Conflict Mediation by Cognitive-Behavioral Therapy:

A New Psychotherapeutic Strategy

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Abstract

Objective: To test the effectiveness of a psychotherapeutic strategy—the want/can/must (WCM) strategy—to mediate conflicts. This intervention aimed to (1) facilitate the collection and sharing of information among the individuals involved and with therapists; (2) comprehend what each person wants, can, and must do; (3) alleviate psychological distress associated with decision-making and action implementation; and (4) minimize harm to all parties involved in the conflict.

Methods: Thirty adult subjects experiencing a conflict situation participated in 8 cognitive-behavioral therapy sessions: 3 sessions for assessment and therapeutic bond building and 5 sessions to implement the WCM strategy. Depressive, anxious, and stress symptoms were assessed and compared before and after the intervention.

Results: Depending on client and contextual factors, employing the WCM strategy, it was possible to apply techniques that promote cognitive restructuring, psychological acceptance, defusion, and impulse control and that foster compassion and self-compassion, enhance empathetic connection, foster mindfulness in social interactions, and facilitate assertive communication. There was a statistically significant decrease in Perceived Stress Scale scores ($P \leq .05$).

Conclusion: All participants reported that the WCM strategy aided in comprehending conflict variables, identifying how to collect information, sharing information about the conflict, accepting that there would be no "perfect solution," and making a decision with the intention of minimizing harm to those involved in the conflict.

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Problem and *conflict* are terms that have similar definitions, sounds, and respective meanings in several official languages of Western countries, including English, Spanish, Portuguese, German, Italian, and French. Although many people use these 2 words synonymously, the meanings are different. We consider that it is important to distinguish between what is a problem and what is a conflict to understand the relevance of this study for clinical practice. In this study, we considered a problem as a difficult-to-solve situation affecting some aspect of an individual's life; a conflict was considered a disagreement/divergence of ideas, values, and expectations involving 2 or more parties.[1]

Problem-solving techniques have proved effective in addressing several complaints and improving disorders, especially when they are included together with other strategies in protocols[2–4]; however, they do not seem to be sufficient to help clients deal with conflict situations. Using the cognitive-behavioral approach and considering what problem-solving therapy proposes, it is clear that the problem-solving steps focus on rational logic and an individual's perspective to try to repair or reduce harm.[5]

Experimental studies of cognitive-behavioral therapy (CBT) do not present a specific strategy to mediate conflicts. CBT guidebooks do not explain how to provide training regarding how to properly handle conflict situations that clients may be experiencing.[5] Even considering that psychotherapy clients present different cultural, religious, ethnic, and social aspects, it is common for them to present conflict situations in therapy sessions. Faced with the need to understand and mediate a conflict, several therapeutic skills are necessary.

Considering the promising perspective of process-based psychotherapy, we believe it is possible to enhance the training of cognitive-behavioral therapists to assist clients in mediating conflicts. To achieve this, several

Clinical Points

- The want/can/must (WCM) strategy can be a useful tool for assisting with conflict mediation in psychotherapy, especially providing guidance on (1) collecting, organizing, and sharing information; (2) engaging in more empathetic or assertive communication; and (3) making decisions with less time and with the intention of causing the least possible harm to everyone involved.
- During the application of the WCM strategy, depending on the context and the client's profile, several other complementary psychotherapeutic strategies may be necessary to alleviate suffering while experiencing the conflict.
- To obtain good results, it is often necessary to work with clients to achieve greater psychological acceptance, enhance empathic connection, reduce rigid thinking, and foster assertive communication.

existing therapeutic tools, proven effective in addressing various psychological issues, can be utilized.[4]

The purpose of this study was to test the effectiveness of a psychotherapeutic strategy, the want/can/must (WCM) or, in Portuguese, quero/posso/devo (QPD) strategy. This intervention aimed to (1) facilitate the collection and sharing of information among the individuals involved and with therapists; (2) comprehend what each person wants, can, and must do; (3) alleviate psychological distress associated with decision-making and action implementation; and (4) minimize harm to all parties involved in the conflict.

METHODS

Design and Ethical Considerations

This study proposes a novel strategy that aims to alleviate suffering caused by conflict, in which the psychotherapist, a specialist in CBT, acts as a facilitator, guiding the following processes: (1) collecting, organizing, and sharing information and (2) fostering reflection and more empathetic/assertive communication among the involved parties.

The WCM strategy draws inspiration from Plato's reflections in "The Republic," where he divided the human soul into 3 parts: (1) epithymetikon (appetite or desire): our impulses and desires, driven by the immediate pursuit of pleasure or relief from discomfort; (2) logistikon (reason): a sense of self and reality that enables us to understand who we are, what the world is like, and the limitations presented; and (3) thymoeides (spirit): a sense of justice, where anger, aggression, and strength prevail.

Permission was obtained for this experimental study by our local ethics committee (Comitê de Ética em Pesquisa do Instituto de Psiquiatria da Universidade Federal do Rio de Janeiro—CEP-IPUB/UFRJ - CAAE 59683422.4.0000.5263), which complied with the principles of the Declaration of Helsinki. We would like to have included a control group in this experimental research; however, we recognize that it would be unethical because there would be no intervention available to alleviate the distress experienced by participants. Given that no other psychotherapeutic strategy has demonstrated proven effectiveness in mediating conflicts, we assert that relying solely on problem-solving techniques would be insufficient for addressing conflict situations. Additionally, opting for no intervention in the control group, such as providing only empathetic listening to participants experiencing conflict, could potentially worsen their suffering.

