

## **Effects of an Online Positive Psychotherapy Class on Future Counselors: Consensual Qualitative Research**

### **Online Pozitif Psikoterapi Kursunun Gelecek Danışmanlar Üzerindeki Etkisi: Fikir Birliğine Dayalı Nitel Araştırma Yöntemi**

Russ Curtis <sup>1</sup>, Melodie Frick<sup>1</sup>, Heather Thompson<sup>1</sup>, Phyllis Robertson<sup>1</sup>, Yanju Li<sup>1</sup>, Elizabeth Graves<sup>1</sup>, Katie Goetz <sup>2</sup>

#### **Abstract**

The practice of positive psychotherapy holds great promise for inculcating in counselors the attributes most needed to positively impact client outcome. What follows are the results of a qualitative analysis investigating the effects of a four-week experiential online positive psychotherapy class on counselors-in-training. Analysis of qualitative data revealed that students experienced enhanced mood and new perspectives from practicing positive psychotherapeutic interventions. Participants also articulated how they would integrate positive interventions, specifically, meditation, gratitude and forgiveness, into their clinical work. These results indicate that a four-week online course in positive psychology can be a salient way to teach positive interventions that can be utilized in clinical work.

**Keywords:** Positive psychological interventions, clinician training, mindfulness, gratitude, forgiveness, consensual qualitative research

#### **Özet**

Pozitif psikoterapi danışanlarının göstereceği neticeyi etkileme konusunda en etkin özellikleri danışmanlara aşılacak konusunda büyük umut vadediyor. Eğitim sürecinde olan danışmanlara uygulanan deneysel dört haftalık online pozitif psikoterapi kursunun etkinliğinin nitel sonuçları şunlardır. Nitel data analizi sonucunda öğrencilerin pozitif psikoterapi müdahaleleri sonucunda duygu durumlarında iyilişme olduğunu ve yeni perspektifler kazandıklarını gösterdi. Ayrıca katılımcılar pozitif müdahaleleri özellikle meditasyon, şükran duyma ve affediciliği, klinik uygulamalarına nasıl entegre edebileceklerini ifade ettiler. Bu sonuçlar dört haftalık online pozitif psikoloji kursunun klinik uygulamalarda pozitif müdahaleleri öğretmek için kullanılacak önemli bir yol olduğunu gösteriyor.

**Anahtar Kelimeler:** Pozitif psikoloji müdahaleleri, klinik eğitim, farkındalık, şükran duyma, affedicilik, fikir birliğine dayalı nitel araştırma yöntemi

---

<sup>1</sup> Western Carolina University in Cullowhee, NC. E-mail: Curtis@wcu.edu.

<sup>2</sup> Integrated care coordinator of Meridian Behavioral Health Services in Waynesville, NC

## Introduction

I remember an old Arab in North Africa, a man whose hands never felt water. He gave me mint tea in a glass so coated with use it was opaque, but he handed me companionship, and the tea was wonderful because of it. And without any protection my teeth didn't fall out, nor did running sores develop. I began to formulate a new law describing the relationship of protection to despondency. A sad soul can kill you quicker, far quicker, than a germ. (Steinbeck, 1962, p. 44)

In counseling settings ranging from school-based substance abuse prevention to community-based treatment for those with severe mental illness, the trend toward the practice of positive psychotherapy has been gaining momentum steadily over decades. Some indications of this movement toward applied positive psychotherapy include (a) the importance of goal-setting in Adlerian therapy (Adler, 1958); (b) the innate inclination toward self-actualization fostered by quality relationships seen in the humanistic therapies (Maslow, 1971; Rogers, 1961); (c) focusing not on the presenting problem but rather on the practice of mindfulness-based therapy (Kabat-Zinn, 1990); (d) wellness theory and the imperative to balance mind, body and spirit (Myers, 1991); (e) the enduring assumption of successful outcomes engendered by solution-focused therapy (DeShazer, 1991); (f) unconditional self-acceptance of Rational Emotive Behavioral Therapy (Ellis, 1996); (g) the pursuit of value-driven goals in spite of the continued presence of symptoms (i.e., anxiety, depression) in Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999); and (h) the emerging research of incremental theory as a way to promote a growth mindset in adolescents (Yeager & Dweck, 2012). In fact, therapeutic strategies widely considered to be positive psychological interventions (PPIs) have been in practice since the inception of modern psychology, most notably humanistic therapy (Rogers, 1961). Such interventions include specific attention to forgiveness, gratitude, meaning-making, identifying personal strengths, goal-setting, and what we presently call mindfulness – all of which are practices embedded in much earlier theories (e.g. Adler, 1958, Ellis, 1996, Frankl, 1963; Hayes et al., 1999; Kabat-Zinn, 1990). As such, positive psychotherapy may be an exceedingly useful heuristic, not only for the practice and research of counseling, but also, and notably, the actual training of counselors. If true, then with the increasing prominence and appeal of positive psychotherapy comes the need to examine how to best train counselors in the intra- and interpersonal application of PPIs, one model of which is examined in this study.

Training counselors to use PPIs is important for two primary reasons. The first reason is that counselors have an ethical imperative to provide treatment to clients that utilize evidence-based practices in order to increase potential for optimal client outcomes (ACA, 2014, Scientific Basis for Treatment section, C.7.a.). Because therapeutic use of PPIs in counseling has been shown to increase client outcomes for such common presenting problems as depression, stress-management, and anxiety (e.g. Mann, Kuyken, O'Mahen, Ukoumunne, Evans, & Ford, 2016; Scott-Hamilton & Schutte, 2016), it may be vital for counselors to be trained in their therapeutic use with clients. The second reason that it may be important to train counselors in the use of PPIs is that which most informs the present study. It is that research indicates that counselors' personal use of strategies like mindfulness meditation for their own health and wellness appears to impact positively the therapeutic relationship. Because the therapeutic alliance may be one of the most important variables in producing positive client outcomes (Greason & Welfare, 2013; Meichenbaum, 2002; Miller, 2001; Paulson, Truscott, & Stuart, 1999; Skovholt & Jennings, 2004), learning to utilize interventions that increase the strength of this relationship should be of priority to counselors.

