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Positive Self-care Yields Caring Healers (PSYCH): A Positive-Psychology-Based, Peer-Supported Self- care Series for Therapist Wellbeing

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Therapist self-care is mandated by counseling and psychological associations' codes of ethics in order to maintain professional competencies. Current emphasis in therapist self-care is primarily negatively oriented, with a focus on mitigating, ameliorating, and preventing negative outcomes, including negligence and other negative professional behaviors, which are associated with stress, distress, and burnout. Also, most recommendations are solitary endeavors, which can contribute to and exacerbate therapist isolation, and are not promoted within a structured or focused program. Evidence-based interventions derived from the study of positive psychology, a strengths-based approach to cultivating wellbeing, have the potential to fill these unmet needs in therapist self-care. PSYCH is a formalized seven-component program of positive-psychology-based activities that incorporates positive-psychology interventions and is designed to be engaged within a facilitator-led, peer-supported group environment. The goal of this self-care program is to cultivate flourishing, thriving, and enhanced wellbeing in order that the therapist can sustain the personal and professional vitality necessary for his/her life-giving work.

Keywords

positive psychology, therapist wellbeing, self-care

Disciplines

Counseling Psychology | Medicine and Health Sciences | Mental and Social Health | Psychology | Social and Behavioral Sciences

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A Positive-Psychology-Based, Peer-Supported Self-care Series for Therapist Wellbeing

Linda Mattucci Schiavone, M.S.

University of Pennsylvania

A Capstone Project Submitted

In Partial Fulfillment of the Requirements for the Degree of

Master of Applied Positive Psychology

Advisor: Judith Saltzberg-Levick, PhD

August 1, 2017

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Abstract

Therapist self-care is mandated by counseling and psychological associations' code of ethics in order to maintain professional competencies. Current emphasis in therapist self-care is primarily negatively oriented, with a focus on mitigating, ameliorating, and preventing negative outcomes, including negligence and other negative professional behaviors, that are associated with stress, distress, and burnout. Also, most recommendations are solitary endeavors, which can contribute to and exacerbate therapist isolation, and are not promoted within a structured or focused program. Evidence-based interventions derived from the study of positive psychology, a strengths-based approach to cultivating wellbeing, have the potential to fill these unmet needs in therapist self-care. PSYCH is a formalized seven-component program of positive-psychology-based activities that incorporates positive-psychology interventions and is designed to be engaged with in a facilitator-led, peer-supported group environment. The goal of this self-care program is to cultivate flourishing, thriving, and enhanced wellbeing in order that the therapist can sustain the personal and professional vitality necessary for their life-giving work.

The clinical mental health counseling profession may very well be one of the most rewarding of all professions, while also being one of the most challenging. Norcross and Guy (2007) assert that “psychotherapy is often a grueling and demanding calling” (p. 57). There is a duality of reward and risk that exists that cannot be overlooked: that a personally, professionally, emotionally, and spiritually uplifting profession also presents significant personal, professional, emotional, and spiritual demands and challenges. In *On Being a Therapist*, Kottler (2010) states that the mental health helping professions are “... among the most spiritually fulfilling as well as the most emotionally draining human endeavors” (p. ix), ones in which therapists continually experience emotions brought about by the intimacy of the counseling relationship. Processing these emotions within an atmosphere of care and support is a necessity. In *Riding the Dragon*, Wicks (2012) advises that those in the healing professions who provide compassionate care to others must focus on kindness and reverence for their own inner selves. If they absorb the anxieties, fears, suffering, and hopelessness of those who seek us out professionally, we cannot continue to help. Thus, learning to “ride the dragon” of one’s feelings through introspection and collective sharing is vital to the continued ability to meet one’s professional challenges.

Compassion fatigue and burnout are documented realities associated with the psychological and emotional challenges so eloquently articulated by Kottler (2010) and Wicks (2012) (Baker, 2003; Barnett & Cooper, 2009; Skovholt & Trotter-Mathison, 2016). Compassion fatigue, “a function of bearing witness to the suffering of others” (Figley, 2002, p. 1435), and burnout, emotional exhaustion and depersonalization rooted in environmental factors (Maslach, 2003), impact the practitioner’s interest in, ability to connect with, empathize with, and professionally meet the needs of his/her clients (Skovholt & Trotter-Mathison, 2016). Just

as important, however, is the continuum of psychological, emotional, and physical stress, distress, and impairment that exists even before burnout becomes evident and manifests in professional behavior. This stress-distress-impairment continuum causes hazards of practice to good clinical decision making that significantly impact therapists' wellbeing, and their ability to be effective, competent counselors (Linley & Joseph, 2007; Skovholt & Trotter-Mathison, 2016; Smith & Moss, 2009; Wise, Hersh, & Gibson, 2012). Thus, while caring for oneself is a valid and valuable autotelic goal, it is crucial to remember that self-care is mandated by our professional ethics boards and associations as a means by which therapists are to maintain professional competence and to effectively serve their clients. The professional code of ethics adopted by the American Counseling Association (ACA), for example, requires that "counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities" (ACA, 2014, p. 8). The American Psychological Association (APA) also requires psychologists to manage their wellness in order to maintain professional competence (APA, 2002).

Wellness, therefore, is one of the critical factors in being a healthy counselor. Consequently, mitigating the effects of the stress of the profession is an ethical imperative (Barnett & Cooper, 2009; Wise et al., 2012), and not doing so can set one up for legal liability. Committing to self-care, therefore, is a right and responsibility of the profession in order to provide high-quality care, not an indulgent self-pre-occupation (Baker, 2003). "Self-care," Norcross and Guy (2007) assert, "is a critical prerequisite for patient care (p. 161).

There are three practical considerations associated with the clinical counseling profession that present challenges to therapists' ability to engage in effective self-care and wellness practices. First is that though self-care is mandated for the profession, there is not widespread

agreement about practical and effective ways by which this should be done (Barnett & Cooper, 2009). A common complaint in the helping professions is that self-care is more conceptualized than substantive, more thought about, talked about, and wished for than practiced and applied, and more requested and required of our clients than expected of ourselves (Perry, 2017; Shallcross, 2011). It is also broadly promoted as a highly-individualized practice, which can take an infinite number of forms and variations. One danger in accepting this approach is that if left to the individual to choose the activity(ies) of and the time spent in self-care, good intentions often do not translate into regular practice.

