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Once we believe in ourselves, we can risk curiosity, wonder, spontaneous delight, or any experience that reveals the human spirit.

E. E. Cummings
Introduction
Kia ora, and welcome to RE:SOLVE.

Thank you for being willing to take part in the study. We realise this might present challenges for you in your daily worklife as you learn the RE:SOLVE pathway and introduce it to some of the young people you work alongside.

We hope it will also bring rewards for you in the form of the training, the supervision, the work with your clients, and the opportunity to contribute to the development of the RE:SOLVE programme. Perhaps you will also benefit from the programme in the form of an improvement in your own problem solving.

This book is divided into three sections. Section 1 takes you through the RE:SOLVE pathway, introducing each signpost, explaining its purpose, and offering suggestions of how you might introduce it to a client. This is a guide, though, not a prescription. You will develop your own way of introducing and explaining each signpost. This section also incorporates the content of the client book, for ease of working together with your client.

Section 2 takes you beyond the pathway and towards some of the other elements that make up this therapeutic journey. These include the importance of practice for clients, ending the sessions, and practical equipment that will support your work together. It also discusses the role of the practitioner as a teacher, risk management, and relapse prevention.

Section 3 is the theoretical section. It presents a rationale for undertaking this project and it presents six studies that explored the use of Problem Solving Therapy with young people who had self harmed or who were considered at risk of self harm. This section includes references if you wish to read more extensively.

Enjoy your journey along the RE:SOLVE pathway.
SECTION 1
Welcome to RE:SOLVE - a problem solving pathway!

You have brains in your head. You have feet in your shoes. You can steer yourself any direction you choose. You’re on your own and you know what you know. And YOU are the one who’ll decide where you go.

Dr. Seuss

What is RE:SOLVE?
RE:SOLVE is the name given to a problem solving therapy (PST) programme for young people who are at risk of self harm. It has clear signposts to follow, in order to help young people learn how to solve problems more effectively.

A word about self harm.
In this book, and in all discussions about this study, the term self harm is used to describe all deliberate self harming behaviour. This includes suicide attempts and self harming behaviour that occurs without suicidal intent. This inclusive use is because intent can be difficult to determine. Most people have a degree of ambivalence about attempting suicide and their reporting of levels of intent can vary and change. A further reason is that all self harming carries risk. A previous episode of self harm remains a strong predictor of future death by suicide. For this reason, we have chosen to include all self harming behaviour regardless of declared intent.

What is PST?
PST is a brief and focused cognitive behavioural psychological intervention that has been used with a variety of people including those who have experienced depression, chronic illness, and suicidal thoughts and behaviours. In recent years, there was a large scale trial of PST in NZ with adults who had presented to the emergency department following an episode of self harm. Subsequently, a one year pilot was run, offering training and follow up supervision to various practitioners around NZ. The encouraging results from these two projects provided the inspiration for this current pilot.

What is the link between PST and self harm?
Research shows there is an association between deliberate self harm and deficits in problem solving. In young people these deficits show up most strongly in two areas. The first is generation of alternatives. In other words, when they are under stress, their ability to think of a range of ideas to solve the situation is limited. The second area is problem appraisal. Young people will commonly appraise a problem incorrectly by either taking responsibility for something that is not their problem; or underestimating the control they do have over a problem. Either way, the unfortunate result is that problem solving efforts are misdirected and therefore ineffective. PST addresses both of these skills and can improve problem solving abilities overall.
What are the strengths of PST?

PST is a present centred and practical approach to resolving life challenges. This can be appealing for people who don’t like the idea of counselling/therapy or who are not comfortable with the emphasis on talking about feelings common in counselling/therapy. This does not mean to say there is no place for such discussion during PST – there most certainly is. PST can also be an effective intervention when working in a time limited context, which is a common clinical constraint.

Although PST is practical in emphasis, this does not mean it is always easy and it is certainly not simplistic. PST is versatile and can be used to work with complex problems and at considerable depth. It can also be an effective tool in crisis situations. In fact, the originators of PST had crisis interventions in mind as one possible application of PST.

PST and young people

PST has been used with young people, although perhaps less extensively than with adults, at least in the area of self harm. However, there have been enough international PST studies conducted with young people at risk of self harm to suggest that PST is likely to prove helpful for this population as well. This might lead you to ask, well, why another study then? The studies so far are hopeful, but are not large enough or extensive enough to be conclusive. And there have been no studies of this kind in NZ. The reason for conducting this study is to trial PST in a NZ context with a population unique to this country. This study is a pilot so it is also small and won’t provide us with conclusive results. But we hope it may be able to show us whether RE:SOLVE shows promise as an intervention and warrants a larger study.

About this study

This small pilot study aims to explore the feasibility and acceptability of the RE:SOLVE problem solving pathway for young people and their practitioners. This is the first study in NZ that we know of which explores PST specifically with young people. This makes your participation and feedback really valuable and important.

What will I get out of it?

You will have the opportunity to learn a new therapeutic tool and receive ongoing supervision as you practice it and become more comfortable with it. You will find out more about your own problem solving abilities. You may even find – as other practitioners have found – that your own problem solving improves.

How do I introduce PST to clients?

PST is a psycho educational approach which means you are both a teacher and a practitioner. Generally this involves some explanation, some discussion, and plenty of real life practice. You will each have a guide book and you will need either a whiteboard or large pieces of paper to write on.

The aim is to for people to become independent and effective problem solvers. So the emphasis is on teaching and practicing a skill, rather than solving all their problems. Of course, we wish to support people to solve as many problems as they can while they have our support. But given the limited number of contact hours available to each client, what is most important is that they leave us better equipped to deal with their problems independently.
**Practice**

While learning the RE:SOLVE pathway, clients will need to practice. Of course, some are more responsive to this than others. In each session, you and your client will discuss what you each think needs to be practiced before your next session together. This should be a collaborative process and decision.

**The pathway as a journey**

The RE:SOLVE programme conceptualises PST as a pathway. This way, the process of travelling the problem solving pathway becomes a journey of the self. The illustrations are designed to provide a sense of moving through a landscape, with signposts along the way to point the way.

The emphasis is on the whole self: the mind/emotions, the body, the spirit, and the whanau/community each young person exists within. Your role is to be their guide as they learn the pathway, providing encouragement and support along the way.

**Safety**

The young people in this study are here because they are at risk of self harm. We believe that taking part in RE:SOLVE can help them build on the times they have already solved their problems successfully in the past – and to continue to do so in the future.

In the meantime, their ongoing safety is very important. So each time you meet with a RE:SOLVE client, you will be expected to check in with them about safety. This will include asking about any thoughts of self harm they have been having and how they are feeling in themselves. This way, we can provide the help and support needed. Training will be provided on conducting risk assessments to reinforce and, if necessary, build on your current skills.

**The guide book**

This guide book, then, has been designed to give you a comprehensive and detailed explanation of the problem solving pathway, and how to implement it with the young people you work with. In the context of this study, these will be young people who are at risk of self harm. However, the scope of PST is broader than this and you may choose to use it with other clients as well. This book explains each signpost and how to work together with your client to travel the problem solving pathway together.

We hope you will find it a useful addition to your therapeutic skill base.
Introducing Lydia and Michael

Michael and Lydia are two case studies that run through the client book, based on real people. They speak in the first person about their own experience of the RE:SOLVE pathway and examples of one cycle each of the RE:SOLVE pathway are presented in each section of the book. These have been included here in the practitioner book as well.

Lydia and Michael are two young people with some problems. They each had a very upsetting experience and they then decided to hurt themselves. This brought them to the RE:SOLVE pathway. You can follow them through the RE:SOLVE pathway as they travel along it for the first time. Michael and Lydia are based on real people but details that could identify them have been changed.

Lydia

Hey! My name is Lydia. I’m 16 years old and in year 12 at school. My family are complicated, but here goes. I have two homes, one with my mum and one with my dad. At Mum’s there is Mum, of course, and James my stepdad, my little brother Hamish – he’s 11 - and the newest person in the house, Emily. Emily is my half sister and she is 5 weeks old. She’s cute but it’s weird to have a sister so much younger. And she is really demanding. Like, do I still have a mother?? Am I still part of this family? Mum is just obsessed by the new baby. By the way, James and I do not get on. And now I’m related to him by blood. Gross.

The other house is my Dad’s and it has always been just us 3 – me, Dad and Hamish. I mean Dad has had girlfriends but no one really serious. But now he has a girlfriend who lives with him. So it’s all different. HE’s different.

My whole family have changed on me. Including Hamish – well actually he’s always been pretty weird. I mean, I really like him but sometimes I really hate him too. He was diagnosed with ADHD recently, which to me is another way of saying he’s really full on and annoying and I’m the one who has to deal with it most of the time. Everything is about Hamish. So, yeah, that’s my two homes.

As I said I’m in year 12 at school. School has always been pretty easy for me and I’m used to doing well. This year, though, it’s a lot harder. It feels like a really big jump from last year. So I’m pretty stressed out about keeping up. Especially because everyone expects me to do really well and not find it hard. So it’s really hard to talk to anyone cause they’re all like, you? Find it hard? Yeah right. And I’ve just got so much on. I’m one of the peer support people at school, and I’m on the school council, and I’m in the school production.

So the only person I can really talk to is my boyfriend, Liam. We’ve been going out for over a year now and he is amazing, he is just so cool. I can tell him anything. Well, I thought I could.

Which brings to me to how I came here. A couple of weeks ago now, I decided I had to stay home all weekend and catch up on things for school - nerd, I know. And I had to miss a party that all my friends were going to. I thought about going but Sunday would have been a write off. My boyfriend Liam still went which was fine. Anyway, at school on Monday there was all this gossip going around that he had been seen with someone else at the party. I was devastated. I couldn’t believe it. I mean, what could be worse? I felt like my whole world was falling apart, and I could never trust anyone again. So that’s when I decided to hurt myself and I ended up here.

When I was offered the chance to do RE:SOLVE I figured it couldn’t make things worse so I said yes.
Hi! I’m Michael. I’m 14 and I live with my mum and my little sister who’s 10. Mostly it’s just us but my mum has a boyfriend who stays quite a bit too. He’s one of the big problems in my life. He’s pretty aggro to my mum and sometimes to me and my sister. There’s been police involved sometimes and CYFS. I have a sort of a case worker/mentor from CYFS who comes and meets me at school to talk about home. He’s pretty cool.

Another problem for me is my dad. He lives in Palmerston North which is like, 6 hours from here! He split up with my mum when I was 5 and he has a new wife and new kids which is pretty weird. I hardly ever get to talk to him and I haven’t seen him for a few years.

At school I’m in year 10. I don’t really like school that much, it’s hard. The school counsellor reckons that’s because of being stressed out by home. Maybe it is, I don’t know.

I’ve got one really good friend, Thomas. We hang out together most of the time. I don’t really have any other friends. Apart from all that I’m really into music and I’m really into adventure books and graphic novels. Those are my favourite things to do. Also I write stories and stuff.

So anyway. How I ended up here. Well, not that long ago, I was meant to be visiting my dad in Palmie and staying for like, a week. I was pretty nervous but mostly really excited. I was kind of hoping I could tell dad about mum’s boyfriend and maybe he could help. But then Dad cancelled the whole thing. He said their little kids were really sick. I was gutted. I just thought it couldn’t get any worse and was never going to get better. I just thought it was all so hopeless. So yeah, that’s when I hurt myself and ended up here. And now I’m doing RE:SOLVE.
The Pathway At A Glance

“The mind can go in a thousand directions, but on this beautiful path, I walk in peace.”
Thich Nhat Hanh

Here is a picture of the complete pathway, from start to finish.
The Starting Post: Problem Orientation

"Attitude is a little thing that makes a big difference"
Winston Churchill

What is problem orientation?
Problem orientation is a name for how we THINK and FEEL about problems and our ability to solve them. Our thoughts and feelings dictate how we ACT when faced with a stressful problem. So problem orientation can be understood as our attitude, or approach, towards problems. It decides how we respond when faced with a problem.

Problem orientation is separate from our actual problem solving skills. This is an important distinction to understand because it is possible for negative problem orientation to prevent us from using problem solving skills which are adequate. Similarly, negative problem orientation can impact on our ability to learn new problem solving skills.

Positive problem orientation
Having positive problem orientation means having a realistic and optimistic approach to problems and our ability to solve them. This is distinct from the common understanding of positive as feeling happy or good. Instead, it’s more about being real and honest and facing things as they are.
Positive problem orientation is characterised by:
1. Knowing that problems are common and are a normal part of life
2. Seeing problems as a challenge or an opportunity
3. Believing most problems are solvable (optimism)
4. Believing in one’s own ability to solve most problems successfully (self-efficacy)
5. Understanding that successful problem solving takes time, effort and persistence
6. Committing oneself to solving problems as they arise.

