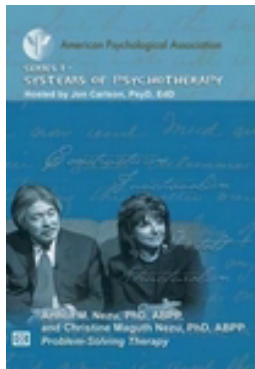


## Problem Solved!

A review of the video



### **Problem-Solving Therapy**

with Arthur M. Nezu and Christine Maguth Nezu

Washington, DC: American Psychological Association, 2009. American

Psychological Association Psychotherapy Video Series 1, Item No.

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How can one truly represent the problem-solving therapy (PST) approach in its myriad of components and modules yet distinguish it from all the other cognitive-behavior therapies (CBTs) in a single therapeutic video session? Since PST's

various aspects have been dissected and empirically validated, piece by piece, unlike most therapies, how to demonstrate the components yet meet a “typical” client's needs in a single session is itself a problem to solve. In addition, PST has been shown in controlled outcome studies to be useful with varied client populations (both adults and adolescents); with disorders from depression, anxiety, and suicide to schizophrenia, substance abuse, and obesity; and with sexual offenders and persons with mental retardation and medical problems (D'Zurilla & Nezu, 2007). Therefore, choosing which kind of client in which stage of therapy should be used to illustrate PST adequately is another piece of the puzzle that had to be carefully thought through for use in this single clinical training session shown in the American Psychological Association (APA) video *Problem-Solving Therapy*.

## **Interview With the Experts**

*Problem-Solving Therapy* opens with an interview by Jon Carlson with two renowned researchers in the field, Arthur Nezu and Christine Maguth Nezu, who explain that in PST, psychopathology is viewed as a consequence of unsuccessful attempts to deal with stressful events. Working with thoughts, feelings, and behaviors, they emphasize that the therapist facilitates a positive attitude and optimism while reducing obstacles to rational problem solving when teaching clients skills to better cope with stress, loss, and failure.

There are five basic steps to this problem-solving approach: (a) problem

orientation, (b) problem definition and formulation, (c) generation of alternative solutions, (d) decision making, and (e) solution implementation and evaluation (D'Zurilla & Nezu, 2001). This DVD illustrates these strategies with a sample session between Maguth Nezu and a 59-year-old client dealing with her 39-year-old son's substance abuse problems. The DVD concludes with an interview, again with both clinicians, discussing segment clips.

The initial interview gives a fine overview of the goals and techniques of PST, its theoretical basis, and the broad research base, including meta-analyses of outcome studies, supporting its effectiveness in increasing problem-solving skills and decreasing psychopathology. For the scientist-practitioner viewing the tape, the provision of further written information on the voluminous, specific research base behind the treatment, as well as resources and references, would be valuable. An insert also including handouts given to the clients and an outline of the therapy strategies used would be helpful in following the case session.

The question-and-answer format with experts on PST provides a nice balance of theoretical orientation with concrete examples of how to conduct PST, including its pitfalls, criticisms, and use within a broader CBT approach. The interviewer asks a wide range of questions, from the application of this therapy to its effectiveness and limitations. Questions such as "Does it work? Is it too much to do? Are the handouts used in a boilerplate fashion? Does everyone get them?" are useful especially for practitioners wanting to apply PST in "real world" clinical settings.

## Sample Session With a Client

APA's decision (for all of its psychotherapy video series) to simplify the setting by having the "therapy" take place in a sterile studio is perhaps for economy's sake or to focus on the interpersonal relationship and the essence of what is assumed to be key to the therapy. On the other hand, the environmental milieu in all its aspects may be part of the therapeutic impact on clients. Also, as a historical document with this well-known master therapist, it would be even more valuable and realistic to have Maguth Nezu in her usual office setting to give us a sense of how her "real" therapy is carried out.