The second challenge is that a therapist works alone, which can be physically, psychologically, and emotionally isolating (Norcross & Guy, 2007). This paradox of aloneness – of engaging in a solitary task within the context of the most intimate of interpersonal relationships – is an often-overlooked hazard of the therapy profession that can spill out into one’s personal life and relationships. The usual clinical practice settings offer few opportunities for collaborating, communicating, or simply having casual conversations with colleagues and coworkers, even when one works in a group practice, agency, or community mental health setting. When combined with restrictions associated with maintaining patient confidentiality, the practical nature of scheduling constraints, and often demanding workloads, the counseling profession can be an isolating and overwhelming experience (Barnett & Cooper, 2009; Barnett, Johnston, & Hillard, 2006; Perry, 2017; Skovholt & Trotter-Mathison, 2016). Feelings of being isolated and alone and loss of peer contact and support are risk factors for professional impairment (Smith & Moss, 2009), while conversely, peers and colleagues can be significant sources of professional competency (Skovholt & Trotter-Mathison, 2016). Professional isolation

also has the potential to carry over into personal relationships, with resulting stress on therapists' private lives (Norcross & Guy, 2007).

The third, and perhaps most important, consideration is that the predominant focus of much of the existing literature on therapist self-care is on ameliorating the negative. Specifically, the predominant self-care regimens emphasize mitigating, minimizing, avoiding, counteracting, and preventing the negative effects of the counseling hazards on therapists' personal and professional functioning, compassion fatigue, burnout, and professional impairment, with much of the focus on mindfulness, mindfulness-based stress reduction (MBSR), and resilience (Christopher, Chrisman, & Trotter, 2009; Christopher & Maris, 2010; Grepmaier et al., 2007; Kottler, 2012; Norcross & Guy, 2007; Shapiro, Brown, & Biegel, 2007; Skovholt & Trotter-Mathison, 2016). Thus, the mainstay of traditional therapist self-care measures has been focused on reducing negative emotional, psychological, and physical outcomes associated with the therapy profession and remediation of burnout and professional impairment if and when it occurs.

Developing and instituting formalized strategies that address these specific challenges to therapist's ability to engage in self-care within these constraints have been inconsistently studied, supported, and monitored, and thus represent a significant unmet need within the mental health profession. Therapists, then, are left with no clear direction on the why's, how's, and when's of meeting the demands and resolving the struggles of such a demanding profession through self-care within a supportive environment.

Given these three broad areas of unmet need, how can the science of positive psychology contribute to the theory and practice of therapist self-care? In this Capstone, I propose that there is a point of intersection between intervention strategies developed through the study of positive

psychology and the unmet needs in therapist self-care, and that employing positive interventions within a formalized, peer-supported therapist self-care program represents a unique application of this science. Founded in the late 1990s by psychologists Martin E. P. Seligman and Mihaly Csikszentmihalyi, the field of positive psychology re-oriented the traditional framework of psychology and psychotherapy from a disease-model to a model of wellbeing and human flourishing (Seligman & Csikszentmihalyi, 2000). This represented a foundational shift from a pathology-, symptom amelioration-, and survival-based orientation of traditional psychology to an orientation toward conditions that lead to positive experiences, wellbeing, thriving, and human flourishing (Peterson, 2006; Seligman & Csikszentmihalyi, 2000; Seligman, 2011). As will be summarized in a later section, over this last quarter century, the discipline of positive psychology has burgeoned through rigorous, controlled scientific study, providing a broad range of interventions and applications in psychotherapy, but also in fields as diverse as education, military training, organizations, institutions, and governments, physical health and medicine, politics and economics, sports performance, the humanities, and much more (Linley, Joseph, Maltby, Harrington, & Wood, 2009).

Positive psychology has already turned its attention to patient care in the area of psychotherapy through a new therapeutic approach that utilizes the principles of positive psychology and a wellbeing strategy based on identification and cultivation of character strengths (Peterson, 2006; Rashid, 2015; Seligman, Rashid, & Parks, 2006). It balances the foundational areas of traditional psychotherapeutic focus, such as establishment of a therapeutic relationship and a working alliance, attention to mood regulation, and abatement of symptoms, with positive resources that cultivate wellbeing, such as strengths utilization, expanding positive

emotions, improving interpersonal relationships, exploring meaning and life purpose, and promoting achievement and accomplishment (Rashid, 2015; Seligman et al., 2006).

Recognizing the critical role that positive psychology has played in refocusing psychotherapy toward a strengths-based approach, I propose that positive psychology can similarly refocus and reshape therapist self-care strategies in two critical areas. First, positive psychology can offer an approach to therapist self-care oriented toward wellbeing in order to support and maintain practitioners' ability to personally and professionally thrive and flourish. Utilizing evidence-based interventions derived from the study of positive psychology can offer an alternative approach to therapist self-care that contrasts with the traditional approach of ameliorating or reducing negative consequences of clinical practice. This orientation is supported by Wise et al. (2012) who state that self-care that supports and sustains well-being through positive principles and practice has the potential to spiral-up practitioners' wellbeing to one that promotes flourishing over simply meeting professional obligations. Likewise, Barnett and Cooper (2009) propose actively focusing on creating an ongoing "culture of self-care," emphasizing the integration of psychological wellness into "the very fiber of our professional identities" as well as in all aspects of our personal lives (p. 16). In perhaps the most positive and proactive of therapist self-care theories, Maynard and Wicks (2014) maintain that self-renewal, not remediation or repair, is the bedrock from which the therapist supports and sustains their very self, and allows one to engage in lifelong growth so that he/she may personally thrive.

