

# Positive Psychology Theory and Application

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# “Walking the Positive Walk” in Counseling Psychology

By

**Daniel B. Singley, PhD**



Daniel Singley, Ph.D. is a licensed psychologist and Chair of the Section on Positive Psychology. He maintains a small private practice including clinical work and research consulting and is the Director of Psychological Services at Brighter Day Health, a provider of telemental health services for rural long-term care agencies.

Greetings! Heading into my final year as the Chair of this rapidly-growing Section, I’m thrilled to be writing this column and greeting a host of colleagues, friends, and new additions to the Section. We have a variety of exciting projects in the works, and as always, I strongly encourage Members to get involved.

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At the APA Convention in Tampa, our Members and Student Affiliates were very active in presenting posters, workshops, and symposia which highlighted the cutting-edge work they are doing in order to advance the field of positive psychology. Beyond the fun and work at APA, we are also involved in other efforts to forward our Section’s mission in the areas of training, research, and practice all year-round. One such project has been our brand new Communication Officer Dr. Collie Conoley’s work – along with his enthusiastic students – in giving this newsletter a new

Another of our projects has been the annual survey that our Section – spearheaded by Dr. Jeana Magyar Moe and her team – has conducted in order to gauge how Student Affiliates and Members of Division 17 do – and don’t – use positive psychology in their work. This ongoing effort is a direct extension of the 2006 content analysis study that Drs. Magyar-Moe and Shane Lopez (both of whom are Past Chairs of the Section), and several others conducted in which the authors (Lopez et al, 2006) That study found that scholarly inquiry around positive psychology is thriving in our primary trade journals including the *Journal of Counseling Psychology*, *The Counseling Psychologist*, the *Journal of Career Assessment*, and the *Journal of Multicultural Counseling and Development*. In

**...the authors found that nearly 29% of the randomly-selected articles had a positive focus...**

fact, the authors found that nearly 29% of the randomly-selected articles had a positive focus, encouraged counseling psychology “to reaffirm its unique positive focus

by focusing more on strength in practice and research.” (p 205)

One finding from our 2012 survey of Division 17 Members and Student Affiliates indicated that although many of those surveyed indicated using different empirically-based positive psychology approaches (e.g., Positive Psychotherapy, Broaden-and-Build) in their clinical work, nearly 60% of these clinicians indicated using a “general” strengths-based approach not based in any of the well-validated theories and research available. Furthermore, some of the qualitative feedback from respondents reflected a sense that there really isn’t a difference between newer theories and practice in positive psychology and traditional counseling psychology – that that many of the strategies listed as positive psychology are simply traditional counseling psychology in a repackaged form. As Section Chair, I talk with a variety of people about the history, present, and future of positive psychology – and this “old wine in new bottles” question is one that comes up frequently. I consistently appreciate having the opportunity to give my own two cents, which basically boils down to something like “We’re now drawing the scientific method much more to bear on what’s right with people – and therefore have well-

validated assessments and interventions.” While using empathy, positive regard, and developing strengths are longstanding hallmarks of counseling psychology, there are a host of new, research-based, and highly-accessible means to identify and to enhance “What’s right with people?” It is these empirically-supported approaches which reflect the gold standard or contemporary strengths-based practice, and as an article regarding diffusing evidence-based interventions in this month’s American Psychologist asserts – uptake of these practices often takes time (Rotheram-Borus, Swendeman, & Chorpita, 2012).

Students often inquire about specific training opportunities and programs which provide solid opportunities to learn about how to infuse contemporary positive psychology into their professional pursuits, and I’m pleased to be able to recommend them to a few doctoral programs which are focusing their research and clinical training on forwarding the frontiers of positive psychology. However, I consistently hear from students who are frustrated about their limited options to engage in positive/strengths-based research and training in their programs. While there are clearly gains being made in terms of the dissemination and application of positive psychology, I believe that a variety of factors have contributed to Division 17 lagging somewhat behind other groups in terms of contributing to the advancement of scholarly literature as well as clinical practice in positive psychology – and the “old wine in new bottles” perspective is one of them.

Focusing on individuals’ strengths is a central tenet of counseling psychology (APA, 1999; Gelso & Fretz, 2001), but currently, much of the ground-breaking work in strengths-based/positive approaches is coming out of Clinical, Personality, and Social Psychology (as well as fields outside of psychology). All practitioners have some theoretical orientation which should be based in sound research and theory, and rigid adherence to any one certainly isn’t useful.

**... a disconnect between the extent counseling psychologists claim to include positive psychological approaches in their work – and the extent to which they actually do...**

However, there seems to be a disconnect between the extent to which counseling psychologists claim to include positive psychological approaches in their work – and the extent to which they actually do so. My perspective – and I own the bias inherent in it - is that anyone who answers “Yes” to the question, “Do you take a strengths-based/positive psychology approach to your clinical work?” is most likely doing so most effectively if s/he can clarify the empirical underpinnings of that approach. Keeping abreast of the research on fostering optimal human functioning is one of the best ways to infuse “what works in positive psychology” into the work we do every day.

**... the assertion that some assessments and interventions are “culturally-universal” has been alienating to some Division 17 Members**

Another factor which I have experienced as a barrier to counseling psychologists embracing cutting-edge strengths-based practices boils down to something like turf wars. While competing for funding and real estate in the scholarly literature is a natural and healthy part of a maturing area of study, the fact that Dr. Martin Seligman – a clinical psychologist – brought positive psychology into the spotlight as a political movement during his tenure as APA president is a commonly-stated point of contention among counseling psychologists. Similarly, the assertion that some assessments and interventions are “culturally-universal” has been alienating to some Division 17 Members who take an emic (culture-specific) approach to clinical work. Similarly, much of the seminal empirical work in positive psychology has been conducted by scholars in other areas such as clinical, social, and personality psychology – leaving counseling psychologists feeling that those approaches either don’t apply to our work, or are simply another way to describe what we are already doing.

Imagine if a vocational psychologist, social justice advocate, or a counselor engaging in cross-cultural therapy were doing so without employing the relevant research, theories, and assessment approaches. The person would at best be doing sub-par work, and at worst could harm the client. The difference here is that there are fairly few counseling psychologists who self-identify as positive psychologists in the same way that many do identify as vocational psychologists, multicultural psychologists, social justice

advocates, etc. – which are other key tenets of counseling psychology. While there is no need to have a stand-alone “positive psychology” orientation, in order to make the most out of infusing a strengths-based, positive psychological approach into other domains of work (e.g, clinical practice, consultation, vocational counseling, etc), psychologists would do well to familiarize themselves with the relevant literature.

“Multiculturalism” per se isn’t a specific professional pursuit, but the application of multiculturalism to various spheres of work is. Ethics code drives ongoing training multicultural competence, but this isn’t the case with positive psychology. In support of our field’s commitment to applying the best science to remediating deficits while developing and leveraging strengths, we can usefully begin assessing “strengths competency” as we address multicultural competence. Doing so would involve identifying existing knowledge and skills in this area while also identifying areas for development which would enhance the psychologist’s existing work domains.

**...those of you who are interested in increasing your strengths competency start by familiarizing yourselves with the positive psychology principles developed by researches, theoreticians, and practitioners in Div 17.**

So as a starting place to guide counseling psychologists in “walking the positive walk” and continuing to forward the field toward maturity, I suggest that those of you who are interested in increasing your strengths competency start by familiarizing yourselves with the positive psychology principles developed by researches, theoreticians, and practitioners in Div 17. There are a variety of examples, but pride in the expertise of Members of our Section compels me to list these counseling psychology scholars and their emphasis as a starting place:

- Shane Lopez – Hope
- Collie Conoley – Positive Empathy
- Jeana Magyar-Moe – Positive Assessment
- Jennifer Teramoto-Pedrotti – Positive Multiculturalism
- Christine Robitschek – Personal Growth Initiative

Kyle Telander, the Section’s Research Representative, has written an article in this newsletter intended to give readers an overview of each of these areas as well how counseling psychologists can apply them. By working to clearly understand the principles and practices that these innovators have developed – and seeing the tangible benefit that leveraging evidence-based positive psychology in working with those we serve, I have no doubt that you will also come to answer the “old wine in new bottles” question with an equally-resounding “no.” I plan to continue exploring the roll of positive- and strengths-based interventions in counseling psychology by making “walking the positive walk” the Section’s theme for the coming year. As always, I welcome your thoughts and look forward moving onward and upward.

