



## Outline

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  - d. Benefits of high subjective well-being









## POSITIVE PSYCHOLOGY I

the one-week experimental period - it became a self-reinforcing activity.

Emmons and McCullough (2003) found that interventions that highlight the good things in life enhance positive affect and life satisfaction. Further, gratitude-increase interventions may resist habituation after an improved life circumstance (i.e., Watkins, 2004). It is speculated that positive psychology-generated happiness interventions may also benefit more serious affective disorders.

## APPLIED POSITIVE PSYCHOLOGY

In education, positive psychology motivates and rewards the student's strengths and capabilities by daily establishing opportunities for expression of these talents, instead of penalizing their deficits (Clonan, Chafouleas, McDougal, & Riley-Tillman, 2004; Huebner & Gilman, 2003).

Research spanning the past twenty years supports that reduction in criminal recidivism is possible by rehabilitating offenders in contrast to punishment alone (Andrews & Bonta, 1998). This rehabilitation generally follows the "risk-need" model, which strives to lower recidivism by assessing and treating the relevant risk factors, with the goal of protecting the community from additional harm. Ward (2002; Ward & Mann, 2004) modified this approach with the "good lives model" (GLM) which emphasizes human well-being and defines rehabilitation in a strengths-based and constructive manner. The goal is to enhance the offender's capabilities and resources, resulting in a better quality of life which lowers the chance of their future criminal behavior.

The GLM rehabilitation approach stresses the control concepts of personal identity, instrumental behavior, psychological well-being, and the possibility of living an alternative lifestyle to criminality (Ward & Gannon, 2006). People are viewed as being active, goal-seeking, habitually developing meaning and purpose, and in search of beneficial activities, experiences, and states of mind that create well-being and thriving. Offender risk factors are assessed, but the risk factors are categorized as obstacles to attaining the well-being state, not as the sole focus.

The GLM rehabilitation works to improve the offender's external conditions (i.e., social support) and internal conditions (e.g., skills, and values) in order to acquire personal and socially acceptable possessions, in non-criminal ways, that manufacture personal identity and instrumentality, and reduced recidivism.

The British prison system effectively used the GLM approach on a trial basis (Ward & Mann, 2004), thus suggesting a change to rehabilitation and reintegration of offenders.

Positive psychology applied to the work world is growing in interest. Considering and utilizing people's strengths (Hodges & Clifton, 2004), and establishing an engaged workforce (Harter, Schmidt, & Keyes, 2003) yield organizational benefits.

A workplace leadership style viewed as effective by positive psychology is entitled, transformation leadership. It

uses the behaviors of "idealized influence," "inspirational motivation," "intellectual stimulation," and "individualized consideration" (refer to Bass, 1998) to inspire their employees to achieve stretch goals, think independently, rise above conventional ways of doing things, and increases employer empathy toward employee development and well-being.

Swanathan, Arnold, Turner and Barling (2004) believe that transformational leadership increases employee well-being via four mediating psychological processes: promoting efficacy, which associates with increase motivation and job productivity; bolstering trust in management which lowers anxiety and threat; fostering a feeling that the individual is contributing meaningful work; and increasing a sense of social/organizational identity and belonging within the organization. The latter two components are known to be vital in generating employee engagement (Stairs, 2005).

Employee engagement is the level of commitment one demonstrates to a job and includes rational commitment - motivated by goals as financial incentive or professional development, and emotional commitment - motivated by a strong conviction in the value of the job. Employee commitment is analogous to the functionality of the psychological contract (Rousseau, 1995). Stairs (2005) proposes that utilization of positive psychology can produce enhanced emotional commitment and performance yielding increased organizational productivity. Employee engagement is consistently associated with improved organizational outcomes, such as employee retention, less sick days, better customer satisfaction and profit (Harter, Schmidt, & Hayes, 2002; Harter et al., 2003).

Two other positive psychology applications that highlight employee positive behaviors are positive organizational scholarship (Cameron, Dutton & Quinn, 2003) which develops character strengths such as resilience, restoration, and vitality, and positive organizational behavior (Luthans, 2002) which improves positive and measurable traits as self-efficacy, optimism, hope, and resiliency (Luthans, Avey, Avolio, Norman, and Combs, 2006), which has been shown to increase the psychological capital of managers, that in turn, can improve employee and organization performance.

