Chapter Fourteen Meeting Challenges Together: Building Family Problem-Solving Skills

This intervention comes from a cognitive behavioral therapy (CBT) approach. The specific intervention is found in *Bipolar Disorder: A Cognitive Therapy Approach by Newman.*[1]

Basis for the Intervention

High EE has been demonstrated to be a predictor of relapse in schizophrenia[2] and recent onset mania[3] Bipolar disorder[4-5], and unipolar disorder.[6] Honig et al.[7] demonstrated significant change from high to low levels of expressed emotion (EE) in key relatives after a six-session multifamily psycho-educational intervention in Bipolar disorder that included problem-solving skills training.

Skill at problem solving is also important because individuals with a bipolar spectrum disorder often experience an exceptional number of life problems. Even in states of mild depression or hypomania, a person with Bipolar disorder can experience a decrease in organized thinking or concentration, decreased motivation and decreased insight into presence of problem. Problem solving can also be hampered by cognitive distortions and difficult family dynamics. Additionally, problem-solving skills may not have been modeled in the home or community due to parental Bipolar illness or early onset of the disorder. Thus, the individual may not have had opportunity to develop problem-solving skills.

Although problem solving is the focus in this intervention, it may be more helpful for the therapist to use the word "challenges" rather than '"problems". This approach allows for a more positive view that leads to action rather than getting stuck on a particular issue. It is helpful to point out that all people have challenges in life, but acknowledge that meeting challenges can be more difficult at times due to illness. Identifying strategies and problem solving attempts the individual or families may have already made reinforces strengths inherent in the individual or family. Here is an opportunity to build upon the client's creativity in meeting challenges by clarifying a formal structure for defining and planning response to challenges.

The in-depth assessment will have identified these challenges in Chapter Three.

Addressing the Barriers to Problem Solving

This involves helping clients and families identify challenges they wish to address, and learning modeling and rehearsing problem solving techniques. It addresses family dynamics such as building consensus around defining the problem, learning to brainstorm as a family and avoid cutting off possible solutions. It teaches anticipation life stressors and triggers and planning for them. Cognitive styles that hinder appropriate problem solving are also addressed in this chapter.

It is important for the therapist to help identify the strengths of the client in applying this intervention. For example, a college student may be having difficulty getting assignments turned in and attending regularly. The underly-

ing strength may be the motivation to continue with college and the desire to have major life goals in spite of life disruptions caused by a Bipolar disorder.

The first step in problem solving is that of defining the problem, challenge or point of conflict: Because each family member may define the problems differently, there may need to be a compromising/consensus stage of defining the problem. Once the problem has been clearly defined, the family is taught to brainstorm possible solutions, and then guided in considering solutions using pros and cons to test possibilities. Role-playing of possible scenarios may be helpful. After a plan of action is agreed upon, testing of the solution is practiced during the time between sessions. Follow-up occurs at the next session, and adjustments are made when necessary.

Problem solving can be directed toward two common challenges faced by individuals with a bipolar spectrum disorder. The first is that of general life stressors experienced by everybody but which may become triggers for recurrence or exacerbation of symptoms in the person with a bipolar spectrum disorder. For example, if the yearly family reunion becomes a trigger for worsening of illness, plans can be made to arrange breaks away from the family or a planned visit alone with a favorite family member instead of becoming involved in group activities that are overly stimulating.

A second challenge is to recognize and respond to early warning signs of worsening of illness. Using problem-solving skills to make a plan to address such warning signs enables a client to manage them appropriately. For example, if the client recognizes that not wanting to be with other people is an early warning sign of depression, she might respond by calling a friend just to talk, by discussing her feeling with her therapist, by getting extra rest or by all three of these. These actions can help avoid the downward spiral that leads to depression or prevent the spiral from causing a deep depression. If she is feeling that her thoughts are becoming disorganized, she may plan to take several extra breaks in order to sit quietly for a few minutes. Alternately she might plan a walk or decrease the amount of stimulation in her environment. These management plans may help decrease symptoms of mania.