### **Positive Psychology Section Leadership**

Danny Singley, Ph.D, Chair  
Collie Conoley, Ph.D., Communications Officer  
Ingrid Weigold, Ph.D., Treasurer  
Christine E. Agaibi, M.A., Practice Co-Representative  
Rhea Owens, Ph.D., Chair Elect  
Nicole Lozano, M.A., Student Representative  
Brian Cole, M.S., Webmaster  
Jeana Magyar-Moe, Ph.D., Past Chair  
Tami Kulbatski, Psy.D., Teaching Co-Representative  
Kyle Telander, Research Representative

Manuscripts and Column suggestions for the *Positive Psychology: Theory & Application* should be sent to Collie Conoley, Editor.

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**Thank you for your  
Suggestions!**

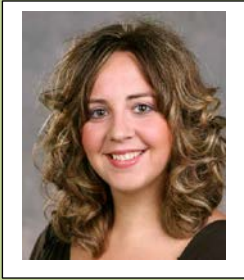
<http://www.div17pospsych.com>



# Counseling Psychologists' Use of Positive Psychology At Work: A Follow-Up Survey

by

**Jeana L. Magyar-Moe, Ph.D.**



Jeana L. Magyar-Moe is a Katz Distinguished Professor of Counseling Psychology at the University of Wisconsin – Stevens Point and currently serves as Past-Chair of the Division 17 Section on Positive Psychology. Dr. Magyar-Moe's research interests include positive psychology, diversity issues, therapy process and outcome, and the scholarship of teaching and learning. In addition to teaching and scholarly work, Dr. Magyar-Moe also works as a licensed psychologist providing counseling and therapy services to community clients.

It has been noted that a hallmark of those in the counseling psychology profession is focusing on the positive in psychology (Magyar-Moe & Lopez, 2008). Indeed, a distinctive feature and unifying theme of the work of counseling psychologists is a focus on client strengths, assets, and potentialities regardless of the degree of psychopathology (APA, 1999; Gelso & Fretz, 2001; Savickas, 2003.) A brief review of the development of the counseling psychology specialty confirms this enduring philosophy and commitment to helping individuals to discover, develop, and utilize personal and social resources on a regular basis (see Lopez et al., 2006).

... a distinctive feature and unifying theme of the work of counseling psychologists is a focus on client strengths, assets, and potentialities regardless of the degree of psychopathology

In 2006, Lopez and colleagues conducted a content analysis of four major outlets of counseling psychology scholarship aimed at identifying the amount of research

devoted to the study of human strengths, positive processes, and positive outcomes over the past 50 years. Results revealed that 29% of the research in counseling psychology guild and theme journals over the past 50 years was positive-focused. When broken down by decade, the percentage of positive-focused scholarship was at 23% or greater for the past 40 years, "indicating that counseling psychology's philosophical commitment to studying the best in people has resulted in a large scholarly base fairly consistent throughout the decades" (Lopez et al., 2006, p. 218).

**...the percentage of positive-focused scholarship was at 23% or greater for the past 40 years, "indicating that counseling psychology's philosophical commitment..."**

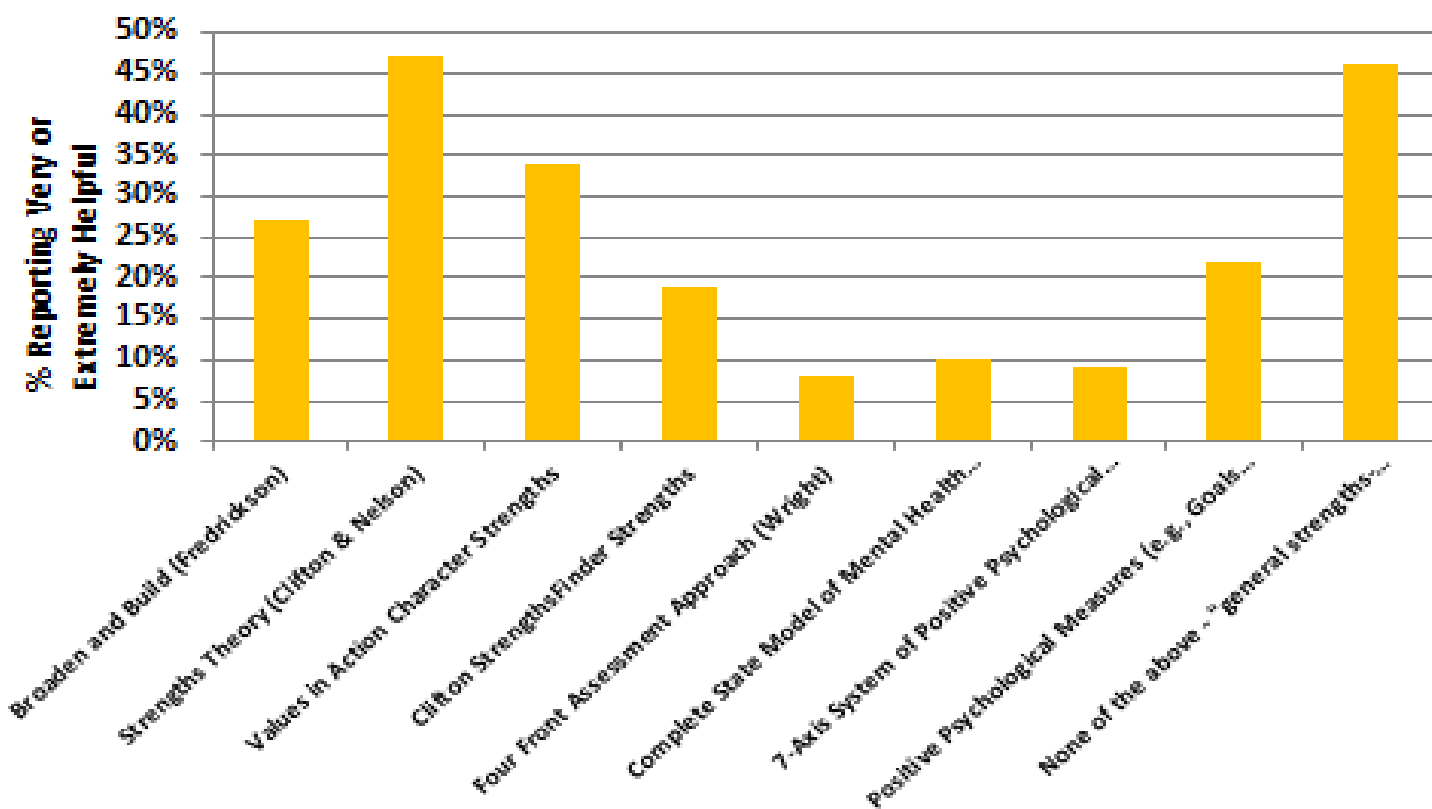
In 2011, Magyar-Moe and colleagues conducted a survey to further elucidate the role of positive psychology in the work being done by counseling psychologists. More specifically, 480 members of the

Society of Counseling Psychology (Division 17) of the American Psychological Association completed a survey which assessed their perceptions of positive psychology and the ways in which these professionals apply (or fail to apply) positive psychology in their work as scholars, teachers, and clinicians. Results indicated that 47% - 77% of the counseling psychologists who completed the survey are using positive psychology in their various work roles about half of the time or more. More specifically, research in positive psychology was endorsed at the lowest rate (47%) and positive psychology applied to vocational assessment was endorsed at the highest rate (77%) with positive psychology applied to personal counseling (72%), positive psychology infused into teaching content (67%), and positive psychology applied to social justice advocacy (65%) being endorsed at very high levels as well.

A follow-up survey was developed and disseminated (Magyar-Moe et al., 2012) in order to capture more detailed information regarding how counseling psychologists are utilizing positive psychology in their work, as data from the first survey provided only very vague and general

# Pos Psyc Theories/Constructs Used in Client Conceptualization/Assessment

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information. More specifically, the second survey included multiple questions and check-lists regarding which specific constructs, theories, and forms of therapy from the literature in positive psychology are being utilized most in the workplace by Division 17 members. Although data was collected on use of such positive psychology scholarship across work settings, the results presented in this article pertain only to the findings from those who endorsed engaging in clinical practice.