One study that highlights the significant relationship between counselors' personal use of PPIs and increased therapeutic alliance was conducted by Greason and Welfare (2013). In this study, they explored the effect of counselors' mindfulness practices on the therapeutic alliance. The study was comprised of two groups: (a) clients working with counselors who had regular personal mindfulness practices (meditating counselors), and (b) clients working with non-meditating counselors. The clients in this study were unaware of whether their counselors meditated or not. Results indicated that therapeutic alliance was rated significantly higher by clients of meditating counselors (Greason & Welfare, 2013). This is important because mindfulness practices, such as mindfulness meditation and savoring, are commonly used in PPI studies (Fredrickson, Cohn, Coffey, Pek, Finkel, 2008; Schueller, 2010) and may well serve to build counselors' personal resilience and hopefulness, both of which are known to positively impact client outcome (Cutcliffe & Nrs, 2004; Paulson et al., 1999; Westburg & Guindon, 2004). Research studies such as this one and others indicate that counselors' attitudes and attributes can significantly impact the therapeutic relationship (APA, 2012; Beutler, 2009; Budd & Hughes, 2009; Kim, Ng, & Ahn, 2009; Miller, Duncan, Brown, Sorrell, & Chalk, 2006). In fact, some researchers have found that clients can be acutely aware of their counselors' personal distress, which then decreases therapeutic alliance (Nissen-Lie, Havik, Høglend, Monsen, & Ronnestad, 2013). As such, it is imperative for counselors to seek ways to build and maintain their personal vitality and resilience as a way to enhance the effectiveness of their work with clients.

There is a paucity of research related to using positive psychotherapy in counselor training, however, two articles that do specifically address this area include: a theoretical model proposed to train clinicians working with LGBT clients (Lytle, Vaughn, Rodriguez, & Shmerler, 2014), and a qualitative study examining the effects of providing positive psychology in clinical training (Guse, 2010). The Lytle et al. (2014) article was a theoretical work extolling the need for psychologists to utilize PPIs when working with LGBT clients. Graduate psychology students in the Guse (2010) study indicated that balancing positive psychology with traditional treatment would be beneficial. Unfortunately, there was no mention of the training curriculum or specific PPIs taught, much less practiced, nor was there inclusion of a measure indicating to what degree the students benefited emotionally from learning about positive psychology. In response to the questions inherently created by this omission, the purpose of this study is to build upon Guse's (2010) research by using a qualitative design to more fully understand how practicing PPIs personally affects graduate counseling students' well-being, in addition to how they envision integrating PPIs in their work with clients. What follows is a discussion of the intervention, methodology, results, and significant findings of this study.

### **Conceptual Framework for a Positive Psychotherapy Online Class for Counselors-in-Training**

Positive psychotherapy is comprised of positive psychological interventions (PPIs) which have been defined as, "empirically derived, purposeful activities designed to raise levels of positive emotions and promote the use of consequent actions and thoughts that facilitate flourishing" (D'raven & Pasha-Zaidi, 2014, p. 385). An emerging area of research that is already demonstrating great promise is the examination of intentional combinations of various PPIs and their skillful implementation in impacting treatment and prevention client outcomes (Harris, Thoresen, & Lopez, 2007). Research indicates that PPIs can decrease depression (Seligman, Steen, Park, & Peterson, 2005), increase happiness levels of depressed clients (Mongrain & Anselmo-Matthews, 2012), increase optimism (Sergent & Mongrain, 2014), reduce the physiological effects of stress (Fredrickson, 2001), and decrease alcohol

consumption while increasing adolescents sense of well-being (Akhtar & Boniwell, 2010). Furthermore, the use of PPIs is also emerging in inmate rehabilitation (Huynh, Hall, Hurst, & Bikos, 2014), school counseling (Seligman, Ernst, Gillham, Reivich, & Linkins, 2009), sports counseling (White & Waters, 2015), with LGBT clients (Lytle et al., 2014), and with people experiencing schizophrenia (Johnson et al., 2011).

For this study, the online graduate counseling class was designed utilizing PPIs commonly grouped, taught, and found effective in previous positive psychotherapy studies (Akhtar & Boniwell, 2010; Ho, Yeung, & Kwok, 2014; Seligman, Rashid, & Parks, 2006; Seligman et al., 2005). The specific assignments throughout this four-week course were designed to help students identify their signature strengths, increase gratitude, practice forgiveness, and create more meaning in their lives. Two of the PPIs utilized in this protocol, forgiveness and meditation, merit mention. The forgiveness intervention was inspired by its inclusion in a previous PPI study that produced promising results with clients who experienced depression (Seligman et al., 2006), and meditation was inspired by Fredrickson's et al. (2008) work with loving-kindness meditation in enhancing positive emotions.

It was of particular importance to this research team to include meditation. The reason was manifold and included meditation's efficacy in (a) decreasing common negative symptoms of stress (Fredrickson et al., 2008; Johnson et al., 2011; Labelle, Lawlor-Savage, Campbell, Faris, & Carlson, 2015); (b) increasing empathy in medical students (Shapiro, Schwartz, & Bonner, 1998); (c) increasing mindfulness and post-traumatic growth in cancer patients (Labelle et al., 2015); (d) decreasing chronic pain (Kabat-Zinn, Lipworth, Burney, & Sellers, 1987; Morone, Greco, & Weiner, 2008); (e) decreasing anxiety (Evans et al., 2008); and (f) decreasing depression for people with rheumatoid arthritis (Zautra et al., 2008). Moreover, research with future clinicians revealed that mindfulness training decreases anxiety while increasing positive affect (Shapiro, Brown, & Beigel, 2007) and increases students' ability to be more aware of intra- and interpersonal reactions while counseling (Schure, Christopher, & Christopher, 2008). What follows is a description of a qualitative study with counseling graduate students taking an online positive psychology class.