Participants, Inclusion Criteria, and Exclusion Criteria

Adult patients aged between 18 and 60 years who were experiencing a conflict situation were recruited. Individuals who did not meet the diagnostic criteria for any disorder or those meeting the diagnostic criteria for mood disorders (without psychotic symptoms), anxiety disorders, or stress-related disorders were included. Only participants who had never undergone CBT and who were not receiving any psychotherapeutic treatment during their participation in this study were accepted.

People with intellectual disabilities, schizophrenia, personality disorders, and habit and impulse disorders were excluded from this research. They were directed to visit other mental health treatment centers where they could receive more appropriate treatment. None of the following variables were considered as part of exclusion criteria: sex, gender, sexual orientation, ethnicity, race, religion or creed, education level, or economic situation.

Instruments

The Structured Clinical Interview for the *DSM-5* (SCID-5) is a semistructured interview guide for making major *DSM-5* diagnoses according to the diagnostic criteria published in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*).[6]

The Beck Depression Inventory-II (BDI-II) is a 21-item questionnaire that evaluates a variety of symptoms of depression on a scale from 0 to 3 during the last 7 days. Scores range from 0 to 63, with higher values signifying higher levels of depressive symptoms.[7]

The Beck Anxiety Inventory (BAI) consists of 21 self-reported items (scale from 0 to 3) used to assess the intensity of physical and cognitive anxiety symptoms during the past week. Scores range from 0 to 63. In this case, the higher the score, the greater the suffering from symptoms of anxiety.[8]

The Perceived Stress Scale (PSS-10) is a 10-item questionnaire used to assess stress levels. Scores range from 0 to 40. The final score is obtained by simple summation; however, the scores for items 4, 5, 7, and 8 must be reversed (eg, 0 = 4, 1 = 3, 2 = 2, 3 = 1, and 4 = 0).[9]

The questionnaire used to investigate the effectiveness of the WCM strategy was developed by the authors of this research.

Statistical Analysis

The statistical analysis was conducted using SPSS for Windows, Version 28 (SPSS Inc, Chicago, Illinois) to compare, correlate, and analyze the included scores. A paired *t*-test was employed to compare scores before and after the experimental intervention. The level of significance was defined as $P \leq .05$.

Research Procedures

Psychotherapists, certified as specialists in CBT with more than 5 years of clinical experience, received 4 hours of training to understand how to apply the WCM strategy. Participants signed an informed consent form stating that they voluntarily agreed to participate in this research, which aimed to test the therapeutic efficacy of the WCM in conflict mediation. Then, an assessment interview was conducted using the SCID-5. If the inclusion criteria were met, the BDI, BAI, and PSS were applied in the first session. After 3 sessions to evaluate, develop a case conceptualization, and establish a good therapeutic relationship, the WCM strategy was applied in 5 sessions.

WCM Strategy for Conflict Mediation

The first 3 assessment sessions are crucial for establishing a good therapeutic bond with mutual trust, respect, and empathy. In this initial phase, the therapist seeks to understand the patient's problem by gathering detailed information about their thoughts, feelings, and behaviors.

In the first session, through open-ended questions and active listening, the therapist creates a safe environment for the patient to express themselves freely. Techniques like the downward arrow can help identify deeper-rooted beliefs that may be contributing to the patient's distress (see Supplementary Figure 1).

Based on the information gathered, the therapist can present in the second session the identified anxious, depressive, and excessive stress symptoms. Following this, the cognitive conceptualization diagram can be introduced. It is a visual tool that presents a conceptual model of the case, explaining how the patient's core beliefs, thoughts, emotions, and behaviors are interconnected (see Supplementary Figure 2).

The third assessment session focuses more on understanding the current conflict: When and how did it start, who is involved, and what is the history of the relationship with the other people involved? At this point, it is important to also try to understand the patient's communication skills, ability to connect empathically, and personal values.

Below, we present a guide on how the WCM strategy was applied throughout the 5 sessions, considering 3 steps:

First, to understand the context, the following questions are asked: What is happening? Since when? Who is involved in the conflict? What kind of damage has the conflict caused/is causing/will cause?

Step 1: Three questions to ask oneself: (1) What do I want to do? (2) What can I do? (3) What must I do? In this first stage, it is important for the client to understand the following: (1) Do their desires seem to be minimally compatible with reality and with the desires of the other people involved? (2) Are there limits, impediments, or restrictions imposed in reality that make any alternative unfeasible? (3) What are the possible beliefs that may be being activated? Are there all-or-nothing thoughts (containing words like always, never, nothing, everything, every time) or with accusation or recrimination content (I have to, I must, I should)? What are the values that guide the subjects, over which there is no negotiation? At this step, depending on the characteristics of the client and the context, it is possible to use strategies that can favor cognitive restructuring, psychological acceptance, defusion, impulse control, and the activation of compassion and self-compassion.

