

Positive Psychological Interventions in Counseling: What Every Counseling Psychologist Should Know

The Counseling Psychologist

1–50

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DOI: 10.1177/0011000015573776

tcp.sagepub.com



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Abstract

Counseling psychologists are in a prime position to claim preeminence in the field of applied positive psychology. A number of misunderstandings or misconceptions of positive psychology seem to interfere, however, with the focus (or lack thereof) that has been placed upon training counseling psychologists to utilize and contribute to positive psychological scholarship and applications. In this article, the most commonly reported misconceptions are addressed, and foundational information regarding positive psychological constructs, theories, and processes most relevant to the applied work of counseling psychologists is reviewed. Counseling psychologists are encouraged to claim positive psychology as the logical extension of our humanistic roots and to consider how to both utilize and contribute to the growing body of positive psychological scholarship.

Keywords

positive psychology, prevention/well-being, counseling/psychotherapy, multiculturalism, training

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As noted in the introductory article to this Special Issue (Magyar-Moe, Owens, & Scheel, 2015), the leaders of the Division 17 Positive Psychology Section met in 2012 to discuss the seeming misunderstandings or misconceptions that they had observed as they worked to recruit more members to the Section and in their everyday workplace interactions with colleagues. A list of key information regarding positive psychology was created that the leadership wished all counseling psychologists knew, given the prime role for counseling psychologists within the field of positive psychology based on the strengths-based and multicultural foundations of the Society (Gelso, Nutt Williams, & Fretz, 2014; Lopez et al., 2006; Walsh, 2008). In this article, foundational positive psychological theories, constructs, and interventions that apply to the practice of counseling and therapy are introduced and culturally relevant applications with various populations and across treatment settings are provided. First, however, positive psychology is defined and information on what positive psychology is not is reviewed, as some of the most damaging misconceptions appear to center around the definition itself (Lopez & Magyar-Moe, 2006).

What Positive Psychology Is (and Is Not)

Positive psychology is the scientific study of optimal human functioning, the goals of which are to better understand and apply those factors that help individuals and communities thrive and flourish (Seligman & Csikszentmihalyi, 2000). In his 1998 presidential address to members of the American Psychological Association, Martin Seligman challenged applied psychologists to return to their roots and focus on not only curing mental illness but also making the lives of people more productive and fulfilling, and identifying and nurturing talent (Seligman & Csikszentmihalyi, 2000). The call to action reinvigorated, as well as broadened, the vision of many counseling psychologists who had long been inspired by Humanistic Psychologists such as Carl Rogers (1961) and Abraham Maslow (1954) to focus upon human strengths and potential.

A common misconception of positive psychology is that those who study and practice positive psychology are naïve or engage in Pollyanna thinking, ignoring problems in life and failing to contextualize clients and their experiences while focusing instead *only* on the positives (Magyar-Moe, Owens, & Scheel, 2015; McNulty & Fincham, 2012; Mollen, Ethington, & Ridley, 2006). Rather, positive psychologists are as concerned with building strengths and the best things life has to offer as they are with managing weaknesses and repairing the worst things in life. Positive psychologists, especially those working directly with clients, are as interested in helping

those who experience pathology to overcome it as they are in helping those who are free of pathology lead the most fulfilling lives possible (Seligman & Csikszentmihalyi, 2000).

Positive psychologists can be viewed as similar to Karl Menninger who challenged the standard view of mental illness as progressive and refractory, calling instead for mental health practitioners to view mental illness as amenable to change and improvements (Menninger, Mayman, & Pryuser, 1963). Current positive psychologists are calling for a similar balance in which people are understood according to *both* their weaknesses and strengths (Lopez, Snyder, & Rasmussen, 2003). Hence, positive psychologists find the study of pathology important and utilize the findings from this research in their daily work while emphasizing the crucial role of studying and incorporating information about what works for people and what factors buffer people from pathology.

Another common misconception of positive psychology is that it is identical to counseling psychology, with many counseling psychologists referring to positive psychology as “old wine in new bottles” (Magyar-Moe, Owens, & Scheel, 2015; Lopez & Magyar-Moe, 2006). Although both fields are strengths-based, positive psychology goes beyond a strengths-based philosophical stance to defined theories, constructs, models, and interventions that can be utilized in the process of bringing that philosophical stance to the forefront in the therapy room (Lopez & Magyar-Moe, 2006).

Related to the aforementioned misconception is the false idea that positive psychology is limited only to the work put forth by Seligman and his colleagues. There are many scholars who study and utilize positive psychology in their work whose models and methods are unrelated to the models and methods of Seligman or that branch off significantly from these original ideas. Such scholarship comes from psychologists from a variety of disciplines including counseling psychology. However, the relative lack of prominence of counseling psychologists within positive psychology circles is troublesome given all that counseling psychologists have to offer to the developing field of positive psychology (Lopez & Magyar-Moe, 2006). This is especially true in relation to one of the strongest criticisms of the field, namely, the largely individualistic, ethnocentric nature of positive psychology that seems to neglect the cultural embeddedness of all human activities (Becker & Maracek, 2008; Christopher & Hickinbottom, 2008; Christopher, Richardson, & Slife, 2008; D’Andrea, 2005; Held, 2004; Lopez et al., 2002; Pedrotti, Edwards, & Lopez, 2009; Sandage & Hill, 2001). Likewise, the work of counseling psychologists could be enhanced via the incorporation of positive psychology scholarship if the misconceptions previously noted are overcome. Although there is still much to be done to fully understand and

implement what positive psychology has to offer, the available literature suggests that positive psychology can play a prominent role in counseling and therapy.

The Positive Psychology Section leadership anticipates that counseling psychology can claim preeminence in the field of applied positive psychology. As enumerated in the contributions of this Special Issue, social scientists have been producing basic research fueling applied positive psychology. Although Seligman got the field jump-started during his presidency, we urge counseling psychologists to claim positive psychology as the logical extension of our humanistic roots.

The remainder of this article is devoted to addressing a number of the core theories, constructs, and processes from positive psychology that can be incorporated into the practice of counseling and therapy with individuals, families, groups, children and adolescents, and within multiple contexts. In another article (Owens, Magyar-Moe, & Lopez, 2015), a Comprehensive Model of Positive Psychological Assessment is presented which also has direct relevance to the practice of counseling and therapy and expands upon the applications of many of the constructs and theories introduced herein.

The information provided throughout this article is intended to serve as a primer in positive psychology, particularly for counseling psychologists who may not be familiar with the developments in the field over the past decade and a half. Although the information selected for inclusion is not exhaustive of all positive psychological theories and applications relevant to counseling psychology, the information presented is that which was found to be most often included in foundational scholarship related to practice settings (Linley & Joseph, 2004; Lopez & Snyder, 2003; Magyar-Moe, 2009; Snyder & Lopez, 2002; Walsh, 2003). Furthermore, the information included was deemed to be among the most relevant across clients' presenting concerns based on majority consensus of the Leadership of the Positive Psychology Section who have engaged in research, teaching and training, and practice informed by positive psychology for many years.

The format used to introduce these foundational positive psychological concepts begins with broad constructs that relate to factors that apply to all therapy settings (i.e., well-being, meaning, and hope), followed by core theories that can be used in all therapeutic encounters (i.e., strengths theory and the broaden and build theory of positive emotions). Next, we introduce positive processes that can be implemented in all practice settings (i.e., positive empathy, leveraging diagnostic labels, and naming strengths) and end with information regarding formal positive psychological therapy models and interventions that can be utilized in individual, family, group, and career counseling formats and that apply across developmental stages.

Core Positive Psychology Theories, Constructs, and Processes

Well-Being

Well-being has been researched by a variety of social scientists since the mid-1900s. This research, aimed at tapping into how individuals perceive their existence, has resulted in a multitude of ways to define and measure well-being. For quite some time, however, health and well-being had been equated to the absence of diseases, disorders, or problems. Contemporary positive psychology research suggests that well-being is not simply the *absence* of malfunction, rather, well-being consists of the *presence* of assets, strengths, and other positive attributes (Frisch, 2000; Keyes, 1998).

The two most common lines of well-being research that have focused upon well-being as the presence of something positive, versus the absence of something negative, include defining well-being in terms of positive feelings or in terms of positive functioning. More specifically, well-being that is defined by the degree of positive feelings (e.g., happiness) experienced and by one's perceptions of his or her life overall (e.g., satisfaction) constitute the first line of research and is referred to as *emotional well-being* (Diener, Suh, Lucas, & Smith, 1999; Gurin, Veroff, & Feld, 1960). The second stream of well-being research specifies dimensions of *positive functioning*, which is experienced when one realizes his or her human potential in terms of psychological well-being (e.g., autonomy and personal growth; Jahoda, 1958; Keyes, 1998; Ryff, 1989b; Ryff & Keyes, 1995) and social well-being (e.g., social integration and social contribution; Keyes, 1998). Essentially, those who are high in terms of emotional well-being *feel good* about life, whereas those high in psychological and social well-being *function well* in life.

Subjective well-being (SWB) consists of a combination of these two broad lines of research on positive emotions and positive functioning (cf. Ryan & Deci, 2001; Waterman, 1993). Hence, those who are high in SWB report both feeling good and functioning well.