## **Method**

Qualitative data about student perspectives on the required PPIs practiced throughout the course was analyzed using Consensual Qualitative Research (CQR) methods (Hill, Thompson, & Williams, 1997; Hill et al., 2005). The Consensual Qualitative Research (CQR) method was used to analyze the qualitative data generated from participants about their perceptions of the PPIs practiced over the course of the four-week experiential course in positive psychology. The defining features of CQR include a sample of 8-15 participants, the use of semi structured surveys or interviews, the inclusion of multiple researchers who analyze data independently, consensus among researchers, the use of an external auditor, and the structured and systematic process of examining the data for similarities across cases (Hill et al., 1997; Hill et al., 2005).

In an effort to minimize bias, prior to data analysis, each member stated what she or he expected to emerge from the data analysis process. These assumptions were discussed and recorded. For example, one team member anticipated that there may be participants who reveal resistance to some of the activities (i.e., forgiveness exercises). Another member of the team revealed that he is already an avid supporter of PPI interventions and he explicitly asked the research team to challenge him if his objectivity appeared to be compromised. All seven members of the research team surmised that participants who appreciated the PPI interventions might struggle to clearly articulate how their positive personal experiences translate to clinical application with clients, which is developmentally

typical in learning how to convert experiential learning into hands-on applications with others. It was also assumed that participants who appreciated their experiences with PPIs would likely indicate a desire to integrate these exercises without fully taking into consideration the client worldview and treatment fit. Once noted and discussed, the research team agreed to set aside assumptions and approach the data with objectivity. Also recorded were team member reactions to the data and the data analysis process, which were discussed each meeting.

Data analysis followed six steps: (a) developing domains, (b) segmenting data into domain categories, (c) generating core ideas, (d) conducting cross-case analysis, (e) consulting with an auditor, and (f) consideration and inclusion of external auditor's suggestions for team consensus (Hill et al., 1997; Hill et al., 2005). Independently, each researcher reviewed the data in its entirety and generated a list of emerging domains to be discussed with the team. The research team worked to consensus and generated an agreed upon list of domains. Once domains were established, researchers worked independently to place raw data segments into domain categories. When consensus was achieved, researchers generated core ideas to capture the essence of the data segments residing in each domain category. Discrepancies were resolved by reviewing the raw data. Inconsistencies were diligently processed until eventual agreement was achieved. Finally, common core ideas across cases were identified, consensus was reached, and frequencies were generated. A frequency table was created to depict domains, core ideas, and frequencies, which are referred to as general, typical, and variant. General results included categories that were mentioned by all or all but one participant. Typical results included categories common to more than half. Variant results included categories that were common across at least three cases (Hill et al., 2005).

An audit of the domains and core ideas was conducted by a team member who has experience with CQR and knowledge of the content area. The auditor participated in the initial discussion about biases but was not present during the primary team's review of data and creation of domains (Schlosser, Jane, Dewey, & Hill, 2012). In feedback to the primary team, discussion among the members resulted in modifications to the domain titles and additional categories added. In particular, a discussion on the meaning of forgiveness was held and clarification was given that forgiveness is ultimately about letting go of hurt and anger, not reconciliation. For review of the categories determined in the cross analysis, the auditor analyzed the raw data to conceptualize themes, examine core ideas, and make suggestions to the primary team members. Special attention was given to categories that were identified as variant to ensure there was no overlap within the categories and to ensure that all core ideas were represented. This resulted in the creation of a personal awareness core idea, separating effects on interpersonal relationships from intrapersonal effects. Auditing occurred throughout the analyses and reporting process to ensure objectivity and clarity (Hunt, 2011).

## **Participants**

Participants for this study were a sample of convenience that consisted of 12 graduate students. Participants enrolled in a graduate counseling elective class entitled, positive psychotherapy in integrated care, with the intent of learning how to apply positive psychotherapeutic techniques to clients receiving services within primary care and other medical practices. Ten of the participants identified as White or European American, one Latina, and one participant identified as two or more races. The participants, two in the school counseling program and 10 in the clinical mental health counseling program, enrolled in a three credit hour, online graduate counseling class on positive psychotherapy interventions. Students in a master's of counseling program had a mean age of 29.4 (SD = 5.92).

**Table 1.** *Participant demographics*

Pseudonym	Age	Gender	Race/Ethnicity	*Work Experience
Jane	24	Female	White	Outpatient mental health clinician
Nina	28	Female	Latina	Massage therapist
Alyssa	25	Female	White	Non-profit administration
Brittany	24	Female	White	Full time graduate student
Lauren	38	Female	White	Massage therapist
Hayley	23	Female	White	Full time graduate student
Felicia	33	Female	White	Full time graduate student
Susan	31	Female	White	Wilderness therapy provider
Catherine	34	Female	White	Social services volunteer
Sean	30	Male	White	Inpatient mental health clinician
Miranda	23	Female	White	Therapeutic board school clinician
Jacqueline	40	Female	Mixed Race	Full time graduate student

*\*Note.* All of the participants were full time graduate counseling students. The number of years of work experience prior to entering graduate school was not collected.

## Procedures

Based upon previous qualitative methodology used by (Schure et al., 2008), and in keeping with qualitative research protocol suggested by Hunt (2011), students were asked to keep a daily journal of their experiences practicing PPIs and to use this information to answer two open-ended questions: (1) Of all the practices learned in class, which practices are you most drawn to and why? How have they affected you personally? (2) How do you see yourself integrating, if at all, any of the practices from class into your clinical practice? Responses were typed and submitted electronically.

This study was approved the university's institutional review board prior to the beginning of the course but the students were not told about the study while taking the class to reduce possible bias and to glean an honest reflection of what they found most useful. Following a previous qualitative protocol (Schure et al., 2008), students were made aware several times during the course that assignment grades were based on their honest reflection of course material and that if deemed unsatisfactory, they would be given the chance to review their work. All students in this particular class performed satisfactorily and did not need to revise their work. Once the course was completed and grades were submitted, one of the researchers (first author and teacher of the class) approached the students via email and provided a description of the study and discussed the informed consent. Twelve of the 14 students agreed to participate by emailing their informed consent and demographic information to the first author. The first author and instructor of the course then coded and compiled the material into two separate Microsoft Word documents pertaining to the two research questions, then distributed the documents to the research team who then analyzed the data independently according to CRQ methodology. The auditor was sent the material at the same time as the primary research team but was not included in the initial data analysis in an effort to further insure objectivity.

