



Building Professional Excellence- Part 1

Session 9: The Science of Well-Being- Positive Psychology Strategies

Webinar Follow-up Question and Answer Session with Bob Bertolino

1. Question from Andrew Adler

So hardiness is an intentional state that can be developed?

Answer from Presenter

I'm unsure what is meant by "hardiness" or by "intentional state." Examples are helpful when it comes to questions such as this. I will do my best. "States"—be they positive or negative, can be either spontaneous or created. We can be struck by emotion and automatically (spontaneously) immersed in it or we can create emotion by deliberately thinking about, remembering, or creating something in our minds. On the other hand, "Intentional Activities" are what people "do" to increase well-being, and in this instance, positive emotion. If by hardiness you mean personality style, and resilience in particular, then the answer is yes and no. First, the research suggests that a large part of our personality is fixed or stable. Therefore some people will be more active than passive in getting their needs met, facing adversity, and the like. On the other hand, we can, through Positive Psychology exercises, help people to become more active agents when it comes to initiating change in their lives. That is why Positive Psychology focuses on intentional activities. When it comes to positive emotion, we are trying to help people to experience more positive than negative events by engaging in activities or exercises. It is hoped that when people experience the upside of increased positive emotion that will lean toward deliberately changing their habits and routines, which in turn, will help them to better stand up to adversity. The other four pillars, and in particular, Meaning and Social Relationships, provide avenues for how to help people develop "hardiness" since they focus even more on getting people to change what they do and how they do it.

2. Question from Megan O'Neill

How would you suggest getting a very resistant client to think in a more positive way?

Answer from Presenter

This is tricky because I would want to know more about what the client was doing that indicated resistance. I'd be happy to be more specific if you email me with a little more information. That said, let me see if I can offer a general response. To answer this question I have to first say I have to refer to the notion of resistance. Perhaps I'm more of an optimist, so I think of resistance as communication—communication from clients that what I am doing therapeutically is not a good fit for them. That said, please consider the series of slides about considerations for leveraging assets. At the heart of these considerations is a collaborative relationship between the client and therapist/counselor. The more clients are collaborated with when it comes to choosing exercises, including how often to use them and any variations to those exercises, the more likely it is that they, will follow through. If a client does not follow through I would say something like, "It seems that something about the plan we came up with doesn't fit you very well. I say this because you stated that you had not tried the exercises this



week. Is that right?” “Now, what can we do differently so that you feel like the plan is a better fit for you—something you can commit to trying at least until we meet again?” Even after revisiting the therapeutic alliance and changing up the activity plan, some clients will still not follow through with what was talked about. In these cases my response is to see if the client can experience more positive emotion in our sessions. To your point, I might ask the client, “What is something you think about when you want to feel better?” If the client struggles I follow with, “It might be a recent or not so far in the past event that you remember experiencing some joy.” I watch for nonverbal reactions as well as what the client says. If I see a smile, “I say that’s right. Stay with it. Develop it. Really focus in on the sights, sounds—how you felt then and now.” My aim is to help the client to develop positive emotion, based on their own experiences, then teach them to connect with that positive emotion and see the benefit so they are more likely to do it on their own.” In the end, some clients may still not follow through so I will continue to do the exercises in the sessions. And sometimes we have acknowledge that the use of Positive Psychology exercises is not a good fit for the client.

3. Question from Dawn Streeter

Which diagnoses or patients in a community mental health setting would benefit from using positive psychology?

Answer from Presenter

Positive Psychology exercises has most often been used with person’s who experience depression and anxiety. There may be other studies with other diagnoses that I am not aware of. Part of the reason that diagnosis is not discussed as much in the literature may be because Positive Psychology represents a shift away from pathology to strengths. In the first session with NBCC, I put up a quote from Martin Seligman and Mihaly Csikszentmihalyi. Here it is:

“What we have learned over 50 years is that the disease model does not move us closer to the prevention of these serious problems. Indeed the major strides in prevention have largely come from a perspective focused on systematically building competency, not correcting weakness. Prevention researchers have discovered that there are human strengths that act as buffers against mental illness: courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, the capacity for flow and insight, to name several. Much of the task of prevention in this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people. Working exclusively on personal weakness and on the damaged brains, however, has rendered science poorly equipped to do effective prevention. We need now to call for massive research on human strength and virtue. We need to ask practitioners to recognize that much of the best work they already do in the consulting room is to amplify strengths rather than repair the weaknesses of their clients.”

With that as a backdrop, I might suggest the two slides I posted in the session that highlight specific character strengths that are associated with specific client concerns. What we aim to do is develop these strengths in our clients. Here are the slides:

Character Strengths and Posttraumatic Growth

- Character Strengths that have been found to predict Posttraumatic Growth:
 - Bravery
 - Gratitude
 - Hope
 - Kindness
 - Religiousness
- Character Strengths found to be important mediators of success in situations characterized by significant cognitive, emotional, and physical challenges:
 - Courage
 - Honesty
 - Leadership
 - Optimism
 - Self-regulation
 - Teamwork

Mathews, M. D. (2008). Positive psychology: Adaptation, leadership, and performance in exceptional circumstances. In P. A. Hancock & J. L. Szalma (Eds.), *Performance under stress* (pp. 163-180). Aldershot, England: Ashgate.

Character Strengths and Common Concerns

Presenting Problem	Potential Character Strength Utilized
Effective prevention of depression relapse	Perspective, Curiosity, Judgment, Spirituality
Residual depressive symptoms	Curiosity, Perseverance
Anxiety	Self-Regulation, Bravery, Fairness, Curiosity
Body-image issues	Gratitude, Kindness
Drug Use	Self-Regulation, Bravery
Trauma	Perseverance, Bravery, Hope
Improved attention and working memory	Self-Regulation, Love of Learning
Reduced anxiety; adaptive learning dealing with threat	Self-Regulation, Curiosity, Perspective
Improved romantic relationships	Love, Kindness, Social Intelligence
Decreased negative self-focused attention	Zest, Humor
Decreased negative affect	Zest, Hope

Rashid, T. (2009). Positive interventions in clinical practice. *Journal of Clinical Psychology: In Session*, 65(5), 461-466.



My experience has been that a boost in well-being can help clients to be more resilient to their concerns and better cope with life circumstance. And yet, at the heart of the matter is getting clients to be more active agents in changing their lives rather than being passive observers, waiting for bad things to happen.

4. Question from Jeni Chaulk

Are you aware of a survey that can be done by hand as clients in correctional settings generally do not have access to the internet?

Answer from Presenter

I did take a look but did not find anything setting-specific. I would recommend going to www.authentic happiness.org and going through the various questionnaires available there. What seems to be most important is not the context, but the ways that we use Positive Psychology exercises to help people to better cope and flourish in the situations they are in.

5. Question from Jennifer Batina

Could you please repeat the title of the book he recommended that references Positive Youth Development?

Answer from Presenter

Lopez, S. J., J., Teramoto Pedrotti, J., & Snyder, C. R. (2015). Positive psychology: The scientific and practical explorations of human strengths. Thousand Oaks, CA: Sage.

6. Question from Lorna Taylor

Are there resources for using this with young children? Preschool and elementary

Answer from Presenter

The aim of Positive Psychology is much the same with children but the “how” is different. Positive emotion is developed through activities that encourage happiness through laughter, expression of joy, and positive mood. There is also a substantial focus on positive relationships (attachment) and accomplishment, including competence and mastery. I would recommend:

Brown Kirschman, K. J., Johnson, R. J., Bender, J. A., & Roberts, M. C. (2009). Positive psychology with children and adolescents. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed.). New York: Oxford.