Emotional well-being (positive emotions). Emotional well-being consists of one's perceptions of declared happiness and satisfaction with life, and the ratio of positive to negative affect experienced (Bryant & Veroff, 1982; Lucas, Diener, & Suh, 1996; Shmotkin, 1998). Emotional well-being differs from happiness in that happiness is based on spontaneous reflections of pleasant and unpleasant feelings in one's *immediate* experience, whereas emotional well-being adds the life satisfaction component, which represents a *long-term* assessment of one's life (Keyes & Magyar-Moe, 2003).

Psychological and social well-being (positive functioning). Positive functioning consists of the multidimensional constructs of psychological well-being and social well-being (Keyes, 1998; Ryff, 1989a). Like emotional well-being, the focus of psychological well-being remains at the individual level, whereas relations with others and the environment are the primary foci of social well-being.

Elements of psychological well-being are descended from the Aristotelian theme of *eudaimonia*, which suggests that the highest of all goods achievable by human action is happiness derived from lifelong conduct aimed at self-development (Waterman, 1993). Thus, many aspects of psychological well-being are subsumed in concepts such as self-actualization (Maslow, 1968), full functioning (Rogers, 1961), individuation (Jung, 1933; Von Franz, 1964), maturity (Allport, 1961), and successful resolution of adult developmental stages and tasks (Erikson, 1959; Neugarten, 1973).

The variety of concepts from personality, developmental, and clinical psychology that have been synthesized as criteria for psychological well-being (Ryff, 1989a) have also been defined as criteria of mental health (Jahoda, 1958). More specifically, Ryff's (1989a) six dimensional model of psychological well-being encompasses a breadth of wellness areas inclusive of positive evaluations of oneself and one's past life, a sense of continued growth and development as a person, the belief that one's life is purposeful and meaningful, the experience of quality relations with others, the capacity to manage effectively one's life and surrounding world, and a sense of self-determination (Ryff & Keyes, 1995). Each of the six dimensions of psychological well-being includes challenges that individuals encounter as they strive to function fully and realize their unique talents (see Keyes & Ryff, 1999; Ryff, 1989a, 1989b; Ryff & Keyes, 1995). Well-being Therapy (Ruini & Fava, 2004) was developed based on Ryff's (1989a, 1989b) model of psychological well-being and is described in the "Individual Counseling" section of this article.

Information regarding social wellness originates from sociological research on anomie and alienation, which indicates a host of problems that can arise when there is a breakdown of social norms and values within a society (Mirowsky & Ross, 1989; Seeman, 1959). Keyes (1998) developed a multidimensional model of social well-being inclusive of social integration, social contributions, social coherence, social actualization, and social acceptance. Each of these five dimensions of social well-being includes challenges that people face as social beings. These dimensions provide information about whether and to what degree individuals are functioning well in their social world (e.g., as neighbors, as coworkers, and as citizens; Keyes, 1998; Keyes & Shapiro, 2004).

Whereas psychological well-being is conceptualized as a primarily private phenomenon, which is focused on the challenges encountered by individuals in their private lives, social well-being represents a primarily public phenomenon focused on the social tasks encountered by individuals in their social structures and communities (Keyes & Magyar-Moe, 2003).

SWB. Taken together, *emotional well-being* and *positive functioning* converge to create a comprehensive model of *SWB* that takes into consideration multiple aspects of both the individual and his or her functioning in society. In total, *SWB* includes elements of perceived happiness and life satisfaction, the ratio of positive to negative affects, psychological well-being, and social well-being.

Normative and restorative well-being. Lent (2004) proposed two integrated models to describe how cognitive, behavioral, social, and personality factors promote well-being. The first model describes well-being under “normative life conditions,” and the second model identifies coping mechanisms that help restore well-being under adverse conditions (Lent, 2004). Both models can assist recovery and growth and are viewed as interconnected, rather than discrete. In the normative model of well-being, global life satisfaction is conceptualized as being influenced by personality traits and affective disposition, as well as participation in, progress toward, or satisfaction with goals in various life domains. These variables are further mediated by self-efficacy, outcome expectations, and perceived environmental resources and supports. The second model—restorative well-being—describes how well-being can be restored and positive growth is later possible through the normative model. The second model begins with problematic internal states or external variables, which affect one’s affective state. Subsequently, personality variables, cognitive and behavioral coping strategies, coping self-efficacy, and social support and resources influence the resolution of the problem and recovery of life satisfaction (Lent, 2004). Several additional models of well-being exist; however, a discussion of each is outside the scope of this article; see Duarte (2014) for a comprehensive review.

Applications in counseling settings. In relation to well-being, clients’ reasons for entering therapy can be described by two objectives—“a desire for symptom relief and restoration of life satisfaction” or “a desire for growth, learning, change, or understanding” (Lent, 2004, p. 489). Despite these two approaches to well-being in therapy, clients often seek out help due to a lack of or recent dip in well-being experienced. However, goals and the focus of counseling can be comprised of both the restoration of well-being (remediating problems) and the promotion of well-being (growth and promotion; Lent, 2004).

Well-being can be induced and heightened over time through deliberate interventions. In general, a meta-analysis demonstrated positive psychological interventions significantly enhance well-being (and decrease depressive symptoms; Sin & Lyubomirsky, 2009). Interventions that were found to be most effective involved older individuals who self-selected and that presented with depression. Specifically, one of the earliest documented interventions to increase happiness involved guiding individuals to adopt characteristics present in happy people (Fordyce, 1977, 1983). More recently, a number of interventions have been developed, including practicing forgiveness (McCullough, Pargament, & Thoresen, 2000), participating in happiness training (Goldwurm, Baruffi, & Colombo, 2003), keeping a gratitude journal (Emmons & McCullough, 2003), thinking about positive experiences (Burton & King, 2004), writing a gratitude letter (Seligman, Steen, Park, & Peterson, 2005), engaging in acts of kindness (Lyubomirsky, Sheldon, & Schkade, 2005), counting one's blessings (Lyubomirsky et al., 2005), engaging in productive activities (Baker, Cahalin, Gerst, & Burr, 2005), reliving positive events (Lyubomirsky, Sousa, & Dickerhoof, 2006), nurturing relationships (Lyubomirsky, 2008), and participating in goal-setting (MacLeod, Coates, & Hetherington, 2008). Bao and Lyubomirsky (2014) noted that although these interventions can be helpful and increase well-being in the short term, individuals eventually experience natural adaptation and a decrease in positive affect, so that attention can be given to other more pressing needs. To extend the length of time well-being is experienced, Bao and Lyubomirsky proposed the hedonic adaptation prevention model, which is comprised of several means to decrease one's level of adaptation. It is recommended that individuals increase the number of positive events and emotions experienced by engaging in positive activities or by making these activities social. Individuals can also increase the amount of variety in the activities chosen by alternating activities, engaging in more than one activity at one time, or by adjusting how the activity is performed. In addition, aspirations for the amount of well-being experienced should be maintained at a reasonable level. Finally, individuals are encouraged to engage in activities that elicit appreciation for positive things in one's life (Bao & Lyubomirsky, 2014).

Cultural considerations. Arguably what constitutes well-being is tied to one's values and culture (Lent, 2004). Indeed, individuals' values determine what precipitates happiness (Oishi, Diener, Suh, & Lucas, 1999) and cultural differences have been observed. Generally, wealthy, individualistic cultures experience a greater degree of SWB than underprivileged, collectivistic cultures (Diener, Diener, & Diener, 1995). In individualistic societies, self-esteem (Diener & Diener, 1995) and the occurrence of positive affect (Suh, Diener,

Oishi, & Triandis, 1998) are more predictive of life satisfaction than in collectivistic cultures. European Americans are happier when their independence is acknowledged and independent goals are achieved, whereas East Asians feel happier when their interdependence is acknowledged and they achieve interdependent goals (Kitayama & Markus, 2000; Oishi & Diener, 2001).

Despite these differences, some commonalities have been observed as well. Affective variables were found to be predictive of life satisfaction across cultures (Suh et al., 1998). However, social norms and affective variables were equally predictive in collectivist cultures, whereas affective variables were stronger predictors in individualist cultures. A relationship among the personality factors of (high) extraversion and (low) neuroticism with life satisfaction also exists across cultures but is more predictive in individualistic cultures (Schimmack, Radhakrishnan, Oishi, Dzokoto, & Ahadi, 2002).