Positive problem orientation enables us to face problems and solve them rationally. The development of positive problem orientation results in an improved ability to recognise, identify and solve problems when they occur.

Negative problem orientation
Having a negative problem orientation means we feel threatened by problems and don’t feel confident we can solve them. As a result, we are probably much more likely to avoid problems. Or we might be impulsive and rush into trying to solve them without thinking things through carefully.

Negative problem orientation is characterised by:
1. Blaming ourselves when problems occur and thinking it means there is something wrong with us e.g. believing we are abnormal, incompetent, stupid, bad or unlucky.
2. Experiencing problems as a threat to our wellbeing
3. Seeing problems as unsolvable and therefore avoiding the problem
4. Doubting our personal ability to solve problems successfully (low self efficacy) resulting in avoidant or impulsive responses
5. Becoming frustrated and upset when confronted with problems in living.

Why is problem orientation important?
Problem Orientation is important because it is strongly linked with our behavioural response to problems. It is such an automatic and quick response process that most of us don’t have any awareness of it. Learning about problem orientation brings it into our conscious awareness, which makes change more likely. Problem orientation is a key area of change in improving our problem solving.

Problem orientation as a continuum
Problem Orientation is generally talked about as either positive or negative. While it is true that a positive or negative problem orientation is dominant for each of us, it can be useful to think of it as a continuum. We can be in a different position on the continuum depending on what is happening in our lives. For example, if we experience stressors such as significant loss, or the onset of depression, these can affect our problem orientation. This can then result in our becoming less effective at problem solving.

Thinking about problem orientation as a continuum is useful for three reasons. First, it reminds us that problem orientation is not static and this highlights the possibility for change. Second, it provides the opportunity to notice any areas where we display an optimistic attitude towards problem solving, even if our general tendency is towards a negative orientation. Third, it opens the opportunity for this positive orientation to be transferred into another context.
Problem solving style

Problem Solving Style is not explicitly discussed in the client book. However, it is useful to have a clear understanding of it as a practitioner. As mentioned, our problem orientation determines what we do when we face a problem. In other words, it generates our problem solving style. Our problem solving style is how we act when we are faced with a problem.

There are three problem solving styles: rational, impulsive and avoidant. Positive problem orientation is linked with a rational problem solving style and it is not difficult to see the connection. The optimism, realism and self efficacy that go with positive problem orientation mean we are willing to recognise and identify problems, and then respond to them with a systematic approach.

Conversely, negative problem orientation is linked with either an impulsive problem solving style, or an avoidant problem solving style. An impulsive style means we are likely to make sudden decisions that are not well thought out. An avoidant style means we are likely to ignore the problem in the hope that it might go away or in the hope that someone else might solve it. Neither of these styles are supportive of effective problem solving.

What is my problem orientation?

During the training sessions, we will spend some time exploring our own problem orientation and problem solving style. This helps deepen our understanding of these concepts, which in turn supports our work with clients.
Working with problem orientation with clients

Problem Orientation is the Starting Post for the entire problem solving pathway. This is the place we set out from each time we begin problem solving. It is helpful and desirable to develop a positive orientation, so we can best use and develop our problem solving skills.

When working with clients, we first of all want them to know problem orientation exists. We also want them to understand how it influences their problem solving. We want them to think about their own problem orientation and their approach to problems. Finally we want them to know when and how to develop or strengthen a positive problem orientation.

Beginning with the characteristics of problem orientation

The introduction of problem orientation will happen in your first session, probably about half way through (see later for session structure). If you wish, you may like to write the characteristics of positive and negative problem orientation on the whiteboard or a big piece of paper before the session starts. Or you may like to each have a copy of the client book open on the appropriate page. This section begins on page 13 of the client book.

1. Explain that problem orientation is the starting post of the problem solving pathway. It is made up of how we think and feel about problems and our own ability to solve them. These thoughts and feelings decide how we act when a problem occurs.

2. Point out the area in the client book that addresses problem orientation.

3. Outline and discuss the characteristics of positive and negative problem orientation. You might begin this by asking the client to read through pages 13 and 14 in their book. Or you may prefer to start by talking through them while they follow in their book. Develop an approach you feel comfortable with. Using either the whiteboard or/and the client book as prompts can help with this.

4. If you wish, you may like to ask questions about what they think their orientation to problems might be as you go along.

5. Reinforce that having a negative problem orientation does NOT mean anything is wrong with you. Some people can feel ashamed or embarrassed about having negative problem orientation and it is important to be sensitive to this possibility.

6. Equally, remind people that positive problem orientation is not about false positivity and pretending everything is fine and we are happy. It is about being realistic and optimistic in the face of a problem.
Understanding the influence of problem orientation

Once you have discussed what problem orientation is, briefly explain the relationship between problem orientation and problem solving style. The aim is to emphasise that it is our attitude (thoughts and feelings) towards problems that determines whether we will be able to acknowledge a problem and then go on to make good use of the later steps of the RE:SOLVE pathway.

It is up to you whether you wish to go into more detail about problem solving style. Be guided by your sense of what would be most useful at the time. It is probably useful to at least outline the tendency to face problems or avoid them, or respond impulsively.

What is my problem orientation (for clients)?

Knowing where we are at means we can be clear about where change is needed. During training we took the time to explore our own problem orientation. This is now an opportunity for the client to think about their problem orientation. It is not uncommon for clients to have already made comments about their orientation as the characteristics are described. Look at page 14 of the client book together and ask the client to think about:

Which thoughts and feelings seem most like me, most of the time?

From this discussion, you would expect the client to recognise:

- their predominant problem orientation (negative/positive)
- their typical response to problems (rational/avoidant/impulsive).

You would also expect to identify any contexts in which the client sees their problem solving as effective. This provides the opportunity to explore transferring the skills from one context to another. It can also assist with identifying existing expertise and thus, build self efficacy.

Tips for developing and strengthening positive problem orientation

Client book page 15

There are two concrete ways to work with problem orientation presented here. You may develop others as you gain confidence and understanding of the RE:SOLVE process.

Begin by reinforcing that positive problem orientation can develop simply by learning and following the RE:SOLVE pathway. Remind clients that we will need to go through the pathway more than once for positive problem orientation to develop. However the more success we have with problem solving, the more positive our problem orientation is likely to become.

As well as this, we can actively work on our problem orientation. There is a moment after we first encounter a problem, when we make a choice about how we will respond to it. It is so quick we don’t even notice it. This response is problem orientation in action. It is at this point that we decide whether to face a problem or turn away from it. We can learn to recognise this moment and this choice.
One way of doing this is that any time we encounter a problem, we can tell ourselves to STOP and THINK! Take your client through these steps and simply remind them that the two of you will come back to this throughout your work together.

- When a problem crops up, tell yourself to STOP and THINK!
- Notice the thoughts and feelings you are having (problem orientation)
- If you need to, reset your internal compass!
- Do this by reminding yourself about Positive Problem Orientation
  - Problems are normal
  - Problems can be solved
  - I can solve them
  - I can stick at it till they are fixed
  - I will face them.
- When you feel ready, carry on!
Barriers to developing positive problem orientation

The main barriers to developing positive problem orientation are poor self confidence, negative thinking, and negative emotional reactions. So it is useful to teach clients to stop and go through the above process any time they feel stuck, or overwhelmed by a problem.

Another useful strategy can be to teach the client to recognise global thinking, evidenced by language such as “always”, “never”, “everything” or “nothing”. This indicates negative problem orientation and promotes a sense of hopelessness and defeat. They can then be enabled to make a conscious shift to a more helpful mindset.

Problem orientation is continuous

Problem orientation plays a pivotal role in determining how a client will respond to problems they encounter. So you need to be alert to its appearance and impact at all stages of the RE:SOLVE pathway. Just because problem orientation is the starting post doesn’t mean we can forget about it once we have learned about it. Instead it should be referred to and reinforced all the way along the problem solving pathway. Notice and affirm any evidence of positive problem orientation; and show support and encouragement any time negative problem orientation gets in the way.
Problem orientation: Lydia and Michael

Where do Lydia and Michael each think they fit in terms of their problem orientation?

**Lydia**

I would say I was a mix of both but maybe with a bit more of the positive problem orientation than the other way round. I do know that problems happen to lots people but sometimes it feels like my problems are not normal. Maybe it’s just that I don’t know anyone else dealing with the same stuff. I definitely don’t have all the skills I need for solving things but one thing in my favour is that I’m pretty good at sticking with things. I’m really stubborn. I have never thought of looking at problems as challenges. I kind of like the idea though.

**Michael**

I fit pretty much in the negative problem orientation box. I just feel overwhelmed by stuff and I have no idea what to do about it all. So if I can avoid it and forget about the bad stuff, that’s what I try to do. I definitely get upset by problems and I wonder what I have done wrong to cause all this.

So that is how Lydia and Michael see themselves right now. Let’s check in with them again about their problem orientation when they have completed the RE:SOLVE pathway.
The Second Signpost: Recognising and Identifying a Problem

“And above all, watch with glittering eyes the whole world around you because the greatest secrets are always hidden in the most unlikely places.”
Roald Dahl

Before you can solve a problem you have to be able to recognise it exists and identify what the problem actually is. The second signpost is all about how to do these two things. There are three parts to this signpost:

1. creating a problem list
2. learning about your problem clues (recognising a problem is there)
3. turning your problem clues into concrete problems (identifying what the problem is).

Before we go on though, we should think about what a problem actually is!

What is a problem?
A problem is any situation we find ourselves in that we can’t find an effective solution for, pretty much straight away. An effective solution is one that solves the situation without creating bad side effects. For you or for anyone else.

A problem can be something that seems quite small. And something that is a problem for one person might be no big deal for someone else. But if you don’t know how to solve it, then it still counts as a problem. So don’t think that a problem has to be some big terrible thing. It doesn’t.

Ok. Let’s carry on with the three parts to this signpost!
First: Create a problem list

This is the easiest part of this signpost. Simply make a list of any problems that are on your mind already. Writing them down is the first step towards solving them.

When the client has finished relating any problems on their mind, take a moment to ask about any problems you have heard them mention during previous discussions that they have not included on their list (if there are any). Then add them to the problem list as well.

Generally, people feel quite relieved to name their problems and see them written down and accepted by another person. Sometimes, though, it can feel a bit overwhelming to have a number of problems on their list. This is an opportunity for you to normalise the existence of problems and reassure them that writing problems down is the first step towards solving them.

Problems come and go as they are solved or new ones arise. This means their problem list should change too. Remember to encourage them to cross problems off as they resolve them and add new ones if they come up.

Second: Learn your Problem Clues

The second part of this signpost is learning about problem clues. This is important for everyone but especially relevant, perhaps, for clients who typically prefer to avoid problems. Sometimes, as you will know, it is really obvious there is a problem. Other times, though, we might not realise that a problem exists. At these times, the first clue shows up in other ways. This is where we ask clients to act as detectives and learn about their problem clues.

The first thing to ask about is whether your client has ever felt not quite right in themselves without really knowing what is wrong? If they have felt like this, they are probably noticing their problem clues! Problem clues are changes in feelings, thoughts, behaviours and bodily experiences that can mean a problem exists. We all have problem clues. It is important to learn about them because then we can start listening to what they have to tell us.

Identifying problem clues

1. Begin by introducing the overall signpost to your client. You may like to ask your client to read pages 17-19 of their book. Then you might talk through the ideas and check their understanding.

2. Next, use the worksheets to start mapping out your client’s problem clues (see the following two pages of this book). First, invite them to look at the sample sheet, which includes some common problem clues. Look at this together and read out the examples that are provided. Ask whether your client can relate to any of these. If the answer is yes, ask which ones and then ask your client to write these in on the blank worksheet.

3. Then you can ask about any others they can think of that are not on the example sheet. Fill these in on the blank worksheet as well.

4. Remember that this sheet can be added to at any time.
Problem clues: Examples

Problem clues are changes in your feelings, thoughts, behaviours, and bodily experience that tell you there is a problem that needs to be sorted out.

