

Case Study 1: Serena

Background

Serena is a 21 year old Maori woman who presented to hospital after taking an overdose of prescription drugs. She had been experiencing increasing difficulties with low mood over the four months preceding her suicide attempt. Her symptoms include sleeping difficulties, irritability, tearfulness and anger. Serena took the overdose as an impulsive act after a night out. She was found by her mother approximately two hours after taking the overdose. After the suicide attempt Serena was relieved to still be alive and was committed to making positive changes in her life.

Serena lives with her mother, one sibling and Serena's six month old daughter. She has been in a relationship with the father of her child for about two years. Serena's relationship with her baby's father has often been volatile and she is undecided about whether to continue with the relationship. A close friend of Serena's family committed suicide shortly before she became pregnant, resulting in a lot of family conflict and distress.

Session One

In the first session the therapist invited Serena to talk about the events leading up to her suicide attempt. Serena talked about her background, including her relationship with her partner and the death of the family friend. She also talked about the problems she had when she found she was pregnant due to financial difficulties as well as the grief and stress in her home environment following the friend's suicide. In addition her daughter had had several health problems at the time of her birth.

Prior to her suicide attempt Serena described herself as lacking confidence in her ability to look after her baby properly, unable to maintain relationships within her family and unhappy with her relationship with her baby's father. Serena gave herself a fright with the overdose and since then she has been working on trying to take a more positive approach, including reading inspirational books. She has engaged with local Mental Health services and is finding this useful.

In the second part of the initial session Serena was introduced to the concept of Problem Orientation. She felt that in the year preceding the suicide attempt she had a very negative problem orientation but she thought that she could see changes towards a more positive problem orientation more recently. Towards the end of the session the therapist showed Serena how to begin a problem list. The problem areas that had been discussed at the session were summarized and written on an initial problem list (see below).

Serena's initial problem list:

- Difficulties in my relationship with my partner
- Financial difficulties and concerns
- Grief over the suicide of my friend
- Problems with my baby who is not sleeping well
- Problems with my sleep
- Difficulties managing my mood (often experiencing low mood and anger)

For "homework" Serena was given a copy of the workbook and asked to read up to the end of the Problem Orientation section.

Session Two

The session began with a check in during which Serena reported a good week. She felt she was moving into a more stable place. During the session Serena disclosed that she had attempted suicide three months ago although she had not sought medical attention and had not told anyone. The therapist asked Serena several questions around her current risk of self harm and was satisfied that Serena was currently safe. (She currently did not want to end her life, she had made no plans for suicide and if this changed they identified who Serena would contact in an emergency). Serena had read the section of the workbook agreed to for homework.

Serena's therapist discussed the initial problem list they had created and talked more about Step Two – Recognising and Identifying problems. Then Serena was introduced to Step Three - Defining problems clearly and selecting one to work on. She was shown how to ask questions to gather all the relevant information and then transform these into clear "Problem statements". Serena found this step useful and gained independence and confidence with it quickly. By the end of the session, she had defined ten problems clearly.

Her homework was to read the section on Selecting and Defining a problem and then choose a problem she would like to start working on.

Session Three

Serena reported a lot of lability in her mood in the week between sessions but was confident in her ability to keep herself safe.

Serena related that she and her partner had been fighting a lot in recent weeks. He was often absent and contributed little to helping with their daughter when he was present. She decided that she would like to work on her relationship in her PST sessions.

Serena and her therapist began by attempting to define the problem clearly. Serena was focused on wanting to change her partner's behaviour. Her therapist explained that we can't control others or change others and the problem needed to be about something she could influence. She chose to work with her own feelings and the difficulties she is having in managing them.

The problem Serena defined was: "I have difficulty managing my distress when I feel my partner is not helping me enough with the baby".

This problem definition highlights a common problem we came across while providing problem solving therapy. Clients often want to work with big problems like relationships at the beginning of therapy. In our experience this is not an ideal way to demonstrate the process and we would recommend that therapists steer clients towards more concrete problems early on while they develop their problem solving skills. As we will show the problem that Serena chose was influenced by many different variables which made it difficult to see through to conclusion.