## Treatment

The online class took place over a four-week period in the month of July. After an introductory synchronous online lecture at the beginning of the first week of class where students were introduced to the need for positive psychotherapy and its supporting research, students began practicing the assigned PPIs. Throughout the course students read journal articles pertaining to positive psychology,

watched assigned videos, and practiced daily meditation and kept gratitude and forgiveness journals. In their journals, for instance, students recorded at least three things daily for which they were most grateful and wrote a statement indicating their desire to forgive anyone and everyone of any inconveniences or transgressions that had occurred during the day. Students also practiced various forms of meditation (e.g., loving-kindness, mindfulness, camera mindfulness), in addition to serving others (i.e., random acts of kindness, thank you letters to mentors and loved ones). Students also completed strength-based assessments and were encouraged to use their strengths in unique and novel ways.

On Sunday evening before the second and subsequent weeks of class, students were emailed a brief video created by the instructor (first author) discussing the upcoming week’s assignments. Throughout the course, students were emailed twice-weekly reminders of their assignments, which included inspirational quotes and videos pertinent to the assignments. Weekly online synchronized classes were held where PPI topics and related research were introduced and discussed followed by a clarification of assignments.

## Results

### Qualitative Findings

Two domains emerged from the qualitative analysis: *Personally Influenced* and *Clinical Application*. The cross-case analysis produced categories that represent core ideas (see Table 2). According to CQR frequency guidelines (Hill et al., 2005), a general category represents all or all but one of the cases ( $n = 11 - 12$ ); a typical category represents more than half of the cases ( $n = 7 - 10$ ); and a variant category represents at least three and up to half of the cases ( $n = 3 - 6$ ). Following, general and typical categories will be presented with representative quotes that describe each category (Hill et al., 2005). Pseudonyms were assigned to each participant to ensure anonymity while also personalizing the quoted material.

**Table 2.** Domains, categories, and frequencies of participants’ qualitative responses

Domains	Categories	Frequency
Personally Influenced	Enhanced Mood	General (12)
	Shifted Perspective	Typical (8)
	Learned New Skills	Typical (8)
	Enhanced Personal Relationships	Variant (6)
	Increased Personal Awareness	Variant (3)
Clinical Application	Meditation	Typical (9)
	Gratitude	Typical (9)
	Forgiveness	Typical (8)
	Focusing on Clients’ Strengths	Variant (6)
	PPIs Benefit Everyone	Variant (6)
	Assessing Clients’ Strengths and Values	Variant (5)
	Treatment Fit	Variant (3)

*Note.*  $N = 12$ . General = category applied to 11 - 12 cases; Typical = category applied to 7 – 10 cases; Variant = category applied to 3 - 6 cases.

## **Personally Influenced**

### **Enhanced mood**

All participants reported their mood was enhanced by using PPIs. Overall, participants reported feeling happier, calmer, and more grateful. For example, Hayley stated, “I am so much happier,” and Alyssa added, “I am calmer throughout the day and I am less quick to anger.” Further, Jacqueline stated, “I became generally grateful, trusting, and happy. When I am faced with something that is uncomfortable, I can let it go easier.” This mood enhancing effect of letting go was further exemplified in Alyssa’s comment, “When confronted with an irritation, I have found myself thinking whether the annoyance is worth my day, my hour, or even a minute. I feel like I am getting less worked up about daily inconveniences.” Several participants described how the mood enhancing effects of practicing PPIs seemed to affect those around them, as evidenced by Susan’s statement:

This new knowledge has affected me profoundly. Not only me, but also it has affected my wife and our daily routines. My wife is now a firm believer in the meditative practices that I’ve shown her through this class! Now I have a prescribed event that we can do together and it is healing, gives us relaxation, and has brought us even closer together. These practices, when we do them together, seem to permeate our entire home. There is a comfortable, calm, presence in our house now.

In addition, Jane described how using PPIs to enhance mood increased her productivity:

My ability to release stressors sooner has improved as well as my ability to let daily irritations go which in turn made my level of productivity increase. When relaxed, I solve problems more quickly and deal with issues at work more effectively.

All participants described a positive experience in mood enhancement and most identified a shift in perspective.

### **Shifted Perspective**

Eight participants reported having a shift in perspective after practicing PPIs. Alyssa explained:

I am developing the ability to step back and decide if holding onto the annoyance in the moment is worth it, or if [it] only hurts me. This has been a profound shift in my perspective. It has also been powerful to enumerate the things I am grateful for on a day to-day basis. I feel like the gratitude journal helps me not take positive occurrences for granted. I find myself thanking people more and feeling more appreciative.

Another participant, Nina, stated, “I feel that by getting in touch with my own flaws and mistakes, I was able to more fully understand the mistakes of others.” Further, Sean responded:

Whereas before I might find ways to give myself treats and luxuries or retreat from stress if I was feeling down or overwhelmed, now I look at what areas in my life are lacking that are actually clinically shown to have a positive effect on happiness.

Several participants spoke to the efficacy of keeping a gratitude journal with shifting their perspective. Jane stated:

The gratitude journal afforded me an opportunity each day to reminisce about what I have to be thankful for. In life it is so easy to take for granted our circumstances and being reminded of them brings me joy and fulfillment. It is much easier to focus on what is wrong or what needs to be adjusted, but by focusing on what is right I identified means to show thanks and infused my daily life with positive emotions.

Participants also reported a change from previous thoughts and choices to more helpful and healthy views of themselves and others, for instance, Jacqueline responded:

I have noticed that when I am resting, I am more restful and when I am active, I am more active. Being aware, I choose foods that make me feel nourished rather than eating mindlessly. I am having more conversations with strangers, I think because I no longer have a guard up. I also noticed that it did not take long for these practices to become generalized in my life. A couple weeks in, I became generally grateful, trusting, and happy.

And another participant, Lauren, spoke specifically to the use of a kindness exercise in helping shift perspective:

The Random Acts of Kindness lifted my mood and helped me access energy and cheerfulness that I did not know I had. I felt a sense of meaning in these acts, and also an inspiration about acts that are not directly ‘benefitting’ me that expanded my view of life momentarily.