**Thoughts**
- “Nothing ever goes right”
- “I’m useless”
- “This is all my fault”
- “I can’t do it”
- “I hate myself”
- “Everyone hates me”

**Feelings**
- Sad
- Angry
- Scared
- Anxious
- Agitated
- Low
- Tearful

**Behaviours**
- Not going out
- Not wanting to talk to friends
- Angry outbursts - shouting and fighting
- Eating more/less
- Changes in eating
- Use/misuse alcohol and other drugs

**Bodily Changes**
- Tense muscles
- Heart pounding
- Can’t sit still
- Can’t get moving
- Can’t sleep
- Fatigue
- Not feeling like eating
- Breathless
- Dry mouth
My problem clues

Thoughts

Feelings

Behaviours

Bodily Changes
Third: Turn a problem clue into a problem

The second part of this signpost is learning how to turn a problem clue into a concrete problem. How can you do this?

A good start is to ask your client to tell you about what was going on when they first became aware of the problem clue/s. As you talk together, they will probably identify one or more possible reasons for the problem clues. This is great. They are on their way to turning those clues into a concrete problem they can understand and solve. Alternatively you might pick up on something as they talk and together you can explore it more deeply.

Talk to your client about ways they can achieve this same outcome even when they are not able to talk to you. You could suggest they could also talk with a close friend, a parent, a school counsellor, or write in their journal if they keep one. These are all good ways to work out the difficulty behind the problem clues. Invite them to be alert to patterns over time. For example, they may notice the same problem clue occurs repeatedly and it may be that this is in response to a repeating problem.

Finish this by asking your client to write down the reasons (underlying problems) they have identified for their problem clues on the problem list on page 18 of their book. Remind them that writing them down is the first step towards solving them. It also helps to get them out of our heads. Alternatively you can list them on the whiteboard at this stage, and when the whole signpost is complete, they can copy the list into their book.
A record of problems on my mind at the moment

1

2

3

4

5

6

7

8

9

10

11

12
Final check

The last part of this signpost is to use a checklist to finalise the problem list. This can bring out any problem areas that the client has either overlooked, not previously viewed as problems, or felt unable to mention for some reason.

Simply ask the client to read over the checklist in their workbook and name any problem areas listed there that are not already on the problem list but which they would like to have included.

Another way the checklist can be used is as a prompt. If a client has recognised their problem clues but is unable to link them with a particular problem, looking at a checklist can be useful to help them figure out the underlying problem.

It can be tempting to simply for clients and practitioners to use the checklist from the start and bypass the harder parts of recognising and identifying problems. Keep in mind, though, that the aim of RE:SOLVE is for clients to be able to complete the pathway independently. The skills taught here enable them to recognise and identify a wider range of problems than those presented on the checklist.
A checklist of potential problem areas (client book page 18)

1. Relationship with family (parents, siblings, or anyone else in your family)
2. Pressures / expectations / stress
3. Parents divorcing or separating
4. Loss or bereavement (someone you care for died or left)
5. Isolation / loneliness
6. Study / school / teacher problems
7. Friendship issues
8. Money problems
9. Relationship problems
10. Sexuality
11. Harassment / bullying / abuse
12. Alcohol or / and drug problems
13. Low self esteem
14. Physical health
15. Sexual problems
16. Eating difficulties
17. Difficulties with mood e.g. low mood, angry, depressed
18. Home environment
19. Discrimination
20. Sense of belonging
21. Body image

Or anything else you experience as a problem...
Problems on my mind at the moment: Lydia and Michael

When Michael and Lydia had gone through all the above steps, their problem lists looked like this. Your list may have more things on it, or it may have less.

**Lydia**

Whatever my brother needs takes over the household
Never get time with my mum since the new baby
Don’t get on with my stepfather (I really don’t like him)
Dad’s new girlfriend is making him weird
Overloaded by my school work
Upset by rumours about my boyfriend
Angry at having to look after my brother
No one to really talk to
Stressed out by all my commitments at school

**Michael**

Don’t get to see my Dad
Don’t get to talk to Dad
Sad about Dad cancelling my visit
Scared of Mum’s boyfriend
Don’t have many friends
Home life all over the place
Finding school hard
Have to look after my little sister all the time
Feel lonely quite a bit of the time
Feel unsafe at home
The Third Signpost: Choosing a Problem and Making it Clear

“Your vision will become clear only when you can look into your own heart. Who looks outside, dreams; who looks inside, awakes.”

Carl Jung

The third signpost in the RE:SOLVE pathway is about assisting the client to choose a problem to work on and then define it, or make it clear. Making a problem clear is particularly important because the clearer the problem, the easier it is to find possible solutions.

Choosing a problem.

Early success in solving a problem tends to encourage future problem solving efforts, so starting with an easy or practical problem is our recommendation, although it must still be meaningful for the client. Starting with such a problem also allows the client to learn the RE:SOLVE pathway quickly.

Sometimes, though, there may be one very important problem for the client that is clearly identified early on and that they are very eager to start with. It is up to you and your client to decide whether to tackle a difficult problem straight away. Some people will be able to manage it. However, for others, taking on too much too soon may impact negatively on their optimism about their budding ability to solve problems effectively.

Problems can be focussed on either situations or emotions. Situational problems relate to events or circumstances the client has direct influence over. Examples include losing weight, study issues, or money problems. Emotional problems relate to circumstances the client can not change and yet their emotional reaction to them is generating a problem or is likely to if it is not changed. Examples include dealing with a chronic illness, adjusting to a life changing event such as a relationship ending, or responding to another’s behaviour. So, part of making a problem clear involves remaining alert to which elements of the situation are within the client’s control. Keep in mind that a “good” problem is one that the client has control over and that has a behavioural element that can be changed.
Action
1. Ask your client to read page 25 of their book.
2. Then ask them which problem from their problem list they would like to begin with and get them to write it down.
3. Affirm their action of making a choice.
4. Take a moment together to talk about whether this problem is something the client has control over. Use the brief Problem Appraisal Flow Chart to help. If it isn’t, then the problem solving efforts may have to focus on how to manage the client’s feelings and behaviour around the problem situation. This can still be very useful.

Making a problem clear

The next part of this signpost is to help your client make the problem as clear as they can. This makes it easier to think of possible solutions. Their problem might be vague at the moment, such as “my life is a mess”, or “I’m having trouble with my parents”. But what exactly is the “mess”? What exactly is the “trouble with your parents”?

To help with this, ask them to be a detective again and gather more information. Use the following questions to help. The answers will act as a database about the problem. You may like to write your client’s answers up on the whiteboard. Write this information down in language that is as clear, objective, and simple as possible.

WHAT is the problem?
WHEN does the problem happen?
WHERE does the problem happen?
WHO else is involved in the problem?
HOW often does the problem happen?
WHAT have I done to solve the problem in the past?
DO I have control over this problem?
WHY is this problem a problem?

If you are getting stuck, ask: WHY is this problem a problem?

Although this needs to be handled carefully, asking why a problem is a problem can provide important information. For example, most people would agree that losing your job would create problems, however the problems may be different from person to person. For one person it may create money problems. For another, it might be more about the loss of social contact, while for another the main problem may a feeling of uselessness and resulting low self-esteem.
Writing a problem statement

Now, you need to show your client how to take all this information and turn it into a problem statement. How do we do this?

1. Start your problem statement with "I": It says this is something you can change. Even if you are not responsible for the problem in the first place.

2. Next, look at the data you collected. What are you finding difficult? It might be something you: don’t know how to do… find hard to do … are stuck with… are confused about…

3. Finally, finish the sentence by describing the actual situation.

Here are some examples of what the problems above might become:

“I … don’t know how to… keep track of all the work I have to do for different subjects” OR

“I … don’t know what to do … about my parents because they are fighting a lot lately and it is upsetting me.”

Are you/your client still stuck?

Ask yourself/your client “If someone was filming you with this problem, what would they see?”

Then write a sentence to describe the scene.

ACTION: Use the whiteboard to go through this exercise together until you have arrived at a problem statement that feels right. Then ask your client to copy it all on to the guide sheet on the next page to help them make their problem clear and arrive at a clear problem statement.
Making a problem clear

Problem I Want To Work On:

Problem Defining Questions:
What is the problem?
When does the problem happen?
Where does the problem happen?
Who is involved in the problem?
How often does the problem happen?
What have I done to solve the problem in the past?
Do I have control over this problem?
Why is this problem a problem?

Clear Problem Statement:
Choosing a problem and making it clear Lydia and Michael

Lydia

I decided to work on my problem of feeling overloaded by schoolwork. OK, at first I just wanted to sort things with my boyfriend Liam because I was so upset. I couldn't think about anything else. But then, talking it over with my RE:SOLVE guide, I realised I didn't even know if the rumours were true. So I am going to talk to him about it - Liam, that is. And then, if they are true I will definitely have a problem to work on! But school is also really bugging me. So I am going to work on the schoolwork problem.

Lydia’s worksheet

Problem I want to work on:
Feeling overwhelmed by my schoolwork.

Problem Defining Questions

WHAT is the problem?
Lots of work due, with assignments due around the same time. I end up staying up late every night to try and get it done and getting muddled about which one to focus on first and how to divide up my time. I’m getting really tired from staying up working and don’t feel I’m making much progress.

WHEN does the problem happen?
Often at the moment as I have a lot of work due plus I have other commitments at school that are taking up time

WHERE does the problem happen?
At home

WHO else is involved in the problem?
No one really – just me

HOW often does the problem happen?
Most days at the moment

WHAT have I done to solve the problem in the past?
This is new for me. The workload last year was not so full on and I found it ok. Plus I didn’t have so many commitments at school

DO I have control over this problem?
Yes.

WHY is this problem a problem?
It’s important for me to do well at school because I want to go on to uni and I really like doing all the different things outside classtime that I do at school. I figure if I can’t sort my workload now, how will I cope at uni?

Clearly defined problem statement

I don’t know how to manage the workload from school better so I am not feeling so stressed out.
Michael

When my Dad cancelled my trip to stay with him, it made me realise how much I miss him because I was so gutted by not going. I’ve always just thought there was nothing I could do about things with my dad so what was the point even thinking about it. I see other guys with their dads and with some of them, it’s like their dads help them with stuff. And I want that. And maybe talking to dad would help with feeling lonely too. When I went through the chart to see whether I could do anything about this problem, I thought I probably could do something. It isn’t all up to me but I could have a go at solving my part.

Michael’s worksheet

Problem I want to work on:

Really upset by Dad cancelling my trip to visit and don’t have very much contact of any sort with Dad

Problem Defining Questions

WHAT is the problem?

I hardly ever hear from my dad or have any contact with him and I really miss him but also I find it hard to know what to say on the phone sometimes.

WHEN does the problem happen?

No particular time

WHERE does the problem happen?

Not really relevant

WHO else is involved in the problem?

My dad

HOW often does the problem happen?

Sort of all the time

WHAT have I done to solve the problem in the past?

Nothing

DO I have control over this problem?

I have some control but not total control

WHY is this problem a problem?

Because it was my first chance in ages to see dad and maybe get him to help me out with things.

Clearly Defined Problem statement

I don’t know how to have more contact with my dad.
The fourth signpost: Generating Ideas

“Think left and think right and think low and think high. Oh, the thinks you can think up if only you try!”
Dr Seuss

The fourth signpost is all about generating ideas to help solve the problem. You have probably experienced yourself that it is easy to get stuck when you are trying to solve problems. You might keep trying the same thing over and over, even when it isn’t helping. Generating ideas is about being creative and getting out of “stuck” thinking. Brainstorming is the way we do this.

Brainstorming is a way of generating as many ideas as we can to solve the problem without evaluating their potential usefulness. The reason for thinking of a lot of ideas is to increase the likelihood of coming up with an effective solution. The main criteria is that each idea should be relevant and have a chance of solving the problem or contributing to solving it. Ideas must also be legal and cause no harm to self or others.

Brainstorming reduces black and white thinking. It helps clients to focus on solving their problems and increases their creativity and flexibility. Although some clients feel self conscious when they start brainstorming, it can help to explain that sometimes thinking of unusual or extreme solutions may lead to unexpected solutions being produced.
The rules of brainstorming

Numbers matter most – so come up with as many ideas as you can. The more ideas you have, the more likely it is you will be able to solve the problem.

Put judgment on the shelf - don't judge any of your ideas at this time. Write them all down without thinking about whether they are a “good” or “bad” idea. If you judge them too early, you might throw away an excellent solution.

Be creative - however far-fetched some ideas seem write them down anyway! This can help you to get out of “stuck” ways of thinking and it can open the door to even better ideas.

Imagine what will help - think about how you have successfully solved similar problems in the past OR what you would advise a good friend to do OR what someone you really admire would do OR what someone you know tried in a similar situation OR ???