Appreciative Inquiry is a method of positive organizational change that uses many tenets of positive psychology through a narrative process called the AI 4-D cycle. The 4-D cycle encompasses discovery - becoming aware of the best that is available; dream - identifying a results-oriented vision and higher purpose; design - establishing an organizational design that will evoke superior performance; and destiny - emphasizing the positive ability of the organization to create hope and momentum for sustained positive change. Positive Organization change is designed to occur through the "elevation of inquiry -" asking questions regarding positive possibilities; "fusion of strengths -" uniting individual strengths with a common goal; and the "activation of energy- " that results from this process (Cooperrider & Seherka, 2003). Appreciative Inquiry has been successful in the realm of organization development.

Another application of positive psychology involves life coaching. Green, Oades, and Grant (2006) revealed that cognitive-behavioral solution-focused life coaching can enhance goal striving, well-being, and hope.

Population-based approaches promoting mental health have utilized positive psychology with favorable outcomes. Rose (1992) showed that the prevalence of numerous common diseases in a population or subpopulation is directly linked to the population mean of the underlying risk factors, theoretically, therefore, prevalence should be changeable by altering the mean of the risk factors. This hypothesis has been supported for psychiatric disorders, such as psychological distress (Anderson, Huppert, & Rose, 1993; Goldberg, 1978), and depression and anxiety (Melzer, Tom, Brugha, Fryers, & Melzer, 2002).

Supportively, Population Communications International works with culturally sensitive television and radio soap operas to highlight societal tendencies that limit people's choices for improved health, education, and general development. Soap opera characters model desired behavior that encourages family health and stable communities. Bandura's research on social modeling and self-efficacy offers much of the theoretical framework for the programming (i.e., Bandura, 1997).

Sanders, Montgomery, and Brechman-Toussaint (2000) examined the influence of a 12-episode television series, entitled Families, focusing on improving disruptive child behavior and family relationships. Each episode provided a feature story about family issues and a 5-7 minute segment offering strategies to parents on prevention and resolution of common child behavioral problems and teaching children self-control and problem-resolution skills. A modeled demonstration of the recommended strategies was aired. The results, based on reports of 56 parents of children aged 2-8 years, revealed a reduction in disruptive behavior from 43% to 14%, which continued at 6-month follow-up.

The applications of positive psychology suggest that people demonstrate an inherent, nurturant, and on-going inclination toward growth and actualization (Linley, Joseph, Maltby, Harrington, & Wood, 2006), and the potential for human development is immense.

## THE MENTAL HEALTH CONTINUUM

Three traditional and historical conceptions of health include pathos, salus, and hale. The pathogenic model, originating from the Greek word pathos, means suffering or an emotion-eliciting sympathy, and it defines health as the absence of disability, disease, and premature death. The salutogenic model, observed in early Greek and Roman writings and derived from the Latin word salus, classifies health as the presence of positive states of human capabilities and functioning in thinking, feeling, and behavior (Sutpfer, 1995). The third approach is the complete state model, emanating from the ancient word for health, hale, and it means whole. The World Health Organization (1948) applies this model by defining overall health as a complete

state, encompassing the existence of positive states of human capacity and functioning and the absence of disease or illness.

The Surgeon General in 1999, Dr. David Satcher, defined mental health as "... a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people, and the ability to adapt to change and to cope with adversity" (U.S. Public Health Service, 1999, p.4). The World Health Organization, in 2004, in a historic report on mental health promotion, described mental health as the absence of mental illness and the presence of "... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2004, p. 12). These definitions assert the scientific conception that mental health involves not only the absence of mental illness but also the presence of positive states.

Research on subjective well-being has examined human positive states, resulting in a diagnosis of mental health based on clusters of mental health symptoms, which parallel the cluster of symptoms used in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) to diagnose a major depressive disorder. Whereas depression necessitates symptoms of an-hedonia, mental health requires symptoms of hedonia, for instance, emotional vitality and positive feelings about life. Similarly, depression involves symptoms of malfunctioning, while mental health reflects symptoms of positive functioning. The diagnosis of mental health includes the following thirteen symptoms:

