Fredrike Bannink
Nicole Geschwind

Positive CBT

Individual and Group Treatment Protocols for Positive Cognitive Behavioral Therapy

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Preface

Life can only be understood backwards, but it must be lived forwards.

Søren Kierkegaard, Danish philosopher

Positive cognitive behavioral therapy (positive CBT) does not focus on what is wrong with our clients and how to repair that, but on what goes well in their lives and how to build on that. The focus is on the person, not the disease; the well-being of our clients takes center stage. And it does not only concern the well-being of our clients, but also our own well-being as cognitive behavioral therapists.

Positive CBT is not only an important different perspective for clients, but also for ourselves as therapists, as an antidote to burnout and negativity.

Prof. Filip Raes, Belgium
Source: Positieve cognitieve gedragstherapie
© 2014 Fredrike Bannink

Practicing Positive CBT integrates the research and practice of positive psychology and solution-focused brief therapy within the cognitive behavioral therapeutic framework. Bannink's book Practicing Positive CBT, which was published in 2012, describes her model of positive CBT and is the founding text in positive CBT. This form of CBT, also called fourth wave CBT, is now practiced worldwide, from Japan to Brazil and from Germany to Iran, and is being applied with various diagnoses. The book on this subject by Fredrike Bannink has so far been translated into Dutch, German, Japanese, Farsi, and Portuguese, and there is interest in more translations.

Fredrike Bannink captures the essential importance of building on positive feelings, motives, imagery, memories, and behaviors. The psychology of "cultivation," so much a focus in Buddhist approaches to human suffering, is brought to life in new ways with extensive knowledge of the research literature. Full of fascinating insights and practical applications, this is a book to change what we focus on and how we do work in helping people change. A book to read many times.

Prof. Paul Gilbert, UK
Source: Practicing Positive CBT: From Reducing Distress to Building Success.
© 2012 Fredrike Bannink

In recent years we have received many requests to provide a treatment protocol for positive CBT. Many colleagues have asked us to provide a "cookbook," a manual, to enable them to apply positive CBT in their workplace. We are happy to be able to offer two protocols now: a protocol for individual positive CBT and a protocol for positive CBT in a group (see Chapter 3 and Chapter 4). The protocol for individual positive CBT in the treatment of major depressive disorders has been studied at Maastricht University, the Netherlands, by Nicole Geschwind and colleagues. Nicole actually obtained her PhD at Maastricht University, researching the value of positive emotion in the treatment of depression (Geschwind, 2011).

The individual positive CBT protocol in the treatment of major depressive disorders showed promising results in that study. Moreover, clients preferred positive CBT over traditional CBT, as is evident from the quotes we have included from the study throughout this book. We describe our quantitative and qualitative research in more detail in Chapter 2. Articles describing the complete study were published in *Behavior Research and Therapy* and in *Psychotherapy* (Geschwind et al., 2019, 2020).

Now I am really building the life that I want.
Client

You will find a detailed description of the protocol for positive CBT in a group in eight sessions in Chapter 4. Fredrike developed this protocol in collaboration with her colleague Fourough Jafari from the Azad University of Tehran.

In Chapter 5 we describe Carin's case, in the hope of providing a concrete picture of what positive CBT can look like. Chapter 6 lists 12 frequently asked questions and our answers. We provide answers to questions such as, "What if my client cannot find a goal?" and "Isn't positive CBT a bit problem-phobic?"

The two Appendices contain the client's Workbooks: one for individual positive CBT and one for positive CBT in a group. As a purchaser of this book, you may use the Workbooks and exercises for your clinical work, as long as you give credit to the source.

We prefer to call the first and second wave in CBT "traditional" instead of "negative," as some colleagues have suggested. It is also our preference to speak of "clients" instead of "patients," because we believe this latter term tends to invite passivity.

To use the positive CBT protocols properly, please take note of the following:

- It is recommended that you read the entire protocol before you start the sessions with your client or group. It would also be helpful to read the description of the exercise and the associated homework suggestions before each session, as well to take a look at the clients' Workbook.
- The two client's Workbooks can be found in the Appendix 1 and Appendix 2. Therapists can download the Workbooks and their worksheets for use in the clinical work (please see the appendix on how to access these).

After having focused for almost twenty years on what is wrong with my clients, this approach feels like a breath of fresh air.
Cognitive Behavioral Therapist

We wish you lots of inspiration, and hope that positive CBT will contribute to the well-being of your clients and yourself. After all, life must be lived forwards.

