

Q. What is problem-solving therapy?

A. Problem-solving therapy (PST) is a cognitive-behavioral intervention that teaches adaptive problem-solving skills for effectively managing negative stressful events. The patient and therapist work collaboratively to identify specific problem areas and manage those problem areas by breaking them down into small tasks that can be managed with problem solving and coping behaviors (D’Zurilla & Nezu, 1982).

Q. What is the treatment model underlying PST?

A. PST is based on a problem-solving model of stress, where problem solving plays an important role in the relationship between stressful events and well-being (Bell & D’Zurilla, 2009). One’s ability to engage in effective problem solving is believed to reduce the negative impact of stressful life events on well-being.

Q. Is PST recommended in the Military Health System (MHS)?

A. **Yes.** The 2016 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder gives the highest strength of recommendation (Strong For) for PST. PST has met the burden of evidence required by the most recent VA/DoD publications and is recommended as a first-line treatment for uncomplicated mild to moderate major depressive disorder (MDD).

The MHS relies on the Department of Veterans Affairs (VA)/Department of Defense (DoD) clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other guidelines and evidence reviews recommend PST for MDD?

A. **No.** Other authoritative reviews have not recommended the use of PST for treating MDD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) Systematic Review Repository and the Cochrane Database of Systematic Reviews.

- AHRQ: A comparative effectiveness review of pharmacological and psychological treatments for depression found one eligible study comparing PST to a second-generation antidepressant, but does not make any specific conclusions about PST (Garthlehner et al., 2015).
- Cochrane: A 2007 review by Huibers et al. found “good evidence that problem-solving treatment by a general practitioner is no less effective than antidepressant treatment on depression, psychological symptoms, and social functioning.”

Q. What conclusions can be drawn about PST as a treatment for MDD?

A. PST is recommended as a front-line treatment for MDD. Clinicians should consider several factors when choosing an evidence-based treatment for their patients. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

*Find the full series of Psych Health Evidence Briefs, provide feedback and subscribe to receive future briefs at <http://www.pdhealth.mil/research/evidence-synthesis/evidence-briefs>.

References

Bell, A. C., & D'Zurilla, T. J. (2009). Problem-solving therapy for depression: A meta-analysis. *Clinical Psychology Review*, 29, 348–353.

Department of Veterans Affairs/Department of Defense. (2016). *VA/DoD clinical practice guideline for management of major depressive disorder. Version 3.0*. Washington, DC: Department of Veterans Affairs/Department of Defense.

D'Zurilla, T. J., & Nezu, A. (1982). Social problem solving in adults. In P.C. Kendall (Ed.), *Advances in cognitive-behavioral research and therapy, vol. 1* (pp. 202–274). New York: Academic Press.

Gartlehner, G., Gaynes, B. N., Amick, H. R., Asher, G., Morgan, L. C., Coker-Schwimmer, E., ... Lohr, K. N. (2015). *Nonpharmacological Versus Pharmacological Treatments for Adult Patients With Major Depressive Disorder*. Comparative Effectiveness Review No. 161 (AHRQ Publication No. 15(16)-EHC031-EF). Rockville, MD: Agency for Healthcare Research and Quality.

Huibers, M. J., Beurskens, A. J., Bleijenberg, G., & van Schayck, C. P. (2007). Psychosocial interventions by general practitioners. *Cochrane Database of Systematic Reviews*, 3, CD003494.

