



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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WELL-BEING THERAPY (WBT)

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Definition: WBT tries to enhance patients' sense of well-being by: 1) enhancing their awareness of positive moments; 2) discussing and changing negative thoughts which disrupt episodes of well being; 3) improving patients' impairments in 6 well-being areas - autonomy, environmental mastery, personal growth, positive relations, purpose in life, self-acceptance.

Elements: In up to 8 sessions the therapist asks the patient to record in a structured diary current episodes of well-being and thoughts which truncated them, re-interpret those thoughts viewed from an observer's standpoint (*cognitive restructuring*), and use re-interpretations to increase a sense of well being in any of the 6 areas which might be impaired. WBT includes:

-*cognitive restructuring*: change from negative to positive thoughts which interrupt periods of feeling well

-*scheduling of pleasant activities*: negotiate with patients enjoyable activities they will carry out each day, e.g. go for a walk, listen to music.

-*graded tasks*: e.g. to improve positive relations, encourage a patient to phone a friend, invite that friend out for dinner, spend further time with that friend.

-*assertiveness training* – see that entry

-*problem solving* to improve patients' autonomy and environmental mastery, e.g. (*help another patient deal with everyday activities*; ask for a promotion at work etc.).

Related procedures: *cognitive restructuring, distancing, rational-emotive therapy procedures, fostering positive thinking, homework, happiness intervention.*

Application: Taught individually or in small groups to adults or adolescents, in clinical or other settings.

1st Use? Fava et al (1998)

References:

1. Fava GA, Rafanelli C, Cazzaro M, Conti S, Grandi S (1998) Well-being therapy. A novel psychotherapeutic approach for residual symptoms of affective disorders. *Psychol Med*, 28, 475-480.
2. Fava GA (1999) Well-being therapy. *Psychother Psychosom*, 68, 171-178.
3. Ryff CD, Singer BH (1996). Psychological well-being: meaning, measurement, and implications for psychotherapy research. *Psychother Psychosom* , 65, 14-23.

Case Illustration

Tom, a student aged 23, had severe obsessive-compulsive disorder (OCD) for a year. It was refractory to SRI medication and cognitive behavior therapy. In well-being sessions 1 and 2 he was asked to record in a structured daily diary his episodes of well-being and feelings related to them and thoughts which interrupted them. By such self-observation he found that a sense of well-being (e.g. 'Maybe I'm getting better and my life will change') was terminated by an unpleasant thought ('A terrible crisis is on its way') and an obsession ("My girlfriend will soon find a better boyfriend and I will be

alone again”). He was asked to add an observer’s interpretation to his diary (what someone else might think in the same situation). This helped him see that obsessions could be prevented by practising a thought different to the pre-obsessive thoughts that a sense of well-being had brought on (e.g. ‘To acknowledge progress does not mean asking for trouble’; (the patient starts recognizing well-being may be the result of previous work). He was persuaded to schedule pleasant activities (e.g. walking on the beach) which he had hitherto avoided as he felt he didn’t deserve them and activities such as attending lectures and taking exams, and to record in his diary whenever he carried out these graded tasks. He was made aware of similarities between situations he had successfully coped with in the past (e.g. previous exams) and those he had to deal with now or in future (e.g. new exams) (transfer of experiences). He was taught to problem-solve everyday difficulties (e.g. combining work and leisure). Over eight 2-weekly sessions the intensity and perceived importance of his obsessions fell to sub-clinical levels. Tom felt much better and finished his studies, and at 4-year follow-up had no OCD.