Towards the end of the session Serena and her therapist went on to Step Four - Generating solutions and conducted a brainstorm around the chosen problem. The initial solutions they identified included:

- Using self-soothing methods such as reading my inspirational books when I feel let down by my partner
- Talk to my partner about my need for more input from him
- Ask others (like my mother and sister) for more help

Session Four

In this session, Serena reported that she and her partner had broken up the previous week. She believed they would reconcile but felt guilty about the potential impact his absence would have on their child. Serena had restarted an antidepressant medication but was still experiencing low mood. Her therapist put the mood into the context of current life stressors and relational difficulties and emphasised the role of the medication in assisting her with these.

As the initial problem Serena had selected was no longer relevant she decided that she wanted to work on the issue of her baby's erratic sleep patterns. Together, Serena and her therapist defined the problem as:

"I have not established any routine in my baby's sleep patterns and I am unsure how to do so".

Serena began a brainstorming list of potential solutions during the session. These included:

- Talk to my local practice nurse about ideas for introducing routing
- Ask my mother for advice and help
- Buy a book on establishing sleep routines for babies

Her “homework” was to continue to add to the brainstorm list until she had at least ten possible solutions. The therapist emphasised the importance of not pre-judging solutions before adding them to the list. For example, Serena had a difficult relationship with her mother and was unwilling to add this to the list at first. The therapist had to work hard to explain the concepts of brainstorming, that is, that no matter how unlikely a solution may seem you should not dismiss it before adding it to the list – remember that quantity is more likely to result in quality solutions.

Session Five

Serena stated that she was feeling more settled. She had adjusted somewhat to the absence of her partner and felt her life was less stressful on the whole as a result of his absence. Serena reported having done her homework and had chosen several more potential solutions. These included:

- Call a friend who has three children and ask for her suggestions
- Look on the internet
- Go to the library
- Call a help-line to ask for advice

The therapist then introduced Serena to Step Six – Decision making. They went through evaluating the pros and cons of the solutions Serena felt were most likely to have a positive effect on the problem. Two of the advantages and disadvantages matrices looked like this:

1. Call a friend

Advantages	Disadvantages	Neutral
<ul style="list-style-type: none"> • Free ++ • Likely to be helpful as I admire her as a mother and she has experience ++ • Could renew a good friendship + 	<ul style="list-style-type: none"> • Haven't had contact with her for a long time – may be difficult to make the call + • Might feel inadequate telling her I can't manage baby's sleep patterns ++ 	<ul style="list-style-type: none"> • Nothing

2. Go to the library

Advantages	Disadvantages	Neutral
<ul style="list-style-type: none"> • Should have a good variety of books ++ • Cheap ++ 	<ul style="list-style-type: none"> • Have to take baby out with me – can be difficult to get on the bus +++ • Don't have a library card and don't know how to get one ++ • Will feel shy going in + • Don't know my way around a library – shy to ask for help ++ 	<ul style="list-style-type: none"> • Nothing

Based on the decision making matrix Serena chose calling her old friend. This brought them to Step six in the process - Generating an action plan. Serena wrote an action plan that specified how she would locate her friend (they had not had contact for some time), when she would call her, and what she would do if she had difficulty finding her. The action plan followed the rules of a SMART plan, that is, the steps were specific, measurable, achievable, relevant to the problem and time limited.

The steps of the plan were:

- Call a mutual friend who keeps in touch with her
- Ask for her phone number and address
- Call her in the evening (because she is probably working now)
- If I can't get in touch with her on the first try, call again the next morning, afternoon and evening
- Within the next week, leave a message if possible asking her to call me

Session Six

In this session Serena and the therapist reviewed her progress on the action plan from their last session. Things were progressing well. Serena had made the call to her old friend and had made contact. They had got together for coffee and her friend had many ideas about establishing a bedtime routine that Serena had found useful. As well as this, Serena had used the steps of problem solving to brainstorm potential solutions to the problem of actually establishing a routine using some of her friends ideas as well as some other ideas Serena had got from other people. She had worked out a routine for the baby that was working well and the baby was now sleeping through the night. Serena had also been able to use the baby's daytime sleep periods to claim time for herself. Serena and her therapist agreed to meet for one last session the following week.

Session Seven

The final session was spent reviewing the steps of PST. Serena was able to name and explain them clearly and intended to continue using the process. In this session they focused on "relapse prevention". They revisited the events surrounding Serena's suicide attempt and used the problem solving process to discuss how Serena might have acted differently at that time. Serena found this a helpful process as well as a challenging one. She felt the sessions had been worthwhile.