1. Generally cheerful, happy, calm and peaceful, satisfied, and full of life and zest (has demonstrated positive affect the past 30 days)
2. Is happy or satisfied with life as a whole or with domains of life, such as relationships, work, leisure, etc. (avows happiness or life satisfaction)
3. Maintains positive attitudes toward self and life and accepts various aspects of self (self-acceptance)
4. Exudes positive attitude toward others and accepts individual differences (social acceptance)
5. Is aware of own potential and development; open to novel experience and challenge (personal growth)
6. Feels that people, social groups, and the culture have potential and can evolve in positive directions (social actualization)
7. Possesses values and goals supportive of a sense of direction and believes that life has purpose and meaning (purpose in life)
8. Perceives one's life is beneficial to society and offers value to others (social contribution)
9. Can manage one's complex environment and modify environments to fulfill one's needs (environmental mastery)
10. Engaged in society or social life and feels society and culture are worthwhile and meaningful (social coherence)







































## POSITIVE PSYCHOLOGY I

### 6 Continuing Education Hours

Record your answers on the Answer Sheet (click the "California MFT/LCSW/LEP/LPCC Answer Sheet" link on Home Page and click your answers).

Passing is 70% or better.

For True/False questions: A = True and B = False.

1. **Fredrickson's broaden-and-build theory professes that positive emotions broaden an individual's immediate thought action options and promote behavior that builds long-term resources.**  
A) True B) False
2. **The two-factor model of mental health states that complete mental health means the individual is without mental illness and is flourishing.**  
A) True B) False
3. **Languishing, with and without a mental illness, is correlated with increased chronic physical disease with age.**  
A) True B) False
4. **Boys and girls do not demonstrate similar levels of hope and are skewed toward the negative in their future perceptions.**  
A) True B) False
5. **The youngest languishing adults reported the same quantity of chronic physical conditions as older flourishing adults.**  
A) True B) False
6. **Optimists demonstrate better physical and mental health and may live longer than pessimists.**  
A) True B) False
7. **Numerous adults approach wisdom but very few approximate high wisdom scores on the Berlin wisdom tasks.**  
A) True B) False
8. **It appears that wisdom-related knowledge is dynamic and can be improved by simple social and cognitive methods.**  
A) True B) False
9. **Happy people generally do not resort to broad, abstract criteria in judging their own lives.**  
A) True B) False
10. **A key element within the experience of life longings is a "feeling of incompleteness and a sense of imperfection" in one's life.**  
A) True B) False
11. **Experiencing high levels of positive emotions correlates with \_\_\_\_\_.**  
A) less pain and disability relative to chronic health conditions  
B) ability to resist illness and disease  
C) living longer  
D) All of the above
12. **Individuals who manifest balanced character strength scores (less disparity across scores within the same person) report \_\_\_\_\_.**  
A) higher life satisfaction  
B) lower life satisfaction  
C) more anxiety  
D) increased stress
13. **Fordyce observed that successful happiness interventions emphasized intentional activities, such as \_\_\_\_\_.**  
A) increasing socialization time  
B) strengthening one's closest relationships  
C) becoming more active  
D) All of the above
14. **Research suggests that \_\_\_\_\_ of happiness is attributed to volitional activity (our chosen actions).**  
A) 40%  
B) 80%  
C) 10%  
D) 100%
15. **Older adults who remain engaged in cognitively challenging environments demonstrate \_\_\_\_\_ declines in thinking and learning abilities.**  
A) excessive  
B) major  
C) minimal, if any  
D) massive

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16. **Subjective Well-Being involves experiencing \_\_\_\_\_.**  
A) high levels of pleasant emotions and moods  
B) low levels of negative emotions and moods  
C) high life satisfaction  
D) All of the above
17. **Some neurobiologists profess that neurobiics can \_\_\_\_\_ the aging process of the brain.**  
A) slow  
B) increase  
C) fuel  
D) activate
18. **Research shows that elders cope \_\_\_\_\_ than younger adults with stressful life events.**  
A) worse  
B) elders and younger adults cope the same  
C) better  
D) younger adults cope better than all age groups
19. **Empirical and developmental evidence shows that wisdom-related knowledge \_\_\_\_\_ during adolescence and young adulthood.**  
A) significantly increases  
B) significantly decreases  
C) remains unchanged  
D) minorly decreases
20. **Recent research shows that not all people adapt to major changes in life, therefore, the construct of \_\_\_\_\_ should not be considered fixed.**  
A) behavioral intervention  
B) flow  
C) set-point  
D) gratitude

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