Intervention for Individual's Own Challenges

Clients are asked to anticipate up-coming life events that may challenge their ability to manage. Once a specific challenge is identified, techniques are practiced such as imagining the future challenge and the situation in which it could occur. The technique of cognitively rehearsing self-talk aimed at keeping emotional reactions within normal limits is learned. Brainstorming various courses of action and weighing the pros and cons are utilized with the goal of choosing one of the two best options. Role-play is used to test and practice the chosen option.

Correcting Cognitive Distortions That Hinder Problem Solving

Three cognitive distortions that can hinder successful problem solving skills include 1) black and white thinking, 2) perfectionism and 3) poor recall of personal events. In black and white thinking, the lack of seeing a variety of explanations for life occurrences prevents seeing multiple options to manage challenges. Expanding the client and/or family's internal dialog to include alternate explanations for situ-

ations, behaviors, and experiences can enrich the problem solving process.

Perfectionism can immobilize the client or cause him to always fall short in meeting his perceived goals. Setting realistic goals and expectations of himself and others can positively affect the client's ability to see challenges as manageable rather than insurmountable.

Poor recall of personal events, which especially occurs during manic episodes, hinders the ability to see consequences of past actions and leads to distorted perceptions of reality. Addressing these distorted perceptions can lay a foundation for effective plans for anticipating and preventing problems, especially during episodes of mania. For example, an understanding of the reality of the consequences of spending sprees can lead to a plan to turn over one's credit card to a trusted relative or friend at appropriate times to prevent an impending spending spree.

Children and Adolescents

Building family problem solving skills as a part of a multifaceted psychoeducational program has reduced level of Expressed Emotion (EE) in key relatives of adults by reducing frustration and distress caused by ongoing, unresolved problems, but has not been researched in families with children with Bipolar disorder. Nonetheless, evidence supports the value of teaching problem solving skills to children.[8-10]

Examples of additional problems that must be addressed by the family caring for a child with Bipolar disorder include: meeting the needs of the other siblings, negotiating the care of sick and well children, added daily parental stress, keeping the family and marriage intact, additional burden of dealing with schools, insurance, welfare systems.

It is likely that the whole family needs to experience increasing success in solving family problems as a group. Helping the Bipolar child to solve his or her unique problems and reduce incidence of meltdowns is addressed in the chapter on Collaborative Problem Solving (CPS).

Additional strategies for "defining the problem" include helping the child externalize the problem, as in talking about the disorder as an additional member of the family who has unique issues to be addressed. Also, the "umbrella" approach can be helpful in narrowing the scope of a problem to be solved. The therapist draws an umbrella. Above the umbrella is a broad problem—such as "household chores." Each spoke of the umbrella is a specific chore. Family members can contribute to defining the spokes and voting on which problem to start addressing first.

Parental burnout may also be contributing to the cognitive distortion—"He's doing that on purpose to make us angry." Parental demands for perfectionism may also distort the family's ability to set realistic goals and problem solutions and see problems as manageable.

Implications for Parents

Learning these skills further helps parents build a strong dyad and united front that can withstand the stress the additional burden of a sick child places on the family.

The clinician should seriously inquire into history of past problems the parents and family have successfully negotiated and addressed. Parents are more vulnerable to feeling overwhelmed with a sick child to care for, and their role as expert and successful parent must be validated and strengthened. Many times families of kids with Bipolar disorder feel as though

they have ''tried everything". Acknowledging and normalizing burnout, as well as the stages of grief/emotional healing discussed in Chapter 5 "Vesting Parents in Treatment" may help parents to approach this family task with more hope. It may be helpful to remind parents that 70 percent of problems can be solved with good listening skills."

Alternatively, discussing how the consistency of using these parenting skills may be compromised with burnout, and how often parents abandon interventions because they appear to not work. Interventions with children require vigilant consistency in order to be effective. Parents often "try out" different methods for a short time, and if it does not seem to work immediately will seek another way of intervening. In that way, they do end up "trying everything."

However, a more helpful mindset is for parents to recognize the benefit of "trying out *one* approach for *longer*". Clinicians can then assist parents in problem solving as to what aspects of an intervention worked and what aspects need altering.

Further, clinicians could assist parents in identifying ways to persist within an intervention despite feelings of hopelessness, and to trust that although immediate changes may not occur, incremental changes will occur over a long period of time.

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