Meaning

Counseling psychologists through their historical alliance with humanistic and existential psychology have valued the construct of meaning; positive psychology joins that tradition. Rollo May, a noted humanist and existentialist, wrote that meaning in life is created through authentically experiencing the commitment to affirming oneself, having significant relationships, and broadly speaking, work. “Work can be satisfying precisely because it is part of a creative purpose larger than any particular work” (May, 1940, p. 19). May also believed personal meaning can stem from religious beliefs, because “the essence of religion is the belief that something matters—the *presupposition that life has meaning*” (May, 1940, pp. 19-20, emphasis added). More recently, a counseling psychologist, Michael Steger (2009), proposed a definition of meaning in life based on the literature containing two facets: purpose and comprehension. Meaning in life is defined as “the extent to which people comprehend, make sense of, or see significance in their lives, accompanied by the degree to which they perceive themselves to have a purpose, mission, or overarching aim in life” (Steger, 2009, p. 682). Purpose embodies the motivation or passion for chosen goals. The second facet represents a cognitive perspective of meaning; comprehension includes perceiving patterns, consistency, and significance in experiences. Steger argues that the definition fits with the definitions of other scholars, including the importance of coherence and order to life (e.g., Antonovsky, 1987; Reker & Wong, 1988), making sense of life through an identified meaning (e.g., Baumeister & Vohs, 2002), involvement in significant goals and purposes (e.g., Damon, Menon, & Bronk, 2003; Frankl, 1963; Ryff, 1989b), and an overall belief that life is personally significant (e.g., Yalom, 1980).

A large body of research supports the assertion of both humanistic and positive psychologists that meaning in life is beneficial. Higher meaning in life correlates with psychological and SWB, academic achievement, work adjustment, less cognitive decline, physical health, and longevity (see J. Y. Shin & Steger, 2014, for a review).

An interesting difference in humanistic and positive psychology perspectives has emerged that focuses upon the relation between meaning and happiness or positive emotion. The difference may reflect a lack of definitional clarity or perhaps a more substantial difference. Victor Frankl (1972) asserted, "The will to pleasure not only contradicts the self transcendent quality of human reality, but also defeats itself. It is the very pursuit of happiness that thwarts happiness. Happiness cannot be pursued" (p. 87). Frankl references a dissertation study that people visiting an amusement park in Vienna were more existentially frustrated than the average population of Vienna. Frankl's assertion runs counter to more recent research that found happiness (positive emotions) predisposed people to feel that life is meaningful, and increased people's sensitivity to the meaning relevance of situations (King, Hicks, Krull, & Del Gaiso, 2006). Perhaps if Frankl's study of the amusement park had assessed the attendees after an enjoyable ride when they were feeling enjoyment, the responses may have differed.

The literature supports meaning in life as an important construct. The careful definition of the construct and representation in operational definitions may allow for greater understanding. For example, King et al. (2006) wondered whether meaning in life should be represented separately as an immediate (state) construct as well as a more long-term construct.

Applications in counseling settings. A manner of creating meaning is benefit finding. Benefit finding is an intervention in which a person finds valuable meaning from the experience of a catastrophic event. For example, people report being benefited by better relationships, increased personal resources, enhanced sense of purpose and spirituality, and clarity of life priorities. In a meta-analysis of 37 studies, Helgeson, Reynolds, and Tomich (2006) found that benefit finding was related to higher positive well-being and less depression but unrelated to anxiety and global distress. Facilitating a client's discovery of benefits to hurtful or damaging occurrences must be approached with the upmost skill. Although clients can grow from benefit finding, they can also feel greatly misunderstood by ill-timed interventions.

Shin and Steger (2014) proposed a therapy to develop meaning based on the definition that meaning is enhanced by feeling a sense of comprehension about oneself and the world, having meaningful goals in life, engaging in activities to further goals, and making these experiences a central theme in

life. This occurs through multiple interventions such as identifying explorations through discussing several significant life choices or dilemmas. Also, growth-oriented narratives are developed based on past successes. The process includes additional interventions that are based on empirical literature.

Cultural considerations. Three variables about meaning in life have been examined in a cultural context. Studies have examined the self-reported amount of experiencing the presence of meaning in life, activity in searching for meaning in life, and reporting the constituents of meaning in life. In a large U.S. study, Kobau, Sniezek, Zack, Lucas, and Burns (2010) found no difference between U.S. ethnic groups (Hispanic, Black, and White) in the amount of meaning in life experienced. However, they did find that the level of meaning increased with advanced education (i.e., college graduates and post-graduates), advanced age (i.e., over 45 years old), and increasing income level. In an international study, Steger, Kawabata, Shimai, and Otake (2008) compared Japan as a representative of an interdependent culture with the United States as a representative of an independent culture. They found that the Japanese sample was higher in searching for meaning and the U.S. sample was higher in experiencing meaning. Furthermore, in the U.S. sample, the search for meaning was negatively related to presence of meaning while the relationship was positively related in the Japanese sample. The results are extrapolated to conclude that searching for meaning is construed more positively in interdependent cultures. The problem of few studies and equivalence of measures across languages and cultures suggest caution is necessary when comparing the experience of meaning across cultures. However, the correlation of searching for meaning with experiencing of meaning should not suffer from concerns regarding equivalence issues.

Culture can be defined by shared meaning (Pepitone & Triandis, 1987; Rohner, 1984). For many years, researchers have attempted to identify the sources of meaning for humans. In an early study, Battista and Almond (1973) found six orientations: interpersonal, service, understanding, obtaining, expressive, and ethical. Building upon qualitative and quantitative research, Schnell (2011) developed a measure that contains 26 sources of meaning, which was validated upon a German sample. Whether such measures will contribute to understanding culture better requires further research.

Hope

Hope has commanded a great deal of research in positive psychology. Defined as context specific, hope is the ability to think of multiple ways to reach a

goal (pathways) and the motivation (agency) to use the pathways identified (Snyder, 2002). Hope theory is based on the assumption that people are goal directed, and the goals that are generated require cognition (Snyder, 1994).

The multiple pathways or possible routes to achieving a goal are typically accompanied by internal affirming thoughts (e.g., “I will figure out a way to do this!”). Similarly, agency involves the perceived ability to use the pathways generated to achieve a goal, which is accompanied by agentic thinking (e.g., “I can do it!”). Agency becomes particularly helpful when barriers arise (Snyder, 1994). Pathways thinking theoretically yields agency thinking—a cyclical, additive process (Snyder et al., 1991). Rather than defining hope as an emotion, Snyder’s cognitive model suggests that hope begins at birth, becoming more refined with experience. Whereas hope is considered cognitive, positive emotions result from achieving goals successfully, and negative emotions stem from unsuccessful goal attempts (Snyder, Rand, & Sigmon, 2002).

Hope is correlated with benefits across a variety of domains, including academics, athletics, work, and physical and mental health. Academically, students with high hope are more likely to experience greater academic achievement (Snyder, Cheavens, & Michael, 1999) and earn higher test scores (Snyder et al., 1997) and grade point averages (Curry, Snyder, Cook, Ruby, & Rehm, 1997). Athletes with high hope perform better than their counter low-hope competitors, even when controlling for athletic ability (Curry et al., 1997). Individuals with high hope in the work setting experience positive levels of well-being, job satisfaction, commitment, and perceived competency, as well as less stress and burnout (Reichard, Avey, Lopez, & Dollwet, 2013). In the physical health domain, individuals with high hope use information about their illness more advantageously (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000). Snyder and colleagues (1991) found individuals receiving psychological services had lower hope than a college student sample. However, at-risk college students had lower hope than their peers who were not identified to be at risk (Carifio & Rhodes, 2002).

Applications in counseling settings. Hope is a construct that is viewed as beneficial to all clients, applicable across all theoretical orientations, and that can be implemented across all stages of counseling (Irving et al., 2004). However, identifying the client’s level of agency at the beginning of therapy is especially recommended. Irving and colleagues (2004) argued agency is analogous to the client’s expectation that therapy will be beneficial. At the end of therapy, however, pathways thinking was shown to be more advantageous, perhaps due to the client’s enhanced confidence or skills to identify and test ways to achieve goals (Irving et al., 2004).

Several specific interventions have been developed to teach and elicit greater levels of hope, which have in turn led to several other benefits for the participants. For example, individuals who participated in a 5-week pretreatment orientation group focusing on hope experienced greater well-being and coping, fewer symptoms, and better functioning (Irving et al., 2004). An eight-session adult group intervention resulted in increased hopeful thinking, leading to decreased symptoms of anxiety and depression (Cheavens, Feldman, Gum, Michael, & Snyder 2006). Group therapy for older clients that focused on goal-setting and increasing pathways and agency resulted in decreased hopelessness and anxiety, and hope increased significantly (Klausner et al., 1998). Feldman and Dreher (2012) increased hope, life purpose, and vocational calling in college students in just one 90-min intervention focused on hope. Successful programs have also been developed for children and youth resulting in increased hope (see Lopez et al., 2004). A model of Hope Therapy (Lopez, Floyd, Ulven, & Snyder, 2000) has also been created and is described more fully in the Individual Counseling section of this article.