Brainstorming with your client

As with each signpost, begin by introducing the idea of brainstorming to your client. You might like to read the book together and ask your client about any previous experience of brainstorming. A lot of people have used it at school. It is a good idea to develop your own “script” for how to do this, that fits with your own approach.

Write the problem your client has chosen to work with up on the whiteboard, or a large piece of paper. You might like to give the client the option of recording the brainstorm themselves. Regardless of who writes on the whiteboard, it needs to be copied down by the client into their workbook when the brainstorm is finished.

Use a format that works for your client and their learning style. For example, some people like to record the ideas as a list; others prefer to have the problem statement in the middle, with the ideas written around it; still others like to use mindmaps which include pictures. If you have the resources, offer your client the option of different coloured pens. These can all assist with promoting creativity.

Once the client is underway with the brainstorm, it is ok for you to contribute ideas, especially if you have information about potentially useful resources/information the client does not know about. However, your ideas should be suggested only as possible options to include. For example, “I’m wondering if x might be an option to include here?”
Generating ideas: Brainstorm here!

Problem:
Generating Ideas: Brainstorm here!

Problem:

Ideas:
1
2
3
4
5
6
7
8
9
10
11
12
Generating ideas: Lydia and Michael

Lydia
Feeling overwhelmed by my schoolwork.
1. Make a timetable
2. Resign from some other commitments
3. Ask for extensions on some things
4. Not watch TV during the week (record what I want to watch or watch TV on demand)
5. Dedicate one weekend day to school work
6. Get a study buddy to help me focus
7. Go and see the Dean to get help sorting it out
8. Ask other people what they do to keep up
9. Think up some rewards for study time
10. Schedule time that is absolutely non study time (so I don’t think about it then)
11. Go to the public library and work there to avoid distraction
12. Give up school

Michael
I don’t know how to have more contact with my dad.
1. Ring him once a week
2. Skype
3. Facebook
4. Text
5. Email
6. Write to dad and ask him if we can have regular contact of some sort
7. Play an online game together
8. Exchange photos of cool things we do
9. Ask if I can live with him
10. Ask if I can make another date to visit
The Fifth Signpost: Decision Making

“Keep your face to the sunshine and you cannot see a shadow.”
Helen Keller

Once your client has completed their brainstorm, and you are both happy with the number of ideas available, it is time to move into decision making. Decision making is about choosing a solution that will solve the problem – or contribute towards solving the problem - with a minimum of negative consequences. You can achieve this by selecting 2 or more ideas that you think show promise. You then weigh the advantages and disadvantages before making a decision about which one to implement.

Challenges with decision making

Some clients find the decision making stage difficult, with potential solutions going round and round in their minds. Your role is to teach a systematic way to sort through the alternatives by using decision-making guidelines. First, consider whether there are any solutions you can immediately discard (At first glance). Then, the client chooses two or three solutions they would like to try out and evaluates them in more depth (weighing the advantages and disadvantages). Finally, they choose one or more solutions to carry out (making your pick).

1. At first glance

Ask your client to look over their brainstorm. Ask them to check whether there are any ideas that probably won't work. To figure this out, suggest they ask themselves:

- Does this idea break the law?
- Does this idea involve harm to self or others?
- Is this idea likely to create any other negative side effects?

If so, then cross them off the list.
2. Weighing the advantages and disadvantages

Together, have a look at the ideas that are left. Ask your client to pick two or more ideas that they think could help with the problem. Write down the advantages and disadvantages of these solutions on the whiteboard or ask your client to write them straight into their book. As with brainstorming, if you work on the whiteboard, ask your client to copy whatever is on the whiteboard, into the worksheets in their book.

It is useful to point out that disadvantages are not always a reason against a particular solution. Sometimes they just draw attention to obstacles that have not previously been identified and that would need to be addressed in the action plan if the solution was chosen.

For each solution they are evaluating, ask them to think about and talk about the following questions.

Think about:
- How will it affect me (physically, emotionally, psychologically)?
- How much time and effort will I have to put in?
- Are there any financial costs or benefits?
- How does it fit in with my other goals and commitments?
- How will it affect the people who are close to me?
- Is the solution practical?

3. Making your pick

To choose a solution, ask your client to look at the advantages and disadvantages of each idea they have evaluated. Decide which column outweighs the other. This is not simply a matter of the number of items in each column, although this is important. As well as the number of items, we want clients to think about how important each point is. Sometimes we might only have one item in a column but it outweighs several items that might be in the other column. If you think it would be helpful, you can invite your client to rate the items on a scale of 1 to 5, for example. Then they can total up the scores of each column to help them with their decision.

Ask your client to think about:
- How many points are in each column?
- How important are the points in each column?

If the problem is relatively straightforward, or if a single solution appears likely to solve the problem, then it is fine to pick just one solution at this stage and follow a single course of action. However, if the problem is complex, it may be necessary to choose more than one solution, each of which contributes towards solving part of the problem. This is helpful when it is likely to achieve a better result than a single solution.

Sometimes multiple solutions can be carried out at the same time because they relate to different aspects of the same problem. At other times, they may need to be carried out in sequence because the second solution is dependent on the first being completed. However, this can be addressed more fully when creating an action plan.
Decision making
Advantages and disadvantages of solutions

Problem

Potential Solution

Think about:
- How will it affect me (physically, emotionally, psychologically)?
- How much time and effort will I have to put in?
- Are there any financial costs or benefits?
- How does it fit in with my other goals and commitments?
- How will it affect the people who are close to me?
- Is the solution practical?

Advantages

Disadvantages
Decision making
Advantages and disadvantages of solutions

Problem

Potential Solution

Think about:

- How will it affect me (physically, emotionally, psychologically)?
- How much time and effort will I have to put in?
- Are there any financial costs or benefits?
- How does it fit in with my other goals and commitments?
- How will it affect the people who are close to me?
- Is the solution practical?

Advantages

Disadvantages
Decision making Lydia and Michael

Lydia

Well, when I looked at my brainstorm, I guess I knew I wasn’t going to give up school – as if I’d be allowed anyway. But it was kind of nice to imagine it for a bit. I also decided not to resign from any of the other stuff I do just yet. I think that would have quite a bad effect on quite a few people. But I do I think I could probably be better organised so I might start there. I’m going to look at the pluses and minuses of making a timetable and thinking up rewards for studying.

Potential solution: Make a study and life timetable

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule set out in advance</td>
<td>Potential to not be very flexible</td>
</tr>
<tr>
<td>Easy to follow</td>
<td>Hard to stick to</td>
</tr>
<tr>
<td>Can plan around it</td>
<td>It will take quite a bit of time to set up</td>
</tr>
<tr>
<td>Can change it as study requirements vary</td>
<td>Might miss out on things</td>
</tr>
<tr>
<td>I will stress less</td>
<td></td>
</tr>
<tr>
<td>It will save time in the end though</td>
<td></td>
</tr>
</tbody>
</table>

Potential solution: Think up some rewards for getting study done

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gives me something to look forward to</td>
<td>Might cost money</td>
</tr>
<tr>
<td>Makes me want to study so I get the reward</td>
<td>Hard to think of things I couldn’t just do anyway</td>
</tr>
</tbody>
</table>

Lydia looked over her two lists. She decided that creating a study timetable looked most likely to help her solve her problem. So she decided to pick that idea to start with.
Michael

When I first looked at my brainstorm, it just seemed like the ideas were all the same. I mean, not exactly the same but like different ways of getting in touch with dad. I felt a bit dumb actually because I thought I had done a bad brainstorm. But then I remembered my RE:SOLVE guide saying you could use more than one idea and maybe they would all come in handy. So I just left them all there. But I decided to look at the pluses and minuses of writing to my dad to ask about having regular contact, and also to ask about making another date to visit.

Potential solution: Write or talk to dad and ask him if we can have regular contact of some sort

**Advantages**
- Dad will realize how I feel and that I miss him
- If I write, I can say things I find it hard to say when I talk
- Dad might say yes and then we can make plans
- If it goes well, I might be less lonely

**Disadvantages**
- Dad might say no and I don’t know how I would deal with that

Potential solution: Ask if I can make another date to visit and stay

**Advantages**
- It would be great to know I was going to see my dad
- Something to look forward to
- Wouldn’t feel so bad about him cancelling this time

**Disadvantages**
- Dad might say no and I would be upset

The two options came out pretty even so Michael thought about which one would be the most helpful in solving the overall problem. He decided he would try out the first option and try out the second one later if things went well.
The Sixth Signpost: Making an Action Plan and Carrying it Out

“An idea that is developed and put into action is more important than an idea that exists only as an idea.”
Edward de Bono

At this signpost, your role is to teach your client to create, and then carry out, an action plan. The action plan should outline the step by step process they will follow to transform their chosen solution/s into concrete action. Don’t be afraid of asking your client to go into an exacting level of detail. It is important to break the plan down into small, achievable steps. This detail is especially important in the early stages of using the RE:SOLVE pathway, or when the solution is complex or difficult. Be sure to include a time target for each step, and a review date, in any action plan.

A good action plan ought to make use of available strengths and supports, and have a good chance of succeeding. It should contain information that will tell the client where to start, what to do, and when to do it. In the client book, writing an action plan is likened to creating a recipe or an instruction manual. This is to emphasise the idea that we need to think in advance about everything we need to be able to carry out the plan. We also need to include a lot of detail and break the plan down into small, achievable steps.
So ask your client to think about:

- What exactly is the overall plan? (e.g. Write a letter to my parents)
- What are all the steps in the plan?
- What resources (e.g. people, money, equipment) are available/needed?
- Who is going to carry out each step of the plan?
- When will each step in the plan be carried out?
- Where will each step take place?
- Are there any obstacles that need to be overcome first?
- When will the plan be reviewed to see how it went?

It is **REALLY IMPORTANT** to work with your client to make sure they can actually achieve everything in their plan. It is also **REALLY IMPORTANT** to make a date and time to get started and a date and time for each step to be carried out. It is **MOST IMPORTANT** to include a date to review how the plan is going so far.

**My Action Plan**

**Problem**

**Solution**

**Plan**
Making an action plan: Lydia and Michael

Lydia

**Problem**
I don't know how to manage the workload from school better so that I am not feeling so stressed out.

**Solution**
Make a study and life timetable.

**Plan**
1. Find or create a blank calendar for the next four weeks (TOMORROW, LOOK ON THE INTERNET AND PRINT IT OUT).
2. Enter in due dates for assignments/assessments in various subjects for the next four weeks (TOMORROW).
3. Enter in other regular commitments for home/school (WEDS AFTER SCHOOL).
4. Allocate spare spaces for study time (WEDS AFTER SCHOOL).
5. For each assignment/assessment, make a list of what needs to be done with estimates of how much time will be needed (START ON WEDS, FINISH ON THURS).
6. Prioritise according to due dates (THURSDAY).
7. Make a plan for two weeks according to these lists (THURSDAY).
8. Carry out the plan (START FRIDAY).
9. Review the plan after two weeks and see whether it is working.
10. Update the calendar every two weeks or as new assignments come in.
Making an action plan: Michael

**Problem**
I don’t know how to have more contact with my dad.

**Solution**
Write or talk to dad and ask him if we can have regular contact of some sort.

**Plan**
1. Write a list of all the things I want to say to dad about having more contact [AFTER SCHOOL ON TUESDAY]
2. Write a letter/email using the list as a guide [AFTER SCHOOL ON WEDS]
3. In the letter, ask dad to let me know he has received it [WEDS]
4. In the letter, ask dad to give me an answer by a certain date [WEDS]
5. Ask mum for dad’s email address [WHEN SHE GETS HOME FROM WORK AND HER BOYFRIEND ISN’T AROUND SOME TIME THIS WEEK]
6. Show the draft to someone (mum, RE:SOLVE guide, case worker, friend) before sending it [NEXT MONDAY, BRING IT TO THIS APPOINTMENT]
7. Make any changes that might be needed [TUESDAY AFTER THE NEXT SESSION]
8. Send the email [TUESDAY]
The Seventh Signpost: Checking Progress (How’s it Going?)

“There’s a reason you can learn from everything: you have basic wisdom, basic intelligence, and basic goodness.”

Pema Chodron

At this final signpost on the RE:SOLVE problem solving pathway, it is time for you and your client to check their progress with the action plan. Checking progress is really important and for many of us, this signpost is easily missed out. We want our clients to understand that when things get hard it is important to persevere and there are tools to help with this. Checking progress allows us to go back and make alternative plans and supports us to develop perseverance.