Step 2: Three questions that need to be answered after communicating with the other party: (1) What does the other person think that they want? (2) What does the other person think they can do? (3) What does the other person believe they must do? The reflection at this step aims to assist the patient in understanding the following: (1) Does what the other person wants seem to be minimally compatible with reality and with the desires that the other parties may present? (2) Are there limitations, impediments, or restrictions imposed in reality that make some alternative unfeasible? (3) What are the other person's beliefs that may be activated? Is the other person expressing thoughts that contain absolutist language (always, never, nothing, everything, every time)? What are the other person's values that, in his or her view, could be affected and that he or she is not willing to negotiate on? Depending on the client and contextual factors, in the second stage, some other clinical practices may be appropriate: providing psychoeducation on empathy; offering training to enhance empathic connections; promoting mindfulness in social interactions; delivering training to improve assertive communication; and implementing interventions that support psychological acceptance and compassion.

Step 3: Choosing and implementing actions and monitoring the consequences. If there is more empathetic connection, assertive communication between the parties, and psychological acceptance (understanding of the variables over which they have or do not have the possibility to control), there will be a tendency to select actions with the intention of minimizing harm to all individuals involved in the conflict. In this final phase, it is crucial for both parties to acknowledge the efforts made by each individual in the following aspects: understanding the conflict from the other person's perspective, effectively communicating intentions and expectations regarding actions and potential outcomes, and accepting that there may be inevitable harm to oneself, the other person, or both parties, with the understanding that such harm can be mitigated over time (Table 1).

RESULTS

Thirty-two subjects were evaluated. Two people were excluded from the research: a woman who met the diagnostic criteria for borderline personality disorder and a man who suffered from substance abuse and paranoid personality disorder.

Table 2 presents data from the 30 subjects and a brief summary explaining the context of the conflict. The mean age was 38.3 years, with an SD of 11.9. The sample was composed of 17 men and 13 women. Regarding sexual orientation, 15 subjects were heterosexual, 4 were homosexual, and 1 was bisexual. Considering marital status, 14 subjects were married, 10 were single, 5 were divorced, and 1 was widowed (Table 2).

Table 3 presents the mean (SD) of the scores of the instruments that were used to assess depression and anxiety symptoms and perceived stress at 2 time points: at the first session and after the last session.

There was no significant difference when comparing depression and anxiety scores before and after the intervention. However, there was a statistically significant reduction in perceived stress scores.

The initial evaluation revealed that 6 subjects presented with mild depression, and 7 presented with mild anxiety. The remaining participants had subclinical levels of depression and anxiety. In contrast, the final assessment revealed that only 2 participants exhibited mild depression scores, and another 2 presented with mild anxiety scores.

Table 4 shows how the subjects responded to the questionnaire designed to assess the effectiveness of the WCM strategy. When the subjects were asked if they noticed any adverse effects, discomfort, or worsening of the condition, all responded that there were none.

DISCUSSION

The WCM strategy was well evaluated by participants in the areas it aimed to assist: understanding the variables present, gathering information, sharing information, and taking actions intended to cause the least possible harm to everyone. The choice of psychotherapeutic strategies depended on the patient's profile and their specific context. The process-based approach to CBT aligns with these principles. It is an integrative therapeutic approach that seeks to understand and modify the psychological processes underlying the client's problems.[4] After a thorough assessment and conceptualization of the case, it becomes possible to select various psychotherapeutic tools, provided that these strategies have demonstrated scientific effectiveness, the therapist possesses the necessary

Table 1.
How to Apply the WCM (QPD) Strategy

	Want	Can	Must
I	Here you can write your expectations and wishes. Try not to make a value judgment and write them even if they seem like conflicting wishes. • Write here what you WANT/desire in the face of this conflict	Try to think of possibilities for action that can be implemented in practice. Consider that there is a ME and the WORLD. Understand that there may be limitations (of energy, time, or resources). Consider there may be norms, rules, and legal issues in the context. • Write here what you CAN do in the face of this conflict	Rigid beliefs, which may be activated, can lead to dichotomous judgments and recriminations (this is "right" or "wrong" conduct). It is possible to have the feeling that some norms or rules are being imposed on you by yourself ("you have to"/"you must"). It is also possible to identify some personal values that you consider very important and that you would not like to negotiate on. • Write here what you believe you MUST do in the face of this conflict
Other(s)	• Write here what you understand about what the other person WANTS/desires in the face of this conflict	• Write here what you understand about what the other person CAN do in the face of this conflict	• Write here what you understand about what the other person believes he or she MUST do in the face of this conflict

Abbreviations: QPD = quero/posso/devo (in Portuguese), WCM = want, can, must.

Table 2.

Participants' Personal Data and a Brief Summary of the Context of the Conflict[a]