Cultural considerations. Although hope is asserted to be a universally valid positive expectancy variable that functions similarly across different racial/ethnic groups, the cultivation of hope appears to differ based on one's cultural makeup (Chang & Banks, 2007) and the presence of risk factors (Carifio & Rhodes, 2002; Snyder et al., 1991). More specifically, life satisfaction served as a source of agentic hope for European Americans, Latinos, and African Americans but not for Asian Americans (Chang & Banks, 2007). In addition, positive affect was found to be predictive of pathways hope for European, African, and Asian Americans but not for Latinos. Based on these findings, Chang and Banks suggest that fostering hope in European Americans may be best achieved via using interventions that target the promotion of greater life satisfaction and positive affect. For African Americans, lack of a negative problem orientation was the best predictor of agentic thinking whereas positive problem orientation was the strongest predictor of pathways thinking. Therefore, increasing hope for African Americans might best be achieved through interventions that aim to reduce a negative problem orientation and aim to increase a positive problem orientation. For Latinos, rational problem solving was found to be the strongest predictor of agentic thinking and life satisfaction was found to be the only predictor of pathways thinking. Increasing hope for Latinos, therefore, might be best achieved through interventions that promote greater rational problem solving and life satisfaction. Finally, for Asian Americans, positive affect was the strongest predictor of agentic thinking and a positive problem orientation was the best predictor of

pathways thinking. Higher hope levels with Asian Americans might therefore be accomplished through interventions that target the promotion of positive affect and a positive problem orientation (Chang & Banks, 2007). While only beginning, differential application of interventions to attain hope based on culture holds promise but requires further study.

Strengths Theory

A champion of strengths, educational psychologist Donald Clifton has been viewed as a “grandfather” of positive psychology (McKay & Greengrass, 2003). Clifton stressed the importance of understanding and building from strengths while *managing* (rather than focusing on) weaknesses (Clifton & Nelson, 1992). Unfortunately, the strengths theory perspective is not commonly applied as can be observed by the many employers, teachers, parents, leaders, and mental health professionals who work off the following unwritten rule: “Let’s fix what’s wrong and let the strengths take care of themselves” (Clifton & Nelson, 1992, p. 9). Indeed, Gallup Polls reveal that 59% of Americans believe that a focus on weaknesses, not strengths, deserves the most attention and 77% of parents within the United States indicate that they would focus the most upon low grades such as Ds and Fs even if their child’s report card also contained As, Bs, and Cs (Buckingham & Clifton, 2000).

Clifton argued that eliminating a weakness does not create greatness for individuals or organizations; at best, only average can be achieved through removing weakness. Only through focusing on strengths while *managing* rather than *eliminating* weakness leads to excellence (Clifton & Nelson, 1992). Similarly, studying weaknesses does not lead to understanding strengths any more than studying mental illness reveals how to foster mental health.

Clifton developed measures and interviews to help people identify their talents that could then purposefully be developed into strengths. He also encouraged people to reject the popular notion that people can do anything they put their minds to. This notion suggests that *anyone* can be successful at *anything* if they are willing to work hard. This obviously is not the case, however, as all people have their own unique set of strengths that will empower them to be successful in certain areas but not others. Clifton and Nelson (1992) stated that “the reality is that we can (and should) *try* anything we wish to try, but long-term success will elude us unless we determine early on that we have a basic talent for the endeavor” (p. 16). Indeed, working hard to be successful in an area that fails to capitalize on one’s strengths leads to a negative view of oneself and one’s abilities.

Peterson and Seligman (2004) developed the Values in Action (VIA) Classification of Character Strengths based on similar principles to strengths theory. Under this system, 24 character strengths are thought to be the psychological ingredients necessary for displaying human goodness. Such strengths are also hypothesized to serve as pathways for developing a life of greater virtue and well-being and for helping people to have better relationships, improve health, increase happiness, boost performance, and accomplish goals.

Cultural considerations. A number of scholars have emphasized the importance of practitioner awareness of multiple pathways to positive health and “diverse enactments of wellness” (Ryff & Singer 1998, p. 7) and endorsed the importance of alternate interpretations of the meaning of values, strengths, and well-being (Christopher & Hickinbottom, 2008). Becker and Maracek (2008) emphasized the importance of considering the individual within the context of his or her social environment and broadening definitions of happiness, strengths, and virtue to make positive psychology more relevant to the many.

When working to employ strengths within counseling settings, practitioners should actively seek out research on strengths and optimal functioning related to the cultural identities of the clients with whom they are working to see what, if any, alternate interpretations may be supported by empirical data. For example, Chang (1996) found that in comparison with Caucasian Americans, Asian Americans tend to be more pessimistic and this pessimism serves them well, as it is related to positive problem-solving behaviors and does not contribute to depression within this population. This is important information, as it appears that pessimism, rather than optimism, is a strength in this context. The VIA Classification (Peterson & Seligman, 2004) includes only optimism as a strength, thereby leading one to conclude that pessimism is a weakness. Although pessimism may be a weakness for some, it is clearly not the case for all. Furthermore, these findings make clear that the VIA Classification values optimism as a strength whereas, in some cultures, optimism may not be valued as a strength.

Similarly, Norem and Cantor (1986) researched a type of pessimism, called defensive pessimism, which works very well for some people. More specifically, defensive pessimism occurs when people set their expectations low as they think through possible future outcomes (Norem & Cantor, 1986; Norem & Illingworth, 1993). They set these low expectations to prepare themselves for potential failure while motivating themselves to try to avoid that failure. People who are defensive pessimists initially feel anxious and out of control when faced with future challenges, even though they

have previously performed well on such tasks (Norem & Cantor, 1986). For defensive pessimists, being optimistic can actually be detrimental (Norem & Cantor, 1986). Contrary to logic, the low expectations of defensive pessimists do not become self-fulfilling prophecies, and if defensive pessimists are guided to think more like optimists, their performance declines (Norem & Illingworth, 1993).

The preceding examples highlight how the use of strengths models and measures must always be considered within the cultural contexts of the individuals with whom one is working. See Owens, Magyar-Moe, & Lopez (2015) for more information regarding the process of culturally appropriate positive psychological assessment of client strengths.

The Broaden and Build Theory of Positive Emotions

Social Psychologist Barbara Fredrickson (1998) developed the broaden and build theory of positive emotions, which posits that positive emotions are important to our growth and our ability to flourish. She theorized that when positive emotions such as joy, interest, love, pride, and contentment occur, they lead to brief broadened thought-action repertoires, which build long-lasting personal resources. The new personal resources then increase the occurrence of positive emotion thus continuing an escalation of growth.

Research results support that positive emotions momentarily broaden thought-action repertoires, resulting in a wider range of thoughts and actions (Fredrickson & Branigan, 2005). That is, positive emotions enhance one's ability to see more possibilities and act upon them, whereas negative emotions cause a specific action tendency such as narrow reaction of flight or fight (Frijda, 1986).

Although the experience of positive emotions is brief, the resulting broadening of thought-action repertoires has been found to build a variety of *enduring* personal resources (Fredrickson, 1998, 2001). Resources include psychological (i.e., creativity, optimism, and resilience), social (i.e., friendships, social skills, and support), intellectual (i.e., knowledge and problem solving), and physical assets (i.e., coordination, cardiovascular health, and muscle strength).

Fredrickson elaborates several implications of the broaden and build theory influencing areas central to psychotherapy including the undoing of negative emotions and aiding resilience against adversity (Fredrickson, 1998, 2001). Each implication is briefly described in the following sections.

The undoing hypothesis. Fredrickson (2003) demonstrated that positive emotions can *undo* the lingering effects of negative emotions. She hypothesized

that the undoing occurs because the thought-action repertoires cannot be both narrowed and broadened at the same time. Hence, inducing positive emotions in the wake of ongoing negative emotions may loosen the grip of the effects of the negative emotion, as the broadening qualities of positive emotions begin to widen the lens through which one views the world. The undoing effect was found at the cognitive and physiological levels (Fredrickson, 2003).

For example, Fredrickson, Mancuso, Branigan, and Tugade (2000) tested the undoing hypothesis by reversing the physiological effects of their participants' induced fear and/or anxiety. The experimenter-induced negative emotions led to increased heart rate, blood pressure, and peripheral vasoconstriction. Participants then viewed one of four videos. The videos evoking positive emotions (i.e., joy and contentment) countered the effects of the negative emotions much faster than the sad or monotonous videos supporting the undoing hypothesis. Participants viewing the sad video (the negative emotion condition) took the longest to return to baseline functioning.

The resilience hypothesis. Based on the broaden and build theory, Fredrickson (2001) hypothesized that the expression of positive emotions before or during a stressful event might help a person cope with negative emotions, that is, foster resilience. An induced stress study similar to the previously described study revealed that resilience was correlated with the amount of positive affect prior to the induction (Fredrickson & Joiner, 2002). Even though both high and low resilient participants were equally stressed, the high resilient participants reported more enjoyment and interest in the task. Achieving cardiovascular recovery was mediated by positive emotions. The results suggested that positive emotions contribute to building resilience.

A resilience study following the September 11, 2001 terrorist attacks with participants from a previous study found that all reported feeling sad, angry, and afraid (Fredrickson, Tugade, Waugh, & Larkin, 2003). However, participants that were previously identified as resilient reported feeling positive emotions such as gratitude and optimism. They found goodness in people who were helping in the aftermath of the event. Results indicated that feeling positive emotions buffered the resilient people against depression.

