intervention and reported [insert patient’s report here]. Patient was encouraged to explore the different *Slow Down* strategies throughout the week for further assessment of intervention utility. Clinician highlighted the various strategies and importance of trying different ones.
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| **Response to Homework:**1. The patient completed practice assignments related to completion of one *Slow Down* strategy daily. Patient reported [fill in most helpful strategy here] to be most helpful.
2. The patient did not complete completed practice assignments related to completion of one *Slow Down* strategy daily. Clinician and client worked collaboratively to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Patient indicated xx% confidence and xx% motivation to complete this homework assignment in the upcoming week.
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| **TOOL KIT #3 – Healthy Thinking and Positive Imagery: Overcoming Negative Thinking and Low Motivation**  |
| Identifying Negative Self-Talk  | Clinician provided psychoeducation about how to identify negative self-talk and convert such internal dialogue into more positive and realistic statements. *Minding Your Mind: Identifying Negative Self-Talk and Converting it to Positive Self-Talk* handout (Available in Appendix II of *Problem Solving Therapy: A Treatment Manual)* was introduced; client and clinician collaboratively reviewed ways to recognize and challenge negative thinking. Clinician provided client with *Positive Self Statements* handout (Available in Appendix II of *Problem Solving Therapy: A Treatment Manual).* **Homework:** Patient will review the following handouts: 1. *Minding Your Mind: Identifying Negative Self-Talk and Converting it to Positive Self-Talk* handout
2. *Positive Self Statements* handout
 |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively identify/challenge negative self-talk statements and replace them with more positive and realistic self-statements.
2. Although client was able to articulate an understanding of the intervention and rationale, he/she experienced difficulties replacing negative self-talk statements with more positive and realistic self-statements. Clinician provided examples of more healthy and realistic thoughts.
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| **Response to Homework:**1. The patient completed practice assignments related review of the handouts presented in previous session.
2. The patient did not complete practice assignments related to review of the handouts presented in previous session. Clinician and client worked collaboratively to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| ABC Thought Record | Clinician provided education about automatic thoughts and their impact on emotions and behaviors. Clinician utilized guided discovery to help the patient develop skills in identifying automatic thoughts. *ABC Thought Record* was introduced to the patient and sample entries on the thought record were completed collaboratively during the session. Emotions related to specific distressing situations were rated on a scale from 0-10. **Homework:** Patient will complete *ABC Thought Record* daily.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention. Furthermore, patient effectively demonstrated understanding of and examples of the link between antecedents (situation/event) thoughts and emotional reactions.
2. Patient experienced difficulties understanding the link between antecedents (situation/events), thoughts and emotional reactions. Clinician completed a sample *ABC Thought Record* based on a hypothetical situation to help increase comprehension.
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| **Response to Homework:**1. The patient completed the practice assignment related to daily completion of the *ABC Thought Record*. Clinician helped the patient to recognize the link between thoughts, emotions, and behaviors.
2. The patient did not complete the practice assignment related to daily completion of the *ABC Thought Record*. Clinician and client worked to collaboratively uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Clinician and patient completed sample *ABC Thought Record* based on the patient’s real life experience.
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| Reverse Advocacy Role Play  | Clinician engaged client in a role-play procedure aimed at helping client change his/her maladaptive belief. The client was instructed to play a friend, counselor, or therapist in order to argue against maladaptive beliefs and provide reasons why the belief is incorrect, maladaptive or dysfunctional.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient quickly came up with reasonable arguments against therapists “irrational beliefs”.
2. Although the client responded positively to the intervention, he/she struggled to come up with reasonable arguments against therapists “irrational beliefs”. Therapist took a more extreme version of the irrational/maladaptive belief to help client respond with a more reasoned response.
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| Positive Imagery  | Clinician introduced the concept of positive imagery to overcome feelings of hopelessness and visualizing success. Clinician explained the rationale for intervention and provided examples illustrating the power of visualization.Clinician engaged client visualization exercise, utilizing a visualization induction script.*Positive Visualization for Goal Attainment* handout (Available in Appendix III of *Problem Solving Therapy: A Treatment Manual)* was introduced; client and clinician collaboratively reviewed instructions for carrying out this exercise. **Homework:** Patient will review *Positive Visualization for Goal Attainment* handout. In addition, client will utilize positive imagery technique once throughout the week.  |  | **Response to Intervention:**1. Patient responded positively to the intervention and identified past instances in which he/she could have utilized positive imagery.
2. Patient did not respond positively to intervention and reported [insert patient’s report here]. Patient was encouraged to explore the different positive imagery strategies throughout the week for further assessment of intervention utility.
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| **Response to Homework:**1. The patient completed practice assignments related to review of the *Positive Visualization for Goal Attainment* handout. In addition, client reported using positive imagery throughout the week.