Subject	Age range Sex/sexual orientation Marital status	No. of children (age)	Education	Psychiatric diagnosis	Context of conflict	Conflict outcome
1	Adult Male/heterosexual Married	0	Completed higher education	None	His wife had to move to another state for work. They meet face-to-face only 3 days a week. His wife would like to get pregnant with artificial insemination	All parties were satisfied with the outcome
2	Adult Male/heterosexual Married	1 (2 y)	Completed higher education	Generalized anxiety disorder	He likes his wife, but he's sure he doesn't love her. No sexual relationship for 1 year—both show no interest. His family follows the Catholic religion. He wants to maintain constant contact with his daughter	All parties were partially satisfied with the outcome
3	Middle-aged adult Male/heterosexual Divorced	2 (5 y and 3 y)	Completed higher education	Panic disorder in remission	He has been in a relationship for a few months. He was experiencing financial difficulty and had little time to manage tasks. His girlfriend does not have a child and wants to have a baby	The patient was dissatisfied, while the other party was satisfied
4	Adult Male/homosexual Single	0	Completed higher education	Social anxiety disorder	He received a job offer in another country that offers excellent quality of life and good pay. However, his mother (widowed) and sister ask him to continue taking care of the family business and not go to live abroad	The patient was dissatisfied, while the other party was satisfied
5	Adult Female/heterosexual Married	2 (7 y and 4 y)	Did not complete higher education	None	A coworker with bipolar disorder was going through a divorce and struggling financially. This colleague counted her lunch break as work and made calls for another job during working hours. The company asks if the patient could be a witness against the coworker. The company will claim that the coworker is engaging in irregular activities at work to announce her dismissal as a just cause	The patient was satisfied, while the other party was partially satisfied
6	Adult Male/heterosexual Married	1 (2 y)	Completed secondary education	No	He was experiencing many conflicts with his wife, who was diagnosed with borderline personality disorder. He follows the Protestant religion. He would like to leave his wife, but he understands that his presence at home is essential to offer better conditions for his daughter	All parties were partially satisfied with the outcome
7	Middle-aged adult Male/heterosexual Divorced	1 (11 y)	Completed higher education	Attention-deficit/hyperactivity disorder	He ended a long marital relationship several months ago. His ex-wife meets the diagnostic criteria for dysthymia. She discovered that he had an affair prior to their separation. He feels guilty and is uncertain about whether or not to disclose this information to their school-aged son	All parties were satisfied with the outcome
8	Middle-aged adult Female/homosexual Married	1 (14 y)	Did not complete higher education	No	She was having an affair with a woman and now faced a difficult decision: whether to end her marriage of over 2 decades, a marriage defined by partnership	The patient was satisfied, while the other party was dissatisfied
9	Middle-aged adult Male/heterosexual Divorced	1 (6 y)	Completed higher education	None	After a few years of separation, his ex-wife showed interest in getting back together. There are some sorrows, and he has little sexual attraction to her. However, his daughter would be very happy with the re-establishment of the marriage	The patient was partially satisfied, while the other party was satisfied

(continued)

Table 2 (continued).

Subject	Age range / Sex/sexual orientation / Marital status	No. of children (age)	Education	Psychiatric diagnosis	Context of conflict	Conflict outcome
10	Young adult Male/heterosexual Single	0	Did not complete higher education	None	He is an only child. His father always encouraged him to study law to continue his father's legacy. His father owns a high-status law firm. He understands that he will have excellent financial conditions if he continues in the career of law, but he discovered that he would like to work in another field	The patient was satisfied, while the other party was partially satisfied
11	Young adult Female/bisexual Single	0	Did not complete higher education	Generalized anxiety disorder	She lives with her mother and is her only child. Her father lives in another country and has other children with her stepmother. She can study abroad if she lives in her father's apartment for a while. However, she understands that her mother is not in good mental health. Her mother does not like the father and considers the patient as her best friend	The patient was satisfied, while the other party was partially satisfied
12	Adult Female/heterosexual Single	0	Completed higher education	Bipolar II disorder	She has been dating for a few months. There was an unplanned pregnancy at the time she was promoted at work. Tests show that the child has Down syndrome. She follows Catholicism. The boyfriend and the boyfriend's family asked her to have an abortion	The patient was satisfied, while the other party was partially satisfied
13	Middle-aged adult Male/heterosexual Married	2 (14 y and 4 y)	Completed higher education	Panic disorder in remission	His wife meets the diagnostic criteria for bipolar disorder (with pharmacologic treatment) and dependent personality disorder. His wife's family is very invasive and often creates conflict situations. He understands that this is an abusive relationship—he sacrifices himself. However, he is sure that being at home helps to promote a healthier environment for his children	The patient was partially satisfied, while the other party was satisfied
14	Middle-aged adult Female/heterosexual Widowed	2 (36 y and 34 y)	Did not complete higher education	Persistent depressive disorder (dysthymia)	Her grandson (teenager) had a disagreement with his stepfather. The stepfather slapped her grandson across the face. The stepfather apologized; however, her grandson now wants to live in her house. Her daughter does not want to take a stand and thinks her son's wish can be fulfilled	All parties were satisfied with the outcome
15	Middle-aged adult Male/heterosexual Married	2 (6 y and 4 y)	Completed higher education	None	He lost his managerial position at the company he works for. He was demoted to a technical position. A week later, the business owner asked if he could choose a manager from another area to fire. This would be the only possibility for him to have the position of manager again	The patient was satisfied, while the other party was partially satisfied
16	Young adult Female/heterosexual Single	0	Completed higher education	None	Her school-aged cousin said that her uncle sexually harassed her with inappropriate caresses. She thinks this uncle always seemed to be a mentally healthy person. She is unsure whether to talk to her cousin's parents	All parties were partially satisfied with the outcome
17	Middle-aged adult Male/heterosexual Married	3 (12 y, 9 y, and 7 y)	Completed secondary education	Attention-deficit/hyperactivity disorder	He and his wife agree that there has been an increase in violence in the city. His wife experienced an armed robbery situation the week before. His son loves his school and the church they attend. However, he and his wife were considering moving to another region of the country	The patient was satisfied, while the other party (his son) was partially satisfied

(continued)

Table 2 (continued).