Cultural considerations. Although research to date does not suggest any cultural differences regarding the role of positive emotions in broadening and building thought-action repertoires, research does support that what is perceived as a positive emotional experience can differ based on cultural factors. For example, Kitayama, Mesquita, and Karasawa (2006) found that the experience of general positive feelings was more closely associated with the

experience of interpersonally engaging positive emotions (i.e., respect) than with that of interpersonally disengaging positive emotions (i.e., pride) for Japanese participants, whereas Americans showed the reverse pattern. Similarly, pervasive and consistent cultural differences in ideal affect have been observed within American culture versus Chinese culture. More specifically, excitement and other high-arousal positive states are valued by Americans, whereas calmness and other low-arousal positive states are valued by Chinese people (Tsai & Park, 2014).

Overall, it is important to note that the division of positive and negative emotions is arbitrary and depends on cultural differences. Across cultures, most people desire to feel good; however, what positive feelings people want to feel varies based on their cultural identities (Tsai & Park, 2014). Practitioners must note that although some clients may want to feel high-arousal positive states (i.e., excitement, elation), others desire low-arousal positive states (i.e., calm, relaxed). Culture shapes what feelings people view as desirable, moral, and right and what emotions they strive toward. Such cultural differences in ideal affect influence how clients and practitioners define happiness and positive emotions, how positive and negative affect relate to each other, how clients respond to positive events, and how positive emotions are regulated. To understand clients' positive emotions and goals related to positive emotional functioning, practitioners must understand their culturally shaped ideal affect (Tsai & Park, 2014).

Positive Empathy

Therapeutic empathy remains one of the foremost conditions for establishing the therapeutic alliance and predicting therapy outcomes (Elliott, Bohart, Watson, & Greenberg, 2011; Greenberg, Watson, Elliott, & Bohart, 2001; Wynn & Wynn, 2006). Therapeutic empathy is the therapist's ability to sense the client's world and share the experience with the client. From the positive psychology literature, *positive empathy* was developed as a sub-type of therapeutic empathy that specifically focuses upon the client's hidden desire (Conoley & Conoley, 2009). When the hidden desire is offered back to the client for further processing, positive empathy was found to facilitate the client's specification of approach goals, identification of strengths, and increased positive emotions (Conoley et al., 2015).

For example, a client might come to therapy due to his anxiety about grades and test taking, stating, "My friends keep me from studying. I'm going to flunk out! My parents will kill me!" An empathic response focusing upon the prominent experience (i.e., negative experience) could be "It seems like you're feeling discouraged and perhaps hopeless because you aren't studying

because of your friends.” In contrast, a positive empathy response focusing upon a hidden desire could be “It seems like you have a deep desire to make good grades and know how to handle your friends.”

Leveraging Diagnostic Labels and Naming Strengths

Counseling psychologists are in the forefront of exploring social justice issues, including the power of labels on vulnerable populations. Using the power of the label to facilitate strengths is a worthy social justice cause, which can be guided by the positive psychology literature.

Within a therapeutic context, it seems that the most commonly used labels are diagnoses of pathology based on the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013). Although clients can find relief or a sense of validation of their problematic experiences through an accurate diagnostic label, some consider a diagnosis to be negative, especially depending upon how the label is used or applied. The application of labels to individuals often results in the creation of in- and out-groups (Wright, 1988; Wright & Lopez, 2002). Those who are labeled make up the “in-group” whereas those who do not receive the label constitute the “out-group.” People often fail to see the differences that exist among members of a labeled group, while overemphasizing the differences that exist between members of the labeled and unlabeled groups. Such deindividuation can be very harmful, as prejudices often develop via this process.

Deindividuation in therapy can occur via inappropriate use of pathology labels, resulting in dehumanization, whereby clients are seen as being equivalent to their diagnostic labels (Wright & Lopez, 2002). For instance, it is common to overhear colleagues discussing their “borderline clients.” Likewise, references to “alcoholics,” “schizophrenics,” “anorexics,” and “depressives” are typical. Such language signifies that what is most important about these clients is their pathology and that which leads to their categorization as a member of an in-group, rather than who the person is as a whole human being. Putting the client first (i.e., “a client with borderline personality disorder”) and seeing their disorder as only one aspect of who they are as a person is much more humane and sets the stage to introduce strengths theory and balanced conceptualizations of clients (for detailed information of positive psychological assessment and balanced diagnostic impressions, see Owens, Magyar-Moe, & Lopez (2015). Hence, clinicians are strongly encouraged to develop an oral and written vocabulary, in which “people first” language is consistently utilized to offset this tendency to deindividuate and dehumanize (Snyder et al., 2003).

Importantly, consistent use of people first labeling also empowers practitioners to utilize pathology labels to benefit the client and enhance hope for the future at those very moments when clients are struggling most with pathology symptoms (Magyar-Moe, 2009). For example, when a client with bipolar disorder is in a depressed phase and reports suicidal ideation and intent, practitioners who have consistently sent the message that the client is more than his or her pathology can turn to this message to essentially team up with the client to fight the disorder as if it were a third entity in the therapy room. The astute clinician can point out that the client does not want to die, rather, that the suicidal thinking is due to the bipolar disorder that the client and clinician are going to keep working together to fight. If the client has been equated to his or her disorder, this method cannot be utilized, and when one views oneself primarily as his or her pathology, hope for a better future is difficult to obtain and maintain (Magyar-Moe, 2013).

Although the power of labels can be detrimental when labeling weaknesses or deficits, especially if one is not thoughtful about how such labels are applied, the upside is that when the valence of the label is changed such that positive strengths and resources are being described, the power of the label is then constructive. Indeed, by explicitly naming human strengths, the person labeled as well as those who are informed of his or her label may come to find merit in the label (Snyder et al., 2003). Hence, a therapist who indicates, for example, that the client, in addition to meeting criteria for a *DSM* diagnostic label of major depressive disorder, also has high levels of resilience, personal growth initiative, and social intelligence, and is a loving parent who is holding down a stable job with the help of a supportive social network, assists the client in seeing himself or herself as more than just the symptoms of pathology that are present. The client will actually find merit in the strengths that were reported, rather than assuming that everyone has those qualities or simply failing to realize that they have strengths. Human strengths become salient when named. When clients are labeled as having talents, strengths, abilities, and positive resources, they become more cognizant of their potential, more interested in nurturing these talents and strengths, and more confident in utilizing these skills and positive resources in the pursuit of complete mental health (Magyar-Moe, 2009).

Applications Across Populations and Contexts

Individual Counseling

Clinicians working with individual therapy clients can utilize one or more forms of therapy informed by positive psychology as the primary form of

treatment or to augment treatment-as-usual depending on the client and his or her presenting issues. Formal positive psychological therapy models that have been described within the scholarly literature to date include Strengths-Based Counseling (Smith, 2006), Strengths-Centered Therapy (Wong, 2006), Quality of Life Therapy (Frisch, 2006), Well-being Therapy (Ruini & Fava, 2004), Hope Therapy (Lopez, Floyd, et al., 2000), and Positive Psychotherapy (Rashid, 2008). A brief presentation of these models follows. (See Magyar-Moe, 2009, for a thorough review of these models, inclusive of print-ready client exercises, assessments, handouts, and worksheets.)

Strengths-Based Counseling

Strengths-Based Counseling combines positive psychology, counseling psychology, prevention, positive youth development, social work, solution-focused therapy, and narrative therapy (Smith, 2006). The model is based on 12 propositions carried out in 10 stages. The first 3 stages (i.e., building a therapeutic alliance, identifying strengths, and assessing presenting problems) focus on creating a strong therapeutic alliance via helping clients identify and use their strengths. Clients are taught to narrate or reframe their life stories from a strengths perspective (i.e., helping a client to view oneself as a survivor rather than a victim of child abuse). A thorough assessment of the clients' perceptions of their problems occurs as well (Smith, 2006). Clients are facilitated in uncovering strengths at the biological (i.e., rest, nutrition, exercise), psychological (i.e., both cognitive strengths, such as problem-solving abilities, and emotional strengths, such as self-esteem), social (i.e., connections with friends and family), cultural (i.e., beliefs, values, positive ethnic identity), economic (i.e., being employed, sufficient money for covering basic needs), and political (i.e., equal opportunity) levels. Solution-building conversations often using principles of solution-focused interviewing (see De Jong & Berg, 2002) are utilized in the process of identifying clients' most valuable strengths and reviewing therapy progress (Smith, 2006).

Strengths-Centered Therapy

Strengths-Centered Therapy (Wong, 2006) incorporates character strengths and virtues (Peterson & Seligman, 2004) as central to the counseling process. Over the course of a few weeks or months, clients cycle through four phases (explicitizing, envisioning, empowering, and evolving).

The explicitizing phase includes validating clients' concerns in a way that also highlights strengths through helping clients name their existing character strengths. For example, a client may feel very sad. While validating the sadness,

the therapist subsequently points out the strength of hope revealed by seeking therapy (Magyar-Moe, 2009). The envisioning phase includes identifying strengths and the utility of the strengths in accomplishing goals. The empowering phase boosts motivation and empowerment as clients use their strengths to positively affect their lives. Finally, the evolving phase terminates psychotherapy and involves the process of making strengths-development a never-ending process that transcends the formal psychotherapeutic process (Wong, 2006).