2. Patient did not review *Positive Visualization for Goal Attainment* handout or utilize positive imagery throughout the week. Clinician and client collaboratively uncovered barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| **TOOL KIT #4 – Planful Problem Solving: Fostering Effective Problem Solving**  |
| Planful Problem Solving  | Planful problem-solving strategy was introduced to the patient and rationale for implementation was explained. All components of the technique were reviewed collaboratively:1. Problem Definition
2. Generation of Alternatives
3. Decision Making
4. Solution Implementation and Verification

*Planful Problem Solving* Worksheet (Available in Appendix III of *Problem Solving Therapy: A Treatment Manual)* was introduced; client and clinician collaboratively completed sample worksheet in session.**Homework:** Patient will implement the Action Plan determined in session after completion of *Planful Problem Solving* Worksheet, with solution outcome to be reviewed in the next therapy session. |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention. Furthermore, patient effectively utilized Planful Problem-Solving technique relating to current life stressor.
2. Patient experienced difficulty utilizing Planful Problem-Solving technique, specifically related to [insert specific difficulty here, i.e., generation of alternatives]. Clinician [insert intervention here, i.e., brainstormed possible solutions to provide modeling for patient].
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| **Response to Homework:**1. The patient completed practice assignments related to implementing the solution determined using Planful Problem-Solving technique in previous session. Clinician and patient evaluated the degree to which the solution was helpful, considering the following factors: a) achievement of desired outcome; b) the degree to which the patient exhibited skillfulness in implementing the solution; c) the degree to which the patient can generalize the problem-solving skill obtained to other problems in his/her life; d) review of barriers encountered in implementing the solution and discussion of ways to overcome those barriers in the future.
2. The patient did not complete practice assignments related to implementing the solution determined by using Planful Problem-Solving technique in previous session. Clinician and client collaboratively worked to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| Seeking Available Facts  | Clinician described the rationale for seeking the available facts and an example of how the absence of facts could lead to a misunderstanding was presented. Clinician presented the analogy of being a detective and recommended using the *externalization principle* to write down information related to the situation. Questions to help one obtain the facts were discussed. *Getting the Facts* Worksheet (Available in Appendix II of *Problem Solving Therapy: A Treatment Manual)* was introduced; client and clinician collaboratively completed sample worksheet in session.**Homework:** Patient will complete *Getting the Facts* Worksheet related to one problem that presents throughout the week. |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to complete *Getting the Facts* Worksheet in session.
2. Although the client responded positively to intervention, he/she struggled to complete *Getting the Facts* Worksheet in session. Clinician provided examples to help facilitate completion of worksheet.
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| **Response to Homework:**1. The patient completed practice assignments related to completing *Getting the Facts* Worksheet. Worksheet was reviewed in session; the impact of seeking available facts was illuminated.
2. The patient did not complete practice assignments related to completing *Getting the Facts* Worksheet. Worksheet was completed collaboratively in session; the impact of seeking available facts was illuminated.
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| Describing Facts in Clear Language  | Clinician discussed the importance of explaining feelings and problems using clear language. This was linked to the principles of *simplification.*  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to provide examples of clear versus ambiguous behavior.
2. Patient reflected an understanding of the importance of clear communication. Nevertheless, patient struggle to provide examples of clear versus ambiguous behavior.
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| Separating Facts from Assumptions | Clinician discussed the differences between facts and assumptions and the importance of delineating facts and assumptions in order to have a clear understanding of the nature of the problem. Clinician engaged client in ‘facts versus assumptions exercise’.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient actively engaged in exercise and was able to accurately write down facts and assumptions in relation to the exercise.
2. Although patient responded positively to the intervention and actively engaged in exercise, he/she demonstrated difficulties accurately differentiating facts from assumptions. Clinician reviewed the difference between facts and assumption and provided examples.
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| Setting Realistic Goals  | Clinician discussed the importance of setting realistic and attainable goals. Clinician provided psychoeducation regarding the link between setting unrealistic goals and depression. The importance of breaking down large goals into smaller components was reviewed. Lastly, clinician and client discussed the difference between problem-focused goals and emotion-focused goals as well as the importance of determining which type of goals are appropriate for the problem they are trying to resolve.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to provide an example of a realistic and achievable goal [insert goal here, i.e., saving 5% of my income by the end of the year] as it relates to his/her larger life goal [insert goal here, i.e., achieving financial independence].
2. Although patient responded positively to the intervention, he/she demonstrated difficulties coming up with concrete, measurable, and achievable goals. Clinician provided a number of examples to help demonstrate setting realistic goals.