What does a flourishing therapist, one who is thriving and has an enhanced sense of wellbeing, look like professionally and personally? Wise et al. (2012) describe a thriving and flourishing therapist as one who manifests resilience, has a broad array of possibilities in one's life, has an overarching psychological and interpersonal positive orientation in his/her ways of

thinking, doing, and being, has more experiences of joy, and has more meaning and purpose in life. The flourishing practitioner is described by Skovholt & Trotter-Mathison (2016) as one who is resilient, who constantly invests in personal self-renewal, and who manifests personal and professional vitality as reflected in feelings of zest, peace, euphoria, excitement, happiness, and pleasure. Others describe positive wellbeing in therapists as manifested by experiencing personal growth, demonstrating positive psychological changes, and having compassion satisfaction (Linley & Joseph, 2007), in addition to engaging in lifelong personal and professional growth (Maynard & Wicks, 2014). Norcross and Guy (2007) continue their vision of a flourishing therapist as one in whom creativity and growth, that is having a future orientation to his/her hoped-for possible selves, is paramount, who is passionately committed, and is diversified.

The second way that positive psychology can contribute to therapist self-care is through the creation of a formalized program within a peer-group setting, which addresses a significant challenge of the counseling profession - that of having little opportunity to initiate and maintain social connection— and incorporates a critical underpinning of various theories of wellbeing, which is that positive interpersonal relationships, social connectedness, and community are foundational to wellbeing in general (Fredrickson, 2013; Peterson, 2006; Ryff, 1989; Seligman, 2011) and specifically to therapists' wellbeing (Shallcross, 2011).

In summary, developing a formalized program of positive interventions offered within a group setting that provides peer support and opportunities for social connection addresses these challenges, and therefore has the potential to uniquely satisfy current unmet needs within the profession and to do this on a foundation of wellbeing.

The aim of this Capstone is to:

- Describe the challenges to psychotherapists' professional competence and personal wellbeing and the reasons why self-care is ethically and legally mandated;
- Summarize the theories, strategies, and resources currently available for therapist self-care and define the unmet need for more formalized interventions that offer self-care within a construct of social connectedness and peer support;
- Identify the potential benefits of providing therapist support and self-care within a framework of the principles and practice of positive psychology;
- Propose a seven-element model of wellbeing and a seven-session positive-psychology-based therapist self-care series, PSYCH, that provides regular opportunities in which to garner peer support through formalized programming designed to enhance wellbeing. Series components and activities specifically designed for the seven proposed areas of therapist wellbeing will be presented.

Challenges of the Psychotherapy Profession to Therapist Wellbeing and Self-care

The Nature of the Therapeutic Relationship

Caring and compassion are at the core of the helping professions, which comprise a diverse range of practitioners that includes the medical and healthcare fields, educators, law enforcement and legal professionals, clergy, and the field that is the subject of this Capstone, that of clinical mental health counselors and psychologists (Skovholt & Trotter-Mathison, 2016), hereafter which will be referred to as therapists. There is no doubt about the existence of the joys, rewards, gifts, satisfaction, stimulation, meaningfulness, and joy of helping, which therapists often state as being foundational to initially choosing the profession and central to

continuing to re-commit to it over time (Norcross & Guy, 2007; Skovholt & Trotter-Mathison, 2016). For example, therapists report significant positive effects of their profession on personal growth and psychological, relational, and spiritual wellbeing (Skovholt & Trotter-Mathison, 2016), with the bond from the therapeutic alliance having been shown as the best predictor of therapist wellbeing, including positive psychological changes and compassion satisfaction (Linley & Joseph, 2007). Overarching spiritual and humanistic rewards such as connecting to the ongoing human stage and the feeling of being a form of spiritual service are also common (Skovholt & Trotter-Mathison, 2016). Post-traumatic growth and positive change have also been recognized as positive outcomes in disaster work and trauma therapy (Linley & Joseph, 2007; Tedeschi & Calhoun, 2004).

Yet it is also necessary to acknowledge the tension that exists in the caring professions—other - care versus self-care, giving versus pulling back, self-sacrifice versus self-renewal – that requires ongoing vigilance and perspective taking to maintain the level of personal and professional vitality necessary for competence in a profession that subtly can move one toward depletion (Skovholt & Trotter-Mathison, 2016). Maintaining this delicate balance of being emotionally available and attuned to clients’ pain and suffering while maintaining a connection to one’s own pain and suffering is imperative to effective counseling (Elizabeth Venart as cited in Shallcross, 2011).

The specific challenges and stresses that the mental health professional experiences arise, in part, precisely because of the distinct nature of the therapist-client relationship. The therapeutic relationship has been called many things: a holding environment (Winnicott, 1965), a re-enactment of Bowlby’s secure attachment theory (Pistole & Fitch, 2008), a cradler of secrets (Yalom, 2002), the “indispensable soil of treatment” (Norcross & Guy, 2007, p. 2), and a bearing

witness (Wicks & Maynard, 2014). Though just a few descriptors, these examples particularly reflect the life-giving role that therapists enact within the therapeutic alliance. The essential role of therapist to therapeutic outcome has been consistently documented. The most important common factor to effective, successful therapy is the working alliance or empathic attachment between therapist and client (Pistole, 2003; Pistole & Fitch, 2008; Skovholt & Trotter-Mathison, 2016). This is true regardless of treatment modality and other therapeutic and clinical factors. The better able a therapist is in establishing this alliance or attachment across the broadest range of clients, the more effective the therapist and the therapy will be (Tracey, Wampold, Lichtenberg, & Goodyear, 2014). This ability must be considered within the context that a therapist finds him/herself. That is, the therapist is exposed to whatever unfolds in the intimacy and privacy of each therapy session, be they stories of depravity, suffering, and man's inhumanity to man, or stories of spiritual transcendence, inspiration, and hope. Kottler (2012) poetically describes this ongoing challenge, how he has "lived ten thousand lives through the stories of my clients. I have visited heaven with some of them; also, hell" (p. 20).