Quality of Life Therapy

Quality of Life Therapy blends the tenets of positive psychology with cognitive therapy to help clients discover and proceed toward their needs, goals, and wishes to live a life of quality and satisfaction (Frisch, 2006). Quality of Life Therapy emphasizes a Whole Life or Life Goal perspective with specific interventions for each through the treatment stages (Frisch, 2006). Clients are conceptualized using strengths and weaknesses in 16 areas of functioning, which are the major focus of this treatment approach and can be measured using the Quality of Life Inventory (QOLI; Frisch, 1994).

Quality of Life Therapy uses cognitive interventions to address issues revealed in a fivefold model of life satisfaction, the CASIO model (Frisch, 2006). Satisfaction in any area of life consists of four client issues: (a) the objective Circumstances, (b) the subjective Attitudes, (c) the fulfillment Standards, (d) the Importance of the life area for well-being, and (e) the Overall life satisfaction. The CASIO model guides clients through the important life domains to gain more overall satisfaction and well-being.

Well-being Therapy

Well-being Therapy (Ruini & Fava, 2004) is a brief, structured, directive, and problem-oriented treatment program based on Ryff's (1989b) model of psychological well-being. Ryff's model contains six dimensions about which clients are informed: environmental mastery, personal growth, purpose in life, autonomy, self-acceptance, and positive relations with others. Clients are assisted in moving from low to high levels of functioning in each domain via identification of current and previous well-being experiences in their lives, no matter how brief those well-being experiences may have been. Structured writing about well-being experiences and the circumstances of such experiences is utilized for enhancing awareness of the instances of well-being in clients' lives. Clients identify unhelpful thoughts and beliefs that the therapist challenges using cognitive approaches while encouraging behaviors and actions likely to elicit feelings of well-being.

Hope Therapy

Several therapy approaches are based on hope theory's assertion that emotions can be changed by addressing the evaluations of effectiveness in goal pursuits (Snyder, 2002). Hope Therapy (Lopez, Floyd, et al., 2000) aims to assist clients in creating goals, producing multiple pathways to reach goals, and generating motivation to pursue goals to enhance clients' self-perceptions. Using a brief, semi-structured format, hope therapy focuses upon current goals by examining past successes. Four major processes are addressed: Hope Finding, Hope Bonding, Hope Enhancing, and Hope Reminding.

Hope Finding uses narrative and educational strategies for discovering extant client hope. Hope Bonding consists of fostering a strong, hopeful working alliance via engaging clients in their own treatment planning and outcome goal-setting while striving to understand clients in their totality. Several Hope Therapy techniques can be utilized for helping clients who struggle with the process of goal development. Indeed, for some, developing goals is not easy because they are uncertain about where to begin. Hence, therapists can help provide structure for goal development by asking clients to create lists of their various life domains, prioritizing those that are most important, and rating current client levels of satisfaction within each domain. Next, positive, specific, and workable goals are developed for each life domain. This is done collaboratively between clients and therapists (Lopez et al., 2004).

Hope Enhancing is designed to increase hopeful thinking in clients who may be lacking hope in general or in a specific life domain. This is done by providing structure for goal development and pathways planning aimed at helping clients to shift their focus from reducing negative to increasing positive behaviors (Lopez, Floyd, et al., 2000). Clients who struggle with the agency component of hope are assisted to increase their motivation to work toward goals by coming to understand what, in general, serves to motivate them (Lopez, Floyd, et al., 2000). Asking questions about what has motivated clients in the past and how they have previously overcome barriers can prove useful. In addition, teaching clients to engage in positive rather than negative self-talk about their abilities to successfully pursue goals while also learning to enjoy the process of working toward a goal rather than focusing only on the outcome is advised (Snyder, 1994).

Hope Reminding consists of teaching clients how to self-monitor their own hopeful thinking and use of Hope Enhancing techniques, so that they can sustain high hope levels independent of their therapists (Lopez et al., 2004). Hope Reminding can be carried out by providing clients with mini-assignments or interventions such as: (a) having them review their personal hope

stories as generated during the Hope Finding phase of therapy; (b) finding a “hope buddy” in their personal life that they can turn to for assistance in goal planning or for reinforcement when goal pursuits become difficult; (c) reflecting upon successful goal pursuits and what they did that led to the success; or (d) completing automatic thought records to understand and confront barrier thoughts (Lopez et al., 2004).

Although there is evidence that hope is prevalent across cultures and ethnic groups (Chang & Banks, 2007), it has also been reported that barriers arise more often in the goal pursuits for some members of minority groups due to such factors as prejudice, racism, sexism, stereotyping, poverty, acculturation stress, language barriers, lack of privilege, and more. These obstacles exist on various levels, including the interpersonal, societal, and institutional (Lopez, Gariglietti, et al., 2000).

Culturally appropriate Hope Therapy requires awareness that various obstacles are more likely to be encountered by members of diverse groups, and also to realize that some marginalized racial or ethnic minority groups within the United States have shown equal and higher hope levels than European Americans (Chang & Banks, 2007). Indeed, it appears that early experiences or expectancies of goal-related obstacles for some minorities may serve as opportunities for developing higher levels of hope and greater pathways thinking later in life. Helping clients to develop goals within the context of their cultural frameworks and examining factors that are likely to make goals more or less available or attainable is key. Provision of culture-specific examples of hope during the narrative work of the Hope Finding phase of Hope Therapy is also recommended (Lopez, Floyd, et al., 2000).

Positive Psychotherapy

Positive Psychotherapy is an empirically supported approach to psychotherapy that attends specifically to building client strengths and positive emotions, and increasing meaning in the lives of clients to alleviate psychopathology and foster happiness (Rashid, 2008; Seligman, Rashid, & Parks, 2006). Seligman's (2002) concept of happiness (the pleasant life, the engaged life, and the meaningful life) provides the theoretical basis. Positive psychotherapists elicit and attend to positive emotions and memories in their discussions with clients while also engaging in discourse related to client problems with the goal of integrating the positive and negative together (Rashid, 2008).

Positive psychotherapy consists of 14 sessions with homework assignments. For example, Sessions 1 and 2 focus upon client identification of

character strengths. Other sessions address the concepts of gratitude, forgiveness, optimism, love and attachment, savoring, and meaning (see Magyar-Moe, 2009; Rashid, 2008).

Individual positive psychotherapy for clients with depression has resulted in increased happiness, fewer depressive symptoms, and more complete remissions of depression when compared with treatment-as-usual and treatment-as-usual with antidepressant medication (Seligman et al., 2006). Group positive psychotherapy for mild or moderate levels of depression also resulted in greater reduction of depressive symptoms and increased life satisfaction lasting for a year in comparison to a no-treatment control group (Seligman et al., 2006). Similarly, an abbreviated group version with middle school children led to increased well-being (Rashid & Anjum, 2007). In addition, many of the homework exercises have been validated through web-based studies (Seligman et al., 2005). Rashid (2008) concluded that "Positive Psychotherapy has demonstrated efficacy, with large to medium effect sizes" (p. 205).

Child and Adolescent Counseling

Although there have been great strides in the clinical applications of positive psychology, extending this work to the child and adolescent populations is not as extensive as the adult literature. Research suggests applying positive psychological principles early in childhood is quite advantageous and the positive outcomes experienced can be long-lasting. For example, preschool-aged children who experienced positive affect regularly were more likely to be accepted by peers, initiate positive interactions with others, and adjust well to the classroom (Shin et al., 2011). Another study demonstrated preschool-aged children are capable of experiencing positive empathy, which was found to be related to social competence and empathy of negative emotions (Sallquist, Eisenberg, Spinrad, Eggum, & Gaertner, 2009). In a longitudinal study, positive behavior in adolescents was associated with midlife well-being, including work satisfaction, a high level of social interaction and engagement, and a smaller probability of experiencing emotional difficulties (Richards & Huppert, 2011).

Several positive psychological constructs have been incorporated into existing treatment approaches for children and adolescents. Emotional regulation, positive emotions, and strengths have been integrated into cognitive behavior play therapy (Pearson & Sacha, 2010). Positive behavioral support (PBS) was designed to improve quality of life with the help of a collaborative team by integrating consequence-based strategies that utilize reinforcement, instructional procedures that promote skill development, functional assessment, and preventive strategies (for a review, see Durand, Hieneman, Clarke,

& Zona, 2009). Positive family intervention (PFI) extends the work of PBS by addressing pessimistic parental attitudes.

Strengths-based approaches, based on positive psychology literature, have increasingly been used to successfully treat mental health concerns (Helton & Smith, 2004; Kenney-Noziska, 2010), including residential and inpatient populations (LeBel et al., 2004; Nickerson, Salamone, Brooks, & Colby, 2004) and juvenile offenders (Clark, 1998; Johnson, 2003). Smith's (2006) Strengths-Based Counseling Model, discussed previously, was originally created to treat at-risk youth. Lee (2010) outlined several benefits to adapting a strengths-based approach with adolescents and families of diverse backgrounds, such as empowerment, shared meaning, and an increased commitment to treatment. Treatment that began with a strengths-based assessment implemented by a strengths-oriented therapist resulted in significant treatment gains (Cox, 2006), strengths directed toward others (e.g., kindness, teamwork) predicted fewer depression symptoms, and transcendence strengths (e.g., meaning, love) predicted greater life satisfaction in adolescents (Gillham et al., 2011).

