Program:

2:00 – 2:30  “Well-being in individuals with developmental and intellectual disabilities”, Prof. Andrea C. Samson

2:30 – 3:00  “Promoting well-being in inclusive school systems through strength-based interventions”, Nicolas Bressoud

3:00 – 3:15  15’ Coffee break

3:15 – 3:45  “Stress and well-being”, Prof. Dr. Achim Elfering

3:45 – 4:15  “What can computational neuroscience tell us about patients’ well-being? An example from clinical pain management”, Prof. Corrado Corradi-Dell'Acqua

4:15 – 4:45  “Mindfulness-based interventions and well-being”, Lia Antico

4:45 – 5:00  15’ Coffee break

5:00 – 5:30  30’ Group discussions

5:30 – 6:00  30’ Group presentations

For the group discussions, we will create 5 groups corresponding to each of the topics (e.g. pain and well-being, strength-based interventions for well-being, etc.), and the speaker will be sitting with their group for a 30 minute discussion, focusing on a specific question that the speakers will have prepared in advance for the group.

Abstracts of talks:
Prof. Corrado Corradi-Dell'Acqua, University of Geneva, Campus Biotech

“What can computational neuroscience tell us about patients’ well-being? An example from clinical pain management”

The burden of unrelieved pain is a major unresolved public health problem worldwide, with enormous costs for healthcare systems and people’s well-being. Unlike most medical conditions, pain is difficult to quantify objectively, and it is mainly diagnosed using indirect information or patients’ self-reports. Consequently, healthcare providers vary widely in the way they diagnose and treat pain, with some prescribing analgesics far less frequently than others. This presentation will discuss the contributions of computational neuroscience to the understanding of clinical pain undertreatment. I will start reviewing seminal attempts at quantifying objectively pain using multivariate models of brain activity. I will then introduce alternative approaches investigating the neural mechanisms underlying pain management decisions in healthcare providers. I will argue that: (1) pain undertreatment cannot be explained only in terms of faulty diagnosis, but also on how doctors and nurses act on those cases in which pain has been properly established; (2) neural models of error-based learning are a useful tool in explaining how healthcare providers (dis)regard diagnostic information about patients’ pain. Overall, computational neuroscience can shed light on the determinants of pain undertreatment and could lead to the development of targeted training techniques for a more stable level of care in hospitals.

Nicolas Bressoud, Haute Ecole Pédagogique du Valais, Switzerland

“Promoting Well-Being in inclusive school systems through strength-based interventions”

According to the field of positive psychology, Seligman (2011) or Ryff (1989) developed two models which focus especially on positive emotions or/and relationships as well as an engaged life. A way to increase these components is the Peterson and Seligman (2004) Values-In-Action Strengths Classification. Considering the benefits for relationships in the classroom, such interventions may be particularly relevant in the context of including children with special needs. We hypothesize that identifying, developing and promoting the strengths of those children may be particularly interesting in order to improve their inclusion in the classroom as well as their positive affects (such as benefits for the whole class where children with special needs). Our aim is to measure the impact of a strength-based intervention especially on different dimensions of well-being (positive emotions, prosocial behavior, perception of diversity in the classroom, psychological well-being).
“Stress and well-being”

Following a brief introduction into the theory of stress, recent findings on occupational stress, health and well-being will be presented. Representative cross-sectional and longitudinal data were collected between 2014 and 2016 in cooperation with Health Promotion Switzerland and the Winterthur Institute of Health Economics WIG, Zurich University of Applied Sciences. The presentation will focus on work conditions (stressors and resources) and emotional exhaustion. Sleep quality and musculoskeletal complaints will also be addressed. Finally, important consequences of impairments in health and well-being will be introduced, including estimation of societal costs from health-related presenteeism, absenteeism, and a decrease of innovation. The discussion will also address the work-home interface and private stressors.

“Well-being in individuals with developmental and intellectual disabilities”

Can individuals with developmental and intellectual disabilities be happy? What are the crucial factors that determine their quality of life? In the first part of this talk, I will give a brief overview about the literature on happiness and quality of life in individuals with developmental and intellectual disabilities, important factors that contribute to well-being, as well as measures that have been specifically developed for the assessment of quality of life in populations with disabilities. In the second part, I will specifically focus on the role of specific socio-emotional phenomena (i.e., positive emotions and social approach) in well-being. Therefore, I will compare two developmental/intellectual disabilities: Individuals with Autism Spectrum Disorder have social deficits, increased restricted and repetitive behaviors, and at times report lower levels of happiness or life satisfaction. Individuals with Williams Syndrome, a rare genetic disorder with mild to moderate cognitive impairment, are characterized by hypersociability and a high positive affect. Their almost opposite socio-emotional profiles make them perfect “models” to study the link between social approach/social skills and happiness and well-being in developmental and intellectual disabilities.

“Mindfulness-based interventions and well-being”

Mindfulness-based interventions (MBI), such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) are getting more popular because of their documented benefits on well-being. A growing body of consistent evidence has demonstrated
that MBI are effective in improving mental health and reducing symptoms of stress, anxiety and depression. In particular, it has been shown that MBSR improves health-related quality of life in patients and healthy people, and MBCT prevents depressive relapse in recovered recurrently depressed patients. However, well-being is a broad concept and its definition and interpretation may depend on the individual, their circumstances and their priorities. In this talk, I will provide a description of mindfulness interventions and elucidate the effects on physical and mental health reported in the literature. Then, I will focus on how well-being has been defined related to MBI in healthy and clinical populations and how well-being has been measured in the literature so far. I will end this talk by exploring the mechanisms through which MBI lead to well-being and by identifying the active components of these interventions.