The key role of therapist to outcome underscores the need to intentionally preserve the vitality of the therapist, the key change agent, through self-care. This need is summarized by Norcross and Guy (2007) in the following way:

“. . . science and practice impressively converge on the conclusion that the person of the clinician is the locus of successful psychotherapy. It is neither grandiosity nor self-preoccupation that leads us to psychotherapist self-care; it is the incontrovertible science and practice that demands we pursue self-care”. (p. 3)

The Nature of the Therapist's Working Environment

Therapists face unique circumstances that present challenges to self-care and support. Perhaps the most overlooked is that a therapist works alone. With the exception of monthly staff meetings, ad hoc update meetings, and annual holiday parties (if the therapist works in a group or agency setting), there are few opportunities to engage with other therapists formally or informally, even in a group or agency setting (Barnett, 2014b). While client consultations, psycho-education, supervision, and discussion about regulations and good practice guidelines may take precedence, making time for small-talk is not prioritized. With each therapist scheduling clients at hourly intervals, combined with the responsibilities of maintaining paperwork, making follow-up phone calls, and consultations, “water-cooler” socialization is uncommon. For the therapist in private practice, financial practicalities also hinder personal down-time, particularly because as income is only generated during session time, any time spent outside of session is uncompensated time. The need to maintain client confidentiality also contributes to little sharing between and among therapists (Skovholt & Trotter-Mathison, 2016).

The Impact of These Challenges on the Stress-Distress-Impairment Continuum

It is well recognized that compassion fatigue, emotional exhaustion, and burnout are hazards of the helping professions in general, and the therapy-related professions specifically. Citing specific statistics on prevalence rates, contributing factors, and associated outcomes, however, is difficult, in part because of the inconsistent means by which these terms are defined, identified, and reported. A thorough review of burnout, given the common interchangeable and overlapping use of this term with compassion fatigue, emotional exhaustion, and secondary or vicarious traumatization, is beyond the scope of this Capstone. Two definitions of burnout,

however, that are particularly relevant to the discussion of therapist self-care are “meaning burnout” and “caring burnout” (Skovholt & Trotter-Mathison, 2016). The former occurs when the calling to care and give to others no longer provides meaning and purpose in life sufficient to meet the emotional needs of others or when the practitioner no longer feels his/her work is helpful. In caring burnout, the practitioner can no longer sustain the repeated cycle of attachment, engagement, and separation that is foundational for effective therapeutic work. In both of these conditions, losses exceed gains, depletion replaces energy, and impairment replaces functioning for the therapist.

It is important to recognize that “burnout,” however defined or whatever terminology is used across time and across professions, exists at one end of the impairment continuum, with interim stages of stress, distress, and behavioral impact preceding it (Wise et al., 2012). Consistent with the goals and intentions of positive psychotherapy, it is more relevant to this Capstone to acknowledge the impact of stress and distress of the counseling practice on therapists’ mental and physical health and on professional functioning and competency rather than on the traditional area of pathological dysfunction and stages of burnout. There is a continuum of functioning that ranges between optimal (wellness, thriving and flourishing) and impaired (any behavior, attitude or quality that compromises personal or professional effectiveness [Kottler, 2012]) (Wise et al., 2012), to which self-care and wellness practices are aimed.

In terms of stress and distress, many sources document that the nature of the therapeutic work incurs a significant toll on therapists’ psychological and emotional health, personal behaviors, and professional behaviors. Table 1 summarizes these multidimensional effects.

Consideration of Ethical and Legal Consequences of Self-care

Self-care is not optional in the counseling profession. It is mandated by professional associations including the ACA (2014) and the APA (2002; Advisory Committee on Colleague Assistance, n.d.), which clearly state that therapists must engage in ongoing efforts at self-care to develop and maintain mental and physical health, wellness, and professional responsibilities, to maintain professional competence, and to provide high-quality patient care. Consequently, there are legal risks to therapists' overlooking their health and wellness. Wheeler and Bertram (2015) summarize the ethical and legal risks of ignoring self-care by saying that licensed practitioners, registered interns, graduate counseling students, and counselors must adhere to state laws regulating the practice of mental health counseling as well as follow the ethical codes developed by their professional counseling associations. The ethical codes and standards of care created by these associations may be utilized in courts of law to determine liability for counselors facing legal complaints. Importantly, therapists who are unsuccessful in addressing burnout may be at risk for ethical and legal violations that could result in malpractice claims and termination of professional counseling licenses and memberships (Wheeler & Bertram, 2015). Though the frequency of real-life malpractice cases due to burnout are not known, the APA advises that one way to avoid the most common pitfalls of malpractice claims and licensing board complaints is to practice self-care (Novotney, 2016). Being able to recognize the stresses to the profession before they impact behavioral outcomes (including "unhealthy escapes" [Norcross & Guy, 2007, pp. 132-135]), or could be viewed as ethical violations, or erode one's professional competence (e.g., careless chart-keeping, inappropriate self-disclosure, breach of confidentiality) that can lead to malpractice lawsuits is critical (Barnett, 2014a; Novotney, 2016; S. Mayer, personal communication, June 2, 2017).

This component of legal liability is often outside of the practitioner's focus to help, yet it requires that the practitioner be "self-protective" (Skovholt & Trotter-Mathison, 2016, p. 59) by being aware of rules and procedures of competent practice, especially those related to the welfare and wellness of the practitioner. Thus, self-care with the goal of maintaining professional competence is both an ethical imperative and a legal mandate.

Meeting the Unmet Needs in Existing Therapist Self-Care

The Unmet Need of Formalizing Self-Care Strategies

The literature on therapist self-care has burgeoned over the past three decades, a fact that in and of itself reveals what has traditionally been an unmet need for therapists. Less than 30 years ago, self-care was not even a mention in a comprehensive resource for counseling clinicians (Wicks, Parsons, & Capps, 1986), while the same co-author has recently produced a comprehensive resource focusing *only* on clinician self-care through self-renewal (Wicks & Maynard, 2014). Norcross and Guy (2007), who studied changes in therapist self-care over the past 25 years, also have documented a transition from the general assumption that a practitioner could simply follow the renowned adage and "heal thyself" without attention to the process of doing so, to the existence of a complex and diverse array of self-care strategies employed by psychotherapists that follow few patterns and do not align under a specific principle.

While self-care is mandated for the profession (ACA, 2014; APA, 2002; Advisory Committee on Colleague Assistance, n.d.), there is not widespread agreement about practical and effective ways to educate about it, practice it, or sustain it throughout one's career (Barnett & Cooper, 2009). Broadly defined, self-care is the application of a range of activities with the goal of being well-functioning (Barnett & Cooper, 2009). Though the array of topics addressed over

these years under the general category of self-care has been wide-ranging, it would be possible to broadly categorize the orientation of these strategies into two general areas: (1) mitigation, prevention, detection and treatment of professional impairment with the ultimate goal of risk reduction, and (2) promotion of growth, self-improvement, self-renewal, and enhanced wellness with the ultimate goal of personal wellbeing and professional competence.