Subject	Age range / Sex/sexual orientation / Marital status	No. of children (age)	Education	Psychiatric diagnosis	Context of conflict	Conflict outcome
18	Young adult Female/heterosexual Engaged	0	Did not complete higher education	Generalized anxiety disorder	She and her boyfriend broke up for several weeks, during which she had an affair. They got back together, and he asked her to marry him. However, she discovered that she is pregnant. She follows Catholicism. Her fiancé asked her to abandon the baby's father, forgive him, and move forward with their wedding plans	All parties were partially satisfied with the outcome
19	Young adult Male/homosexual Single	0	Completed higher education	Social anxiety disorder	His parents are divorced. The father is extremely strict and very religious. He lives with his mother and revealed to her and his brother that he is homosexual. Now, he has a boyfriend and is unsure whether to tell his father about his sexual orientation	The patient was satisfied, while the other party was dissatisfied
20	Middle-aged adult Male/heterosexual Divorced	1 (14 y)	Completed higher education	None	He has been following the precepts of Buddhism for over 20 years. He is close to retiring. He received an invitation to live in a house located several hours by car. There, he will help in the maintenance of a Buddhist temple. He has shared custody of his teenaged son, and his ex-wife would continue to live in the central region of the big city	All parties were partially satisfied with the outcome
21	Middle-aged adult Male/heterosexual Divorced	1 (16 y)	Did not complete higher education	None	He and his ex-wife need to decide whether to give their daughter (16 years old) permission to have bariatric surgery. The daughter really wants to have the procedure done. His current girlfriend supports her. His ex-wife is a very anxious person and describes catastrophic hypothetical scenarios	The patient was satisfied, while the other party was partially satisfied
22	Middle-aged adult Male/heterosexual Married	2 (15 y and 12 y)	Completed higher education	None	His father, with whom he had a strong emotional connection, passed away 6 months ago. His father left a beach house as an inheritance and said he wanted the family (with his grandchildren) to continue visiting and taking care of the house. However, his sister has moved abroad and needs money. Another sibling is unemployed, has a son, and needs money. His two siblings would like to sell the house	The patient was partially satisfied, while the other party was satisfied
23	Young adult Female/heterosexual Single	0	Did not complete higher education	Generalized anxiety disorder, obsessive-compulsive disorder in remission	She has followed the Protestant religion since childhood. Her parents are very conservative and strict. The family tries to follow and impose some dogmas, such as demanding that they be baptized, that they get married in the church, and that they only lose their virginity after getting married. Her boyfriend proposed that she move in with him and that they would only have a civil union	The patient was satisfied, while the other party was partially satisfied
24	Young adult Female/heterosexual Single	0	Completed secondary education	Generalized anxiety disorder	She has a boyfriend (a relationship of many years). He accepted employment in a distant state and moved there. She went on to do a medical residency in the city where she lives. Her boyfriend invited her to move in with him and get married. She would have to apply for a new residency in the other city and live away from her family	The patient was satisfied, while the other party was partially satisfied

(continued)

Table 2 (continued).

Subject	Age range / Sex/sexual orientation / Marital status	No. of children (age)	Education	Psychiatric diagnosis	Context of conflict	Conflict outcome
25	Adult Female/heterosexual Married	1 (7 y)	Did not complete higher education	Generalized anxiety disorder	She is in an emotionally abusive relationship with her current husband and is thinking about ending the relationship. She is unemployed and has no support from family members, while he has a great financial situation. Her daughter's father abandoned her when she was 1 year old. Her daughter does not like her stepfather. However, the stepfather provides a standard of living by residing in a safe neighborhood with a great school	The patient was partially satisfied, while the other party (her daughter) was satisfied
26	Middle-aged adult Female/homosexual Married	0	Completed secondary education	Bipolar II disorder	She has unempathetic parents. They are very impulsive people. During her childhood, she experienced physical and emotional violence and neglect on the part of her parents. At this time, her father is recovering from a stroke, and her mother is in serious financial debt because she has problems with pathological gambling. Her mother begged for help to pay off her debts and promises to pay back in installments. Her wife does not agree	The patient and her wife were satisfied, while the other party (her parents) was partially satisfied
27	Middle-aged adult Male/heterosexual Married	1 (6 y)	Completed higher education	No	He and his wife adopted a black child. He has a relative who often made racist jokes. He estranged himself from this relative for a few years. However, his mother asked him to get back together with the relative because he has cancer. His mother asked him to participate in social events (family lunches, weekend trips)	The patient was satisfied, while the other party (his mother) was partially satisfied
28	Middle-aged adult Male/heterosexual Married	1 (30 y)	Completed elementary school	None	His daughter discovered that she has cancer. She is married, has a child, and lives in another region of the country. He and his wife are considering moving there to provide support during treatment and to reconnect with their grandchild. However, he would have to resign from his current job, and they (the parents) would be away from their other child who lives nearby	All parties were partially satisfied with the outcome
29	Young adult Female/heterosexual Single	0	Did not complete higher education	Social anxiety	She was experiencing a very precarious financial condition. She studies at a prestigious university; it takes a 2-hour bus ride to get there, and she supports herself with the help of a scholarship. She received a job offer and an 80% discount to study at a private university (less traditional and lower curriculum status) in the city where she lives	All parties were satisfied with the outcome
30	Middle-aged adult Female/heterosexual Married	0	Completed higher education	Adjustment disorder	She has always been very dedicated to her work and now has to decide if she will get pregnant. She has a diagnosis of endometriosis. She needs to make a decision: she can have reconstructive surgery on her uterus but may suffer more bad consequences in the future, or she can undergo surgery for complete removal of the uterus. The husband has a child with his ex-wife and said the decision can be made by her	The patient was partially satisfied, while the other party was satisfied

[a]Note: Information about the participants and the conflict has been modified to protect the anonymity of those involved.