It is a good idea to assess “success” according to what your client tried, as distinct from the outcome. Of course, if a problem is resolved, this should be acknowledged and celebrated. However, it is more important to ensure your client understands that if a particular solution does not work out as expected this does not reflect failure on their part. If the outcome was not what the client intended, and yet they went through the RE:SOLVE pathway, this will still have impacted positively on their problem solving skills. So it is a chance to reinforce the client’s demonstration of positive problem orientation in addressing and persevering with their problems.

Start with a conversation, asking “How’s it going with your action plan?” Then, ask them to open their book to the appropriate page and work through the following questions:

1. Did I get started on my plan?
2. Is the plan working out as I thought it would?
3. Has it solved the problem?
4. Is there anything else that needs to be done about the problem?
5. Do I need any extra support?
If your client carried out their plan and it solved part or all of the problem, acknowledge and affirm their achievement!!

If their plan didn’t go as expected, OR they didn’t get started or complete their plan, OR the solution didn’t solve the problem, work through the following questions together:

**Was your plan too hard to achieve?**
Try breaking it down into smaller steps and ask for any help you need.

**Did something unexpected crop up?**
Maybe you need to change your action plan.

**Did you get started and follow the plan?**
If not, what got in the way? How can you fix this?

**Did the “solution” fail to solve the problem?**
This is a time to choose another idea and make a fresh plan.

**Checking progress: Lydia and Michael**

**Lydia:**
I found this quite hard at first. The planning took more time than I expected and I still had to fit in study while I was doing it! I found a calendar ok but when I printed it out and started trying to fill it in, there just wasn’t enough space. I got my step dad to take it to work and enlarge it on the photocopier so I had a really big one.

I also found it quite hard to think through everything I was going to have to do for each assessment. But it was actually quite good because it meant I had done some of the planning for the work already.

I ended up a bit behind schedule that first week because of the calendar being too small but I finished my timetable by the end of the weekend and started using it on Monday instead of the Friday.

It’s been going alright, I have been sticking to it pretty well. The hardest part has been when social things come up and I want to do them. But I am not stressing so much and I seem to be getting through the work so it feels worth it.

My mum thought it would be a good idea to schedule a day each weekend where I can have the whole day off so I am going to try that - that was on my brainstorm too. That helps me stick to the timetable better.

The other hard part is keeping up with the planning. I almost need a plan to make the plan! Actually that’s quite a good idea! Every second Thursday, I can have planning time on the calendar.

Also I have been recording tv programmes I like or watching them on TV on demand. That helps me stick at my study too. So I ended up using other things from brainstorm as well.
Michael:

When we first made the plan, I thought it looked like heaps of work for just one little letter. I really wanted to just write it and send it quickly. I thought it was a bit dumb to make such a big deal of it but I went along with it anyway. And it actually was quite good.

I really like writing and it was pretty neat to make my list of all the things I wanted to say. But then when I wrote the actual letter the next day, I didn’t put them all in. I didn’t like all the ideas. That’s different for me. Usually I would just do it all in a rush or not at all.

When I asked mum for dad’s email she asked what it was for and when I told her, she thought it was a great idea.

I showed my draft to my RE:SOLVE guide. We didn’t really make any changes but I felt better sending it after showing it to someone else.

My dad replied straight away and said of course we could have more contact and he’s really sorry about cancelling. So I don’t know exactly what will happen but hopefully something will come out of it all.

So now I have to figure out what the next step is. I’m pretty excited about it, actually.

The pathway completed!

“I thank you god for most this amazing day: for the leaping greenly spirits of trees and a blue true dream of sky; and for everything which is natural which is infinite which is yes”

E E Cummings

When you reach this point with your client, it means they have completed the RE:SOLVE pathway for the first time. Regardless of the outcome to the problem, this is a real achievement. You have supported your client to arrive here, you have journeyed along the pathway together. Congratulations!

The RE:SOLVE pathway works as a loop. The idea is that now that you and your client have completed it once, it is time to start the loop again. Ask your client to go back to their problem list. Choose something else to work on – perhaps something more difficult this time. You could try out the summary sheet on the next page to guide you and your client through all the signposts. Use the book as a reference as it is needed but encourage your client to remind you about what each signpost involves as you work through the summary sheet.

With practice, your client (and you) will remember the pathway more easily. They won’t always have to write everything down in so much detail and their skills are likely to improve. In the meantime, encourage them to keep using lots of detail, especially for their plans.

Remind your client to add new problems to their problem list as they become aware of them. Also remember to cross problems off as they solve them.

Keep up the fantastic problem solving work.
The RE:SOLVE Pathway: In Brief

“Tell me, what is it you plan to do with your one wild and precious life?”
Mary Oliver

The starting post: Problem Orientation.
Take a moment to stop and check your internal compass. If you need to, rehearse the characteristics of positive problem orientation to place yourself in the right direction for problem solving.

The second signpost: Recognising and Identifying the Problem?
Do you need to update your problem list with anything new that has cropped up? Are your problem clues telling you there is a problem needing to be solved? Add it to your list.

The third signpost: Choosing a Problem and Making it Clear
Pick a problem from your list. Make your problem as clear as possible. This makes it easier to generate ideas to solve it. Revisit the questions in your book to guide you.

My problem is:

The fourth signpost: Generating Ideas
Use this space to brainstorm as many ideas as you can that could help solve your problem.
The fifth signpost: Decision Making
Look at your brainstorm of ideas. Are there any ideas you can immediately cross off at first glance? Choose 2 ideas and list the advantages and disadvantages.

Solution 1:

**Advantages**

**Disadvantages**

Solution 2:

**Advantages**

**Disadvantages**

The sixth signpost: Making an Action Plan and Carrying it Out.
Use the space below to create an action plan for carrying out your chosen solution. Don’t forget to include a date for checking your progress.

The seventh signpost: Checking Progress (How’s it Going?)
Take the time to check your progress with carrying out your action plan. Did you get started? If not, figure out what got in the way. Then update your action plan, and carry on. If yes, is the problem solved? Start working with a new problem if you are ready!
The last thing: Reviewing the pathway

Nothing in life is to be feared. It is only to be understood.
Marie Curie

In the final RE:SOLVE session with your client, there are three more things to work on.

First: Pathway review

The first task in the final session is to review all of the signposts with your client. This is to check whether they have learned the pathway and feel able to explain it in their own words. It is not intended to be a test, though, where they have to sit there and recite the signposts to you.

Begin by explaining that you wish to spend a few minutes together reviewing the pathway and ensuring they have understood it. This is also an opportunity to ask whether there is anything they might like you to explain again. Invite them to begin the process by telling you about the first signpost.

From there, you can run the discussion as feels most appropriate for your particular client. You might take turns at naming each signpost, you might offer the name of the signpost and ask your client to explain it, you might use the overview diagram and ask them to tell you about each signpost in turn. There is no set way, however we encourage you to take the time to do this review.

Second: Revisiting the arrival

In this final session, the second task is to revisit the circumstances that brought you here. This is a “relapse prevention” or “inoculation” task that relates specifically to the risk of self harm. The idea is to use the RE:SOLVE pathway to work through the problem/s they were facing at that time. This task provides the opportunity for clients to see the potential for a different outcome in what they previously viewed as a hopeless situation. It also ensures they have a plan prepared, should the presenting situation arise again.

With your RE:SOLVE client, start by asking them to imagine themselves in the situation which led to their initial presentation. Then use the RE:SOLVE pathway to:

- Identifying the problem/s they were experiencing
- Write them down as clear problems
- Work through the pathway until they have a plan in place for the problem/s.

Some people feel understandably anxious and stressed out about this final part. They worry that talking about what happened might upset them. But most people feel relieved to realise those problems are not as hopeless as they thought. Looking back on things can show them how much they have learned and how much more positive their problem orientation has become. Be sure to allow time for them to express their experience of going through the relapse prevention process and be prepared to offer appropriate support.
Third: Collaborative discharge letter

At the end of your RE:SOLVE sessions together, your client will either be continuing with TAU with the service, or they will be leaving the service as well as finishing with RE:SOLVE. At this time, it is common for a “discharge letter” to be written that goes to the GP, other involved agencies, to the client, and to the hospital computer system. We would like to suggest that you write this letter collaboratively so that it is meaningful and informative for the client and for those who receive it. It also allows the client their own voice. Such a letter would cover:

- what brought them to RE:SOLVE (presenting episode)
- what you did together in sessions (summary of problems discussed, steps covered)
- what they plan to do now (“inoculation” plan if problems recur, next problem to work on)
- a summary of how the client felt they went on the RE:SOLVE pathway

Any other necessary information about medication or referrals could also be included.

Let’s check in with Lydia and Michael one last time.

Revisiting problem orientation: Lydia and Michael

Final comments from Lydia

When I first used the RE:SOLVE pathway to work on my study problem, I was really surprised at how well it worked. The hardest part for me was really breaking things down step by step, and sticking with the plan. It was great to have someone helping as I learned the process. There’s no way I would’ve been patient enough to do it myself. I do feel more confident about my problem-solving skills, I think my whole attitude has improved. I mean, this study problem felt really huge and it turned out to be solvable. I also used the process to help me work through the problem with my boyfriend. I was so upset at the time I couldn’t think clearly. But going through the pathway really helped me get it in perspective and look at it in a different way. Even just writing the problem list and talking it through was great. I would say my problem orientation has definitely improved.

Final comments from Michael

What do I think of my problem orientation now? I guess it is a bit better. Starting to be, anyway. I still feel like I would rather not face problems if I didn’t have to. But I think I am starting to get that problems aren’t actually always my fault and don’t mean something is wrong with me. And I can see how avoiding doesn’t make the problem go away. Or make me feel better. I mean, I have only gone through the whole pathway once so far but it’s pretty cool how it’s been working. I would never have thought of going about the stuff with my dad in this way before. But now, you know, we’re hopefully going to be in touch more and I’m pretty happy about that. So, yeah, I think I am more confident about being able to solve problems and more hopeful.

Final comments from you

Jot down a few words about your first time of travelling the RE:SOLVE pathway. You might like to look back at your earlier thoughts about your Problem orientation and comment on any change you notice.
This is the end of the RE:SOLVE book.
And just the beginning of your continuing resolve.
We wish you all the best with your future problem solving.

“Never, never, never give up.”

Winston Churchill
Post Script: About the Quotes (from Joanne)

I love reading quotes. Reading quotes can inspire me, touch me, help me, teach me, move me, amuse me, and many other things besides. So when I was working on this book, I decided to try and find quotes that would reflect the idea behind each signpost. The quotes are from people whose names you may not have heard. After all, they are all either quite old or already dead! So in case you are interested, I have written a little something about each person I have quoted in this book.

I picked a number of them because they had experienced some sort of suffering in their own lives and they found ways to endure and carry on and sometimes achieve amazing things. I find this a helpful thing to be reminded of over and over again. To be able to look at people who really know what it is like to have bad times and to see they got through. Sometimes these people have acted as guides or mentors for me when I have experienced a difficult time.

You may not relate to the people I have chosen but maybe you can find your own inspirational people? And maybe you could email me and let me know who they are so I could include them in a future book?

E.E.Cummings

Edward Estlin Cummings was born on 14 October 1894 and died on 3 September 1962. He was a poet, essayist, playwright, novelist and painter. Apparently he wrote his first poem at age 3. He is well known for his unusual use of grammar, punctuation and language. Actually some of his poetry is quite hard for me to understand! E.E.Cummings also had a strong sense of spirituality which shows up in his work.

Dr. Seuss

The chances are pretty high you will have heard of Dr. Seuss! Born Theodore Seuss Geisel in 1904, he was famous for his children's stories. I chose quotes from “Oh the Places you’ll go”. I think this story is a wonderful parable about the ups and downs of life. When I read it, I thought it was really clever and wise.

Thich Nhat Hanh

Thich Nhat Hanh is a Vietnamese Buddhist monk who established and lives in a spiritual community in Plum Village, in France. He lives in France because he spoke out against the Vietnam War and was exiled from his home country for this. He lost students and friends he really cared for in the Vietnam war. Yet he is the most amazing example of someone living exactly what he teaches. He is an elderly man now and has been a monk since he was 16.

Winston Churchill

You will probably have heard of Winston Churchill. Sir Winston Churchill is best known for being the Prime Minister of Britain during the second world war. He made some very famous, inspiring speeches. One of the main reasons I included him was because throughout his life he suffered from depressive episodes which were quite severe at times. I find him and his words inspiring because he really knew what it was like to suffer and to find ways to solve problems and carry on and achieve his ambitions.