Fredrike Bannink & Nicole Geschwind

Contents

Chapter 1
Positive Cognitive Behavioral Therapy

The secret to change is to focus all of your energy,
not on fighting the old, but on building the new.

Seneca, Roman philosopher

Introduction

Positive cognitive behavioral therapy (positive CBT) integrates the research and practice of the positive psychology movement and of solution-focused brief therapy (SFBT) within the cognitive behavioral therapeutic framework (Bannink, 2012). It is a competency-based approach that shifts the focus away from what is wrong with clients and what does not work, to what goes well and does work in their lives.

This competency-based approach – an approach that looks for existing competencies of clients – focuses on uncovering and expanding their skill repertoire. Competency implies that we have sufficient skills to adequately perform the tasks necessary in daily life. The principles of the competency-based approach are:

- Connect with the strengths of your clients and activate those strengths in helping your clients to realize their goals.
- Listen to your clients' needs, wishes, limits, and norms, and take these seriously.
- Focus on creating new opportunities.

Client:
Sometimes I feel a bit guilty. When I got up a few days ago and saw that the sun was shining I wanted to go out and have a coffee on a terrace. A little voice inside of me said I shouldn't do that, because my sister just died. When a friend phoned me and I told her that I was sitting on a terrace, she said, "What? Am I calling the right number?"

Three Approaches Within Positive CBT

In this section we briefly discuss the three approaches that come together in positive CBT: traditional CBT, positive psychology, and SFBT. We will provide a comparison of traditional and positive CBT and their processes, and discuss the different role of the positive CBT therapist in each approach. To mention just a few highlights: In positive CBT, goal formulation replaces problem exploration; a focus on competencies replaces a focus on deficits; self-monitoring is used with exceptions to the problem instead of the problem itself; the upward arrow technique is used instead of the downward arrow technique; and the focus is on behavior maintenance instead of on relapse prevention.

Cognitive Behavioral Therapy

The roots of CBT can be traced to the development of behavior therapy in the early 1920s, of cognitive therapy in the 1960s, and the subsequent merging of these two. *Cognitive therapy* assumes that maladaptive behavior and disturbed mood are the result of inappropriate or irrational thinking patterns, called *automatic thoughts*. Instead of reacting to the reality of a given situation, an individual reacts to their own distorted viewpoint of the situation. In therapy, clients are made aware of these distorted thinking patterns and change them (cognitive restructuring). *Behavioral therapy*, or behavioral modification, trains clients to replace undesirable behaviors with healthier behavioral patterns. *CBT* integrates the cognitive restructuring approach of cognitive therapy with the behavioral modification techniques of behavioral therapy. Many CBT programs have been tested for their effectiveness: The emphasis is on applying evidence-based treatments. This is the basis for CBT often being preferred over other psychotherapeutic methods.

Traditional CBT may be seen as a class of treatments which have the same features in common but also differ in important aspects. It is problem-focused and structured toward the client; it requires honesty and openness between the client and therapist, as the therapist offers strategies and asks the client to apply and evaluate them. Guided discovery or Socratic questioning is often used to help clients to gain insights.

Positive Psychology

Positive psychology was developed in the 1990s as a scientific movement that tries to understand positive human functioning – its cognitions, emotions, and behavior. It is the study of what makes life worth living and what makes people and societies thrive. The movement is focused on bringing out the best in oneself and others with the aim of functioning optimally. The focus is not only on reducing problems or complaints, but also on increasing strengths and well-being. This strengths-based approach – identifying and deploying your strengths – offers a good starting point for further conversations.

When looking at mental health, we find that health is not same as the absence of disease. Mental health concerns both the absence of pathology *as well as* the presence of well-being. Psychotherapy should therefore no longer be the place where only problems are

discussed and repaired, but also the place where strengths are discovered, positive emotions are reinforced, and hope, gratitude, and optimism are nourished (Bannink & Peeters, 2020).

Research shows that psychopathology and positive mental health are two different complementary indicators of mental health (Keyes, 2005). And although psychological problems are more often associated with poor positive mental health than with good, their relationship is limited. The degree of psychopathology does not say much about the degree of positive mental health, and vice versa. Someone with serious psychiatric disorders can still experience a high degree of well-being, and the other way around – absence of mental disorders does not guarantee a high degree of well-being.