## Results and Discussion

Participants were 127 counseling psychologists who self-identified as clinical practitioners who apply

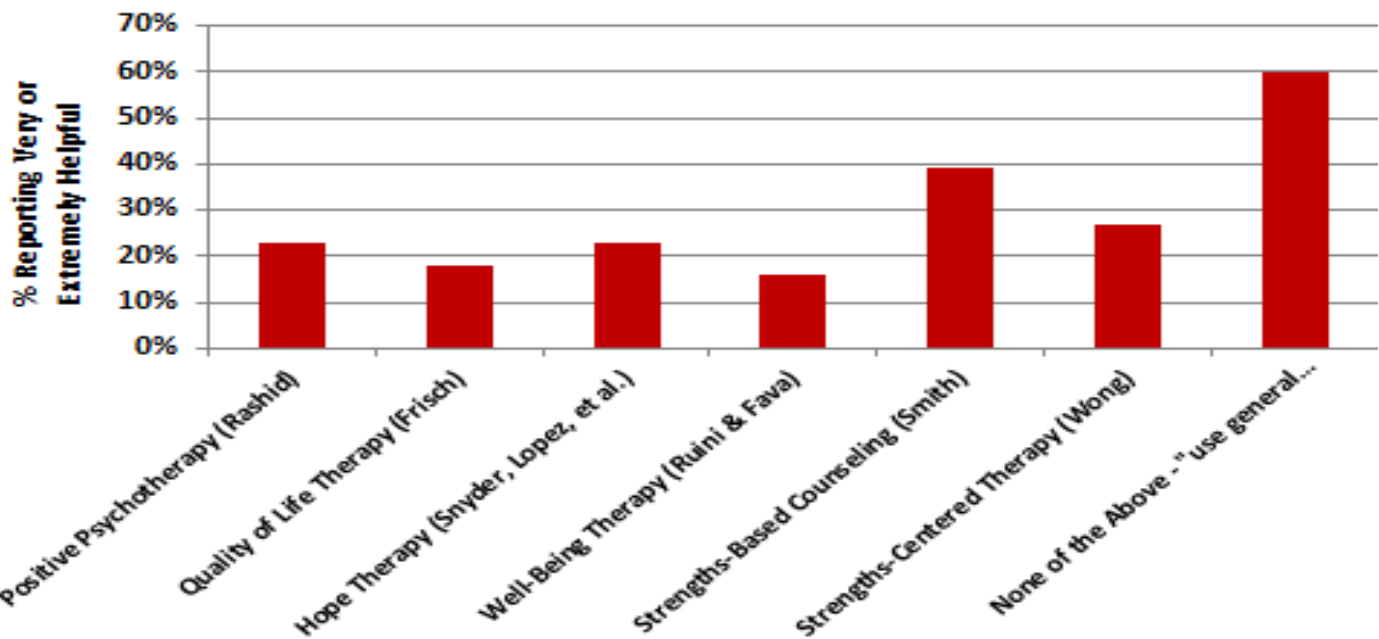
positive psychology to their work. Sixty-one percent of the sample was female, 37% male, and 2% transgender. Seventy-eight percent of the sample was White, with 7% reporting Mixed Race, 6% Asian, 5% Hispanic, and 4% Black. Participant ages ranged from 26 – 83 years with a mean age of 53 years.

Eighty-three percent of the participants indicated that positive psychology informs their client assessment and client conceptualization. Seventy-five percent endorsed that positive psychology informed their treatment planning, and 92% reported utilizing positive psychology in the process of providing counseling and therapy. However, when asked which major

theories and constructs from the scholarship in positive psychology inform their clinical work, 46% of the sample indicated that they do not utilize any specific positive psychology theories or constructs (see Table 1) and 60% indicated that they do not utilize any positive psychological models of therapy (see Table 2). Eighty-seven percent of the sample indicated being unfamiliar with at least some of the 50 positive psychology constructs and theories noted throughout the survey and 30% indicated being unfamiliar with all or almost all of the constructs and theories. Overall, the majority of the participants indicated that positive psychology informs their practice in a general, philosophical sense. More

## Pos Psyc Models of Therapy Used in Treatment Planning

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## 50 Pos Psyc Constructs/Theories Throughout Survey

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- Broaden & Build Theory of Positive Emotions (Fredrickson)
- Strengths Theory (Clifton & Nelson)
- PERMA/Authentic Happiness (Seligman)
- Values in Action Character Strengths
- Clifton Strengths Finder Strengths
- Flow (Csikszentmihalyi)
- Savoring (Bryant & Veroff)
- Active-Constructive Responding (Gable)
- Hope (Snyder)
- Learned Optimism (Seligman)
- Dispositional Optimism (Carver & Scheier)
- Gratitude (Emmons and others)
- Forgiveness (Worthington; McCullough, Others)
- Personal Growth Initiative (Robitschek)
- Feel-Good/Do-Good Phenomenon (Salovey)
- Emotional Story-Telling (Pennebaker; King)
- Four Front Assessment Approach (Wright)
- Complete State Model of Mental Health (Keyes)
- Elevation/Awe (Haidt)
- Positive Psychotherapy (Rashid)
- Quality of Life Therapy (Frisch)
- Hope Therapy (Snyder, Lopez, et al.)
- Well-Being Therapy (Ruini & Fava)
- Strengths-Based Counseling (Smith)
- Strengths-Centered Therapy (Wong)
- Mindfulness/Meditation
- Positive Empathy (Conoley & Conoley)
- 7-Axis System of Pos Psyc Assessment (Magyar-Moe)
- Gainful Employment (Snyder & Lopez)
- Sacrificing (Schwartz)
- Positive Affect
- Spirituality
- Altruism
- Benefit Finding and Growth
- Courage
- Creativity
- Cultural contexts and positive psychology
- Happiness
- Life Satisfaction (Deiner and others)
- Love
- Meaning in life
- Subjective Well-Being (SWB)
- Positive Romantic Illusions (Taylor)
- Successful Aging (Vaillant)
- Social Cognitive Career Theory (Lent & Brown)
- Social Cognitive Model of Work Satis. (Lent & Brown)
- Person-Envir. Correspondence Counseling (Lofquist)
- Career Construction Counseling (Hartung & Taber)

specifically, representative quotes from participants included:

- “I use the general concepts rather than any specific constructs or models.”
- “I do not know all these theories but do my own.”
- “I don't approach my work from one of these particular theoretical approaches, but from a mind- and value-set. When you capitalize Positive Psychology you may mean something different than what I have meant by it.”
- “I use the basic ideas/concepts of positive psychology but do not use any formal assessments or theoretical frameworks.”
- “While I use few of the theories explicitly, my general approach respects the capacities of humans to create solutions to their problems.”

Another interesting finding was that many participants noted that they feel that positive psychology and counseling psychology are one and the same and therefore, delving into the literature in positive psychology is not necessary. More specifically, participants said the following:

- - “Having a strong Counseling Psych identity to me means I am doing strength-based work all the time, in all areas. I don't see a need to specifically hop on board the Positive Psychology bandwagon in order to do this.”
- - “I think that I have practiced the tenets of Positive Psychology for many years without much familiarity with the constructs, theories or models that are noted in this survey. There are basic approaches to what counseling psychologists have done for many decades that emphasize

the normal and the positive, in contrast to clinical psychology.”

- “As a counseling psychologist, I feel my training steeped me in many of the positive psychology constructs via studying humanistic psychology (Rogers, etc)... My whole approach to clients is to focus on strengths and resources, helping them engage in life in a positive manner - was doing this long before "positive" psychology became popular.”
- “I do not see any differences between positive psychology and traditional counseling psychology. I believe that many of the strategies listed as positive psychology are upnamed versions of counseling psychology.”

It seems that the perspectives noted above regarding the idea that engaging in positive psychology simply requires a philosophical commitment to a strengths-based approach and that positive psychology and counseling psychology are one and the same may be detrimental to counseling psychologists and those with whom they work. More specifically, counseling psychologists may be missing out on opportunities to contribute in very meaningful ways to the growing field of positive psychology, especially in relation to one of the major criticisms of the field, namely, the lack of multicultural perspectives on positive psychological processes. In addition, counseling psychologists are missing out on applying the already existing literature in positive psychology to benefit their clientele in ways that go beyond just a philosophical stance. Indeed, participants who do use the scholarship from positive psychology to inform their work noted that this information has been invaluable to

their work as evidenced in the quotations below:

- “I cannot imagine doing any of this counseling work without the incorporation of Positive Psychology!”
- “Positive psychology is of immense value to me and my staff in working with 1st-generation-eligible-for-college-graduation, low-income (federal definition), underrepresented (federal definition) and/or disabled high school and college students.”
- “I use positive psychology in working with colleagues all the time. I also use self-efficacy and broaden-and-build significantly in counseling and advising students. I especially use these techniques when working on diversity related committees (a little different than social justice/advocacy, though similar).”

In summary, Counseling Psychologists have much to contribute to Positive Psychology and Positive Psychology can enhance the work that Counseling Psychologists have been doing for decades. However, until turf wars are ended and until folks can accept that a philosophical strengths-based stance differs from the application of empirically-based positive psychological treatment approaches, we will not achieve the best outcomes possible for our clients or ourselves.