Roald Dahl

Roald Dahl is most famous as a writer of children's books. And what amazing books he writes. They are funny, imaginative, and he really seems to remember and understand what it is like to be a child. He said he only became a children's writer because of telling stories to his own children. He has had quite a few hard things happen to him. His dad and sister died when he was only three and he had a very difficult time at school. As an adult one of his own children died and another was brain injured. He dealt with these challenges in remarkable ways. I really love his language and the way he really invites you into the world of your own wonderful imagination.
Pema Chodron

Pema Chodron is an American woman who decided to become a nun in the Tibetan Buddhist tradition. Before being a nun she had been a teacher and had also been married and had children. For many of us it is pretty hard to imagine life as a nun or a monk. Their lives seem pretty different from ours. What I love about Pema Chodron is that she really understands about difficult times in life. Her teachings are all about finding the courage to face our difficulties and learn from them, even though that is a very hard thing to do.

Carl Jung

Carl Jung was a famous psychiatrist who was best known for his ideas about things like dream interpretation, and the collective unconscious.

Helen Keller

If anyone knows about problem solving it would have to be Helen Keller. She became blind and deaf at the age of 19 months, after an illness of some kind. Her story is amazing! Helen Keller was the first deaf/blind person to gain a Bachelor of Arts degree. She was also a political activist, and a lecturer and used her abilities to try and better the lives of others. I think she is pretty inspirational.

Edward de Bono

Lots of people are familiar with the Six Thinking Hats – you might be too. Edward de Bono is the person who came up with them, and with the idea of lateral thinking (thinking “sideways”). He believes that thinking is a skill that can be taught and he has designed ways to teach thinking. He really believes in our ability to learn to think more creatively. Edward de Bono thinks we need to learn to think things through thoroughly before we act.

Mary Oliver

Mary Oliver is a wonderful poet. She is in her 70’s now and she still writes. A lot of her poetry is about her experience of nature, and seemingly small details of every day life. I think her poetry invites us to be amazed and in awe of the things around us which are so easy to overlook. Sometimes I have found that reading her poetry has helped me get a better perspective on problems and to feel more hopeful.

Marie Curie

Marie Curie was a scientist known for several significant scientific discoveries. She won a Nobel prize in both physics and chemistry, and is the only woman to have done so. She was also the first woman professor at the Sorbonne University. Her family were poor, so she worked very hard to support herself through her education and this was at a time that education for women was not common. Her mother and sister both died when she was young and as an adult Marie experienced a period of depression. In her personal life, and her work life, a spirit of curiosity, and the perseverance needed for solving difficult problems, were strong characteristics.
SECTION 2
Beyond the pathway: A suggested session structure

The session structure provided below is a guide only. Because this is a pilot study, part of what we will explore is the optimal number of sessions needed to work through the RE:SOLVE programme. If you don’t find this session structure a useful support, please ignore it and work out your own plan. Aim to finish the 6 – 10 sessions in a maximum of 3 months.

This outline is based on a time allocation of six sessions of one hour per session, with the exception of the initial meeting which can be up to ninety minutes and the last session which could also be up to 90 minutes. However, this is unlikely to be enough for every client and you will need to assess this in consultation with the client and the supervisor.

Session 1
Engagement and background
The first signpost
Practice
Risk assessment

Engagement and background (up to 45 or 50 minutes)
You would expect to conduct this as a typical first session, gaining background information about the client’s life in general, and background specific to their recent presentation. You would also: explain the rationale of the RE:SOLVE pathway; provide an overview of your sessions together; check contact details; discuss who to contact if either of you have to change the appointment; introduce the client book; and explain that risk assessment will take place each time you meet.

The first signpost: Problem Orientation (20 minutes)
After having gained this background, it is time to begin the pathway by introducing Problem Orientation. Explain and discuss the concept and invite the client to reflect on their own problem orientation.

Setting Practice (5 mins)
Always begin by asking the client whether they have any ideas for their practice. If you wish to add to their idea, or if they do not have any ideas, make a suggestion and check for agreement. An example of practice from session 1 would be to read the workbook up to the end of Problem Orientation. If you read this section together during the session, you may both decide that reading about the second signpost ahead of the second session would be a good idea.

Risk assessment (5 mins)
Follow the protocol of your organisation or see our section on risk assessment.
Session 2

Check in

Review practice

The second signpost: recognising and identifying a problem

Setting practice

Risk assessment

Check in (10 minutes)

It is a good idea to begin each session with a general “check-in”. Be clear that this will be for a limited time e.g. “perhaps each time we meet we could spend the first ten minutes catching up on how things have been going for you since we last met”. Any problems identified here can be added to the problem list, if necessary. The time limit assists with keeping this check-in contained, while adding problems to the problem list keeps the check-in relevant to the RE:SOLVE pathway.

Review practice (5 - 10 minutes)

Ask the client how they went with their practice. If necessary, ask what got in the way of completing it and work together to resolve any obstacles. If they did complete it, affirm them for doing so, and invite them to discuss the practice and any questions or insights that may have arisen from it. Maintain your expectation that they will complete their practice as this is how they will become effective independent problem solvers.

The second signpost: Recognising and Identifying a problem (30 – 40 mins)

Remember there are three phases to this step, so begin by introducing the overall step and then explain how you will be working with it today. Then get underway with creating a problem list, learning about problem clues, and turning a clue into a problem. Don’t forget about the final check. By the end of the session, you should have a completed problem list.

Setting Practice (5 minutes)

An example of practice from this session would be to ask the client to read over the next step and think about which problem they might like to begin working with at the next session. You may even ask them to have a go at working through the third signpost by themselves to bring along to the next session, if you think they would be able to do so.

Risk assessment (5 minutes)

Follow the protocol of your organisation or see our section on risk assessment.
**Session 3**

*Check in*

*Review practice*

**The third signpost: Choosing a problem and making it clear**

**The fourth signpost: Generating ideas**

**The fifth signpost: Decision Making**

*Setting practice*

*Risk assessment*

**Check in (10 minutes)**

*Review practice (5 minutes)*

Follow the same process as for session 2, remembering to affirm efforts made to complete the homework.

**The third signpost: Choosing a problem and making it clear (20 minutes)**

Work through choosing a problem and making it clear to generate a well defined problem statement together.

**The fourth signpost: Generating Ideas (10 – 15 minutes)**

Introduce this step and conduct a brainstorm around the problem you have defined.

**The fifth signpost: Decision Making (10 minutes)**

Introduce and explain the decision making process. Work together up to the point at which the client has chosen two solutions they wish to consider. Ideally, you would assess the advantages and disadvantages of one possible solution together, to model this process to the client. Then ask them to finish the other solution for practice. If you are not able to go through one problem together, you could still ask the client to have a go at this for practice.

**Setting Practice (5 minutes)**

Some ideas for practice from this session are:

- Ask the client to read the relevant sections of the workbook.
- Ask the client to evaluate the advantages and disadvantages of the second solution if you have been able to work through one together.
- If you have been unable to model this, ask them to try it by themselves for the solutions chosen and bring them to the next session.

**Risk assessment (5 minutes)**

Follow the protocol of your organisation or see our section on risk assessment.
**Session 4**

Check in  
Review practice  

The fifth signpost: Decision Making (complete)  
The sixth signpost: Making an Action Plan and Carrying it Out  

Setting practice  
Risk assessment  

**Check in (10 minutes)**  

**Review practice (5 – 10 minutes)**  

The client was to have evaluated advantages and disadvantages for their possible chosen solutions. As usual, affirm efforts and discuss any non completion with a view to identifying and resolving obstacles. If you had modelled the evaluation of advantages and disadvantages in your previous session, and the client was completing the one or two remaining solutions, you need to review their efforts. As you consider their work, keep in mind whether you think their evaluation is complete, and whether they have grasped the concept. If the client was trying this out by themselves without having first modelled it in session, affirm their efforts, and then complete an evaluation of one of their possible solutions together. It is useful for the client to be guided through this process, even if retrospectively.  

**The fifth signpost: Decision Making (10 minutes)**  

Work together on the section “Making your Pick” and support your client to choose a solution/s they wish to carry out.  

**The sixth signpost: Making an action plan and carrying it out (20 minutes)**  

Explain how to create an action plan and complete one for the chosen solution. You might like to reflect to your client that you have nearly completed one full cycle of the PST steps. This deserves acknowledgement!  

**Setting practice (5 mins)**  
- Carry out the action plan  
- Review the problem list and select the next problem to begin work on  

**Risk assessment**  

Follow the protocol of your organisation or see our section on risk assessment
Session 5

Check in

Review practice

The seventh signpost: Checking progress (How’s it going?)

Acknowledgement of the first cycle

Picking another problem and starting again

Setting practice

Risk assessment

Check in (10 minutes)

Review practice

Because the practice was carrying out the action plan, you might like to combine this review with the seventh signpost.

The seventh signpost: Checking progress (how's it going?)

Begin by explaining this step to your client. To some extent, you have been already been modelling the review process each session in your practice discussions. Take as long as you need to complete this step fully – it is important not to rush the review. Following the review, you will either need to write an amended action plan, generate a plan for any next steps, or begin with a new problem.

Acknowledgement of the first cycle

Acknowledge the achievement of getting through the whole pathway for the first time.

Picking another problem and starting again

For the remainder of session 5, begin the cycle again with a second problem. This is a good time to introduce the “in brief” sheet in their client book. Aim to work through as much of the pathway in a single session as you can.

Setting practice

This will depend on where you got to in your work together. Ideally they will leave with a second action plan to carry out. Otherwise you might choose to suggest writing an action plan as their practice.

Risk assessment

Follow the protocol of your organisation or see our section on risk assessment.
Session 6

[Note: If you can schedule a longer session for the final session, this can be useful.]

Check in
Review Practice
Pathway Review
Revisit your arrival
Collaborative discharge letter
Ending the RE:SOLVE sessions
Check in (10 minutes)
Review practice (5 – 10 minutes)
This likely to involve review of the independent problem solving your client is doing between sessions.
Pathway Review (5 – 10 minutes)
Ask the client to summarise and briefly explain to you the signposts of the RE:SOLVE pathway. Refer to the earlier discussion for more detail.
Revisit your arrival (15 – 20 minutes)
Work through the relapse prevention or inoculation exercise described earlier in your manual.
Collaborative discharge letter (10 – 15 minutes)
If you have time and choose to do this, write this letter together now.
Ending the RE:SOLVE sessions (5 – 15 minutes)
Follow your normal protocol here when finishing work with a client. Perhaps invite your client to reflect on their experience of RE:SOLVE – what was helpful, what was not so helpful, what they have learned, what they see as their problem solving achievements. You may like to offer your own reflections on the learning and change you have observed.
Beyond the pathway: Extras
Practice

As with all therapeutic interventions, the RE:SOLVE pathway requires a collaborative approach between the client and practitioner. However, practice between sessions may be new to some clients and may remind them of having to do homework from school.

If this is something that is/has been problematic for them, take the time to work through this barrier. Explore the associations and establish that the practice is for their benefit. It might be useful to reinforce that they will be involved in deciding what practice is needed between each session. Perhaps remind them that people who practice learn the pathway much more effectively than those who do not.

For you as a practitioner, it is important to remember that RE:SOLVE aims to support clients to learn how to solve problems independently, rather than trying to solve all their problems for them. It is the practice that provides the opportunity for the client to try out each signpost, knowing they have the back up of their RE:SOLVE guide at the next session.

For this reason, reviewing the practice forms part of each session. If your client has not started their homework, or started but did not finish, explore their reasons for this and work together to resolve any obstacles.

Ending the RE:SOLVE pathway

It is a good idea to prepare the client for the end of your sessions right from the beginning. Explain the structure and time-frame of the sessions clearly in session one, as part of your overview. Mention which session you are in as you begin your check in each week, so it is always clear that the number of sessions is limited. It is also useful to remind the client when therapy is nearing the end. This helps them explore and manage their own feelings around the finish of your contact.

Equipment

It is ideal to have the following:

1. A decent sized whiteboard and fresh whiteboard markers
2. If you don’t have access to a whiteboard, large pieces of paper can work fine
3. A client book for your client
4. A client workbook for yourself (if you find this helpful) or/and practitioner manual
5. Ballpoint pens for your client to write in their workbook
6. Coloured pens. These are not necessary but can be good for the brainstorm and for the action plan
Beyond the pathway: Practitioner as teacher

The RE:SOLVE pathway is a psycho educative approach in which the practitioner is, in part, a teacher. It is quite a directive, structured model. For some practitioners, this role can feel unfamiliar and at odds with previous training. Try to remember that the instruction you provide in understanding and navigating the pathway is as important as resolving particular problems during the sessions. Ideally clients will continue to use their problem solving skills far into the future.