The Unmet Need of Positively-Oriented Interventions

Incorporating a positive dimension into the stress-distress-impairment continuum (Wise et al., 2012) has been a more recent focus within the field of therapist self-care that coincides with the growing evidence-based literature on the impact of positive interventions on wellbeing. Wise and co-authors (2012) propose an integration of self-care-oriented activities, including mindfulness-based practices, acceptance-, and positive psychology-based practices embedded into one's existing healthy lifestyle so as to create a sustainable and intentional level of professional competence. Their vision is that self-care efforts that are wellness-enhancing would be so well integrated into daily life, there would be no demarcation between living in a fulfilling, meaningful, flourishing, and life-affirming manner and professional competence. Linley and Joseph (2007) also have expanded their vision of self-care to address ways in which factors that contribute to therapists' wellbeing could be positively exploited for personal growth and change. Similarly, Smith and Moss (2009), Skovholt and Trotter-Mathison (2016), and Norcross and Guy (2007) propose implementing positive behaviors that promote therapists' ongoing wellbeing with the goal of not simply surviving, but thriving in the practice as a therapist. Avoiding burnout, which is an avoidant-, negative-, and pathology-oriented strategy, is much better replaced with a growth- and living-well strategy (Norcross & Guy, 2007).

The Unmet Need of Peer Support and Social Connectedness

Through clinical studies, empirical data, and anecdotal evidence, nurturing connections and utilizing social connectedness and support through peer, mentor, colleague, clinical team, and supervisor relationships have shown to be healthy and beneficial self-care strategies for therapist wellbeing (Brabender & Slater, 2014; Linley & Joseph, 2007; Mullenbach & Skovholt, 2016; Norcross & Guy, 2007; Skovholt & Trotter-Mathison, 2016). Yet a common therapist admission still remains, “I realized that all my self-care was solitary” (Guy & Norcross, 2007, p. 89), and professional isolation continues to contribute greatly to the pressures, challenges, and demands of the therapy profession (Barnett, 2014b). Thus, the self-care literature may reveal little about practical ways in which one can engage in self-care practice within a group-support context, but it does show, and therapists would confirm, that social connection with others is a necessary antidote to the loneliness of the therapy profession (Skovholt & Trotter-Mathison, 2016).

Kottler (2012) asserts that recruiting colleagues, supervisors, and staff into the discussion of and practice of self-care can promote significant and enduring growth as a therapist. But he also advises that transforming the colleague climate from one of exchanging complaints, that reinforces a victim mentality, and that promotes circular rather than solution-focused interactions is important. Skovholt and Trotter-Mathison (2016) also underscore that “cynical, critical, and negative colleagues and managers are a danger!” Recognizing that the “disease of negativity [is] a highly infectious disease” and is “especially dangerous in the relationship-intense helping fields” (pp. 90-91), providing therapists opportunities for positive engagement is a critical unmet need. Similarly, developing and maintaining connections and relationships through which to promote wellness throughout the different phases of a therapist’ career is deemed a valuable

focus for therapist self-care (Barnett & Cooper, 2009). Counselor educator Gerard Larson also asserts that a colleague-supportive environment can immensely improve counselor wellness and starting a community with even just two or three individuals is an important step to creating a culture of wellness (as cited in Shallcross, 2011).

Normalizing professional stresses and establishing a universality-of-experience effect, which underlies the effectiveness of group therapy (Yalom & Leszcz, 2005), represents a powerful source of professional support that can be engendered within a group atmosphere. In fact, Brabender and Slater (2014) advocate the group provides unique contributions to therapist renewal, acting as a medium for emotional and intellectual refueling, renewal, and growth that is untenable through individual effort alone.

Principles of Positive Psychology

Positive psychology, through its scientific foundation, implementation of evidence-based practice, and demonstrated applicability in a broad range of disciplines, has the potential to meet these unmet needs in therapist self-care. Following is a brief summary of the history of positive psychology and its specific relevance in this area.

Mission and History of Positive Psychology

A common misconception about the field of positive psychology is that it is about the pursuit of happiness (Peterson, 2006). Establishing that positive psychology is the scientific study of wellbeing and human flourishing is critical to understanding its history, mission, and applicability across domains of living (Peterson, 2006; Seligman, 2011). Positive psychology uses the same rigorous standards of scientific research as traditional psychology in the study of

cultivating and sustaining those elements of living that contribute to wellness and that support a flourishing and fulfilled life (Peterson, 2006). Thus, the science of positive psychology is really the study of wellbeing and human flourishing and the application of this research to creating the conditions in which wellbeing and human flourishing can be cultivated and sustained across a range of external conditions. Through this science, clinicians, organizations, educators, medical professionals, and members of any profession, and perhaps most importantly, individuals in any circumstance of life can access evidence-based theories and strategies of wellbeing to orient themselves toward and actively pursue a mindset of wellness, flourishing, and what makes life most worth living (Linley et al., 2009).

How does positive psychology differ from traditional, mainstream psychology?

Historically, traditional psychology was based on a disease-centered model focused on treating illness, alleviating symptoms, reducing suffering, and restoring function. In contrast, positive psychology uses evidenced-based scientific methods to discover what helps people to cultivate, enhance, and sustain wellbeing (Seligman & Csikszentmihalyi, 2000). Thus, the focus of positive psychology represents a shift away from a pathology-based model rooted in ameliorating symptoms and curing disease, to one that capitalizes on an individual's strengths, values, achievements, hopes, and goals to craft wellbeing and a flourishing life for oneself (Seligman, 2002; Seligman & Csikszentmihalyi, 2000).