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# Applying Strengths-Based Practices in Therapy and Coaching

by

**Ryan M. Niemiec, Psy.D**



Ryan M. Niemiec, Psy.D is a Clinical psychologist, coach, author, and education director of the nonprofit, positive psychology organization, the VIA Institute on Character ([www.viacharacter.org](http://www.viacharacter.org)). Ryan's work focuses on teaching people about the research and practice of character strengths.

In the strengths world, there exists an interesting paradox: From one angle, there is a significant amount of strengths blindness in people (Biswas-Diener, Kashdan, & Minhas, 2011). Only a paucity number of people (about 1/3) have a meaningful awareness of their strengths (Linley, 2008). I can recall many times over the years when I would ask a client: What is best about you? What are your strengths? They would look back at me with a blank stare, they would look down to their feet, or they would simply say, “I don’t know.” At the exact same time, when people are given an opportunity to discuss their strengths, they are able to do so exceptionally well. Sometimes this is done by asking them to share times when they are at their best and then practice a “strengths-spotting” exercise, other times by simply discussing how people use strengths in their daily lives. And, if a client is asked the right questions and/or given a bit of direction with strengths use, they typically can run with it. I’ve found clients are able to readily apply complex issues to themselves such as strengths overuse, strengths underuse, the golden mean of character strengths, strengths

constellations, strength equations, the role of context, and so forth.

This parallel yet interrelated reality of strengths blindness and savvy is what I call the “the strengths paradox.”

So what does this mean for practitioners?

1.) People need a common language – a consensual nomenclature – that can help them discuss what is best in them. Language is freeing. It provides answers, or partial answers. It’s a framework that opens people up to new ideas and possibilities. It invites a direction or path. A strengths language offers a label for behaviors and for the good that is within people.

2.) People often just need a little push – a bit of guidance. They need the practitioner to ask them about their strengths – to lead a discussion about strengths, to explore with them how strengths can be used to create their best life and how strengths can help them deal with problems. Ultimately, people want practitioners to genuinely care about what is best in them.

Over a decade ago, a group of 55 scientists embarked on an empirical and historical journey reviewing what philosophers, t

theologians, educators, and psychologists over time have said about virtue, character strengths, and positive psychological characteristics. Their task was to see what the “greatest minds” had to say about what’s best in human beings. The result of this 3-year project was the establishing of a new science of character (any science needs at least two things – a classification system and a measurement tool. The [VIA Classification](#) of character strengths and virtues and a psychometrically valid assessment instrument, [VIA Survey](#), emerged from this line of inquiry (Peterson & Seligman, 2004).

This work is descriptive. It describes many of those core human qualities that are best in us. Practitioners, however, are more interested in application and prescription than sole description. Over the years, a number of character strengths practices have emerged – some from intervention studies, some that focus individually on a specific character strength, some that apply generally to any of the strengths, and others are core ideas for developing a strengths-based practice.

Here is a small sampling of some of the practices:

- **Signature strengths:** The most well-known exercise in the world of strengths is this intervention: Use your signature strengths in new ways. In a randomized, double-blind, placebo-controlled study comparing 5 positive psychology interventions with a placebo, two interventions stood tall above the rest in terms of leading to significant increases in happiness and decreases in depression for 6 months (Seligman et al., 2005). One of these interventions was for individuals to take the VIA Survey, choose one of their highest strengths, and use it in a new way each day. The other intervention was to practice gratitude, counting three good things (blessings) each day along with an explanation for each. This study has been replicated in subsequent studies by other researchers.
- **Strength exemplars and role models:** The father of observational learning, Albert Bandura, remarked that most of our learning in life occurs because of observation and this information is encoded within us for future use. How did you learn about goodness? About using hope and perseverance when things go wrong? About expressing love and kindness to other people? About principles of fairness and justice? Chances are, you observed these qualities in a parent, relative, coach, friend,

etc. Perhaps you had a mentor offer you counsel. Considering strengths influencers can be useful for ourselves and our clients. If a client struggles to find a real life example of a strength role model, they can be directed to other influences that have had an impact on them, such as characters within movies (Niemiec & Wedding, 2008).

- **ROAD-MAP to strengths use:** If one is looking for general ways to apply any of the 24 character strengths, the acronym, ROAD-MAP, can serve as a useful guide-post. Individuals can boost or support their strengths by reflecting, observing, appreciating, discussing, monitoring, asking for feedback, and planning with strengths. Research guides these ideas and offers an array of options for practitioners to deepen their strengths applications.
- **The golden mean:** Using a concept borrowed from Aristotle (2000), the savvy strengths practitioner will teach their clients to apply strengths according to a golden mean – the right combination of strengths, to the right degree, in the right context. Inherent in the golden mean are the fascinating concepts of strengths overuse and underuse and that an important life goal is to strive to express one’s best selves in a balanced way – in the “strengths zone.”
- **Mindfulness-Based Strengths Practice (MBSP):**

This is a new innovation involving the integration of the best research and practices of character strengths and mindfulness. This involves using character strengths to make mindfulness practice stronger (i.e., “Strong Mindfulness,” Niemiec, Rashid, & Spinella, 2012) and to enhance a lifestyle of mindful living (Niemiec, 2012). The converse is also explored – using mindfulness to enhance one’s practice of character strengths – to be sensitive to context, overuse, etc. MBSP groups are being piloted in various countries to help individuals engage more with their life, deepen their well-being, and ultimately, to flourish.

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# Positive Empathy in Psychotherapy

by

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Research supports empathy's centrality in the therapeutic alliance and psychotherapy outcome (Greenberg, Watson, Elliott, & Bohart, 2001; Wynn & Wynn, 2006). Therapeutic empathy is the ability to sense, share, or conceptualize another's world as if it were your own as well as therapeutically communicate the empathic experience to the client (Bohart & Greenberg, 1997; Rogers, 1957). Empathy in psychotherapy adds significant depth to the feeling and meaning expressed by the client (Carkhuff, 1969). Feeling understood, connected, and known by the therapist contributes to the alliance between the client and therapist. In turn, the client feels more open, flexible, and trusting in the therapeutic relationship and believes therapy will be successful. The client openness, flexibility and trust also increase self-examination and understanding.

Positive empathy (Conoley & Conoley, 2009) has been developed as a positive psychology intervention to help the client feel understood, and promote the exploration of strengths and goals. Focusing specifically on the client's communication of hope, desire, and other positive feelings, positive empathy enhances a solution and future-oriented approach in therapy. For example, if a client states, "I'm

tired of coming home to house in chaos. The children are fighting and my wife does nothing to control them!" Responding with Traditional Empathy a therapist might say, "It seems like you're feeling discouraged and a little angry because you are the one that works all day at the office and then come home to a situation that demands even more of you. You feel like a big burden is on your shoulders." In contrast, a response with Positive Empathy could be, "It seems like you have a deep desire to have an enjoyable encounter with your children and your wife when you come home. I don't know what you are imagining. Would you like to hug them or play a game? What would you like to be doing with your children when you get home?" Positive empathy not only captures a deeper meaning and positive feelings of the client's statement, but also builds a smooth transition to generating strengths, solutions, and goals.

Recent research has demonstrated that positive empathy facilitates the identification of strengths and goals. An analogue study found that positive empathy was similar to regular empathy in communicating a deep level of understanding, however, it differed from regular empathy in that participants who read positive

empathy responses while imagining themselves as therapy clients were able to generate more strengths and approach (i.e., positive) goals and fewer avoidant (i.e., negative) goals (Conoley, Pontrelli, & Nagata, under review). Positive empathy has the potential to communicate a deep level of understanding and add to the therapeutic process by encouraging client attention to personal strengths and approach goals, which have been associated with higher motivation, commitment, optimism, and willingness to take risks in achieving goals (Goetz, Robinson, & Meier, 2008; Elliot, McGregor, & Gable, 1999).

Helping the client feel deeply understood is central to therapeutic empathy in the research literature (Duan & Hill, 1996). However, the content of the hidden or deeper meaning the therapist selects to communicate to the client for deeper processing or understanding varies depending upon the therapist's theory or purpose. A psychotherapy theory provides a valuable focus for therapists among multiple significant meanings. Carl Rogers masterfully selected the hidden meanings from a client to co-construct an understanding of the dilemma that fits Client Centered Therapy (Truax et al., 1966). For



Rogers (1957), empathy tended to focus on the client's deep experience of negative feelings, such as discouragement, pain or fear. While not in the formal definition, the text examples uncovered discouragement, pain or fear. For example, Rogers (1961) described the function of empathy: "It is only as I understand the feelings and thoughts which seem so horrible to you . . . it is only as I see them as you see them, and accept them and you, that you feel free to explore all the hidden nooks and frightening crannies of your inner and often buried experiences" (p. 34). Another indication of the centrality of negative feelings in empathy exists in Barrett-Lennard's measure, one of the most commonly used measures of empathy (Duan & Hill, 1996). The item assumes empathy focuses upon pain, "He [sic; The therapist] can be deeply and fully aware of my most painful feelings without being distressed or burdened by them himself[sic]" (Barrett-Lennard, 1962). Therefore, we designate empathy that focuses upon negative emotions as Traditional Empathy.