Your role is to teach your clients new problem solving skills, and support them to use these skills independently. The teaching takes place through explanation, demonstration and then application to a real life situation. When introducing each signpost to a client, endeavour to adjust your explanation to the existing knowledge and skills of the client. Pace your explanation and leave space for them to ask questions. Along with this, if you make frequent reference to the various signposts, it can reinforce them for the client.

As you work with your client, you ought to assess their understanding of the RE:SOLVE pathway as well as their ability to implement it. Firstly, check for their understanding by asking specific questions during or following any explanation. You can follow this with simple things such as asking them to name the next signpost you need to focus on, or to explain their understanding of a particular signpost to you. The time you allocate to reviewing practice can be a good time to pay particular attention to this type of review. However, don’t feel you have to limit your assessment opportunities to this time.

When you introduce RE:SOLVE to your client, the structure and method of the RE:SOLVE process is made clear to the client. Assuming the client chooses to continue, you have contracted for this particular blend of teaching and therapeutic role. When this teaching component is combined with a sound therapeutic relationship, it can facilitate positive change for the client.
Beyond the pathway: Risk management

Engaging in counselling with people who have recently self harmed, or who are at risk of self harm, is a risky business. Therefore, ongoing management of risk is necessary. This involves attention to regular risk assessment and ongoing relapse prevention. It culminates in the applied relapse prevention task – revisiting your arrival - in the final session.

This section begins by providing some general recommendations for managing risk. This leads into how to generate a relapse prevention plan with your client in the early stages of therapy. The final relapse prevention task has been discussed earlier in the manual so is not discussed again here. These recommendations should be implemented in addition to any current risk management practices you use. (Further detail on conducting a risk assessment will be discussed during training).

General Recommendations

Regular assessment of risk: During the first session, explain to the client that you will ask them about their current risk in each session, and gain their consent to do so. Subsequently, in each session, ask about thoughts of self harm/suicide. If they have been having any thoughts, explore them further by asking about intentions, plans, any attempts that they have kept to themselves, and any preparations for dying. If you have any concerns about the safety of your client, follow the protocols of your organisation for such a situation. NB: Conducting a risk assessment will be discussed in more depth during training.

Clear communication with other carers: The RE:SOLVE pathway is not designed to replace a mental health crisis service. The main aim of the risk assessment in the programme is the identification of risk along with clear communication of that risk to the right people at the right time, following the usual protocols of your organisation.

Regular supervision: The importance of supervision is not just for managing therapist consistency and quality of therapy but also for allowing discussion of clients at risk and talking about the strong feelings that can accompany working with suicidal people. Practitioners will have regular face to face supervision with their RE:SOLVE supervisor, along with telephone contact as needed. This is in addition to supervision attended as part of your regular work role.
Beyond the pathway: Relapse prevention

Developing A Relapse Prevention Plan

For clients who have harmed themselves, relapse refers to a repetition of self harming behaviour. Relapse prevention involves supporting clients to anticipate and cope with situations that put them at heightened risk of self harm. To achieve this, work with your client to identify protective factors and risk factors, and use these to develop a relapse prevention plan.

Identifying Protective Factors And Risk Factors

During the first session, as you gather the story surrounding your client’s presentation, take notice of their assets and strengths, their available supports and the problem solving skills they already have. It is equally important to recognise any lacks in these areas as these can highlight areas of vulnerability. Together, these can be used to identify protective factors and risk factors in the client’s life.

To gain this information, the following areas should be explored. Be aware that any of these factors can be either a risk or a protective factor, depending on the unique context. Invite the client to explain the designation and their reasons for it. For example, the client may have a parent who is generally supportive, but who is away a lot for work. The absence might represent a time of heightened risk for the client.

- Personal support e.g. parents, family members, close friend, partner
- Environmental factors e.g. housing, home life, finances, interests and activities that impact on the person’s quality of life.
- Health e.g. physical, mental, spiritual (if relevant to the client)
- Problem solving style e.g. avoidant or impulsive coping style
- Alcohol and drug use
- Mood e.g. depression, anxiety and/or sleep disturbance can interfere with current coping ability.

Recognising a Heightened Risk Of Self Harm

Once protective factors and risk factors have been identified, discuss with the client how they might recognise when they are at heightened risk of self harm. When the client understands their triggers and early warning signs, they can develop specific plans in the event of any recurrence. These plans may range from distraction techniques through to a crisis plan, according to the intensity of the triggers. The client can draw on the protective factors in their life, problems they have coped effectively with in the past, or brainstorm some new ideas.

Some clients find it reassuring to have a wallet card to carry around with reminders of coping strategies, or crisis numbers. Similarly, it can be useful to have a relapse prevention plan at home with the list of possible triggers and early warning signs, along with any plans to manage them. In this way, they do not have to try and remember the plan when under stress.

Relapse prevention is about supporting clients to recognise and manage situations that put them at heightened risk of self harm. This is achieved by first attending to the broad protective and risk factors in a client’s life. This generates an understanding of their unique context and also suggests areas of strength and vulnerability. By then reconstructing the presenting problems, or exploring previous episodes of self harm, the triggers and early warning signs that pose a threat to safety can be identified and crisis plans developed to resolve those issues.
SECTION 3
The RE:SOLVE pathway: a rationale

Every year in NZ/Aotearoa, around five hundred people die by suicide. According to figures from the Ministry of Health (2006), nearly five times this number are reported to have spent time in hospital following a suicide attempt. In reality, these figures are likely to be a significant under estimate of the actual presentations to hospital. Hatcher et al. (2009) highlight three reasons for this under estimate. Firstly, they note that the clinical coding of the episode may say more about the effect (e.g. abdominal pain) than the cause (e.g. paracetamol overdose) of the presentation, thus it is not recognised as self harm. Secondly, they note that the criteria for a hospital stay varies across District Health Boards and yet Ministry figures reflect only those who had a stay of 48 hours or more. Finally, Hatcher et al. (2009) note the Ministry figures record the number of episodes, rather than the number of people presenting. Nevertheless, these figures represent significant suffering on the part of all involved, from the evident distress of the person who made the suicide attempt, to the grief borne by those who have been bereaved by suicide, along with the unfulfilled potential of lost lives, and the loss of future generations. Additionally there are significant economic costs to society.

While suicide is an issue for people of all ages, twenty per cent of completed suicide occurs in the 15 – 24 age group. Further, suicide is the second leading cause of death in NZ/Aotearoa for this age group. Maori youth and young people in welfare care have a heightened risk compared with their peers (Beautrais, Collings, Ehrhardt, & et al, 2005); and, according to (Oakley Browne, Wells, McGee, & For the New Zealand Mental Health Survey Research Team, 2006), young people (aged 16 – 24) are the least likely to visit a health professional for a mental health reason.

This reluctance of young people to seek help is of concern, particularly because the difficulties generating young peoples’ distress may well be solvable. For example, Beautrais et al (2005) note that issues relating to family, trauma and related problems play a more significant role in youth suicide than they do in older populations. This is consistent with findings in a UK study (K Hawton & Harriss, 2008) which found that young people who had self harmed were experiencing problems with family, friends and schoolwork. In older age groups, these problems extended to substance related problems, sexuality, and intimate relationships.

(Frauenknecht & Black, 2004)) describe Problem Solving Training (PSTraining) as an essential component of behaviour change programmes for young people. Indeed, they suggest that Social Problem Solving (SPS), which underpins PST, may be “…the single most important social skill that a young person can acquire” (Frauenknecht & Black, 2004, p153). This is a strong assertion and one that bears consideration. What is it about problem solving that is so important for young people? What happens if someone has a deficit in this skill?

A deficit in problem solving skills is linked with the generation and maintenance of psychological distress (Mynors-Wallis, 2005), so it seems likely that the development of effective problem solving skills will contribute to an increase in psychological wellbeing. Despite an overall downward trend in youth suicide over recent years (Beautrais et al, 2005), young people remain a high risk population in need of targeted suicide prevention. Given the prevalence of life problems in their presentation, it is relevant to offer young people who are experiencing depression or who have presented following deliberate self harm, the opportunity to develop skills to more effectively solve their life problems and reduce their vulnerability to future self harming behaviour.
In a systematic review of psychosocial and pharmacological treatments for deliberate self harm, (KKE Hawton et al., 1999) found that PST showed promising results. However, they noted there was a paucity of studies focussing specifically on adolescents who had engaged in self harm. In 2005, Speckens and Hawton conducted another systematic review of literature, this time relating to social problem solving in adolescents with suicidal behaviour. They suggested that “… a cautious conclusion might be that there is some evidence for association between suicidal behaviour and problem-solving deficits in adolescents” (Speckens and Hawton, 2005, p9).

In the course of the literature review for this study, six studies were found that involved using PST with young people who had either self harmed or were at risk of self harm. The studies showed promising results in terms of improvements in mood, problem solving and reductions in hopelessness. However, studies thus far are too few and too small to be certain about the usefulness of PST with young people.
The six studies exploring PST with young people

This section provides a summary of six studies found in a literature search conducted to identify studies relating to problem solving therapy, deliberate self harm, and adolescents/young people. The search was conducted using Psychinfo, Medline, and the Cochrane Library. The first study describes the only study found that looks specifically at the use of PST with young people who have attempted suicide. The following two studies trial PST with young people at risk of self harm. The fourth study focuses on a group of incarcerated young men who are a mix of those who have self harmed and who are deemed at risk of self harm. The fifth study has a participant age range inclusive of adolescents and young people and is a PST trial with people who have self harmed more than once and are at continued risk, while the sixth describes the study protocol for an internet based problem solving intervention for young people with anxiety and/or depression.

**Study 1: Treatment for Adolescents Following a Suicide Attempt: Results of a Pilot Trial.**
*Donaldson, D., Spirito, A., & Esposito-Smythers, C. (2005).*

The first study is a pilot trial dealing with a clinical population. It was conducted with 39 adolescents (12 – 17) who presented to an emergency department following a suicide attempt (Donaldson et al., 2005). The trial compares a skills based treatment (SBT), made up of problem solving and affect management, with a non-directive supportive treatment (SRT), intended to parallel treatment as usual (TAU) within a community setting. It was anticipated that the SBT group would have reduced suicidal ideation and anger, improved problem solving skills, improved mood, and lower rates of repetition at 3 month and 6 month follow ups, than the SRT group.

Both interventions were short term, with an active phase of six individual and one family session in the first three months. Following this, the maintenance phase included three monthly sessions, and also allowed for two additional family sessions and two crisis sessions at the therapist’s discretion.

The measures used were administered at baseline, three months and six months by someone other than the therapist. Additionally, socio demographic variables were collected, along with details of the index attempt and any previous attempts. Finally, structured follow up interviews were carried out with the young people and their families.

The results were analysed on an intent-to-treat basis, and 80% of participants completed the 3 and/or 6 month follow ups. The two groups were found to be comparable in relation to demographics, and also on rates of previous attempts, diagnoses, and sessions attended. Participants on medication had higher baselines scores. Overall, however, there were no significant differences across the various measures, which ran counter to expectations. Most participants showed significant improvements in depressed mood, suicidal ideation, and problem solving skills. This was largely achieved in ten sessions or fewer.

The improvements across both conditions led the authors to consider whether perhaps it is consistency of therapeutic approach across sessions that contributed to retention and led to improvement in symptoms. Additionally, the improvements shown in both groups could be attributed to “non specific therapist factors”, and perhaps also to the skill level of these particular therapists.

Limitations of the study included small sample size, lack of power, and lack of control over psychopharmacological treatment.

**Study 2: Efficacy of a Problem-Solving Therapy for Depression and Suicide Potential in Adolescents and Young Adults.**
*Eskin, M., Ertekin, K., & Demir, H. (2008).*

This is a Turkish study which explored the efficacy of PST for depression and suicide potential in adolescents and young adults (Eskin, Ertekin, & Demir, 2008). It further considered whether PST led to improvements in self appraised problem solving ability, and whether it impacted on self esteem and assertiveness. Self esteem and assertiveness were included because they are seen as possible protective factors against depression. The study is a randomised controlled trial comparing the PST intervention with a wait list control (WLC). There were 53 eligible participants in total.

The basis for this study is consideration of depression as the most common health problem for young
people (Hamrin and Pachler, 2005, cited in Eskin et al, 2008). Depression is associated with reduced functioning and is often seen alongside anxiety disorders. Additionally, depression is a serious risk factor for suicidal behaviour. Alongside this, deficits in problem solving ability are seen as a predisposing factor for depression and play a role in the development and maintenance of depression and suicidal behaviour (Eskin et al, 2008). Therefore, PST is likely to be a useful intervention for young people with depression and suicide potential.