The sample session begins with Maguth Nezu summarizing the PST approach and rationale, and assessing the client's problem-solving orientation by reviewing a paper-and-pencil measure with careful questioning. Although PST emphasizes the importance of preassessments to understanding the client and postassessment to measure and verify outcome, nowhere is a specific instrument identified, nor is it discussed much in the interview.

Maguth Nezu then attempts to help the client describe and define the problem with her son, and assess whether her current problem-solving approaches and style have been effective. Modeling confidence, professionalism, and genuineness, Maguth Nezu demonstrates phenomenal therapeutic skills: covering much ground efficiently, directing the client gently, identifying directions to move, yet being very positive, recognizing the client's strengths and resources.

After listening empathically and summarizing the client's emotions and thoughts, Maguth Nezu uses a guided-imagery technique to refocus the client on positive goals and foster a sense of optimism and future orientation. Using the client's own words and identified goals, she progresses by having the client generate a variety of small behavior changes she can make that will move her toward improved family functioning. Although the client initially states a goal of wanting to change and reduce her son's addictive and manipulative behavior, Maguth Nezu uses PST to help her realize the more realistic goal of changing her own attitudes, beliefs, and behaviors toward her son because "it takes two to form a bad relationship"; she can change only what is under her control.

During this process, the therapist provides handouts on the rules of "healthy thinking" to further illustrate these points and provide the client with external reminders and prompts for between sessions so she can practice what she is learning. However, the camera does not display these handouts adequately so the viewer can see them; this is the kind of information that would be helpful to put in a brief insert accompanying the DVD. Maguth Nezu brings in other CBT techniques including cognitive restructuring, thought stopping, and affect modulation during the session to support the problem-solving process and to emphasize that PST is not used in isolation but works well within a cognitive-behavioral framework.

Although the therapy vignette presented is an excellent illustration of PST techniques as is the replaying of clips to further underscore key components of the therapy, the client is fairly high functioning, and the identified problem is her

son's addiction, not hers. However, how she reacts with worry and anger toward him becomes the target goal in the session. It is implied that she plays a role in his addictive behaviors and she can encourage his more positive behaviors. However, her relationship problems would not likely meet diagnostic criteria for a disorder. Samples of therapy sessions with populations that have been successfully targeted for PST such as depressed or anxious clients or those with health concerns may have made the approach more realistic and clearer to understand and apply.

## **Discussion of Client Session**

The DVD closes with a replaying of eight clips of the client session (sometimes as much as three minutes at a time, which could have been shortened and still provide enough reference) to further illustrate the steps in the PST approach and to clarify the different principles and issues such as the effectiveness of the visualization technique, dealing with diverse problem-solving styles, the importance of handouts and psychoeducation, and treatment termination. Somewhat confusingly, the clips' questions overlap with points in other clips. The clips and their subsequent discussion do follow the chronological order of the session and attempt to illustrate different components of PST: (a) presenting an overview of treatment, (b) defining the problem and finding the client's problem-solving obstacles and strengths, (c) identifying the client's goal, (d) identifying the client's role in maintaining the problem and increasing hope for the client,

(e) defining a realistic goal and reviewing problem-solving steps, (f) exploring creative alternative solutions, (g) focusing on changing the negative thinking that is interfering with problem solving, and (h) using negative emotions as a cue to stop and think. Again, it would have been clearer if labels were on the clip scenes to indicate what principles and techniques are being illustrated.

The ability to supplement graduate texts and articles on CBT with videos illustrating specific components like PST is invaluable as a teaching tool. Having a DVD guide with a list of the steps for problem solving and the techniques, handouts, and references, as well as small subtitles identifying the techniques or steps of therapy in the client session and on clips would facilitate viewer understanding. With today's increased emphasis on training psychologists and mental health practitioners on evidence-based practices, this excellent DVD and others like it better serve the mental health professional community, helping those in training as well as the seasoned practitioner to sharpen skills, remain current, and learn PST and its benefits. Problem solved! Mission accomplished.

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