The importance of discussing empathy from a theory perspective is to underscore the responsibility of the therapist in selection of client material in providing an empathic response. Motivational Interviewing clearly underscores the strategic selection of client meanings that represent change-talk (Miller, 2005)(Miller, 2009).

Positive Empathy (Conoley & Conoley, 2010), should serve the same purpose as Traditional Empathy in communicating a deep understanding of the client's meaning but focuses upon the message of desire or hope hidden

within the client's communication instead of the negative feelings. Beyond feeling understood, the hypothesized function of Positive Empathy is to facilitate the identification of the client's approach goals and strengths as well as increase the client's hope for achieving goals and positive affect. Positive Empathy's hypothesized facilitation of clients' goal identification fits with applying Positive Psychology to psychotherapy. Goals for change are important in the therapeutic process because they influence how clients orient to the therapy environment, participate in the intervention program, and evaluate the effectiveness of intervention efforts (Elliot & Church, 2002). Two types of goals have been identified in the literature based upon motivational research; approach and avoidance (Elliot, Gable & Mapes, 2006). Approach goals focus on moving toward a desirable outcome by engaging in or increasing a behavior or state (e.g., to get good grades, be more relaxed) whereas avoidance goals focus on avoiding an undesirable outcome or state with attempts to move away from the outcome or state (e.g., to not get bad grades, to get rid of anxiety; Elliot & Church). Avoidance goals have been associated with a myriad of negative processes and outcomes. For example, Elliot and Sheldon (1998) found that individuals who reported more avoidance goals had greater difficulty making progress on their goals and demonstrated a decrease in physical and psychological well-being. Elliot and Church (2002) found that avoidance goals in therapy predicted lower therapist satisfaction, which in turn predicted lower perceptions of

therapy effectiveness and the actual therapy outcome.

In contrast, approach goals have been found to increase an individual's motivation and energy for striving to meet his or her goals (Goetz, Robinson, & Meier, 2008). Maintaining an approach goal focus as compared to an avoidance goal orientation, results in higher persistence toward a goal, as well as greater optimism and commitment to learn new things (Elliot, McGregor, & Gable, 1999). Approach goals have been associated with more positive social attitudes, satisfaction with social bonds, and less loneliness while avoidance goals, on the other hand, have been associated with more negative social attitudes, insecurity, and loneliness (Gable, 2006).

Positive Empathy stimulates the identification of approach goals by focusing on the hidden desire or hope within a client's message.

Positive Empathy can also increase the client's identification of personal strengths. The utilization of client strengths can be beneficial in psychotherapy. First, it provides a more holistic conceptualization of mental health by including optimal functioning and human flourishing, not just mental illnesses (Maddux, Snyder, & Lopez, 2004). In addition, a focus on strengths broadens the scope of therapeutic goals and interventions that could make therapy more meaningful to clients (Wong, 2011). The use of strengths has been found to increase well-being, self-esteem and vitality as well as decrease stress over time (Wood, Linley, Maltby, Kashdan, & Hurling, 2011).

The initial research in Positive Empathy is promising. We look forward to the further development

of empathy promoting the purposes of specific theories.

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# Mediators of Self-regard and Life Satisfaction

## by

### James Richard Donaldson III

James Donaldson is a third year counseling psychology PhD graduate student at Texas Tech University. His professional interests include positive psychology, conducting therapy in Spanish, and constructivist psychology.

The purpose of the current study was to investigate the relationships between actual self-regard, ideal self-regard, gratitude, mindfulness, social support, and life satisfaction. Past research has shown that actual self-regard, which is the extent to which people want the traits they have, accounts for significant unique variance in well-being, even after controlling for depressive symptoms and ideal self-actualization, which is the extent to which people have the traits they want (Hardin & Larsen, 2006). Additionally, actual-self-regard has been found to be a unique predictor of well-being (Salomon, Hardin, & Larsen, 2011).

Consistent with Larsen and McKibban (2008) we hypothesized that actual self-regard, but not ideal self-regard, would predict gratitude. We expected this relationship to be similar with mindfulness and social support, in that actual self-regard, but not ideal self-regard, would predict mindfulness and social support.

Another goal of this study was to investigate the extent to which actual self-regard predicted satisfaction with life. Past research has shown that gratitude (Szczeniak & Soares, 2011), mindfulness (Christopher & Gilbert, 2010), and s

social support (Malinauskas, 2010) are all predictors of satisfaction with life. Based on past research and the above hypothesis, we hypothesized that actual self-regard would predict greater satisfaction with life, and that gratitude, mindfulness, and social support would mediate this relationship.

#### Method

Participants were recruited from introductory psychology classes at a large southwestern university and completed measures via an online survey at three points in time, at least one week apart. A total of 119 undergraduates (74.6% female, 52.1% first-year students, average age = 19.40 years) participated at all three times; the majority self-identified as European American (64.7%), followed by Hispanic (21.8%), Asian / Asian American (4.2%), African American / Black (3.4%), Multiracial (3.4%), and other (2.5%).

We measured ideal self-actualization by asking participants to list 5 words to describe “the type of person you would IDEALLY like to be; the type of person you wish, desire, or hope to be,” and then to “indicate how much each of the qualities listed... actually describes who you are now,” using a 5-point rating scale from 1 (“Does not describe me at all”) to 5 (

ratings were averaged to yield an index of the extent to which participants are who they ideally want to be (i.e., ideal self-actualization). We measured actual self-regard by having participants list 5 words to “describe the type of person you are right now; the traits you actually do have,” and then indicate “to what extent do you WANT each of those traits,” on 5-point scales. These 5 ratings were averaged to yield an index of the extent to which participants want to be who they currently are (i.e., actual self-regard). Order of presentation of these two measures was counterbalanced.

Participants then completed the Gratitude Questionnaire (GQ; McCullough, Emmons, & Tsang, 2002), the Satisfaction with Life Scale (SWLS; Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985), the Mindfulness Attention Awareness Scale (MAAS; Brown and Ryan, 2003), and the Social Provisions Scale (SPS; Russell and Cutrona, 1986), in counter balanced order. Participants then filled out basic demographics questions. One and two weeks later, participants were invited to participate again, when they rated the extent to which

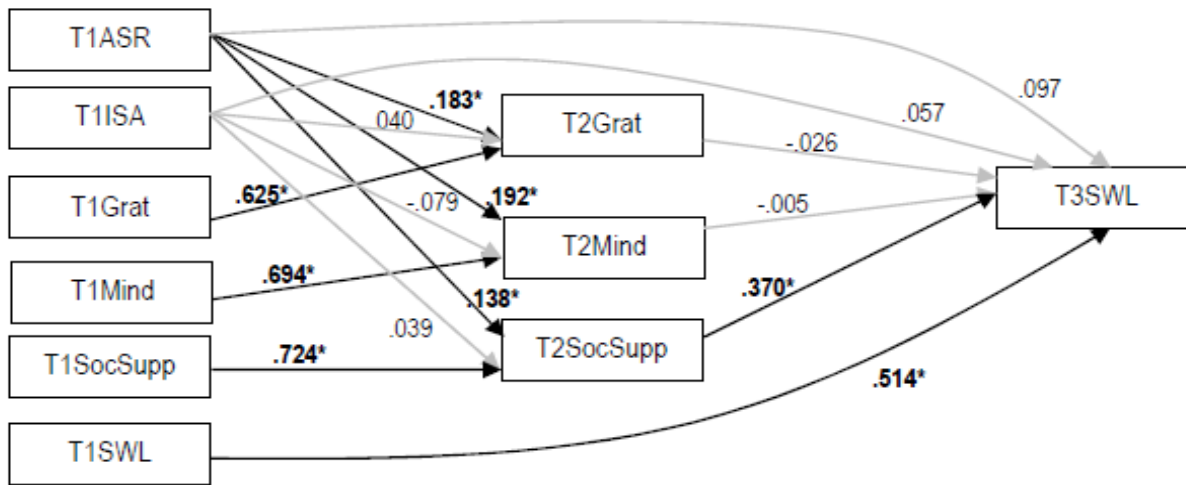


Figure 1. Path model with standardized path coefficients.