Wellbeing Theory and Definitions

What is meant by “wellbeing” and why is it important to define? With the development of reliable and valid instruments to measure happiness, life satisfaction, and affect, various theories of wellbeing have been proposed by psychologists and researchers based on empirical

evidence. Diener, Oishi, and Lucas (2009) define subjective wellbeing as a broad concept that is based on a person’s cognitive and affective evaluation of his/her life as a whole and includes a high level of pleasant affect/mood, a low level of negative affect/mood, and high life satisfaction. Seligman (2011) asserts that “the topic of positive psychology is wellbeing” (p. 13), which he states is a construct of elements that contribute to, but do not define, wellbeing. Seligman’s (2011) PERMA model of wellbeing incorporates positive emotion, engagement, positive relationships, meaning, and accomplishment/achievement.

Eight predominant theories of wellbeing are summarized in Table 2. Importantly, these theories of wellbeing and their identified constituents are not just theoretical constructs; rather, they are the products of critical thought and scientific evidence that can be utilized to create one’s personal model of wellbeing. Once defined, one can implement specific strategies and interventions to cultivate wellbeing and live a flourishing life. Identifying the elements of wellbeing is important because it is critical to crafting the path and designing general strategies as well as specific skills, activities, and techniques that will help one to get there.

Proposed Wellbeing Model for Therapist Support and Self-Care

The wellbeing model proposed in this Capstone incorporates elements that offer support and self-care specifically within the context of the therapists’ personal and professional needs (see last entry in Table 2). It is based on existing theories of well-being in positive psychology but also incorporates the element of spirituality that is not explicitly included in these theories. This combination of elements also reflects the integrated foundation on which my own theoretical orientation as a pastoral clinical mental health counselor is based. The seven elements of wellbeing form the basis for PSYCH, Positive Self-care Yields Caring Healers, a

positive-psychology-based, peer-supported therapist wellbeing series proposed in this Capstone.

They are: 1) self-worth and self-value; 2) meaning; 3) positive relationships; 4) positive emotions and emotional perspective; 5) engagement and attention of mind; 6) social connectedness and community; and 7) spirituality, transcendence, and religion. Below is a brief description of each element and its foundational relevance to wellbeing. Each element will also be further detailed in the next section of this Capstone.

- (1) The foundation of this model is **self-worth and self-value**, or acceptance of, love of, and compassion for the self. “Relationship with the self” is an element across existing theories of well-being (Jahoda, 1958; Ishizuka, 1988; Ryff, 1989; Huppert & So, 2013). Ryan, Huta, and Deci (2008) also assert that self-acceptance and personal growth are psychological measures that indicate one is living well. Self-compassion is also a powerful way to experience greater emotional wellbeing, help one recognize his/her connection with the common human experience, strengthen emotional resilience, and forge interconnectedness and belonging (Neff, 2011). While measures of self-love are not included in PERMA (Seligman, 2011), “loving and allowing yourself to be loved” is one of the 24 signature strengths in the VIA Survey of Character Strengths (authentichappiness.org, 2016; VIA Institute on Character, 2017). Seligman (2011) also quotes George Vaillant, renowned Harvard researcher, as stating “the master strength is the capacity to *be* loved” (p. 21). Self-love, or having a self-affirming stance, and believing oneself to be worthy of love and acceptance, is foundational to wellbeing, forms the basis for all other forms of love, and expands love’s reach (Fredrickson, 2013; Ryan et al., 2008).

- (2) **Meaning** can be broadly defined as belonging to and serving something larger than the self, which has both a subjective and objective component of judgment (Seligman, 2011). It also comprises an individual's comprehension of themselves and their place in the world within a unifying domain, one that combines purpose with achieving motivating, long-term goals about which one is passionate and committed (Steger, 2009). The pursuit of meaning in life makes us distinctively human. "Human beings are hardwired to seek meaning," state Baumeister and Vohs (2002, p. 613). The conferring of meaning that arises from making connections and relationships across time and goals is associated with life satisfaction, happiness, fulfillment, wellbeing, and physical and psychological health benefits (Baumeister & Vohs, 2002). Meaning in life is a consistent element in human wellbeing and optimal functioning (Steger, 2009). Studies demonstrate that those professing to have lives of meaning or purpose are happier, have greater overall wellbeing, life satisfaction, and work engagement, and greater control over their lives, while also reporting decreased negative life markers, such as negative affect, depression and anxiety, suicidality, and substance abuse (Steger, 2009). Creating purpose in life and devoting effort and resources toward meeting that purpose provides a "bedrock foundation" for a life well lived (Kashdan & McKnight, 2009, p. 303). The presence of meaning in life is associated with more positive human functioning (Steger, 2009).
- (3) Having **positive relationships**, or intimacy and relatedness and caring for and being cared about by others, is an element of wellbeing in most theories (Huppert & So, 2013; Ishizuka, 1988; Ryan et al., 2008; Ryff, 1989; Seligman, 2011). The primal need for love, attachment, and close relationships has been evolutionarily, biologically, psychologically and developmentally established, but there is also evidence of a

correlation between relationships and love and physical and psychological health and wellbeing across the lifespan (Fredrickson, 2013; Haidt, 2006; Park, Peterson, & Seligman, 2004; Peterson, 2006). The quantity and quality of one’s relationships and connections have enormous impact on and relevance to wellbeing, happiness, positive emotions, and work and life meaning (Fredrickson, 2009; Gable & Gosnell, 2011; Peterson, 2006; Rath, 2015; Seligman, 2011). The words of positive psychology’s co-founder, Christopher Peterson, “other people matter” (2006, p. 249), are foundational to wellbeing.

- (4) Theories by Diener, Suh, Lucas, and Smith (1999), Keyes (2002), Seligman (2011) and Huppert and So (2013) include positive emotions and/or emotional regulation (emotional stability, resilience, optimism, and health) as an element of wellbeing. I include **positive emotions and emotional perspective** in this proposed model. Limiting this element to use of the descriptor “positive” does not reflect the value of emotions across a continuous spectrum that exists for humankind. While Fredrickson’s (2009) broaden-and-build theory details the myriad benefits of positivity and its self-generated upward spiral toward flourishing, it also emphasizes the importance of relativity (ratio) of positive to negative emotions rather than absence of negative emotion, and it allows for the concept of positivity to “encompass the full range of human emotions” (p. 33). Fredrickson (2009) states, “Negativity is important. . . The beauty of the . . . positivity ratio is that it’s large enough to encompass the full range of human emotions” (p. 33). Other research confirms that negative emotions can also cause cognitive broadening (Harmon-Jones, Gable, & Price, 2013), result in personal and spiritual growth (Tedeschi & Calhoun, 2004), and serve to develop strategies for coping (Lyubomirsky, 2007).