Table 3.

Depression, Anxiety, and Perceived Stress Scores Before and After the Intervention (N = 30)[a]

	First session, mean (SD)	Last session, mean (SD)	*P*
Beck Depression Inventory-II[b]	8.5 (5.1)	6.1 (3.2)	.000
Beck Anxiety Inventory[c]	8.1 (4.9)	6.3 (3.0)	.000
Perceived Stress Scale[d]	23.3 (5.4)	12.6 (3.8)	.061*

[a]Normative data in the Brazilian population according to age, mean (SD): 18–29 years, 21.3 (2.1); 30–44 years, 17.8 (0.4); 45–54 years, 17.2 (0.4); 55–64 years, 14.5 (0.7).
[b]Reference values: 0–13, normal or no depression; 14–19, mild depression; 20–28, moderate depression; 29–63, severe depression.
[c]Reference values: 0–9, normal or no anxiety; 10–18, mild anxiety; 19–29, moderate anxiety; 30–63, severe anxiety.
[d]Reference values: Normative data in the Brazilian population, mean (SD): 17.3 (0.5).
*Statistical significance ($P \leq .05$).

Table 4.

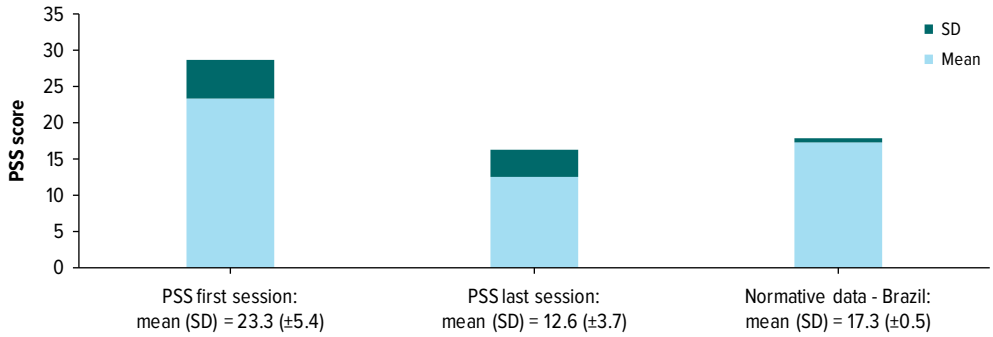
Questionnaire Answers With the Objective of Investigating the Effectiveness of the WCM Strategy

Do you understand that this therapeutic strategy helped to...	0 (It didn't help at all)–10 (It helped a lot) Mean (SD)
Better understand the variables present in the conflict?	9.4 (0.8)
Identify ways to collect information to better reflect on the conflict?	8.7 (0.7)
Share information about the conflict with your therapist (or with involved people)?	9.2 (1.0)
Accept that there would be no "perfect solution"?	8.0 (1.0)
Make a decision with the intention of causing as little harm as possible for the people involved in the conflict?	8.9 (1.0)

Abbreviation: WCM= want, can, must.

Figure 1.

Stress Levels as Measured by the Perceived Stress Scale (PSS)



expertise to apply them, and they are also suitable for the patient's profile.

The patients presented diverse needs, and the WCM strategy facilitated the psychotherapist's selection of appropriate strategies by considering the client's profile and their specific context. These psychotherapeutic strategies aimed to promote mindfulness, empathic connection, compassion, assertiveness, acceptance, modification of distorted thoughts/beliefs, and decision-making after analyzing the pros and cons.

Most patients needed social skills training to talk to the other person involved in the conflict, with the aim of better understanding what the other person would like, as well as what the other person understands could be done and believes should be done. Training to stimulate mindfulness in social interaction contributed greatly to fostering empathic connection for patients who had this difficulty, promoting more and better present moment and harmony with the speech, facial expressions, and body language of the person with whom they were interacting.

The questioning of thoughts helped to make all-or-nothing thinking, which triggers intense emotions and tends to worsen conflict, more adaptable and flexible. However, the work aimed at psychological acceptance was even more relevant. The patient accepted that (1) there are variables that are not under our control; (2) given the actions implemented, it is very likely that there will be discomfort for one, the other, or both; and (3) there will be less harm if both parties intend to cause the least harm to everyone involved in the conflict.

It is worth noting that depression and anxiety scores were initially low on average (subclinical) at the start of the intervention, making a significant reduction after the intervention unlikely. The participants' stress levels were slightly higher than the average level reported in a study examining subjects from the Brazilian population.

The decrease in PSS scores suggests that the intervention aided individuals in coping with internal and external stressors. The bar graph in Figure 1 illustrates that following the intervention, participants' stress levels

were slightly below the normative values of the population.

