Being "solution focused" as a transdiagnostic approach to mental health in primary care

Part 1: Thinking patterns in trauma and stress; initial interactions to set the tone; getting the agenda

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What we will cover

Session 1

- What's a "transdiagnostic" intervention?
- Thought processes while stressed (or sad or anxious)
- Setting the tone
- Getting the agenda

Session 2

- Framing actionable problems
- Taking a solution-focused approach

Being "transdiagnostic"

- We always try to match a treatment to a condition
- Sometimes treatments work for a variety of conditions
  - Think antibiotics (but without the worry about developing resistance)
- In mental health we take advantage of:
  - The co-occurrence of emotional and behavioral conditions
  - The "common elements" across therapies for >1 condition
- We often treat "presumptively"
  - That is, assuming that there could be a range of underlying conditions
  - If it doesn't work we can always do more diagnostic work

Changes in thinking with stress

- There are a set of "circuits" in the brain that respond to perceived threats (mood-dependent)
- These circuits have to function together to strike the right balance of attention to threats and safety and to punishment and reward
- The circuits normally develop in such a way that they generally are balanced
- Stress can interfere with how these circuits work individually and together

Sheynin J. Circuit dysregulation and circuit-based treatments in post-traumatic stress disorder. Neuroscience Letter 2017;649:133-138.

1. Fear learning/processing

- Use less information before making judgement that something represents threat or anger
- Respond more strongly to negative compared to positive cues
- Latch on to negative cues faster and take longer to drop attention to them
- Forget extinguished responses (revert to “old ways”)

2. Context processing

- Diminished recognition of context
  - Don’t recognize safety
  - Perceive stress even in unlikely contexts
- Don’t recognize mis-match between internal world and external context
- Reduced search internally for relevant information that could help evaluate context
- Difficulty mastering fear response when evoked in safe setting so hard to work on extinguishing fear

3. Emotion regulation

- Seems to take more mental energy to engage re-appraisal
- Reduced feedback to brain circuits that are driving fear response – can't put on the brakes
- Reduced flexibility – "deer in the headlights" inability to shift focus away from troubling thought

4. Reward processing under stress

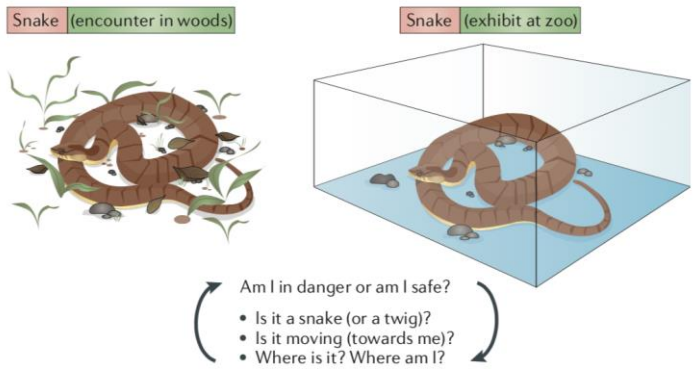
- Lack of expectation of rewards
- Acutely blunted response to rewards but not to punishments
- Adults with history of childhood trauma have reduced anticipatory pleasure to reward but no difference in anticipatory displeasure to loss
- Do worse on learning that is based on reward

Step 1: Appreciating context

Sources of apparent anger, irritability, vague concerns

- Depression/hopelessness
- Feeling as if one has failed despite trying hard
  - Despite planning the ride was late, the child was difficult
- Don't understand healthcare system overall
  - Not understanding this particular encounter and its expectations
- Prior trauma and/or negative experiences with help seeking

Is our office the wild or the zoo? Maybe both?



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"A poisonous snake has a different meaning when it is encountered in the wild (where it could signal 'danger') than when it is seen behind glass in a zoo (where it could mean 'interesting')."

Maren S. Nat Rev Neurosci. 2013 Jun;14(6):417-28.

Step 2: The right greeting

- *Families* don't know what to expect
  - What is ok to bring up during visit?
  - When they will have time to talk and with whom?
- *We* don't know what to expect
  - Can't always assume they have been here before or know what will happen
  - Shouldn't assume concerns or attitudes will be the same as past visits
  - Don't know if things have changed in their lives
  - Don't really know why they have come this time

Greeting choices

- How do you like to do your greetings?
- Are there things you have found that put families at ease?
- How do you let them know about your role and how it fits in with the rest of the visit?

Greetings (2)

- Greet each person individually
- Use name or ask for it
- Offer a handshake or other appropriate body language
- Tone is friendly but “mid-range”
- Challenges in the “COVID era” when you can’t show your face

Greetings (3)

- Who are you and what will you be doing?
- What will happen next and where?
- What will the medical visit be like?
- What happens after the visit?
- Does *everyone* (not just new people) need a reminder of routines?

Identifying concerns

- Don't presume that chief complaint is the sole reason for the visit
- Acknowledge it and add an open-ended question
- Be silent for a second to see what else is said
- Check with everyone to see if there is "anything else?"
- Follow-up on hints

What are some common hints ?

- Change in tone of voice
- Euphemisms
- "Aches and pains"
- Non-verbal cues – body language, eye contact, patient acting nervous
- Other hints you've seen?

A manageable agenda for the time you have

- Play back the list of concerns
- Ask for priorities
- Get agreement from everyone present
- Repeat back the main agenda item or items in your own words
- Encourage them to convey all their concerns, but to know which are the most important for today

Next time:

- Turning the problem into an actionable goal
- Finding a ”solution-focused” way forward
- For now:
  - Situations in which you turned what could have been a problematic encounter into a positive one?
    - What elements of the stress-induced thinking may have been in play?
  - Situations in which you were able to fine the “real” problem?
    - How did you help the family identify it?