Fainter lines indicate paths specified in the model which were non-significant. ASR = actual self-regard; ISA = Ideal self-actualization; Grat = Gratitude; Mind = Mindfulness; SocSup = Social Support; SWL = Satisfaction with Life.

\* $p < .05$ .

each of the words generated at Time 1 described their actual or ideal selves and again completed the above measures.

### Results

Inter-item reliabilities for all measures were good at all three times. Simple correlations indicated that T3 satisfaction with life was correlated with all of the T1 and T2 variables ( $r$  ranged from .20 for T1 Mindfulness to .76 for T1 SWL,  $ps < .05$ ). We used path modeling in EQS 6.1 with robust ML estimation to test the hypothesized relations among the variables. Some fit indices indicated a good fit of the model to the data (CFI = .938, NFI = .916), whereas others indicated poorer fit (SB  $\chi^2 / df = 3.10$ , RMSEA = .13, 90% c.i. (.091, .177). Results are shown in Figure 1.

As expected T1 Actual Self-regard, but not T1 Ideal self-actualization,

predicted mindfulness, gratitude, and social support one week later at T2, even after controlling for baseline levels of these variables. In predicting T3 satisfaction with life, only the paths from T1 satisfaction with life and T2 social support were significant. However, effects composition did indicate a significant indirect effect of T1 actual self-regard; thus, the effect of actual-self-regard on subsequent satisfaction with life is fully mediated by social support. Altogether, the variables accounted for 62.6% of the variance in T3 Satisfaction with Life.

### Discussion

The present study found that actual self-regard predicted greater gratitude, mindfulness, and social support while ideal self-regard did not. This suggests that actual

self-regard (wanting the traits a person already has) is related to gratitude, mindfulness, and social support, while ideal self-actualization (being your ideal self) is not related to gratitude, mindfulness, or social support. This is inconsistent with past research and theory on ideal self-actualization. For example, Maslow's hierarchy of needs (Maslow, 1958) views complete life satisfaction as self-actualization. This study offers an alternative explanation; self-actualization does not predict satisfaction with life, but actual self-regard does.

While gratitude, mindfulness, and social support were all expected to mediate the relationship between actual self-regard and satisfaction with life, the results indicated that only social support fully mediated this relationship. This means that actual self-regard predicts greater satisfaction with life, and that this relationship can be explained by

greater social support. It could be that actual self-regard leads to greater social support, which then leads to greater satisfaction with life. However, it could also be that social support leads to greater actual self-regard, which then leads to greater satisfaction with life. Future research is needed to further clarify the direction of this relationship.

The results of this study could be used to better understand how to increase satisfaction with life. For example, counseling psychologists interested in increasing satisfaction with life could look at a client's actual self-regard and social support. The results of this study suggest that helping the client to increase actual self-regard and social support will increase the client's satisfaction with life.

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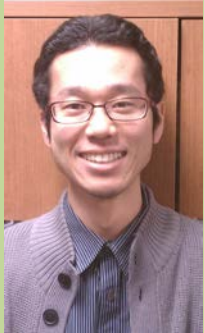
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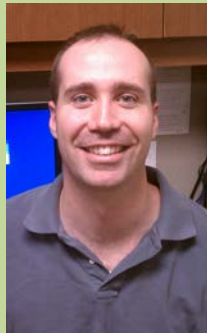
# How can positive psychology facilitate growth after traumatic experience?

by

**Yuki Shigemoto, Matthew W. Ashton, & Christine Robitschek, PhD**



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Unfortunately, many of us experience at least one traumatic experience in our lifetime. It may be a serious illness or death of our family member, a natural disaster taking away our property, or being a victim of physical or sexual assault. The field of psychology has worked for many decades to understand and to treat the symptoms associated with traumatic events. However, we are interested in how positive psychology could play a vital role in trauma research.

The consequences of trauma can vary, with one outcome being posttraumatic growth (PTG; Tedeschi & Calhoun, 1996), which is a positive psychological change as a result of a traumatic experience. PTG is not reported by everyone who experiences trauma, but nonetheless, research has shown that people reported PTG after a wide variety of events, such as bereavement, natural disaster, and cancer. In addition, PTG is known to relate to coping and social support seeking, and also to personality

(Stanton, Bower, & Low, 2006; Tedeschi & Calhoun, 1996).

Our recent research explored how Personal Growth Initiative (PGI; Robitschek 1998; Robitschek et al., 2012) related to PTG and posttraumatic stress symptoms (PSS). PGI represents a person's active, intentional involvement in the cognitive, behavioral, and motivational aspects of bringing about change in one's self. PGI consists of four dimensions which are Readiness for Change, Planfulness, Using Resources, and Intentional Behavior. Readiness for Change and Planfulness encompass the cognitive aspect of PGI and Using Resources and Intentional Behavior are the behavioral aspect of PGI.

Considering the construct of PGI, we hypothesized that PGI would positively relate to PTG, but negatively with PSS. We also explored how PGI would relate to deliberative rumination (purposeful thoughts focused on struggle of the event) and intrusive rumination

(negative and unwanted thoughts). Surveys were collected online from college students ( $N = 284$ ) and their mean age was 19.61 ( $SD = 2.26$ ), and 64% were female.

As expected, we found that PGI factors significantly predicted PTG. Also, the behavioral components of the PGI (Using Resources and Intentional Behavior) each uniquely predicted PTG, but the cognitive components (Readiness for Change and Planfulness) did not. This may be because the behavioral components of PGI are more action-oriented than the cognitive components of PGI. In other words, if people only utilize the cognitive components of PGI they may make goals for personal growth but not actively work on accomplishing these goals. This supports past studies that proactively seeking out and using resources are important factors in facilitating PTG. Also, when deliberative and intrusive rumination were included in the prediction model, Intentional Behavior no longer predicted PTG. But Using Resources and

deliberative rumination uniquely predicted PTG. This may suggest that Intentional Behavior may have important overlap with deliberative rumination in the ways in which they both influence PTG.

Unexpectedly, however, Intentional Behavior had a positive relationship with PSS. But this relation was overshadowed by Intrusive Rumination as a strong predictor of PSS. One explanation is that people who actively and intentionally engage in growth-related behavior tend to be open to facing traumatic experiences, as opposed to denying the experience. This does not mean that they are capable of handling the traumatic experience without any posttraumatic stress. However, the Intentional Behavior component of PGI may facilitate perceiving PTG as they conduct behavior related to growth. Think of people who are forced to go into an ice-cold pool.

No matter who these people are, they will suffer. However, differences may appear when some of the people strive to move their bodies to increase body temperature. At first, moving the body in the cold water may increase stress as they are forced to feel the coldness of the water compared to the ones who stay still. However, after people move around, body temperature will start to increase, feeling the warmth from the body. This analogy may give us an insight that people with high PGI may suffer more initially from the trauma, but at the end, they are able to find meaning out of it and experience PTG. Every night comes to an end, but at the same time, the night before dawn is the darkest.

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# Self-Affirmation: A Positive Psychology Intervention Study

by

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Anna-Nina Lee (on right) is a second year doctoral student at University of California, Santa Barbara. Her research focuses on Positive Psychology, particularly Mindfulness.

Collie Conoley (center) is Director of the Carol Ackerman Positive Psychology Center and Professor at UCSB.

Elisa Vasquez (left) is a second year doctoral student at University of California, Santa Barbara. Her research focuses on Positive Psychology, particularly cultural issues.



Previous studies indicate that self-affirmation interventions, defined as tasks that reflect on important, self-relevant values and support the sense of self as good, moral, and efficacious, can improve relational security of insecure individuals who are at risk for social rejection (Stinson, Logel, Shepherd, & Zanna, 2011), and suggest that self-affirmation of one's values can stimulate the "upward spiral" (Fredrickson, 2001) of positive social and personal consequences. In the present study, we hypothesized that experience of increased levels of happiness resulting from self-affirming activities in the interpersonal interactions situations will make the participants hopeful and optimistic about the future interactions, thus mediating the participants' expectation of feeling happy while engaging in the social interactions in the future (Inter- and intrapersonal benefit). Further, we hypothesized that self-affirming activities motivate people to pay closer attention to their intentions

and actions resulting in increased levels of mindfulness (Intrapersonal benefit). Finally, we also hypothesized that self-affirmation of one's top value in a social interaction situation will increase participants' levels of positive functioning in intrapersonal (PANAS, Hope Scale, Big Five Inventory), and interpersonal (Scale of Perceived Social Self-Efficacy) dimensions.

