



Problem-Solving Therapy (PST)

Date: 2017 (For resources, this is the publication date. For programs, this is the date posted.)

Information

Type: Program/Practice, Treatment/Services Program, Program with Evidence of Effectiveness

Organization: National Network of PST, Clinicians, UCSF

Costs:

Visit the the [National Network of PST Clinicians, Trainers, & Researchers](#) [1] for training options and resources.

Also see the [archived NREPP listing](#) [2].

Contact

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Problem-Solving Therapy (PST) is a brief psychosocial treatment for patients experiencing depression and distress related to inefficient problem-solving skills. The PST model instructs patients on problem identification, efficient problem-solving, and managing associated depressive symptoms.

While there are different types of PST, they are all based on the same principle of resolving depression by re-engaging the client in active problem-solving and activities. In general, PST involves the following seven stages: (1) selecting and defining the problem, (2) establishing realistic and achievable goals for problem resolution, (3) generating alternative solutions, (4) implementing decision-making guidelines, (5) evaluation and choosing solutions, (6) implementing the preferred solutions, and (7) evaluating the outcome. A primary focus is learning and practicing PST skills, which are centered around empowering patients to learn to solve problems on their own.

Overall, the number of PST sessions may range from between 4 and 12. Individual sessions are, on average, 40 minutes long; however, group sessions can last up to 90 minutes. Each PST session follows a typical structure of agenda-setting, reviewing progress, engaging in the PST model problem-solving activities, reviewing action plans, and wrap-up.

PST can be used in wide range of settings and patient populations, including adaptations for those in primary care and those who are homebound, medically ill, and elderly. It can be delivered by a variety of providers, including mental health professionals, social workers, and health professionals, including primary care physicians and nurses.

Designation as a "Program with Evidence of Effectiveness"

SPRC designated this intervention as a "program with evidence of effectiveness" based on its inclusion in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP).

Outcome(s) Reviewed (Evidence Rating)*



- Suicidal Thoughts and Behaviors (Effective)
- Depression and Depressive Symptoms (Effective)
- Self-Concept (Effective)
- Social Competence (Promising)
- Self-Regulation (Promising)
- Non-Specific Mental Health Disorders and Symptoms (Promising)
- Physical Health Conditions and Symptoms (Ineffective)
- General Functioning and Well-being (Ineffective)
- Anxiety Disorders and Symptoms (Ineffective)

Read more about the [program's ratings](#) [2].

* NREPP changed its review criteria in 2015. This program was reviewed under the post-2015 criteria. To help practitioners find programs that fit their needs, NREPP reviews the evidence for specific outcomes, not overall programs. Each outcome was assigned an evidence rating of Effective, Promising, or Ineffective. A single program may have multiple outcomes with different ratings. *When considering programs, we recommend (a) assessing whether the specific outcomes achieved by the program are a fit for your needs; and (b) examining the strength of evidence for each outcome.*

2012 NSSP Objectives Addressed:

Objective 8.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

Links within this resource

[1] <https://pstnetwork.ucsf.edu/welcome>

[2] <https://www.sprc.org/sites/default/files/Problem%20Solving%20Therapy.pdf>

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