That both positive and negative emotions serve a function in human experience and are integral to wellbeing is not inconsistent with Fredrickson's (2009) or Seligman's (2002, 2011) theories of wellbeing and flourishing. Nor does Seligman advocate abolishing negative emotions, finding no evidence of a reciprocal relationship between positive and negative emotions and stating that negative emotions do not preclude a joy-filled life (Seligman, 2011). Harmon-Jones et al. (2013) affirm that low-motivational intensity negative emotions (e.g., sadness, in contrast to high-motivational intensity, such as fear) can cause cognitive broadening. Whereas Fredrickson (2009) asserts that positivity inspires oneness with others and changes our interactions with others, I believe that negative emotions also expand relationships, provide meaning, produce awe, and strengthen virtues, all of which are hallmarks of wellbeing.

- (5) **Engagement** is about flow, the experience that arises when the balance between skill and challenge are optimal, in which arises a state of total immersion or concentrated attention that is naturally associated with pleasure, enjoyment, fulfillment, and wellbeing (Csikszentmihalyi, 1990) and which can lead us to an involved life (Lyubomirsky, 2007). Engagement and personal growth are construct elements in existing wellbeing theories (Huppert & So, 2013; Jahoda, 1958; Ryff, 1989; Seligman, 2011). Subjective vitality, which Ryan et al. (2008) describe as brought about by investment of psychological and physical energy in intrinsic and extrinsic goals, can also be included in the definition of engagement. Related to focused engagement is **attention of mind**, or mindfulness, which is foundational to ordering of consciousness that determines the content and quality of one's being (Csikszentmihalyi, 1990). Without discipline of the mind, one cannot

become engaged, nor attend to the remaining elements of wellbeing. Ryan and colleagues (2008) affirm that mindfulness is related to autonomy, or “one’s reflective and thoughtful endorsement of actions” (p. 158), and autonomy is an element in the wellbeing theories of Jahoda (1958) and Ryff (1989). The practice of mindfulness is an evidence-based intervention with demonstrated mental and physical health benefits including increased positivity, decreased negativity, emotional regulation, and interpersonal benefits (Davis & Hayes, 2011; Kabat-Zinn, 2003). Studies of mindfulness interventions in general have demonstrated positive wellbeing outcomes (Sin & Lyubomirsky, 2009).

(6) **Community and social connectedness** is the expansion from self and other to include a broader web of connections and social ties. Being members of a larger group and serving something larger than the self has effects on wellbeing and happiness (Haidt, 2012). Connecting to a community or social group provides meaning and significance and contributes to vital engagement with the world and to global promotion of virtues and well-being (Haidt, 2006; Peterson, 2006). Baumeister and Leary (1995) assert that social connection, or a sense of closeness that arises from a relationship with another person within a group or community, engenders belonging, a sense of fitting in with people, and a positive sense of self. Even micro-moments (short durations) of connectivity that arise from intentional awareness of momentary experiences of connection generate positive resonance that has long-range effects on social relationships, biochemical processes, cognition, resilience, and overall physical health (Fredrickson, 2013).

The need for bonding, social connection, and belonging with another person as well as within a group or community is a core human trait that cannot be ignored within the workplace (Baumeister & Leary, 1995; Cameron & Spreitzer, 2013; Dutton, 2003;

Ratey & Manning, 2014; Stephens, Heaphy, & Dutton, 2012). Furthermore, focusing on work relationships can help transform one's work into a more meaningful effort or calling (Wrzesniewski, Berg, & Dutton, 2010). Connecting can also engender trust, and trust creates positive energy that renews and builds on itself (Dutton, 2003). It is interesting to reflect on the idea that broad social constructs and group belonging evolutionarily provided survival benefits (Wilson & Wilson, 2007). Haidt (2012) maintains that humans are conditional hive creatures and are genetically hardwired to function as a unit under the right conditions ("the hive switch"), which allows the individual to become "simply a part of a whole" (pp. 2-4). It is also important to note here the results of a landmark social-contagion study demonstrating that happiness spread from person-to-person within a group or cluster of individuals within social networks and with diverse social ties (Fowler & Christakis, 2008). The authors conclude that one's happiness depends on the happiness of others with whom one is connected. Finally, citizenship, defined as responsibility towards one's community, is one of the character strengths within the virtue of justice (VIAcharacter.org, 2017).

(7) **Spirituality, transcendence, and religion.** Transcendence is one of the six virtues and spirituality is one of the 24 signature strengths (VIAcharacter.org, 2017). Transcendence and spirituality are as inherent in humanness as our physical dimension, and has been termed the third moral vertical dimension (Haidt, 2006). Spirituality, defined as the search for the sacred (Pargament & Mahoney, 2009) "is the amalgam of the positive emotions that bind us to other human beings and to our experience of 'God' as we may understand Her/Him" (Vaillant, 2008, pp. 4-5). It comprises positive emotions, social connection, and love of the other. If we are hardwired for spirituality (Vaillant, 2008), a

theory of wellbeing could not exclude this element; however, it is not an element in any of the current wellbeing theories.

There is much literature about the value of transcendent/peak/religious experiences and the commonly reported after-effects, which include a desire to serve others, commitment to relationships, changes in careers and lifestyles, changes in values, belief systems, habits, and behaviors, new understanding of religion and the afterlife, and a desire for more meaning in life (J. Haidt, personal communication, December 10, 2016; Maslow, 1964; Newberg & Waldman, 2016; Yaden, McCall, & Ellens, 2016). A recent survey has also shown that highly religious Americans are happier, more engaged with family, more involved in their communities, and more likely to volunteer (Pew Research Center, 2016). Thus, the impact of spirituality, transcendence, and religion on wellbeing cannot be ignored or dismissed, and therefore is one of the components of wellbeing in this proposed theory.