Nowadays, positive psychology has a large body of completed research examining its constructs, including optimism, well-being, gratitude, resilience, flow, hope, courage, and positive emotion. The most common theory in the positive psychology field is the well-being theory of Martin Seligman (2011). Five pillars together ensure well-being: positive emotion, engagement, positive relationships, meaning, and accomplishment, which give the acronym PERMA. The five pillars in more detail are

1. *Positive emotion:* Focusing on positive emotions is more than just smiling; it is the ability to be optimistic and view the past, present, and future from a positive perspective. This positive view of life, where there is room for fun and enjoyment, can help us in relationships and work, and inspire us to be more creative and take more chances. It is about experiencing positive emotions: To what extent do we feel happy and content?
2. *Engagement:* Finding activities that take our full engagement helps us to learn, grow, and nurture personal happiness. This life of involvement refers to our commitment to do what we do: To what extent do we experience a sense of personal fulfillment?
3. *Relationships:* Having relationships and social connections is one of the most important aspects of life. We are social animals that thrive on connection, love, intimacy, and a strong emotional and physical interaction with other humans. Building positive relationships with our parents, siblings, peers, and friends is important for spreading love and joy. Having strong relationships gives us support in difficult times.
4. *Meaning:* Finding meaning and a reason we are on this earth is important to living a life of happiness and fulfillment. Rather than the pursuit of pleasure and material wealth, there is an actual purpose for our life. To understand the greater impact of our work and why we choose to pursue that work will help us enjoy our tasks more and become more satisfied and happier. Living a meaningful life is not only about us, but also about something larger than us – about altruism and caring for others: To what extent do we have the feeling of being part of, and contributing to, a greater whole?
5. *Accomplishment:* Having goals and ambition in life is important also. We should make realistic goals that can be met; just putting in the effort to achieve those goals can already give us a sense of satisfaction. When we finally achieve them, we will experience a sense of pride and fulfillment. Pursuing success, accomplishment, winning, achievement, and mastery for their own sake will help us thrive and flourish.

The higher you score on all five pillars – the higher the sum – the greater your well-being is (Bannink, 2017a). Well-being is important because it forms an important buffer against psychopathology. Recently there seems to be a growing consent to choose the letter V for Vitality as the sixth building block of well-being. Vitality is about taking good care of our

body and mind – for example, by exercising regularly, following a healthy diet, getting enough sleep, and applying mindfulness. Seligman, cofounder of the positive psychology movement, states

> The message of the positive psychology movement is to remind our field that it has been deformed. Psychology is not just the study of disease, weakness, and damage; it is also the study of strength and virtue. Treatment is not just fixing what is wrong; it is also building what is right. (Seligman, 2005, p. 4)

Client:
At the request of my therapist I asked a few friends to write down my strenghts and virtues. Scary, but at the same time fun. They wrote that I was someone they can rely on, I tend to forget that sometimes. So I thought: if they think they can rely on me, then I may well see myself in the same way.

Tayyab Rashid (2009) mentions four implications that positive psychotherapy has:

1. *Positive psychology interventions* (PPIs) do not imply that other interventions are negative.
2. People quickly get used to new circumstances. To experience more well-being, people must regularly develop new activities that fit with their values, strengths, and interests.
3. It is intended that PPIs invite people to consider new activities and not prescribe them what to do. Attention must also be paid to individual and cultural differences with regard to happiness and well-being.
4. PPIs are not only intended for people with problems or disorders; positive psychology also relates to work, education, insight, love, growth, and play.

Client:
My psychologist said: "You can compare your body with a car. If you only look at defects and everything that is wrong or may go wrong, you no longer enjoy driving. And that is exactly what I want you to have: a nice ride. Therefore, I want us to discover how you can enjoy driving.

Solution-Focused Brief Therapy

In SFBT, building solutions is central, not solving or reducing problems. It consists of the pragmatic application of a number of principles and exercises, best described as finding the direct route to what works (De Shazer, 1985, 1991; Bannink, 2010, 2015b).

The two solution-focused simple assumptions are:

1. If something works (better), do more of it.
2. If something does not work, stop and do something else.

SFBT is a structured process, with ample acknowledgment for the suffering that the problems or complaints cause. However, problems need not to be analyzed. There is a useful interaction with the therapist in which clients find solutions and are invited to change. By focusing on what works in their lives, they gain more hope, have more creative ideas, feel more competent, and see more possibilities.