The Penn Resiliency Program (PRP) is a specific program designed to increase resiliency in children and youth by coping with common, daily stressors (Gillham, Brunwasser, & Freres, 2008). There is focus on developing individual strengths related to resiliency, including emotional competence, social competence, self-efficacy, self-control, problem solving, and optimism (for a detailed description of the curriculum, see Gillham et al., 2008). The program aims for the children to increase their resilience by utilizing cognitive skills, specifically through the use of Ellis's (1962) ABC model. In the second part of the program, youth develop problem-solving and coping skills to help address difficult situations. The program takes place over 12 weekly group sessions, lasting 90 to 120 min. The sessions utilize kid-friendly techniques such as role-plays, games, cartoons, and stories. PRP has been shown to decrease cognitions related to depression and negative thoughts (Cardemil, Reivich, & Seligman, 2002; Gillham, Reivich, Jaycox, & Seligman, 1995) and reduce symptoms of depression (Brunwasser, Gillham, & Kim, 2009).

Game-Based Cognitive-Behavioral Therapy (GB-CBT) is a group-based treatment model for families who have experienced trauma (Springer & Misurell, 2010). It is comprised of cognitive-behavioral principles and practices while promoting positive growth by focusing on strengths. It consists of 12 sessions that last 90 min each. The program was originally created for African American and Latino families with careful cultural considerations. Each group is comprised of an introductory ritual, psychoeducation, role-plays, therapeutic games, processing, and a closing ritual. GB-CBT has demonstrated a number of positive outcomes, including reducing depression,

anxiety, trauma symptoms, behavior problems, and sexually inappropriate behaviors (Misurell, Springer, & Tryon, 2011; Springer, Misurell, & Hiller, 2012). Children were also more knowledgeable about abuse and safety skills (Misurell et al., 2011; Springer et al., 2012).

Finally, a number of specific, targeted interventions have been designed for children and adolescents based on positive psychological principles. "Mighty Me" is a technique that guides children to externalize the presenting concern, allowing the child to perceive the given problem as separate from himself or herself and consequently have control of it (White & Epston, 1990). "Circle of Friends," a classroom peer group intervention, has resulted in increased social acceptance of children with special needs (Frederickson & Turner, 2003). A gratitude intervention (writing a gratitude letter to someone and delivering it) benefited children low in positive affect, resulting in higher gratitude and positive affect (Froh, Kashdan, Ozimkowski, & Miller, 2009). In another study, middle school students were asked to write five things they were grateful for every day for 2 weeks (Emmons & McCullough, 2003). Compared with the daily hassles and control groups, the youth who participated in the intervention experienced greater well-being. Finally, drawing pictures of best possible selves resulted in increased global self-esteem in a child population (Owens & Patterson, 2013).

Extending Positive Psychology to Schools

The importance of children's SWB upon educational achievement is central. In a study of 23 countries and 39 U.S. states, Sznitman, Reisel, and Romer (2011) found that the relationship between child poverty and educational achievement was mediated by well-being. Fortunately, positive psychological interventions within schools are growing to meet the challenge of increasing the well-being of children and adolescents in schools (Huebner & Furlong, 2014; McCabe, Bray, Kehle, Theodore, & Gelbar, 2011; Miller & Nickerson, 2007).

In their latest edition of examining positive psychology in schools, Gilman, Huebner, and Furlong (2014) asserted that legislative mandates and training models led to an unfortunate focus upon fixing what is broken in the mistaken belief that focusing upon problems would create optimal development in children. Their book provides an international picture of an alternative approach via the application of positive psychology in schools. For example, Renshaw et al. (2014) presented a model and measure of positive mental health for children and adolescents, covitality, as a counter-construct to comorbidity. Covitality is made up of four self-schema latent traits: emotional competence (i.e., emotional regulation, self-control, and empathy), engaged living (i.e., optimism, zest, gratitude), belief-in-self (i.e., self-awareness, self-efficacy,

and grit), and belief-in-other (i.e., family coherence, peer support, and school support). They have found covitality is highly predictive of student school achievement and quality of life, while negatively correlated with depression and anxiety. The measure can be employed as a school-wide screening measure for designing systemic interventions. Although no cross-cultural data were presented, international studies are underway.

Several promising positive psychology interventions have also been designed for the school setting. For example, Strengths Gym incorporates character strengths exercises for adolescents into the school curriculum (Proctor et al., 2011). The intervention increased students' life satisfaction compared with the students who did not participate. A series of Making Hope Happen programs designed to enhance student hope in school settings have been implemented with elementary (Edwards & Lopez, 2000) and junior high school students (Pedrotti, Lopez, & Krieschok, 2000). Participants in the elementary school program reported significant increases in hope levels from pre- to post-test. Those in the junior high school program had significantly higher levels of hope in comparison with their counterparts who did not participate in the program, and the higher hope levels were maintained after 6 months, pointing to the robustness of the intervention even after the program was completed.

A similar psychoeducational intervention program was developed and tested with sixth-grade students in Portugal (Marques, Lopez, & Pais-Ribeiro, 2009). The program was designed to target the enhancement of hope, life satisfaction, self-worth, mental health, and academic achievement; however, compared with previous hope intervention studies with children, Marques et al. (2009) included an intervention component focused upon the key social networks in the lives of the student participants, namely, parents, guardians, and teachers. Results indicated higher hope and greater levels of life satisfaction and self-worth for those in the intervention group following the 5-week intervention; these gains were maintained at 6-month and 18-month follow-ups. The results did not support any significant changes in mental health or academic achievement as a result of the intervention. Although positive psychology courses have not yet become a part of teacher education programs in the United States (Conoley & Conoley, 2014), the evidence is building for the incorporation of such training given the importance of increasing the well-being of children and adolescents in educational achievement (e.g., Renshaw et al., 2014; Sznitman et al., 2011).

Couple and Family Counseling

Research consistently supports that good family relationships contribute to an enjoyable life. Supportive relationships provide far ranging benefits from

meaning in life (Klinger, 1977) to healthy immune responses and cardiovascular functioning (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Indeed, the happiest people accomplish strong positive relationships (Diener & Seligman, 2002). Positive psychology interventions have a great deal to offer relationship enhancement especially in countering the decline in relationship satisfaction over time, which is problematic in long-term relationships (Johnson et al., 2005). Positive affect has been an important relational intervention outcome because of the consistent correlation of positive affect with relationship satisfaction (Driver & Gottman, 2004; Ruvolo, 1998; Strong, 2004).

Capitalization is a positive psychology intervention that increases positive emotions and enhances relationships (Gable, Reis, Impett, & Asher, 2004; Langston, 1994). Capitalizing involves sharing a positive occurrence that receives an active congratulatory response. Capitalization can build trust and increase closeness (Reis et al., 2010) between the couple as well as increase positive feelings in the persons both revealing the news (e.g., Gable et al., 2004; Langston, 1994) and celebrating the positive information (Conoley, Vasquez, Bello, Oromendia, & Jeske, 2015).

Another approach to enhancing couples functioning involves prescribing exciting activities for 90 min a week via the Internet (Coulter & Malouff, 2013). Initially, the couples jointly wrote a list of 10 potentially exciting activities with the aid of books and websites as references. The couples set aside a particular date, time, and place to undertake at least one exciting activity every week for 90 min. Compared with a wait list control, the intervention led to increased romantic-relationship excitement, positive affect, and relationship satisfaction.

Beyond discrete interventions facilitating relationships is the comprehensive couple and family therapy approach of solution-focused brief therapy (SFBT). Developed from the clinical practice of Steven De Shazer (1994) and Insoo Kim Berg (1994), clients identify their strengths that create solutions or accomplish their goals. In a review of the research, Bond, Woods, Humphrey, Symes, and Green (2013) found SFBT is effective for treating internalizing and externalizing child problems.

Positive Family Therapy (PFT; Conoley & Conoley, 2009), somewhat an extension of SFBT, includes more research-based, positive psychology interventions and theory to form a more comprehensive approach. Described in greater detail in this special issue (Conoley, Plumb, & Hawley, 2015), the PFT model combines the broaden and build theory of change with systems theory. The interventions are designed to increase family members' positive emotions, use of strengths, focus on shared goals, and familial relationships. PFT has been used primarily with Mexican American and European American families in focusing on children's issues.

Group Counseling

Positive psychology fits well within counseling group formats. An advantage for positive psychology groups is the focus on virtues, strengths, mindfulness, and approach goals that form a non-shaming context for growth. The most researched group approach to increasing well-being appears to be mindfulness training. Grossman, Niemann, Schmidt, and Walach (2004) published a meta-analysis describing the benefits of group-based mindfulness training. Since then, many other mindfulness studies have appeared (e.g., Bédard et al., 2003; Grossman, Tiefenthaler-Gilmer, Raysz, & Kesper, 2007; Zautra et al., 2008). Groups focusing on teaching approach goals (e.g., Green, Oades, & Grant, 2006; MacLeod et al., 2008), enhancing hope (Cheavens et al., 2006), fostering gratitude (Froh, Sefick, & Emmons, 2008), presenting positive psychology constructs (e.g., Siu, Cooper, & Phillips, 2013), and positive psychotherapy group treatment (Seligman et al., 2006) have increased well-being.