In addition to having both enhanced mood and shifts in perspectives, participants identified being personally influenced by the positive psychology skills they learned in class.

### **Learned New Skills**

Eight participants described how learning new skills personally influenced them, including their personal relationships, and how they visualize using these skills with future clients. Felicia explained, “It felt relieving to acknowledge that happiness does not have to be sought out and that I can grow and learn new skills sets related to increasing my own happiness.” Further, Susan acknowledged “I now know, not only am I capable of deeply meditating, but also I can help lead my future clients into this same knowledge and practice.”

Several participants mentioned the need for the consistent practice of PPIs to get the most benefit. For example, Sean stated:

Additionally, I noticed the effect in my day to day life when I keep up with the exercises because I am more grounded, more quick to forgive, and more grateful for just living and being. One of the most powerful lessons I’ve learned is not to wait until things get bad to practice good mental health but instead to think of it as good hygiene.

Further, Sean mentioned the need to complement cognitive therapy with PPIs:

However, a realistic perspective only gets me halfway to thriving and I still find myself getting stuck in melancholy from time to time. Instead, as I have learned in this course, it is possible to strive for optimism. By putting into practice what I’ve learned over these few weeks, I’ve already noticed a positive effect on my outlook, happiness, perspective, and motivation.

In addition, participants also identified how these could be applied in clinical settings, as evidenced by the Jacqueline’s statement: “I also see enormous value and evidence in cultivating happiness rather than treating depression; creating peace rather than reducing anxiety; working with strengths rather than dealing with weaknesses.”

Overall, participants acknowledged how learning positive psychology strategies personally influenced them. By learning these new skills, participants experienced enhanced mood and shifts in perspective that aided them in being more present in self-care and their views of others. Coupled with being personally influenced with the practice of PPIs, participants identified how they could use these strategies with clients in clinical and school settings.

### **Clinical Application**

The interrelation of the three most endorsed skills of meditation, gratitude, and forgiveness is exemplified in the following statement in which Jacqueline extolled with a variety of clients the virtues of PPIs:

Due to the effect mindfulness, gratitude, and forgiveness has on a person as a whole, I see great potential for these practices to benefit a variety of clients. Presenting issues as well as underlying issues and causes can be addressed through these activities since they aren't symptom specific and have a profound effect physiologically, mentally and emotionally.

### **Meditation**

Nine participants discussed how they will use meditation when working with clients. For example, Susan would like to “use guided meditations to build [clients’] coping skills, increase their personal awareness, and increase calmness in their daily lives.” Catherine stated wanting to “guide clients through a brief exercise of mindfulness within session and get their feedback.... I will also discuss how clients can incorporate mindfulness in their everyday activities.” And, Alyssa explained, “I will integrate mindfulness into my day and thus my practice.... I also plan to teach mindfulness skills (though perhaps termed differently) to students.” These participants described educating clients about mindfulness techniques and how they can incorporate the strategies in various settings. The need to include mindfulness practices within schools to best cultivate the focus and persistence needed to excel was exemplified in the Hayley’s statement:

I would love to get the entire school that I am hired by to meditate every morning for 15 minutes. I would not call it meditation at first. I would sell it as refocusing students in the morning in order to get them in the right frame of mind to start school.

It also was not uncommon for participants to discuss the interrelation of gratitude and mindfulness as evidenced by Felicia’s statement:

I would use the concepts of gratitude, mindfulness, and optimism in my daily interactions with clients. I would teach clients how to stop, take a breath, observe their thoughts and proceed throughout their day. I would help clients explore the things in their lives that are actually working well and help them begin to build their mindfulness and gratitude muscle.

Further, Catherine commented about the need for caution when using meditative practices with clients:

I would use special care to guide clients through a brief exercise of mindfulness within session and then get their feedback before assigning the practice as homework. This is especially important for those individuals experiencing trauma reactions and depression because increased awareness of the thoughts, feelings, and sensations underlying these experiences could increase the client’s intensity of pain, especially in the beginning.

In addition to meditative exercises, participants described how they would introduce gratitude practices in their work with clients.

### **Gratitude**

Nine participants reported a positive experience by focusing on what they were grateful for and how they could introduce this positive psychology strategy in sessions with clients. Lauren stated, “I have experienced writing Gratitude or “What went well” lists nightly for a few weeks and had improved

mood, and would offer this as a technique for clients who are wishing to shift their perspective.” Another participant, Nina, elaborated:

Assess where the client is, and perhaps start with writing three positive things three times a week or even once a week...if clients are experiencing a difficult transition, having them reflect on other times in their lives when doors have closed only to have new doors open can help shift perspective.

Further, Hayley described how he/she would like to introduce gratitude journaling in school counseling groups, and “keep data on this group, to hopefully share the success of this groups’ journaling with administration, staff, and teachers, in order to have them allow me to do this with the entire school.” And, Miranda stated, “I started a Gratitude Chain activity with the younger students. This involves using paper chain links to write down something you are thankful for and add it to the Gratitude Chain every day. They have loved doing this activity.” Participants described the practice of writing in gratitude journals as beneficial to clients with various issues, regardless of clinical setting. The need to time interventions well was mentioned by Catherine, “As reviewed during our class, the gratitude journal and gratitude letters need to be sensitively introduced at the appropriate time, especially with clients experiencing intense grief, depression, or crisis.” It is also worth mentioning that participants saw the value of using assessments in helping clients recognize and therefore more fully appreciate the strengths they already possess, as evidenced by Alyssa’s statement:

I also like the idea of using the Brief Strengths Test and the Grit Survey with students. I believe both of these assessments can help reveal considerable wells of strength, and both can be combined with information about Carol Dweck’s idea of Growth Mindset to empower students.

In addition to gratitude journals, participants also identified plans to use forgiveness journals with clients.

## **Forgiveness**

Eight participants reported they would introduce writing forgiveness letters or journals with clients. For example, Lauren stated, “I see how someone with regret for the past could benefit from a discussion or writing about doors opening and doors closing or writing forgiveness letters.” Another participant, Felicia, responded, “I would like to use forgiveness journals with clients to give them an opportunity to begin to forgive themselves and others for their irritations or frustrations.” Further, Susan expanded:

Writing can be extremely powerful and transformative. In writing my own forgiveness letters, I realized I not only have others to forgive, but myself as well. I think this personal lesson will help me better realize this need in my future clients (when applicable)...For clients who are not fully ready to forgive another person, an “acceptance” letter could help them in their process of moving forward.