SFBT helps clients to develop a vision of a better future and to take notice of – both by the client and the therapist – their strengths and resources. Clients may then apply those to make their vision a reality.

Solution-focused questions lie at the heart of SFBT: They invite clients to think differently, notice positive differences, and achieve desired changes. SFBT does not work on the basis of systematically investigated or general applications, as positive psychology does. It is all about finding what works for this client, at this moment, in this context. The techniques and specific solution-focused questions have been researched by Franklin et al. (2012).

The solution-focused approach is complementary to the medical model. The approach is about starting or expanding desired behavior. It is goal- and future-oriented, short and practical, and focuses on concrete results. It is light and positive in tone, and it saves energy at the end of the day. Some solution-focused assumptions include

- You do not need to know the cause or perpetuating factors of a complaint or problem to resolve it.
- A quick change or solution of the problem is possible.
- Focus on solutions and possibilities instead of on pathology.
- Invite clients to take action.
- Look, together with the client, for small positive changes, and amplify those.

Client:
I wanted to resume my life after my wife's death and meet new people. First I wanted to write a letter to apply to volunteer at the library, but it just didn't happen. My GP asked me: "How are you going to write that letter? How will you start? Where will you be sitting?" I replied that I would be sitting at my table with my laptop. We discussed a few more details, and then my GP asked me: "When will you come and tell me that you succeeded?" "Next Friday," I said. "I now work in the library for three mornings a week and enjoy it."

In SFBT, the role of therapists is different from other forms of psychotherapy: They are no longer the only experts who make the diagnoses and give advice, but they consider their clients to be coexperts in the field of their own lives. Research shows that SFBT usually requires fewer sessions than problem-focused psychotherapy, and therefore SFBT is more cost-effective. Research also shows that the clients' autonomy is well guaranteed, and there is less burnout among practitioners (Franklin et al., 2012; Medina & Beyebach, 2014). SFBT cofounder Insoo Kim Berg, a few months before she passed away, wrote in her Foreword for Fredrike Bannink's Dutch book *Oplossingsgerichte vragen. Handboek oplossingsgerichte gespreksvoering*, 4th ed. (Bannink, 2019, first published in 2006), which was later published in English as *1001 Solution-Focused Questions. Handbook for Solution-Focused Interviewing*:

> Solution-focused interviewing is based on the respectful assumption that clients have the inner resources to construct highly individualized and uniquely effective solutions to their problems. (Bannink, 2010, p. xi)

Client:
If I had had a suicide pill, I am not sure I would not have taken it. I thought: "I'll never be able to get out of this." My therapist then asked me why I would not have taken that pill. And then I thought of all the things in my life that I find important, the lovely people that I know, my hobbies and vacations. And then the sun started to shine again.

Client:
My therapist told me that you don't always have to know the cause of a problem to be able to start working on improvement[s] by taking small steps. And that you can start searching for possibilities and the beginning of success, rather than dwell on the impossibilities. I then told her that I had recently started a mindfulness training [sic], hoping it will help me to become a bit more relaxed. She thought that was a good example of what works for me. And that I can start looking for more things that work or have worked for me. I then suggested continuing to work with the mindfulness trainer because I had already spoken with him. My therapist said she thought this was a very good idea.

Comparing Traditional and Positive CBT

As we wrote earlier, CBT can be seen as a class of treatments, with some similarities and some differences among them. The purpose of all forms of CBT is to help clients to make desired changes in their lives.

When we look at positive CBT, it differs from traditional CBT in two important aspects:

1. Traditional CBT has an explicit theory about the cause and/or perpetuating factors of problems. SFBT has no assumptions about how people end up in difficulties. Steve De Shazer, cofounder of SFBT, once summarized this rather bluntly: "Shit happens." Positive CBT assumes that well-being can be increased by focusing on the positive things in life (see PERMA; Seligman, 2011).
2. Traditional CBT assumes that knowledge about the cause or perpetuating factors in problems is necessary to help clients get better. Positive CBT assumes that the (causes or perpetuating factors in) problems do not tell us how we as therapists can be useful for our clients.

We see positive CBT as fourth wave CBT. It is future-focused and offers hope for a better life. It is about designing an outcome that was not there before. Positive CBT is transdiagnostic – it can be applied to all mental disorders – and is also transcultural. Currently positive CBT is used worldwide, from Japan to Brazil and from Germany to Iran.