Five sessions were sufficient to apply the WCM strategy. The questionnaire assessing the effectiveness of the strategy in several aspects indicates that the tool was useful for its intended purpose. Of course, if a conflict required more long-term time management, more sessions would be necessary to monitor reflections and decision-making. For example, a conflict involving a legal process that took many months to reach a verdict would necessitate additional sessions.

We believe that, for this initial study, it was a good idea to exclude patients who met the diagnostic criteria for personality disorder. This is because these individuals experience greater difficulty with empathic connection and hold more rigid beliefs. These factors contribute to the generation and intensification of interpersonal conflicts.

FINAL CONSIDERATIONS

The description of problem-solving steps may not be sufficient to assist clients with conflict contexts. It is crucial to provide a comprehensive guide for training therapists on effectively managing conflict situations in clinical practice, especially for less experienced therapists. The WCM strategy encompasses techniques for collecting, organizing, and sharing information; selecting the most suitable psychotherapeutic strategies at each stage of the process; and facilitating reflective discussions on the conflict with the aim of minimizing harm to all parties involved.

There was a significant reduction in the participants' stress levels comparing before and after the intervention. The participants reported that the WCM strategy helped them (1) better understand the variables present in the conflict, (2) identify ways to gather information to gain deeper insight into the conflict, (3) share information about the conflict with their therapist (or with the people involved), (4) accept that there would be no "perfect solution," and (5) make decisions with the intention of causing as little harm as possible to the people involved in the conflict. It is extremely common for individuals to bring conflict situations into therapy, where 2 or more people have disagreements in interests, values, or expectations.

Despite numerous studies highlighting the effectiveness of problem-solving techniques, there is a significant lack of research addressing conflict mediation within the realm of CBT. Additionally, there are no available guidelines to assist cognitive-behavioral therapists in managing conflict situations. In this article, we present steps for therapists to train and apply a strategy to help mediate conflicts brought into the therapeutic setting by clients.

Considering the promising principles of process-based psychotherapy, the WCM strategy proposes the use of various psychotherapeutic tools tailored to the client's context and personality characteristics. In future studies, expanding the sample size and testing the WCM strategy among individuals with more severe depression, within the context of couples therapy, and among subjects meeting the diagnostic criteria for personality disorders could provide valuable insights.

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Supplementary Material

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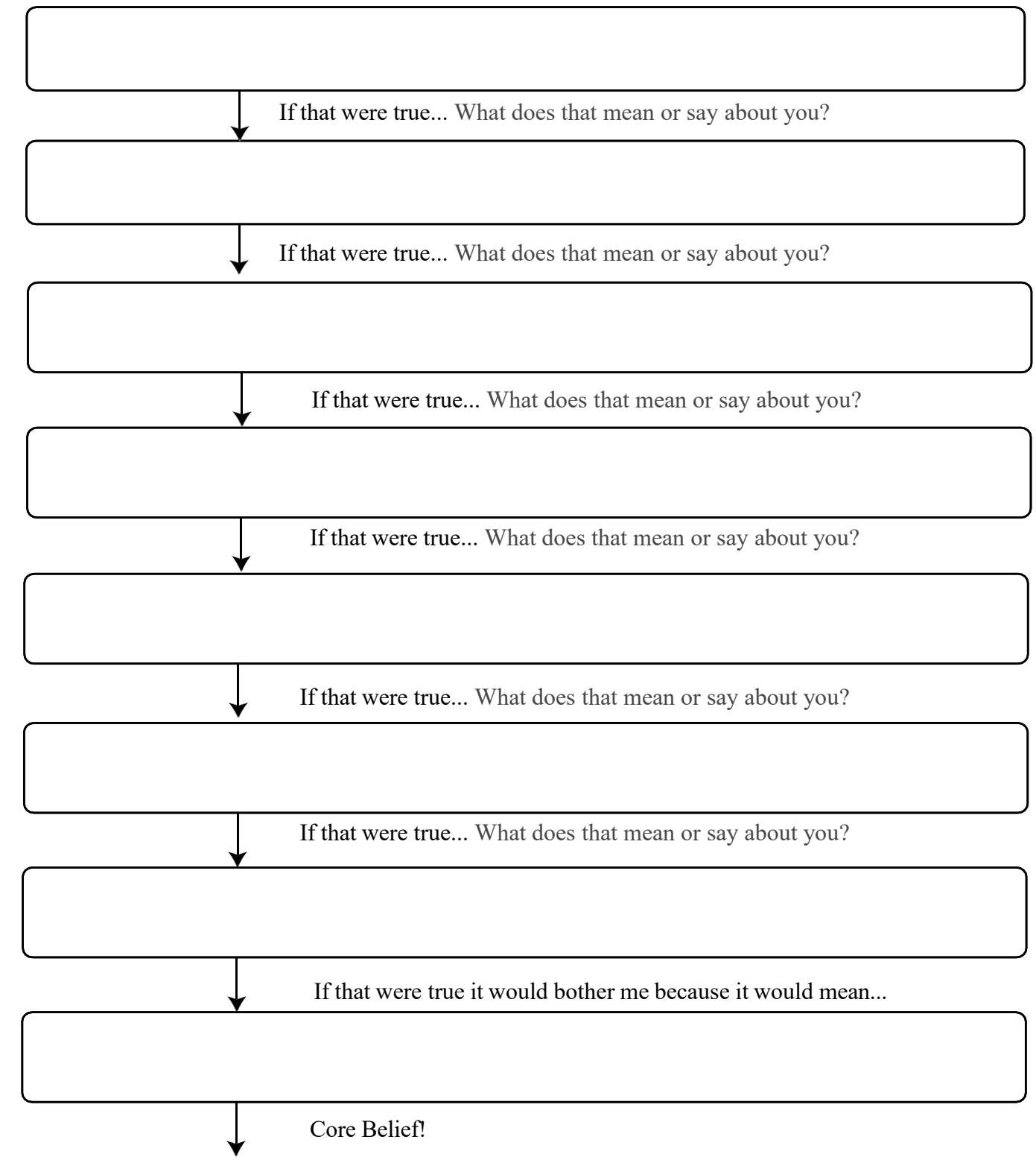
LIST OF SUPPLEMENTARY MATERIAL FOR THE ARTICLE