Career Counseling

Connecting Core Vocational Theories to Positive Psychology

Vocational development has long been a core value of Counseling Psychology (Gelso & Fretz, 2001; Gelso et al., 2014). Similarly, the intersection of vocational psychology and positive psychology has had long-standing roots, as vocational psychology has historically manifested many positive psychology principles, such as a focus upon client development, abilities, and strengths (Lent & Brown, 2006; Robitschek & Woodson, 2006). Over time, core vocational theories have involved a more apparent connection with positive psychological principles. For example, Robitschek and Woodson (2006) asserted that Super's (1980) life-span, life-space theory of career development addresses multiple concepts central to positive psychology, such as work, love, and play (Seligman & Csikszentmihalyi, 2000). Super's theory involves various life roles (e.g., worker, citizen) and how these roles emerge throughout the life span with an emphasis on positive development. Lent, Brown, and Hackett's (1994) social cognitive theory involves several components relevant to positive psychology, including its developmental nature and inclusion of self-efficacy. Furthermore, Lent and Brown (2006) identified work satisfaction and SWB as variables present within the social cognitive career theory. Finally, career construction involves exploring how work promotes meaning and well-being through clients narrating their career autobiographies and imagining possible selves (Savickas, 1997, 2005; Savickas et al., 2009). A large component of what constitutes one's level of SWB is work and occupational roles (Diener, 1984). Specifically, it is argued that experienced

happiness and life satisfaction are directly influenced by career construction (Hartung & Taber, 2007).

Over time, the theoretical view of vocational psychology and practice of career counseling has continued to move further away from the goal of finding a “good fit” to a greater emphasis on adaptability (Savickas, 1997; Super & Knasel, 1981). Krieshok, Black, and McKay’s (2009) trilateral model of adaptive career decision making and Savickas and colleagues’ (2009) concept of life design particularly emphasize adaptability, which parallels the positive psychological view of adaptability—the experience of optimal functioning during times of change (Rettew, 2009). In addition, unique to Krieshok and colleagues’ model is the inclusion of engagement, which has been central to positive psychology.

Positive Psychological Constructs in the Context of Vocational Psychology

Several constructs central to positive psychology have been examined in the work context, including positive emotions, well-being, optimism, and hope. In a longitudinal study, Hasse, Poulin, and Heckhausen (2012) found positive affect predicted motivation in pursuing career goals, highlighting the importance of positive emotions in career counseling. In addition, happiness predicts positive performance evaluations (Cropanzano & Wright, 1999), social support in the workplace (Iverson, Olekalns, & Erwin, 1998), assisting coworkers (George, 1991), and a higher income (Diener & Biswas-Diener, 2002). In a qualitative study, participants reported that positive emotions were felt during positive career experiences; however, a combination of positive and negative emotions were also present, particularly when the experience entailed a new role (Kidd, 2008). A number of cross-sectional, longitudinal, and experimental studies suggest that the experience of positive emotions increases feelings of success across a variety of domains in the workplace (for a review, see Boehm & Lyubomirsky, 2008).

More recently, the definition of vocational success has shifted from objective measures (e.g., promotions, retention) to subjective measures (e.g., satisfaction, contentment; Hall & Chandler, 2005) with an increasing focus on understanding career well-being or job-specific well-being (Kidd, 2008; Warr, 2002). Career well-being is conceptualized as an ongoing state to which several variables contribute, including: (a) opportunities for voluntary mobility/successful adjustment to a new role; (b) support, feedback, and recognition; (c) autonomy and power; (d) using skills and performing well; (e) a purposeful and optimistic orientation; (f) developing skills; and (g) work/life balance (Kidd, 2008). Kidd (2008) contended career well-being is most likely

threatened when one loses his or her job or experiences difficulty adjusting to a new role. Warr (2002) conceptualized job-related well-being as comprised of three axes, ranging from pleasure to displeasure, comfort to anxiety, and enthusiasm to depression. Furthermore, Warr identified 10 job characteristics as contributing factors to well-being: (a) opportunity for personal control, (b) opportunity for skill use, (c) externally generated goals (e.g., work pressure, work–family conflict), (d) variety, (e) environmental clarity (e.g., role clarity, information about consequences), (f) availability of money, (g) physical security, (h) supportive supervision, (i) opportunity for interpersonal contact (e.g., good relationships, social support), and (j) valued social position. However, it appears well-being related to careers differs based on developmental stage. In a longitudinal study of adolescents transitioning to adulthood, employment and school continuation did not significantly influence well-being (Borgen, Amundson, & Tench, 1996). Rather, difficulties with finances, finding meaningful activities, and an external attribution style affected well-being during these transitions (Borgen et al., 1996).

Optimism also appears to play an important role in one's career. Optimism and flexibility were the best predictors of success in one's career, and optimism, continuous learning, and planfulness were the best predictors of job satisfaction (Neault, 2002). In another study, similar findings were demonstrated; individuals with higher optimism had greater levels of career planning and exploration, confidence in career decisions, and more goals related to careers (Creed, Patton, & Bartrum, 2002).

The construct of hope has also gained a substantial presence in the vocational psychology literature. Niles, Amundson, and Neault (2011) developed a Hope-Centered Model of Career Development. This model is comprised of the following: (a) hope, (b) self-reflection, (c) self-clarity, (d) visioning, (e) goal-setting/planning, and (f) implementing/adapting (Niles et al., 2011). Hope, within this model, aligns with Snyder's (2002) definition. Self-reflection involves examining one's self-concept, and self-clarity is a lifelong process that develops as one engages in self-reflection. Visioning involves identifying various career options and desired outcomes. Next, goals are identified and put into action (implementation). During the implementation phase, individuals must remain adaptable, as goals may change due to internal or external influences. The specific construct "work hope" and the Work Hope Scale developed out of the natural application of hope theory in the work setting (Juntunen & Wettersten, 2006). Work hope is defined as a "positive motivational state that is directed at work and work-related goals and is composed of the presence of work-related goals and both the agency and the pathways for achieving those goals" (Juntunen & Wettersten, 2006, p. 97). In addition, research has demonstrated the link between hope and various

work-related variables. In a sample of African American college students, hope was positively correlated with vocational identity (Jackson & Neville, 1998). A meta-analysis of hope in the workplace found that hope was positively related to employee self-rated performance, well-being, and less stress and burnout (Reichard et al., 2013).

Specific Applications of Positive Psychology Interventions in Career Counseling

Positive psychology interventions in the context of career counseling have been examined in at least two studies; Strengths-Based Career Counseling (SBCC; Littman-Ovadia, Lazar-Butbul, & Benjamin, 2014) and a strengths-based group within a career exploration course (Owens, Motl, & Krieschok, 2015).

SBCC consists of four counseling sessions with the goal of clients recognizing and using character strengths to achieve career goals (Littman-Ovadia et al., 2014). The VIA Strengths Inventory was used to identify strengths that were subsequently used in the job search, along with additional techniques. Following this intervention, the SBCC group experienced greater self-esteem compared with treatment-as-usual. Three months later, the SBCC group reported a higher rate of employment and endorsed a greater contribution from counseling to their employment/educational status.

Owens and colleagues (2015) examined the outcomes of a two session strengths-based career counseling protocol. Depending on the experimental condition, participants took (a) the StrengthsFinder (Clifton, Anderson, & Schreiner, 2006) and completed strength-oriented exercises, (b) the Strong Interest Inventory (SII; Donnay, Morris, Schaubhut, & Thompson, 2005) and completed interest-oriented exercises, or (c) both the SII and StrengthsFinder along with a combination of the interest and strengths-oriented exercises. Main effects emerged for environmental exploration, intended-systematic exploration, frequency in the amount of information sought, amount of information acquired, focus, satisfaction with information, employee outlook, and certainty of career exploration outcomes (components of career exploration), as well as career decision self-efficacy. Furthermore, several variables of career exploration (focus, satisfaction with information, and employee outlook) and life satisfaction increased most in the combined strengths and interest protocol compared to the strengths protocol.

Conclusion

Although not exhaustive, we hope the information about positive psychology in the many contexts of counseling psychology will excite and interest you

(positive emotions!). Engage by becoming a “Positive Counseling Psychologist” in our Section, or at least take two new positive psychology ideas to apply in your work (build your resources!). The goal of the leadership of the Positive Psychology Section was to broaden the knowledge base of positive psychology to the readership in response to our assessment that a majority of counseling psychologists embrace a strengths-based philosophical stance to counseling and value positive psychology, yet report little to no use of any specific positive psychology theories, constructs, or positive psychological models of therapy (see Magyar-Moe, Owens, & Scheel, 2015). A secondary goal was to address some of the reported concerns, misunderstandings, and misconceptions about positive psychology, which we hoped to allay (Magyar-Moe, Owens, & Scheel, 2015).

Counseling psychologists have much to contribute to positive psychology, and positive psychology can enhance the work that counseling psychologists have been doing for decades. Combining efforts to advance both fields is encouraged for the purpose of achieving the best outcomes possible for our clients and ourselves.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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