Fredrike Bannink described the learning theory implications and further theoretical points of view in her book *Practicing Positive CBT* (Bannink, 2012). She also described what already can be seen as more positive within traditional CBT. Third wave CBT can be thought of in terms of approaches such as competitive memory training (COMET), acceptance and commitment therapy (ACT; Hayes et al., 2003), and behavior activation (Ferster, 1973; Beck, 2011).

Client:
People should pay more attention to everything that goes well, and that is exactly what this therapy is about. I noticed that if I pick out the things that do go well, the things that do not go well naturally become less important.

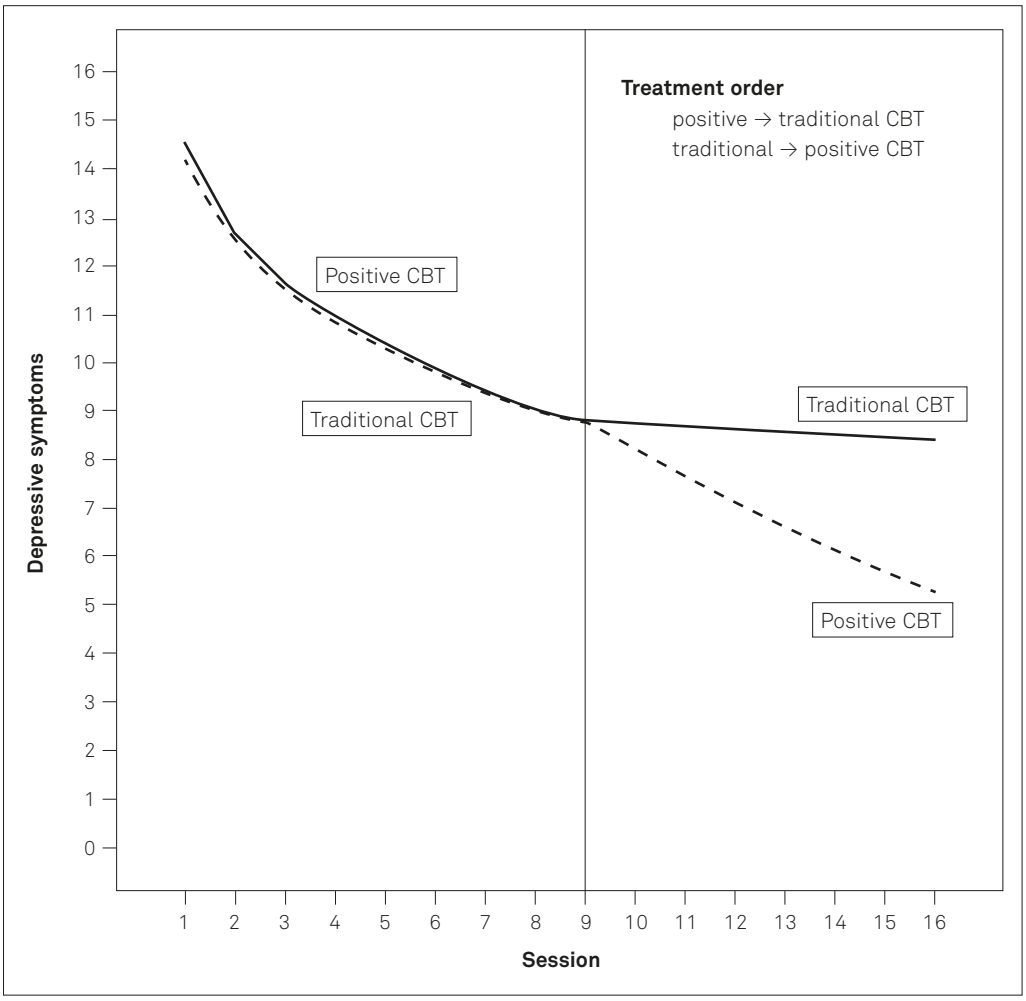

Figure 2 Comparison of the improvement of depressive symptoms during positive CBT and traditional CBT

For participants who started with positive CBT and then switched to traditional CBT, the improvement stagnated during traditional CBT. For participants who started with traditional CBT and then switched to positive CBT, the improvement of depressive complaints during the second phase continued, to a similar degree, as during the first phase (see Figure 2).