And Hayley saw the utility of combining the gratitude and forgiveness journal for school students, stating:

I will definitely integrate the forgiveness and gratitude journal into my work with students. There are several ways that I could do this, I could have the entire school population start doing this thorough having teachers allow students to write in their journals at the end of each school day.

Participants reported benefits of practicing meditation, gratitude, and forgiveness in their daily lives and how these strategies could be beneficial with clients. Sean explained:

Lastly, I see myself using positive psychotherapy myself in order to just be more present and compassionate with clients and to prevent disease in myself. It makes sense to practice what I

preach and on top of that I get satisfaction in knowing that therapists who meditate have better results with their clients.

Participants identified using these skills with most clients, however were cognizant of the importance of educating clients about these skills and assessing for treatment fit. By learning and practicing positive psychology strategies, participants were both personally influenced in mood and perspective, and able to visualize applying these skills in clinical settings.

## **Discussion**

The purpose of this study was to examine the effects of an online positive psychotherapy class for counselors-in-training. Supporting previous research, this qualitative analyses revealed that the PPIs used in this study enhanced participants' mood (Harris et al., 2007; Mongrain, & Anselmo-Matthews, 2012; Seligman et al., 2005). Relatedly, students indicated that the PPIs caused a shift in their perspective, which compliments past studies showing that positive mood broadens cognitive attention (Fredrickson, 2001; Fredrickson et al., 2008), an important and effective skill for clinicians when helping clients formulate new ways of thinking and behaving (Sexton, Whiston, Bleuer, & Walz, 1997; Wilcox-Matthew, Ottens, & Minor, 1997).

The fact that meditation and gratitude were the most endorsed PPIs as being potentially clinically useful supports existing research indicating a preference for these two activities (Fredrickson et al., 2008; Schueller, 2010). It is worth mentioning that four of the students were working in the mental health and substance abuse treatment field as paraprofessional treatment providers prior to taking this class, and all of the students had completed several hours of supervised counseling role-play with volunteers in their first and second year graduate counseling classes. As such, the student's opinions about what PPT strategies they would integrate in their work was based upon their actual preliminary counseling knowledge.

Another trend worthy of note in addition to the efficacy of meditation and gratitude is the manner in which students selected various PPIs to discuss for their clinical application. This finding speaks to the established need for strategies to be intentionally selected with clients based upon clients' needs (D'raven & Pasha-Zaidi, 2014). Indeed, it was found that students chose the clinical application (i.e., meditation, gratitude, forgiveness, assessing strengths and values) they might use with their clients specifically according to their clinical impressions of those clients' needs. As such, it seems that a packaged PPI treatment protocol may benefit many people, but that the treatment fit between client and intervention should not only be of special consideration, but also that the fit be interpersonally assessed and addressed in an ongoing and collaborative manner to monitor treatment efficacy (Curtis, Thompson, Juhnke, & Frick, 2014).

The apparent power of forgiveness practices within some PPI protocols (Seligman et al., 2006) was evident with this sample, but it should be noted that recalling past transgressions or personal mistakes may initially lead to a decreased affect, which, if worked through, can then lead to increasing levels of happiness and peace. Support for this assumption can be seen in the following student comment about the forgiveness assignments:

Writing those letters and destroying them or locking them away is also a powerful practice for someone who feels blocked by resentment or self-loathing, and might work especially well for adults who are unable to communicate with their childhood caregiver yet have unresolved anger or hurt.

Thus, when teaching students and working with clients about forgiveness, educators and clinicians should keep in mind that the forgiveness process may initially evoke negative emotions and

students should be made aware of this possible reaction prior to undertaking the forgiveness practice. But, based upon the study results, students should also be made aware that if they persist with the forgiveness exercises that it can lead to increased personal peace and happiness.

This study further supports the effectiveness of using online or, behavioral intervention technologies (BITs; Schueller, 2014), for the delivery of PPIs. A unique aspect of this particular online class, however, was the interaction students had with the instructor, which afforded students the opportunity to clarify assignments and to obtain individualized coaching when needed. It seems prudent, then, as the push for behavioral intervention technologies continue in positive psychotherapy that consideration be given to the importance of the need for clients to be able to access clinicians for coaching and feedback.

Finally, teaching a course in positive psychotherapy does seem to support previous findings indicating that PPIs can increase in students' level of empathy (Shapiro et al., 1998) and interpersonal awareness (Schure et al., 2008), which can significantly effect client outcome (Greason & Welfare, 2013). Furthermore, students' enthusiasm for learning and practicing PPIs supports previous qualitative analyses indicating the desire of counselors to become familiar with how to utilize PPIs, while balancing traditional psychotherapeutic modalities, in providing clients with effective techniques (Guse, 2010; Lytle et al., 2014).

### **Limitations**

The small sample is congruent with consensual qualitative research methodology (Hill et al., 2005), but future research into the effectiveness of teaching PPIs to counselors could benefit from repeating similar studies using more diverse samples. It would also be helpful to compare the online class format with face-to-face instruction, and to assess client outcome of clinicians who have been trained in positive psychotherapy relative to those who have not received such training.

### **Conclusion**

While the online dissemination of standardized PPI protocols can be an important way to reach people who would otherwise not seek counseling (Schueller, 2014), counselors are ethically bound to provide evidence-based treatment and, therefore, need to be trained in how to implement the latest efficacious interventions. With the rapid emergence of positive psychotherapy as an effective way to increase well-being, the need to refine strategies for educating counselors to include positive psychotherapy curriculum is imperative. This course was designed similarly to how PPIs might be implemented in clinical settings and could be easily adapted for use in counselor education and clinical treatment. Rarely, however, is it the case that people learn and inculcate new skills with minimal practice. Thus, as indicated in this class design, it behooves counselors to find ways to reinforce client student practice through email and text reminders, as well as supplement face-to-face counseling with accessible online resources. To conclude, this study demonstrates one way to educate counselors in how to build personal resources and enhance knowledge of positive psychological interventions. It is the hope of this research team that this teaching model inspires further research and development.