DISCLAIMER

Supplementary Figure 1

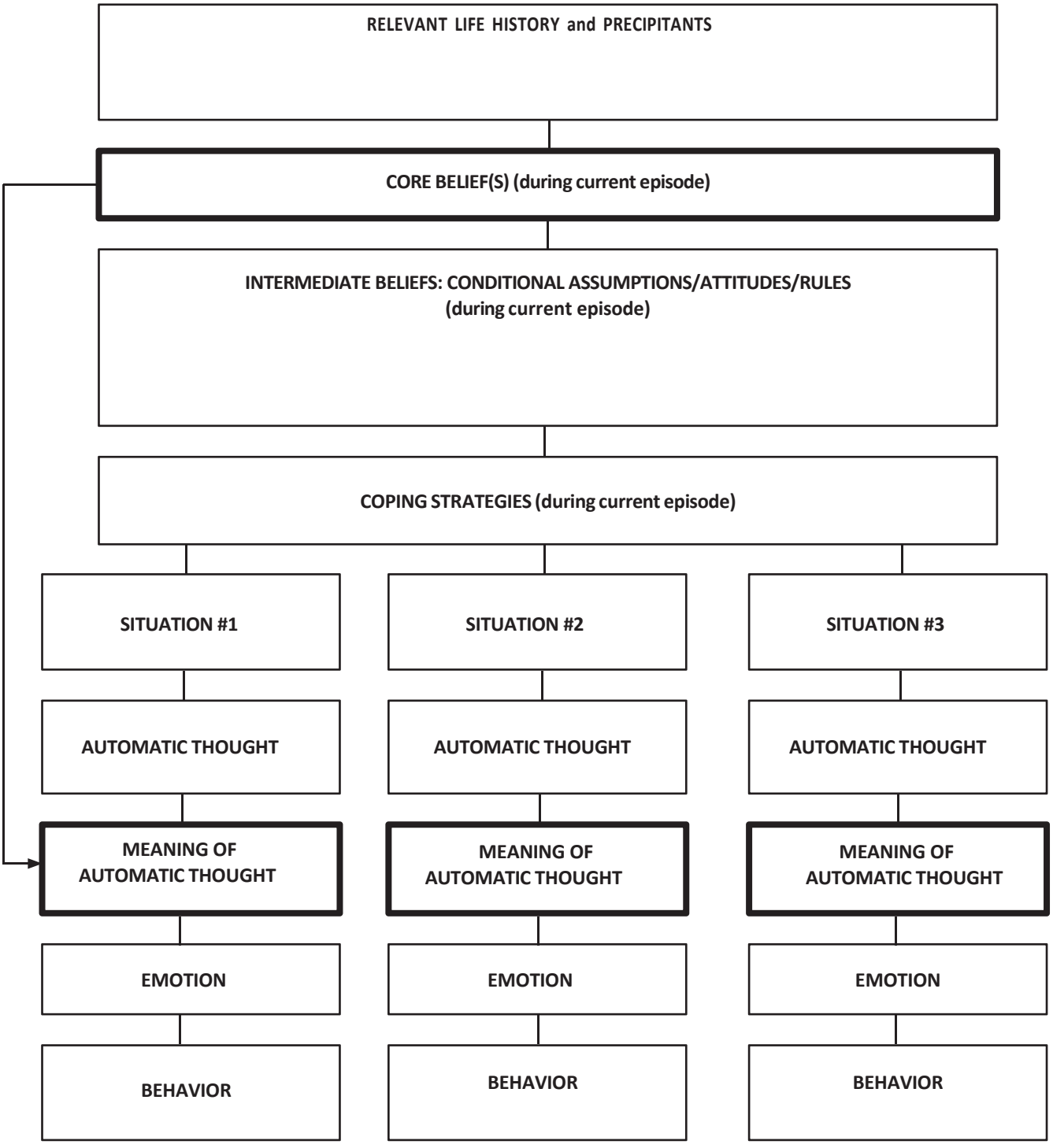


[a]Based on psychotherapeutic strategies described in Beck JS. *Cognitive Behavior Therapy: Basics and Beyond*. Third Edition. The Guilford Press:New York, NY;2020.

Supplementary Figure 2

COGNITIVE CONCEPTUALIZATION DIAGRAM WORKSHEET[a]

Name: _____ Date: _____ Diagnosis: _____



[a]Based on psychotherapeutic strategies described in Beck JS. *Cognitive Behavior Therapy: Basics and Beyond*. Third Edition. The Guilford Press:New York, NY;2020.