Additional analyses showed that significantly more *clinically significant* changes in depressive symptoms and negative affect occurred during positive CBT, compared with traditional CBT. "Clinically significant" means that this analysis only took into account major and relevant improvements – improvements that were not only statistically significant, but also clinically relevant. For example, depressive symptoms (scored on a scale of 0–27, with 0 representing no symptoms and 27 representing a lot of symptoms) had to be lowered by more than 7.8 points to be considered clinically significant. During positive CBT, 57% of clients experienced clinically significant improvement of depressive symptoms (averaged

Session 1

1. Welcome and Building Rapport With a Positive Start

Warmly welcome the client and ask questions such as, "What do you do in your daily life?" (work, school, and private), "What are you good at?" and "What do you like about the things you do?" The aim of these questions is to make the introduction a positive one, to build a positive collaborative relationship (rapport), and to get a positive image with regard to the client (who is always much more than the problems they experience). Such a positive introduction also serves as an icebreaker and indicates that this therapy might be different from what they expect, based on previous treatments or their ideas about psychotherapy.

2. Give the Rationale for Positive CBT

Discuss the following with the client (you can read it verbatim, or say it in your own words): "We will work with positive cognitive behavioral therapy: positive CBT. We are not going to focus on what's wrong and what is not working. We will focus on your strengths and what works in your life instead – because these are the keys to start feeling better. We will also actively build on your well-being, positive thoughts and positive feelings. Positive thoughts and feelings are important to experience more well-being. They act as a buffer against the impact of setbacks, and motivate us to explore the environment, make contacts, and see and use opportunities. Research shows that people who suffer from depression experience fewer positive feelings. Moreover, it appears that for the recovery of depression the (re)creation of positive feelings, such as hope and gratitude, is more important than reducing negative feelings, such as fear and feeling sad. Research also shows that positive feelings protect us against relapse. Therefore, positive feelings are not only pleasant, but also important.

"We will also pay ample attention to what your preferred future looks like, to your personal strengths, and to the moments that are a little bit better or less bad. In addition, we will be watchful for those times when a glimpse of what you want to see (your preferred future), instead of the problem, is already visible. This is important, because these better moments (exceptions) are the keys to better functioning and more well-being – the keys to your new and better life.

"Positive CBT requires a different way of looking at things – you might say a different mindset. At the start it may feel a bit strange if you previously had psychotherapy that mainly looked at problems and how to repair them. In positive CBT you certainly do not have to pretend there are no problems or that you are not allowed to talk about them. However, we will focus first and foremost on what you want to see, instead of the problems, and at which moments this is already the case, even just a little bit, and how you succeed in making this happen."

3. Ask About Pretreatment Change

Research shows that prior to the first session two thirds of clients can already give a positive answer to the question about *pretreatment change* (Weiner-Davis et al., 1987). Ask your

Invite clients "to pay attention between now and the next session when we meet, to everything in your life that you want to keep as it is or what should not change."

9. Explain the Exercise "Your Best Possible Self"

Research shows that "Your Best Possible Self" is a useful exercise for setting achievable and attractive goals, and increasing optimism and hope (Meevissen et al., 2011).

Say or read this to your clients:

> Imagine a moment in the future when you are at your best. Visualize your best possible self; a version of yourself that is very pleasing and which interests you. Imagine you have worked hard and succeeded in achieving your life goals. Think of dreams where you want to realize and use your own best potential. The point is not to think of unrealistic fantasies, but rather of things that are positive, attainable, and within reason.
>
> After you get a fairly clear image, write down the details. Writing down your thoughts and dreams helps to organize vague ideas and fragmented thoughts, so you can focus on concrete and real possibilities. Please write everything down in your Workbook and bring it to the next session.

10. Memory Support: "What Do You Take Away From Today?"

At the end of each session, ask each client, "What do you take away from today's session?" This can be done with the whole group or in subgroups. Research into memory support strategies shows that we remember only a little after having talked to a therapist or physician (Harvey et al., 2014). The researchers found that this does not only apply to patients with cancer or chronic pain, but also to clients with depression or a sleeping disorder (e.g., people with a sleeping disorder only remembered 13% of the session).

Harvey and colleagues developed eight strategies to improve memory recall in medical and psychological treatments. One of those strategies is applied in this protocol. At the end of each session ask, "What do you take away from this session?" Also, at the beginning of each subsequent session, you ask, "What did you take away from the previous session?" In every session, the therapist repeats these two questions and invites each client to share their thoughts. Everyone tends to remember different things, so clients can complement each other's memory.