### **References**

- Adler, A. (1958). *What life should mean to you*. New York, NY: Putnam's Capricorn Books.
- Akhtar, M., & Boniwell, I. (2010). Applying positive psychology to alcohol-misusing adolescents: A group intervention. *Groupwork, 20*(3), 6-31. doi: 10.1921/095182410X576831

- American Counseling Association. (2014). *ACA code of ethics*. Retrieved from <http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4>
- American Psychological Association (August, 2012). *Resolution on the recognition of psychotherapy effectiveness*. Retrieved from <http://www.apa.org/about/policy/resolution-psychotherapy.aspx>
- Beutler, L. E. (2009). Making science matter in clinical practice: Redefining psychotherapy. *Clinical Psychology: Science and Practice, 16*(3), 301-317. doi: 10.1111/j.1468-2850.2009.01168.x
- Budd, R., & Hughes, I. (2009). The dodo bird verdict—controversial, inevitable and important: A commentary on 30 years of meta-analyses. *Clinical Psychology and Psychiatry, 16*, 510-522. doi: 10.1002/cpp.648
- Curtis, R., Thompson, H., & Junhke, G. A., & Frick, M. H. (2014). Counselor-client treatment fit: A description, and demonstration via video link, of a brief and functional treatment fit model. *The Professional Counselor, 3*(1), 141-151. Retrieved from <http://tpcjournal.nbcc.org/treatment-fit-a-description-and-demonstration-via-video-of-a-brief-and-functional-treatment-fit-model/>
- Cutcliffe, J. R., & Nrsrg, B. (2004). The inspiration of hope in bereavement counseling. *Issues in Mental Health Nursing, 25*, 165-190. doi: 10.1080/01612840490268234
- DeShazer, S. (1991). *Putting difference to work*. New York, NY: Norton.
- D'raven, L. L., & Pasha-Zaidi, N. (2014). Positive psychology intervention: A review for counseling practitioners. *Canadian Journal of Counselling and Psychotherapy, 48*(4), 383-408. ISSN 0826-3893
- Ellis, A. (1996). *Better, deeper, and more enduring brief therapy: The rational emotive behavior therapy approach*. New York, NY: Brunner/Mazel.
- Frankl, V. (1963). *Man's search for meaning*. Boston, MA: Beacon.
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56*(3), 218-226. doi: 10.1037/0003-066X.56.3.218
- Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology, 95*(5), 1045-1062. doi: 10.1037/a0013262
- Greason, P. B., & Welfare, L. (2013). The impact of mindfulness and meditation practice on client perceptions of common therapeutic factors. *Journal of Humanistic Counseling, 52*, 235-253. doi: 10.1002/j.2161-1939.2013.00045.x
- Guse, T. (2010). Positive psychology and the training of psychologists: Students perspectives. *South African Journal of Industrial Psychology, 36*(2), Art. 848. doi: 10.4102/sajip.v36i2.848
- Harris, A. H. S., Thoresen, C. E., & Lopez, S. J. (2007). Integrating positive psychology into counseling: Why and (when appropriate) how. *Journal of Counseling & Development, 85*(1), 3-13.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York, NY: Guilford Press.
- Hill, C. E., Knox, S., Thompson, S. J., Williams, E., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 53*(2), 196-205. doi: 10.1037/0022-0167.52.2.196
- Hill, C. E., Thompson, B. J., & Williams, E. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25*, 517-572. doi:10.1177/0011000097254001
- Ho, H. Y. C., Yeung, D. Y., & Kwok, S. Y. C. L. (2014). Development and evaluation of the positive psychology intervention for older adults. *The Journal of Positive Psychology: Dedicated to Furthering Research and Promoting Good Practice, 9*(3), 187-197. doi: 10.1080/17439760.2014.888577
- Hunt, B. (2011). Publishing qualitative research in counseling journals. *Journal of Counseling & Development, 89*, 296 – 300. doi: 10.1002/j.1556-6678.2011.tb00092.x
- Huynh, K. H., Hall, B., Hurst, M. A., & Bikos, L. H. (2014). Evaluation of the positive re-entry in corrections program: A positive psychology intervention with prison inmates. *International Journal of Offender Therapy and Comparative Criminology*, online March 11, 2014. doi: 10.1177/0306624X14523385
- Johnson, D. P., Penn, D. L., Fredrickson B. L., Kring, A. M., Meyer, P. S., Catalino, L. I., & Brantley, M. (2011). A pilot study of loving-kindness meditation for the negative symptoms of schizophrenia. *Schizophrenia*