Participants in the study were 41 undergraduate students, 35 women and 6 men, who took an introductory positive psychology class (experimental group,  $n = 17$ ), or an introductory applied psychology class (control group,  $n = 24$ ). They were asked to fill out an online survey before and after the intervention. The survey consisted of: Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988), Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), Big Five Inventory (John, Donahue, & Kentle, 1991), Scale of Perceived Social Self-

Efficacy (Smith & Betz, 2000), and Hope Scale (Snyder et al., 1991). After completing the survey, the experimental group received a self-affirmation intervention. They were instructed to identify their main value with the help of the Study of Values (SOV) questionnaire (Allport, Vernon, & Lindzey, 1970), apply this value to their interpersonal interactions in the daily life, and describe their experience, in qualitative short essay and quantitative Likert-scale questions, in a daily online diary.

As hypothesized, the multiple regression analysis revealed that expectation to be happy in social interactions in the future was significantly influenced by the successful, happiness inducing application of the self-affirmed value ( $\beta = .714, p < .001$ ). This effect was partially mediated by happiness in the social interaction experienced today ( $\beta = .427, p < .001$ ), which was significantly influenced by the happiness from the value ( $\beta = .821,$

$p < .001$ ). Experience of happiness in the social engagement today significantly reduced the strength of the association for happiness from the value and expectation of happiness tomorrow ( $\beta = .363$ ,  $p < .001$ ,  $\beta$  change = .351). The Z statistic ( $Z = 9.71$ ,  $p < .001$ ) indicated that the partial mediation effect was statistically significant (Sobel, 1982). In regard to mindfulness, the linear regression revealed the hypothesized trend of self-affirmation predicting higher levels of mindfulness post treatment in the experimental group ( $\beta = .249$ ). Nevertheless, the results fell short of reaching statistical significance ( $p = .069$ ). Finally, the effects of the self-affirmation intervention were not strong enough to influence the other global measures of intrapersonal (PANAS, Hope Scale, Big Five Inventory) and interpersonal (Scale of Perceived Social Self-Efficacy) functioning (all n.s., not reported).

In conclusion, self-affirmation increased feelings of happiness and optimism surrounding social interactions. Furthermore, the analysis supported the partial mediation of feeling happy about the present social interaction explaining anticipated positive social interactions tomorrow. The optimism about tomorrow's enjoyment of social interaction should contribute toward maintenance of social interactions. The inability to show self-affirmation's effectiveness on the global level might be due to study's limitations that included small sample size and attrition in the experimental group

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# The Effects of Capitalization on the Celebrator: A Positive Psychology Intervention Study

By

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Gable, Reis, Impett & Asher (2004) found that capitalization, disclosing positive information that is greeted by active positive celebration, leads to greater personal satisfaction and further enhances the relationship, from the perspective of the discloser. Further, Reis et al. (2010) found that verbally sharing positive events increased the value of the events for the discloser, promoted the discloser's trust and pro-social orientation toward the celebrator. Currently, research does not exist on the effects of capitalization on the celebrator.

Specific relationship qualities have been found to be beneficial, both intra-and inter-personally that could influence the celebrators experience of capitalization. Specifically, genuineness or authenticity leads to more trusting relationships (Theran, 2011), as well as overall increased relational satisfaction

(Lopez & Rice, 2006). Findings implicate genuine celebrations could enhance the discloser/celebrator dyad.

Our hypotheses were that parallel results occur in celebrators as has been found for disclosers from capitalization, specifically that the intervention would result in an increase in scores for participants after the 3-month intervention. It was also hypothesized that genuine celebrations, as perceived by both the celebrator and discloser, closeness of the relationship between discloser and celebrator, and both active and constructive responses would enhance the positive feelings and feelings of friendliness experienced by the celebrator. Lastly, it was hypothesized that the celebrators would accurately implement the technique of capitalization.

## Methods

Twenty-one undergraduate students received training in celebrating positive news from disclosers (capitalization) in a 1½ hour workshop and completed structured daily capitalization diaries for six-weeks for class credit. Prior to beginning the daily logs and 3 months later, the subjects completed two measures: The Positive Affect Negative Affect Schedule (PANAS), and the Satisfaction with Life Scale (Deiner, Emmons, Larson & Griffin, 1985). Both measures comprise Subjective Well-Being (Watson, Clark & Tellegen 1988).

## Results

Diary data revealed that approximately 60% of reported occurrences of capitalization were active and constructive responses. The genuineness of the celebration as perceived by the celebrator ( $\beta = .43, t = 10.61, p < .001$ ) and discloser ( $\beta = .32, t = 7.72, p < .001$ ) significantly



predicted higher levels of positive feelings following the celebration in the celebrator. The celebrator feeling friendlier was also predicted by genuineness perceived by the celebrator ( $\beta = .4$ ,  $t = 8.3$ ,  $p < .001$ ) and the discloser ( $\beta = .35$ ,  $t = 8.3$ ,  $p < .001$ ). Active responses predicted positive feelings ( $\beta = -.09$ ,  $t = -3.05$ ,  $p = .002$ ) and the celebrator feeling friendlier ( $\beta = -.08$ ,  $t = -2.78$ ,  $p = .006$ ). No significant increase was found for post-intervention scores on PANAS, Subjective Well-Being and Satisfaction with Life Scale, though differences appear substantial.

### Discussion

Results supported the hypotheses of the influence of genuineness of the relationship on positive feelings and the celebrator feeling friendlier, which suggest that both the feelings and perceptions of the discloser play a role in the influence of the celebration on the celebrator.

The hypothesis of active messages influencing positive feelings and feeling friendlier was also supported, which suggests that regardless of whether or not the celebration is constructive, it is whether the celebration is active that will be associated with celebrator's reactions. The influence of the active response is a negative relationship, suggesting that less active responses predicted higher levels of positive feelings and friendlier feelings.

Findings did not support the hypothesis of closeness and constructive responses influencing positive feelings and feeling friendlier, nor did they support the hypotheses of an increase in measure scores. However, results from the study implicate the importance of genuineness when celebrating. Findings suggest

qualities of a capitalization interaction that might most benefit the celebrator.

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# Increasing Virtues in Children

By

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Since Peterson and Seligman (2004) categorized virtues and found the association between virtues and happiness, we have been interested in increasing children's virtuous behavior. Interventions focusing on increasing virtues in adult populations have led to increases in happiness and decreases in depression (Seligman, Steen, Park, & Peterson, 2005).

To remedy the dearth of research for increasing children's virtuous behavior, this study used the current research on embedded instruction in which children are "taught skills within the ongoing routines of the performance setting" (Johnson, McDonnell, Holzwarth & Hunter, 2004, p. 215). Embedded instruction has been shown to be an effective style of instruction (Harrower, 1999; McDonnell, 1998; Wolery, Ault, & Doyle, 1992). The caregiver-child embedded instruction intervention was used to increase the virtues of persistence and kindness, in a sample of early-elementary-aged

children. The caregivers were taught to catch their child demonstrating the virtue, describe the behavior in a reinforcing manner, and label the observed behavior as a virtue.

The primary research question was: Does the embedded instruction of a child's virtues from the parent affect the child's wellbeing and the parent's view of the child? We hypothesized that the caregivers' labeling and praising of positive behaviors in their child will result in a reduction of negative behavioral outcomes, an increase in the child's happiness, and an increase in a virtuous identity in the children.

## Participants

Four families participated in this study. The caregivers were all female and European-American ( $n = 4$ ). The children ( $n = 4$ ) were primarily European-American (3 European-American, 1 African-American) with a mean age of 5.75 years (ages 4, 5, 7 & 7). Gender

demographics were evenly split amongst the children (2 female, 2 male). Subjects volunteered for inclusion through contact at PTA meetings.

## Methods

The design used for this study was an AB single-subject design which has "the subject serve as his or her own control or comparison" (Heppner, Wampold, & Kivlighan, 2008, p.207). Single-subject ( $N = 1$ ) designs "offer a scientifically credible means to objectively evaluate practice and conduct clinically relevant research in practice settings" (Lundervold & Belwood, 2000, p. 92).

The child's behavior was assessed pre and post-treatment by the caregiver using the Behavior Assessment System for Children-2 (BASC-2). The BASC-2 assesses adaptive and maladaptive behaviors, identifies clinical diagnoses for disorders and assesses the behavioral and emotional status of children (Tan, 2007). The BASC-2 is

appropriate for use for children ages two through eighteen and is a “well researched instrument that provides the assessor with a comprehensive assessment tool that results in reliable and valid data” (Tan, 2007, p. 124).

