

## Lesson Plan 30

Nezu, C., Nezu, A., & Areak, P. (1991). Assertiveness and problem-solving training for mildly mentally retarded persons with dual diagnoses. *Research In Developmental Disabilities, 12*, 371-386.

**Approach to Instruction:** Teaching

**Objective:** To use **problem-solving training** to increase coping skills and social competency among persons with a dual diagnosis of mild mental retardation and mental illness.

**Settings and Materials:** Audio tape-recording equipment

### Content

#### 1. Social Problem-Solving Training

Intervention based on problem-solving treatment manual contained in Nezu et al. (1989) and included systematic training in five problem-solving processes:

- 1) **Problem Orientation** – developing a rationale and adaptive set toward problems in living.
- 2) **Problem Definition and Formulation** – correctly identifying the nature of the problem and setting realistic goals.
- 3) **Generation of Alternative Solutions** – brainstorming a list of possible alternative solutions.
- 4) **Decision Making** – reviewing the consequences of each solution idea and selecting ones that are optimal given the specific problem.
- 5) **Solution Implementation and Verification** – carrying out the solution and monitoring its effects to determine one's success in problem resolution.

### Teaching Procedure

#### 1. Social Problem-Solving Training

A. Instructions are to be provided in a concrete manner and the problem-solving processes should be modeled and practiced through videotaped role-play situations.

- 1) **Problem Orientation** Session 1 includes an overall orientation to this approach and focus on training in problem orientation by teaching participants to:
  - a) Label emotions as a “signal” to the presence of a problem (e.g., “when I feel angry I should try to see a ‘red flashing traffic light’ that tells me that a problem exists”).
  - b) Inhibit the tendency to respond automatically (e.g., “the red light means I should stop myself from hurting others”).

- c) Develop a rational set toward the existence of problems (e.g., “instead of getting upset and hurting others and throwing things, I should try to solve the problem”).

**2) Problem Definition and Formulation**

**3) Generation of Alternative Solutions**

**4) Decision Making**

**5) Solution Implementation and Verification –**

Training and practice in the four remaining steps described in the content section occur during sessions 2 through 5. For a more detailed description of the remaining sessions see:

- Nezu, A. M., Nezu, C. M., & Perri, M. G. (1989). *Problem-solving therapy for depression: Theory, research, and clinical guidelines*. New York: Wiley.

- B. In an effort to maximize gains, the instructor needs to make sure that treatment is made relevant to the problems of each participant’s life.
- C. Participants are encouraged to apply these skills outside of the sessions.
- D. Skills are reviewed through discussion in subsequent sessions with the small group of participants.

## **Evaluation**

### **1. Problem-Solving Task (PST)**

- A. Consists of five interpersonal problematic situations commonly experienced by people with mental retardation (e.g., making new friends, conflict resolution with another person) that are read to the participant.
  - 1) The goal for each problem is provided (e.g., “Your goal is to make a new friend”).
  - 2) The participant is then asked to verbally respond to four questions concerning the participant’s means of problem resolution:
    - a. What is the actual problem?
    - b. Think of as many ideas to solve the problem as you can.
    - c. What are some positive and negative consequences of each idea?
    - d. Which idea do you think will solve the problem?
- B. All responses are audio taped and later scored by two independent raters for quality of each response along a 5-point scale (1=low quality; 5=high quality).
- C. Response quality was defined by the effectiveness, accuracy, and/or relevance of the answer to each particular question. For example, regarding the question of choosing a solution, a high quality response would be one that articulated an effective solution to the problem (i.e., a high likelihood of solving the problem). Lack of response by the participant was scored as a 0.