- Research*, 129, 137-140. doi: 10.1016/j.schres.2011.02.015
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. New York, NY: Delta.
- Kabat-Zinn, J., Lipworth, L., Burney, R., & Sellers, W. (1987). Four-year follow-up of a meditation-based program for the self-regulation of chronic pain: Treatment outcomes and compliance. *The Clinical Journal of Pain*, 2, 159-173.
- Kim, B. S. K., Ng, G. F., & Ahn, A. J. (2009). Client adherence to Asian cultural values, common factors in counseling, and session outcome with Asian American clients at a university counseling center. *Journal of Counseling & Development*, 87(2), 131-142. doi: 10.1002/j.1556-6678.2009.tb00560.x
- Labelle, L. E., Lawlor-Savage, L., Campbell, T. S., Faris, P., & Carlson, L. E. (2015). Does self-report mindfulness mediate the effects of Mindfulness-Based Stress Reduction (MBSR) on spirituality and posttraumatic growth in cancer patients? *The Journal of Positive Psychology*, 10(2), 153-166. doi: 10.1080/17439760.2014.927902
- Lytle, M. C., Vaughn, M. D., Rodriguez, E. M., Shmerler, D. L. (2014). Working with LGBT individuals: Incorporating positive psychology into training and practice. *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 335-347. doi: 10.1037/sgd0000064
- Mann, J., Kuyken, W., O'Mahen, H., Ukoumunne, O., Evans, A., & Ford, T. (2016). Manual development and pilot randomised controlled trial of mindfulness-based cognitive therapy versus usual care for parents with a history of depression. *Mindfulness*, 7(5), 1024-1033. doi: 10.1007/s12671-016-0543-7
- Maslow, A. (1971). *The farther reaches of human nature*. New York, NY: Viking.
- Meichenbaum, D. (2002, December). *Expert therapists*. Presented at the Brief Therapy Conference, Orlando, FL.
- Miller, G. (2001). Finding happiness for ourselves and our clients. *The Journal of Counseling & Development*, 79, 382-384.
- Miller, S. D., Duncan, B. L., Brown, J., Sorrell, R., & Chalk, M. B. (2006). Using formal client feedback to improve retention and outcome: Making ongoing, real-time assessment feasible. *Journal of Brief Therapy*, 5(1), 5-22.
- Mongrain, M., & Anselmo-Matthews, T. (2012). Do positive psychology exercises work? A replication of Seligman et al. (2005). *Journal of Clinical Psychology*, 68(4), 382-389. doi: 10.1002/jclp.21839
- Morone, N., Greco, C., & Weiner, D. (2008). Mindfulness meditation for the treatment of chronic low back pain in older adults: A randomized controlled pilot study. *Pain*, 134, 310-319. doi: 10.1016/j.pain.2007.04.038
- Myers, J. E. (1991). Wellness as the paradigm for counselor and development: The possible future. *Counselor Education and Supervision*, 30(3), 183 - 193
- Nissen-Lie, H. A., Havik, O. E., Hoglend, P. A., Monsen, J. T., Ronnestad, M. H. (2013). The contribution of the quality of therapists' personal lives to the development of the working alliance. *Journal of Consulting Psychology*, 60(4), 483-495. doi: 10.1037/a0033643
- Paulson, B. L., Truscott, D., & Stuart, J. (1999). Clients' perceptions of helpful experiences in counseling. *Journal of Counseling Psychology*, 46(3), 317-324. doi: 10.1037/0022-0167.46.3.317
- Rogers, C. (1961). *On becoming a person*. New York, NY: Houghton Mifflin.
- Schlosser L. Z., Jane, J. Dewey, H. & Hill, C. E. (2012). Auditing. In C. E. Hill (Ed.), *Consensual qualitative research: A practical resource for investigating social science phenomena* (pp. 135-144). Washington, D. C.: American Psychological Association.
- Schueller, S. M. (2010). Preferences for positive psychology exercises. *The Journal of Positive Psychology*, 5(3), 192-203. doi: 10.1080/174397610037909948
- Schueller, S. M. (2014). Behavioral intervention technologies for positive psychology: Introduction to the special issue. *The Journal of Positive Psychology: Dedicated to Furthering Research and Promoting Good Practice*, 9(6), 475-476. doi: 10.1080/17439760.2014.943802
- Schure, M. B., Christopher, J., & Christopher S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and Qigong. *Journal of Counseling & Development*, 86, 47-56. doi: 10.1002/j.1556-6678.2008.tb00625.x

- Scott-Hamilton, J. & Schutte, N. (2016). The role of adherence in the effects of a mindfulness intervention for competitive athletes: Changes in mindfulness, flow, pessimism, and anxiety. *Journal of Clinical Psychology, 10*(2), 99-117. doi: <http://dx.doi.org/10.1123/jcsp.2015-0020>
- Seligman, M. E. P., Ernst, R. M., Gillham, J., Reivich, K., & Linkins, M. (2009). Positive education: Positive psychology and classroom interventions. *Oxford Review of Education, 35*(3), 293-311. doi: 10.1080/03054980902934563
- Seligman, M. E. P., Rashid, T., Parks, A. (2006). Positive psychotherapy. *American Psychologist, 61*(8), 774-788. doi: 10.1037/0003X.61.8.774
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*(5), 410-421. doi: 10.1037/0003-066X.60.5.410
- Sergeant, S., & Mongrain, M. (2014). An online optimism intervention reduces depression in pessimistic individuals. *Journal of Consulting and Clinical Psychology, 82*(2), 263-274. doi: 10.1037/a0035536
- Sexton, T., Whiston, S. C., Bleuer, J. C., & Walz, G. (1997). *Integrating outcome research into counseling practice and training*. Alexandria, VA: American Counseling Association.
- Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology, 1*(2), 105-115. doi: 10.1037/1931-3918.1.2.105
- Shapiro, S. L., Schwartz, G. E., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine, 21*(6), 581-599. doi: 10.1023/A:1018700829825
- Skovholt, T. M., & Jennings, L. (2004). *Master therapists: Exploring expertise in therapy and counseling*. Boston, MA: Pearson.
- Steinbeck, J. (1962). *Travels with Charley: In search of America*. New York, NY: Viking.
- Westburg, N. G., & Guindon, M. H. (2004). Hope, attitudes, emotions, and expectations in healthcare providers of services to patients infected with HIV. *AIDS and Behavior, 8*(1), 1-8. doi: 10.1023/B:AIBE.0000017520.33843.8f
- White, M. A., & Waters, L. E. (2015). A case study of 'The Good School:' Examples of the use of Peterson's strength-based approach with students. *The Journal of Positive Psychology, 10*(1), 69-76. doi: 10.1080/17439760.2014.920408
- Wilcox-Matthew, L., Ottens, A., & Minor, C. W. (1997). An analysis of significant events in counseling. *Journal of Counseling & Development, 75*, 282-291. doi: 10.1002/j.1556-6676.1997.tb02343.x
- Yeager, D. S., & Dweck, C. S. (2012). Mindsets that promote resilience: When students believe that personal characteristics can be developed. *Educational Psychologists, 47*(4), 302-314. doi: 10.1080/00461520.2012.722805
- Zautra, A., Davis, M., Reich, J., Nicassio, P., Tennen, H., Finan, P., et al. (2008). Comparison of cognitive behavioral and mindfulness meditation interventions on adaptation to rheumatoid arthritis for patients with and without history of recurrent depression. *Journal of Counseling and Clinical Psychology, 76*(3), 408-421. doi: 10.1037/0022-006X.76.3.4088-421