Participants had to meet the DSM IV criteria for major depression to be eligible for the study. The PST intervention was a manual based treatment based on the approach of D’Zurilla and Goldfried (1971) and D’Zurilla and Nezu (1999) although it followed a primary care model, which excludes the problem orientation component.

Both the depression and suicidal ideation scores were significantly lower from baseline to post treatment for the PST group whereas results for the WLC were unchanged. The self esteem scores and the assertiveness scores for the PST group also improved while the WLC remained unchanged. This exploration of protective factors is an unusual and interesting finding with strong relevance for an adolescent population.

Overall, the authors consider these results make a strong case for the use of PST for the treatment of depression and suicidal potential in adolescents and young people. The improvements in the depression scores were maintained over a twelve month period and the PST participants rated the therapeutic alliance as highly satisfactory. It should be noted the study population was self referred which implies a level of motivation for change. This may be different for a clinical population. The authors note that Nezu and Perri (1989, cited in ) found PST more effective with a Problem Orientation component so studies including this element are warranted.


The third study is also a problem solving approach to the treatment of suicide ideators (Lerner & Clum, 1990). Underpinning the study is the diathesis- stress-hopelessness model of suicidal behavior (Schotte & Clum, 1987). This model suggests that some individuals are limited in their ability to both identify, and generate a range of alternatives to life problems. Therefore, when they encounter significant life stress, they are more likely to become hopeless which can heighten their risk of suicidal behaviour (Schotte & Clum, 1987). If problem solving skills are improved, however, it would follow that feelings of hopelessness and suicidality are reduced (Lerner & Clum, 1990). This study evaluates the efficacy of PST vs Supportive Therapy for reducing hopelessness and suicidal ideation. It is expected that PST will lead to greater reductions in depression, suicidal ideation and hopelessness. Loneliness is also measured because it is a possible mediator of the impact of supportive therapy.

Similar to the previous study, recruitment began with advertisements, this time in the psychology building, that stated a study was being conducted on the treatment of suicidal ideation. The inclusion criteria included being 18-24 years old, having clinically significant suicidal ideation, and having no signs of psychosis or substance abuse. There were eighteen participants in total.

The measures used were administered at baseline, post treatment (one week after treatment ended) and the follow up was 3 months after treatment ended. These were administered by interviewers blind to the treatment condition of participants.

Both treatment conditions were carried out in groups of 2 – 5 people rather than on an individual basis, and consisted of 10 sessions of 1 ½ hours over a 5-7 week period. For each group, the first session was an introduction, including a discussion of expectations and exploring participants’ reasons for seeking help. Participants discussed their suicidal thinking, and explored reasons for living and a rationale for the approach was explained.

For the PST condition, sessions 2 – 6 taught the steps of problem solving, including problem orientation, problem definition, generation of alternatives, evaluating consequences of solutions, making a plan for implementation, evaluation of a solution, then encouraged to put solution into action. Participants each
named and worked with a problem throughout the process. The sessions 7-10 were review and practice sessions, addressing any skill deficits and discussing possible future difficulties.

For the supportive therapy group, the sessions involved empathic listening from the therapist, who also facilitated the sharing of experiences among group members. Additionally, active listening skills were taught and participants were encouraged to see them outside of the group.

In the post treatment assessment, those in the PST group were significantly less depressed, had significantly higher problem solving self efficacy, and generated marginally more relevant means to solve interpersonal problems than the supportive therapy group. At followup the PST group continued to be less depressed, and were also less hopeless, and less lonely than those in the supportive therapy group. The PST group showed greater reductions in suicidal ideation than the supportive therapy group but this was not a significant difference. The similarity in results in reductions of suicidal ideation may have been due to non specific effects of therapy across both treatment conditions. The brief follow up period precludes any conclusive interpretation.

An interesting inclusion in this study was set criteria for clinical improvement. These were defined as 50% reduction in suicidal ideation, 50% reduction in depression, and 50% reduction in hopelessness at the followup assessment. Participants had to have made all three of these gains to meet the criteria for clinical improvement. In the PST group, 8/9 participants met these criteria, whereas in the supportive therapy group 4/9 participants met them, which is a significant difference.

Overall the authors concluded that PST was more effective than supportive therapy for reducing hopelessness, and depression, both significant risk factors for suicide. They note the obvious limitation of the small sample size, indicating a need for studies with a larger sample size and a longer follow up period.


The fourth study is a group based problem solving intervention with young offenders who have been incarcerated and are seen as vulnerable (Biggam & Power, 2002). The study is based on the notion of social problem solving being a general coping strategy that people use to effectively identify and cope with life problems. The authors note that impoverished problem solving abilities are common in prisoners and may be a factor that contributed to the behaviour leading to their imprisonment.

The study examined the hypothesis that developing problem solving skills may improve the participants ability to manage the stresses of prison life. The study used a two factored design made up of either a brief social problem solving therapy group or a non intervention group. A non intervention group most closely approximated what would occur in a prison environment as an alternative to any PST programme that was implemented. The inmates took part on a voluntary basis and the study included 46 participants in total, 23 in each group with an age range of 16-21.

Each participant started with a one hour individual interview in which they received an information sheet, gave consent, took part in a structured interview and completed the baseline questionnaires. Individual meetings occurred again one week after the treatment ended and at three month follow up.

The PST intervention was run as a group programme in which 5 groups, each with 4-6 participants, met for five sessions of ninety minutes. Again, they followed the five stages found in D’Zurilla and Goldfried (1971) and also made use of programmes by D’Zurilla (1986) and Nezu et al. (1989) which were problem-solving interventions for depression. The problems used for practice in the group settings were identified by group process rather than being individual personal concerns.

Baseline scores showed the two groups to be comparable prior to any intervention. On measures of psychological distress, the PST group showed significant reductions in depression, anxiety and hopelessness from baseline to followup. The SPSI results showed a significant reduction in the Negative Problem Orientation subscale, a significant reduction in avoidance, and a significant increase in rational problem solving skills except in relation to solution implementation and verification. The authors suggest this may be due to the focus on the cognitive skills rather than the social skills needed to implement change. Additionally, it should be noted the participants were not working on a personal problem which they carried through to completion which is likely to impact on this result. Impulsivity scores also did not show
significant reductions which may relate to the particular population. The authors note that impulsiveness is a common trait in the prison population with a disproportionate number having a diagnosis of ADHD. Overall the study concluded that PST can be effective in reducing psychological distress and enhancing problem solving abilities of vulnerable young offenders with some differences being maintained at 3 months.

The limitations include the short follow up period, lack of information about whether the skills would be transferred to the community with the inmates upon release, no power calculation with the population selected according to availability, and a question about whether the SPSI was the correct problem solving measure, and noting also that it was carried out by one therapist so the possibility exists of a therapist specific effect.


The fifth study (Salkovskis, Atha, & Storer, 1990) trials cognitive behavioral problem solving vs treatment as usual (TAU) with patients who repeatedly attempt suicide. It has been included here because it has an age range of 16-65, although the exact number of adolescents/young people included is not specified. It is a small study, with a total of 20 participants randomized to either a cognitive behavioral problem solving treatment or to treatment as usual. A particularly interesting inclusion criterion was that the participants must have made two or more previous suicide attempts. The authors considered this would prevent any treatment effects being masked by spontaneous improvements that commonly occur after an initial attempt due to the precipitating crisis having passed.

The underlying hypothesis of the study is that attempted suicide represents a failure of problem solving at a time of crisis (Salkovskis et al, 1990). The study notes a demonstrated link between attempted suicide and deficits in problem solving (eg Linehan et al, and Schotte and Clum, cited in Salkovskis et al) to support this. Hawton and Catalan (1987, cited in Salkovskis et al, 1990) note that it is not uncommon for those who self harm to receive no clinical diagnosis and therefore a psychological intervention appears more relevant than medication.

If eligible, potential participants were informed of the study, consent was gained, then they were seen by the research community psychiatric nurse who randomized them. All other assessments were conducted by the research nurse in people’s homes to increase compliance. These assessments were completed at 1 week, 1 month, 3 months, 6 months, and 1 year after the index attempt. All participants completed all the assessments and none dropped out of the study.

The problem solving intervention was based on an approach specified by Bancroft (1986, and Hawton and Kirk, 1989 cited in Salkovskis et al) and there was no manual. The intervention consisted of five sessions of at least one hour. It was delivered in quite an intensive way, with the index session being followed by another session 3 days later, a third session one week after the attempt, then another two weeks after the attempt with the final session one month after the attempt. The sessions included being taught skills and homework was assigned as necessary.

Results show there was a significant reduction in the depression and hopelessness scores for the treatment gp vs the TAU group. Indeed there was a very rapid response in terms of the hopelessness scores which is likely to be a response to the impact of the first few sessions of the treatment. The very short time between the attempt and the beginning of the intervention is notable. There were also significant reductions in suicidal ideation. The results showed significantly better results for the problem-solving group on their three main problems compared with the TAU group. This points to a possible generalization of problem solving skills since most only focused on one problem during the sessions. There was also a short term reduction in repetition of self harm for the treatment group.

Limitations of the study include the small sample size, the possibility of a therapist specific effect given there was only one therapist, and no audio recordings to assess the integrity of the treatment. However the overall findings were that PST may be effective in reducing the distress experienced by patients at high risk of repeated suicide attempts.

The sixth and final paper included in this section is a study protocol (Hoek, Schuurmans, Koot, & Cuijpers, 2009). It describes an RCT intended to test the efficacy and mechanisms of an internet based self help problem solving therapy intervention to prevent depression and anxiety in adolescents. It is based on the premise that depression and anxiety often have their onset in adolescence, with a chronic course commonly developing along with a high risk of relapse. Therefore it is important to prevent – or at least postpone – the onset.

The study aims to examine the effects of internet based PST for adolescents (12-18) experiencing mild to moderate symptoms of anxiety and depression. It is using self examination therapy (Bowman et al cited in etc) as the basis for the intervention. The authors note that little is known about the mechanisms of change in this form of treatment, nor what the predictors of any effect may be. Therefore a second aim of the study is to investigate the moderating and mediating variables in a bid to identify the mechanisms of change and the predictors of treatment effect.

The study design is an RCT with a treatment group receiving PST and a wait list control group who are able to receive the intervention some months later. Participants are to be 12-18 years old with mild to moderate symptoms of anxiety and/or depression. They will be recruited via advertisements on the internet and in magazines, referral by school doctors, through brochures and posters in schools, and through information given to parents receiving treatment for anxiety and depression.

Initially the young person is to sign in on the website, and they will receive a consent form and brochure by email. After application, the parents receive a brochure and consent form by post. When all forms are returned, the baseline depression and anxiety questionnaires are administered over the phone. Within two weeks of this assessment, the treatment starts. The assessments are to be repeated at treatment termination, then again at 4 months, 8 months, and 12 months.

PST was chosen because it has been shown to be effective with a range of health conditions. It is deemed suitable for the adolescent population because the authors consider it does not require complex skills or understanding of intrapersonal processes. Additionally the PST focus on improving developing and improving coping skills for stressful life events is a good match for the developmental challenges of adolescence.

The PST intervention is made up of five lessons. Lesson one involves making a list of all that is important in their lives as well as a list of problems. The problems are then to be divided into unimportant problems, important problems that can be solved, and important problems that cannot be solved. Lesson two teaches the problem solving process and this is to be practiced form now on. Lesson three deals with how to manage negative thoughts and similar managing skills. Lesson four focuses on the category of important problems that can’t be solved with an emphasis on how to manage without avoidance, for example, writing, talking to someone, attending a relevant support group. In lesson five, the participants are invited to look at their problem list again and identify the problem they see as the most related to their feelings of anxiety and depression. They are then to write goals relating to this problem for the long term, and to consider what they might do when they encounter difficulties. There will also be other exercises relating to planning to manage upcoming life events, and recognizing and managing signs of relapse. Each participant will receive email support to guide them through the intervention.

The initial screening measures are a diagnostic interview focused on anxiety and depression, and suicidal ideation. The primary outcome measures are symptoms of anxiety and depression. Secondary outcome measures are quality of life, social anxiety, and direct and indirect costs. These measures are intended to determine feasibility and effectiveness of the intervention.

The remaining measurements around predictors and mediating variables are extensive and more detail can be found in the paper.
References

Please note: this is not an exhaustive reference list but a sampling for your interest.