The second measure, assessing the child’s virtues, was researcher created because no suitable measure existed. The caregiver and child completed the virtue measure daily which assessed the virtues as well as the experience of happiness. The child marked on a 10-centimeter line how they felt they did that day on the virtue. The caregiver did the same assessment in reference to the child. The use of the 10-centimeter line was employed because of the successful use in the Outcome Rating Scale (ORS), which demonstrated high test-retest reliability ( $\alpha = .97$ ), strong internal consistency ( $\alpha = .97$ ) and moderate concurrent validity ( $r = -0.57, -0.56, \& -0.69$  at first, second and third administration) (Bringhurst, 2006). The child version of the ORS, the Child Outcome Rating Scale (CORS) was designed for use with children ages 6 through 12 and for their caretakers and has been shown to have moderate validity (Pearson product moment correlation = .61 and .58) and high reliability ( $\alpha = .84$ ) as well as to be an effective brief measure for examining global distress (Duncan, Sparks, Miller, Bohanske, & Claud, 2006).

After a one-week pre-intervention baseline period, the caregivers were

trained for one hour in an intervention to identify and label their child’s behavior according to the two virtues. The intervention period lasted two weeks. During the intervention, parents were taught, through video examples and oral instruction, how to acknowledge their child behaving in a manner consistent with the virtues and label the behavior as the virtue.

## Results

Common strategies for analyzing within-subject data are visual analysis and effect size (Kromrey & Johnson, 1996); both were used in this analysis to show change from pre-intervention to post-intervention for the four families.

Family 1. Family 1’s results showed a small effect size in the difference between the pre ( $M = 45$ ) and post ( $M = 41$ ) intervention means on the Behavioral Symptoms Index on the BASC-2. Medium effect sizes were found for the following clinical scales: Hyperactivity, Aggression, Attention Problems, and Adaptability. With large effect sizes for the following clinical scales: Anxiety and Depression.

Family 2. Family 2’s results showed a small effect size in the difference between the pre ( $M = 39$ ) and post ( $M = 43$ ) intervention means on the Adaptive Skills Index on the BASC-2. Medium effect sizes were found for the following clinical scales: Somatization, Adaptability and Activities of Daily Living. With large effect sizes for the Social Skills scale.

Family 3. Family 3’s results showed no significant effect sizes for the Behavioral Symptoms Index of the Adaptive Skills Index. However, Family 3 started at a higher level of functioning than Family 1 or 2 which most likely explains the lack of significant effect sizes for composite scores. Medium effect sizes were found for the following clinical scales: Anxiety, Somatization, and Adaptability.

Family 4. Family 4’s results showed a medium effect size in the difference between the pre ( $M = 67$ ) and post ( $M = 51$ ) intervention means on the Behavioral Symptoms Index on the BASC-2, and a small effect size in the difference between the pre ( $M = 45$ ) and post ( $M = 47$ ) intervention means on the Adaptive Skills Index on the BASC-2. Medium effect sizes were found for the following clinical scales: Withdrawal, Adaptability, and Activities of Daily Living. With large effect sizes for the following clinical scales: Hyperactivity and Depression.

All Families. Increases in individual scales were evident for all four families on specific BASC-2 scales. Graphs of the virtuous identity (see Figures 1-4) show increases from pre to post intervention for the children (with the exception of “kindness” which showed a slight decrease from pre to post for Family 3). For all but one child, and for all of the caregivers, the ratings for the child’s level of happiness increased after the intervention. Increases in the BASC-2 scale of Adaptability for all

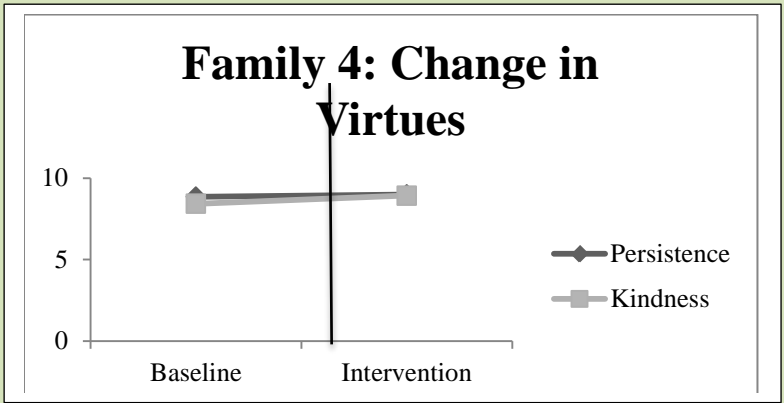
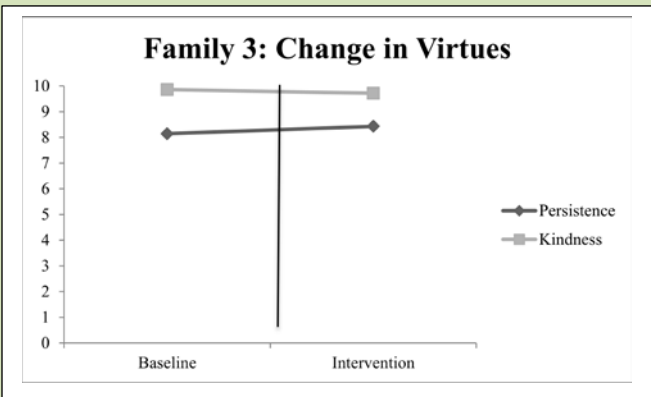
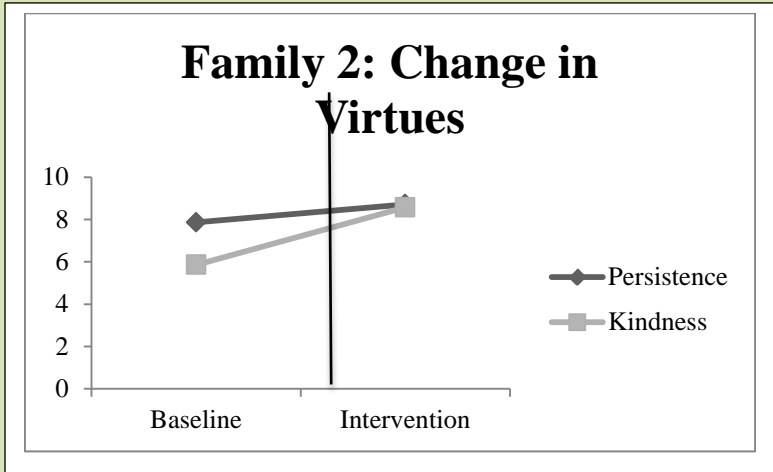
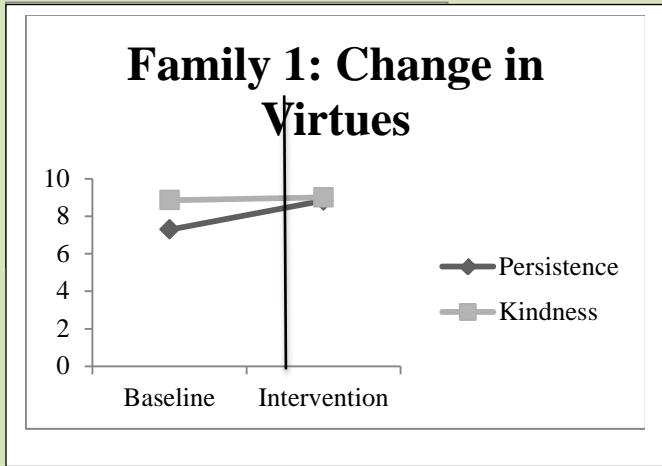


Table 1

Parent reported change in means for Adaptability Subscale

Family	Baseline ( <i>M</i> )	Intervention ( <i>M</i> )	Effect Size ( <i>d</i> )
1	51	58	.7
2	30	37	.7
3	55	60	.5
4	37	44	.7

four children were evident (see Table 1).

### Discussion

These results show the usefulness for this brief caregiver intervention that can be used at home to increase positive behaviors and a virtuous identity in children. Reductions in negative behaviors and increases in positive behaviors were found for each family after the intervention. Increases in the clinical scale of Adaptability for all four children were evident. Suggesting that, regardless of the level of behavior problems the child is identified as having pre-intervention, the caregiver's labeling of their child's virtuous behavior and in turn the child's increased identification with the virtue, seems to play a part in increasing these pro-social behaviors in young children. The children consistently viewed themselves as more persistent over the two-week intervention.

Future Directions: Given the  $N = 1$  research design, a major limitation is the generalizability of this study. Collecting more data to build upon these case studies would strengthen the results. Further replication on the child virtue measure is also needed. Future research could examine the generalization of change in identity to other settings and specific behaviors. Expanding this design to an ABAB design, which is a four-phase experiment that presents the independent variable at different phases, would also provide

greater support for the casual effect of the IV (Heppner, Wampold & Kivlighan, 2008).

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