

Problem-solving treatment for anxiety and depression: a practical guide

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Psychological disorders are the third most common reason for primary care consultations. These disorders have a chronic course and a quarter of patients with these disorders will have persistent symptoms and need regular consultations. Although antidepressants are an effective treatment for anxiety and depression, patients' compliance with drug treatment is often poor due to troublesome side-effects, fear of dependence, and a belief that drugs will not solve their problems.

Problem-solving treatment, a psychological treatment for anxiety and depression, is a well-researched intervention and is designed for use in primary care. This treatment can be delivered by properly trained non-mental health care specialists. It is very much a here-and-now treatment, focusing on current difficulties and setting future goals. Patients are helped to gain a sense of mastery over their difficulties. A typical course of treatment consists of six weekly sessions and the total duration of therapy is less than 4 hours. In short, it is a collaborative, structured, and time-limited treatment.

Problem-solving treatment for anxiety and depression: a practical guide provides a 'hands-on' manual to assist potential therapists to understand the background and rationale for problem-solving. It provides a brief description of the theory which led to the development of problem-solving treatment. The research trials underpinning the effectiveness of treatment are also discussed.

Chapters three and four cover core treatment. Chapter three describes the seven stages of treatment, namely explanation of the treatment, identifying problems, clarifying problems, setting

achievable goals, generating solutions, implementing solutions, and evaluating the outcome. The technique is presented in detail, supplemented by case examples. Samples of worksheets, educational materials, and useful phrases have been included. Chapter four provides the structure for a six-session course of treatment. The structure needed for problem-solving is set out and supported by many relevant clinical examples.

Additional guidelines for effective problem-solving treatment have been included, such as rapport building, giving summaries, assignment of homework, and preparation for major unforeseen obstacles. Finally, additional psychotherapeutic techniques like activity scheduling, handling of insomnia, relaxation exercises, and communication skills training have been described.

Of course it is unlikely that one can learn any psychotherapy by just reading a book. 'Hands-on' supervision by a qualified therapist is essential for mastering the techniques used in this treatment.

Overall, this book is easy to read and understand and the presentation is clear. I find the treatment highly practical and useful in my day-to-day work.

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Answers to CME Programme Hong Kong Medical Journal October 2006 issue

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I. Twelve years' local experience in ambulatory anaesthesia

A	1. True	2. True	3. True	4. False	5. False
B	1. False	2. False	3. True	4. True	5. True
C	1. False	2. True	3. True	4. True	5. False

Hong Kong Med J 2006;12:368-74

II. Immuno-prophylaxis of babies borne to hepatitis B carrier mothers

A	1. False	2. False	3. False	4. True	5. False
B	1. False	2. False	3. False	4. True	5. False
C	1. False	2. False	3. False	4. False	5. True