11. Request the Clients' Feedback, Using the Group Session Rating Scale

Every time when using the GSRS, the follow-up question is, "What can I (as your therapist) and/or the group do differently or better the next session to get a higher score than today?" (see the Appendix in *Practicing Positive CBT,* Bannink, 2012; *Posttraumatic Success,* Bannink, 2014; and https:\\www.scottdmiller.com). If clients give very high scores, you may ask instead, "What should I and/or the group continue to do in order to receive the same high score, at the end of the next session, as you gave me and/or the group in this session?"

Homework Suggestions – Session 2

1. Invite the clients to keep a Diary of Better Moments throughout the therapy. Say to them, "Pay attention on a daily basis until the next session, to those moments in which things are a little bit better – or a little less bad – and notice what is different about those moments, and what you are doing differently at those moments."

Date	What happened?	What was better/ less bad?	What did I do differently?	What did I think/ feel differently?	What did I do to make that happen?

Tip: Also notice the moments which until now you may have overlooked. Also pay attention to the moments when things are just a little bit better or just a little less bad.

2. Complete the VIA Character Strengths Survey
   Complete the Survey online and bring the results to the next session.
3. Find supporters: Find two or three supporters (family, friends, or colleagues) who can assist you in making the desired changes. Explain what your goal in therapy is and how they may support you in reaching your goal. Note who your supporters are and how they are going to support you, in your Workbook.

Antecedent	Thoughts, behavior and emotion	Consequence
My parents want to see me more frequently than I want to see them.	**Desired thoughts:** • I am a good person and daughter, even though I am not doing everything my parents want me to do. **Desired behavior:** • I am setting limits to my parents' claims on me. **Desired emotion:** • I feel calm, pleased with myself, proud.	**Positive consequences:** • + c +: better mood (long term) • + c +: more pleased with myself and proud (long term) • + c +: better relationship with my parents (long term) • – c –: less irritated by my parents (long term) • – c –: fewer demands from my parents (long term) • ~ c –: absence of self-blame (long term) • ~ c –: absence of stress (long term) **Negative consequences:** • + c –: more claims from my parents (short term) • + c –: more guilty feelings toward my parents (short term)

Figure 5 Positive functional behavioral analysis

for herself in a more capable way. She also received compliments from her colleagues. Together with her therapist, Carin makes a few topographical analyses (TAs) and positive functional behavioral analyses (positive FBAs), based on her self-monitoring of the better moments. In Figure 5, there is an example of such a positive FBA (see Figure 5).

"This Is What I Want"

To the usual opening question in the fourth session, "What is better?" Carin's replies, "Everything is just fine." Her mood is stable, and she is pleased with herself. She has made long working hours at her job. Carin and her therapist discuss her competencies. She did not fill in the VIA Character Strengths Survey, because she was not keen on spending half an hour sitting at her computer, but asked her family (as part of the exercise "Positive Self-Portrait") to write down a number of positive things about her. They replied that they think she is persistent and courageous, has integrity, and is honest and just. Carin is proud that she dared to ask her family to give her feedback. She also seized the opportunity to explain to her family how she wants her life to look in the future.

In the fifth session, Carin rated her current situation a 7, compared with her goal (a mark of 8 on the scale). Since she started positive CBT, she has put in more effort to explain to others exactly how she wants her life to look like. She stands up more for her own wishes. "I don't care so much anymore about what others think. This is what I want." By repeating this and explaining what she wants, she notices that she gets more appreciation and respect from other people.

About the Authors

Fredrike Bannink is a clinical psychologist, child psychologist, and lawyer. She is a trainer and supervisor of the Dutch Association for Behavioral and Cognitive Therapies (VGCT) and cofounder and chair of the Positive CBT section. She is also founder and chair of the Special Interest Group (SIG) Positive CBT of the European Association for Behavioural and Cognitive Therapies (EABCT).

Her interests lie in the fields of positive psychology and solution-focused interviewing. She is an international keynote speaker, trainer, and author of about 50 books (https://www.fredrikebannink.com).

Nicole Geschwind is an assistant professor at the Department of Clinical Psychological Science at Maastricht University. Her research interests are in the field of resilience to depression, in particular the value of positive emotions. By systematically examining the role of positive emotions in facilitating change, and by testing the benefits of a stronger focus on positive emotions in clinical settings, she hopes to contribute to improving psychotherapy.