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| Identifying the Obstacles to Overcome in Reaching Goals | Clinician and client discussed the importance of identifying obstacles that exist in preventing one from reaching their goals. Clinician reviewed possible obstacles to one’s goals, including barriers, conflicting goals, conflicting opinions about who caused the problem, reduced resources, the unknown or unfamiliar, complexity and emotional difficulties. *Problem Map: What Makes This a Problem* Worksheet (Available in Appendix II of *Problem Solving Therapy: A Treatment Manual)* was introduced; client and clinician collaboratively completed sample worksheet in session.**Homework:** Patient will complete *Problem Map: What Makes This a Problem* Worksheet related to one problem that presents throughout the week. |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention. Furthermore, patient completed “Problem Map: What Makes This a Problem” Worksheet in session.
2. Although the client responded positively to intervention, he/she struggled to complete *Problem Map: What Makes This a Problem* Worksheet in session. Clinician reviewed examples of obstacles to overcome reaching goals to help facilitate completion of worksheet.
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| **Response to Homework:**1. The patient completed practice assignments related to completing *Problem Map: What Makes This a Problem* Worksheet. Worksheet was reviewed in session; the impact of proactively working to overcome obstacles to reaching goals was illuminated.
2. The patient did not complete practice assignments related to completing *Problem Map: What Makes This a Problem* Worksheet. Worksheet was completed collaboratively in session; the impact of proactively working to overcome obstacles to reaching goals was illuminated.
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| Generation of Alternatives | Clinician introduced the idea of brainstorming alternative solutions, discussing the following principles: 1. The Quantity Principle
2. The Deferment Principle
3. The Variety Principle

Clinician and client collaboratively practiced generating alternatives using the *Generating Alternative Solutions* Worksheet (Available in Appendix II of *Problem Solving Therapy: A Treatment Manual)* was introduced.**Homework:** Patient will complete *Generating Alternative Solutions* Worksheet related to one problem that presents throughout the week. |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated understanding of the rationale for intervention. Furthermore, patient generated multiple alternatives in session.
2. Although the client responded positively to intervention, he/she struggled to generate alternatives in session. Clinician modeled this technique and generated multiple alternatives to the problem presenting in session
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| **Response to Homework:**1. The patient completed practice assignments related to completing *Generating Alternative Solutions* Worksheet. Different alternatives identified were reviewed in session.
2. The patient did not complete practice assignments related to completing *Problem Map: What Makes This a Problem* Worksheet. Worksheet was completed collaboratively in session.
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| **Guided Practice, Future Forecasting and Termination**  |
| Review of Treatment Goals  | Clinician and patient collaboratively reviewed patient’s progress toward treatment goals. Changes in scores on self-report measure of depression (insert name of measure here) since the beginning of treatment were reviewed. (Optional Statement if provider chooses to plot self-report measure scores on a graph: *Scores were plotted on a graph to measure progress over time*). Clinician and patient discussed assessment of whether or not adequate progress toward treatment goals has occurred and discussed the process of termination. **Homework:** Patient will create a comprehensive list of problem-solving skills learned and practiced during treatment, as well as areas for improvement and additional growth, to be reviewed in the next session |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able articulate progress in treatment and skills developed during the therapy. After reflection of progress and reported abatement of depressive symptoms, clinician and patient collaboratively determined a plan for treatment termination.
2. Clinician and patient discussed progress in treatment and skills developed during the therapy. After reflection of treatment progress and review of remaining depressive symptoms, clinician and patient collaboratively determined a plan for continued treatment. Clinician and patient will review readiness of termination in one month.
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| **Response to Homework:**1. The patient completed practice assignments related to creating a comprehensive list of skills learned and practiced during treatment, as well as areas for improvement and additional growth. List was reviewed collaboratively as related to treatment termination.
2. The patient did not complete practice assignments related to creating a comprehensive list of skills learned and practiced during treatment, as well as areas for improvement and additional growth. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Patient and clinician initiated list in session.
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| Relapse Prevention | Focus of session was review and consolidation of skills and relapse prevention. Clinician discussed the potential for relapse of depression. Identification of early warning signs and specific issues or circumstances that are likely to trigger an increase in depression were examined. Unrealistic expectations were addressed in session, along with potential strategies for dealing with setbacks. Clinician and patient reviewed the skills that would be most helpful in dealing with such setbacks or future crises. (Optional Statement if already completed Safety/ Crisis Intervention Plan: *Revisited the Safety/Crisis Intervention Plan created at the beginning of treatment, with modifications made to the plan, as needed*). |  | Patient responded positively to intervention, demonstrating active engagement in session. Patient identified the following triggers for depression: [insert triggers here…]. Patient and clinician identified the following skills to be utilized in response to triggers [insert coping skills here…].  |
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