

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

Part 2: Actionable problems and solution-focused
next steps

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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

Solution-focused therapy

- Based on the way the client sees the world; they are the expert; we work within their values; we are their humble partner
 - Their connection of solution to problem may differ from ours
- Strengths-based – find what worked for them and when; points out strengths
- Look for successes that can be re-created, expanded
- When things went better, what was different?

What's an actionable problem?

- Vague, hard to measure goals are a set-up for frustration to both sides
 - Change “attitude”
 - Show “respect”
- More concrete goals lend themselves to more concrete and easily formulated advice
- Framed as something we want to happen vs. something we don't want to happen
- Often a first small step with good probability of being attainable

From the problem to the solution

- Ask for permission to move to this step
- Check on shared understanding
 - Play the story back to the family; ask for corrections and what sounds right
 - Use this as an opportunity to point out strengths, resilience, your appreciation (especially of parent)
- Acknowledge that you are optimistic, that you have some thoughts, but want to work with the family to find the solution they'd most like
 - You can use your huge primary care toolbox to refine the ideas that families come up with by themselves

Getting ideas to try

- What was the thing that worked best, even if it was only a little
- Ask about exceptions – ever a time when things were good for just a bit?
- Despite all the difficulties that you face, what has made it possible for you to continue to manage?
- What first small step do you think you could take?
 - Breaking down complex problems into manageable ones
 - Taking advantage of complexity: no wrong place to start

Short and long-term plans

- Concrete short-term outcomes
 - Rate it 1 to 10
 - Where are you now?
 - How would you know if it was one unit better?
- The promise to check in and work on next steps
 - Can always foreshadow what that might be
- The ideal end of treatment
 - Client feels they did it themselves
 - Client feels they are finished

Ask about barriers

- Easy to skip this step in a quick visit
- Evidence suggests even motivated patients appreciate help with logistics
- Asking allows people to think through and get more committed to plan
- Opportunity to build alliance

The frame we hope to adopt

- Thinking about the present and future more than the past
- Change and the need to adapt to it are inevitable
 - We are all on a journey
 - Small changes are as important as big ones
- Through positive regard and recognition of strength we seek to:
 - Reduce shame
 - Give hope and a sense of capability
- But do all this in the language/culture of the client

Summing up potential mental health-specific aspects of treatment

- **Use less information before perceiving threat**
 - Opportunity to think about situations in a safe place
- **Reduced search to evaluate context**
 - Place to reflect on context in a non-judgmental way
- **Reduced mental energy**
 - Provide positive regard – relax so can think
- **Reduced flexibility**
 - Help person dig into their toolkit – realize they have it
- **Lack of expectation of rewards**
 - Points out existing accomplishments
 - The affirmation of partnership and positive regard

Reflections:

- Anyone formally use this already?
- Are there aspects that you incorporate into other forms of treatment or work with individuals or families?
- Have some good stories?