Proposal for PSYCH:

A Positive-Psychology-Based, Peer-Supported Therapist Wellbeing Series

General Description of Program

PSYCH is grounded in the science of positive psychology and meets three distinct needs of therapists: 1) it is a formalized program of self-care; 2) it incorporates evidence-based positive psychology interventions to enhance and sustain wellbeing; and 3) it is conducted within a peer group setting. It is a seven-session series in which each session addresses one of the elements of the proposed wellbeing model for therapist support and self-care (see Principles of Positive Psychology). Each series session is facilitated by a trained leader who guides the activity.

Components of the PSYCH series are summarized in Table 3. Components are independent of one another and can be mixed and matched to create an individualized therapist self-care toolbox. It is not necessary that the components be conducted in the order presented in this Capstone, except for Series Components 1 and 2, which should be conducted as the first and second sessions in the series, respectively, because of their foundational nature to establishing interpersonal bonds, social connection, support, and trust within the group.

An important aspect of PSYCH is that it was designed with the intent of providing therapist support and self-care; thus, none of the components in the series reflect or are intended to directly build professional competencies. Nor are they intended for use in a therapeutic setting, though therapists may be familiar with some activities from their therapeutic work with clients. Each component in this series is presented as a personal wellbeing activity that is foundational to professional competence because “maintaining oneself personally is necessary to function effectively in a professional role” (Skovholt & Trotter-Mathison, 2016, p. 161).

PSYCH Components

Component 1: Positive Introductions. Wellbeing theory element: Self-worth and self-value.

Background and Foundational Theory. The Positive Introduction activity demonstrates “the principles of positive psychology in action” (Peterson, 2006, p. 28). This component is introduced at the opening session of the series because it forms a crucial foundation for generating positive emotions, forming social bonds, and engendering an atmosphere of trust, authentic connection, and support among group members (Fredrickson, 2009; Rashid, 2015) and is also a listening skill that can help foster curiosity (Skovholt & Trevor-Mathison, 2016). Its importance is highlighted by its inclusion as Session 1 in the 14-session Positive Psychotherapy

treatment series for depression (Rashid, 2015; Seligman, 2011) and as the initial activity for students in the Penn Resilience Program in positive education (Seligman, 2011).

Various components of the activity support its effectiveness in these areas. The process of preparing and presenting a Positive Introduction incorporates positive cognition, in which the organizing principles of thought are around positive views of the self by being asked to identify, reflect on, articulate, write about, and share positive content of thought about oneself with another (Peterson, 2006). The listener, in turn, is asked to listen with appreciation and reflection within the organizing principle of selective attention to the positive. The process of writing in and of itself has positive emotional and mood benefits and longer-term benefits to physical and psychological wellbeing (Baikie & Wilhelm, 2005; Pennebaker, 1997; Pennebaker & Seagal, 1999; Rebele, 2010). Sharing the content of a Positive Introduction with another creates an atmosphere of positivity, a proven means of broadening and building the upward and expansive spiral of impact that positive emotions evoke as well as building social support, connections, and relationships (Fredrickson, 2009). Positive Introductions employ such forms of positivity as: pride in one's socially valued skills, successes, and ways of being and doing that are praiseworthy; interest in our own and another's story; curiosity about exploring new ideas and possibilities; and inspiration through being uplifted or elevated by the goodness, excellence, or virtue of another (Fredrickson, 2009). Recalling the positive aspects of a past experience that helped one attain ideals and goals can help reinforce one's sense of identity, recognize continuity with the past, gain personal insight, appreciate one's uniqueness, and boost one's self-esteem and positive self-image (Lyubomirsky, 2007). Positive Introductions are also motivating for others (Rashid, 2015). Finally, by disclosing our vulnerabilities through a Positive Introduction and subsequently finding that it was safe to do so, we begin to develop trust (Dutton, 2003).

Recall of positive memories involved in writing one's Positive Introduction also facilitates savoring of positive emotions from past events. Past-focused savoring interventions that increase one's awareness of an earlier positive experience are effective strategies for producing positive benefits for weeks after the intervention (Smith, Harrison, Kurtz, & Bryant, 2014). Positive Introductions also cultivate an environment of savoring in which one can notice and appreciate another's positive experiences (Bryant & Veroff, 2007; Fredrickson, 2009; Lyubomirsky, 2007).

Wise et al. (2012) describe the potential benefit of self-compassion to therapists that can be gained from exploring what is good and virtuous and positive about oneself as reflected in the Positive Introduction. They include enhancing one's compassion for clients, especially difficult clients, and cushioning against stress. Additionally, identifying one's core values helps to reaffirm and recommit to what is most meaningful in life, which contributes to less ruminating and greater psychological flexibility in therapists. Honing one's listening skills and observing the other's story as a cultural anthropologist might, attuned to the interesting details of the stories, can also be beneficial to therapists. One hazard of the therapist profession that impacts the ability to connect and engage is cognitive deprivation and boredom (Skovholt & Trotter-Mathison, 2016). Cultivating curiosity through this activity is one way to help to maintain interest in the stories one's clients tell.

Executing the activity. In this first activity, participants will introduce themselves to one another in a way that begins a relationship in the most positive of ways: describing oneself at one's very best. It is from this perspective – a story of how someone used their highest character strengths, the best parts of themselves, in a particular circumstance – that others will frame subsequent interactions and will form the basis for how they think about one another (Peterson,

2006). To do this activity, participants are asked to recall a specific event in their lives that showed themselves at their very best, not in terms of achievements or skills, but in terms of strength of character that allowed them to accomplish something personally meaningful or overcome a significant challenge or adversity. The event for the Positive Introduction can be either a major, life-changing occurrence or a minor, every-day event. “Small I-made-a-difference victories” may be particularly helpful to relish, as they are important for empowering therapists engaging in long-term work with clients (Skovholt & Trotter-Mathison, 2016, p. 142). Whatever story participants choose to share, it should be emphasized that the event be one that shows oneself at his/her very best. Individuals are asked to write a one-page description of this experience prior to the session, in as physically- and emotionally-vivid detail as possible. They will introduce themselves to a group of two to five individuals through this real-life story.

The facilitator will debrief at the end of the session, focusing on the experience of both introducing oneself in this way and listening to the introductions. Participants will be asked to bring their Positive Introductions to the next session in which Component 2, Character Strengths, will be presented.

Note: The topics of Character Strengths and Active Constructive Responding will be described in more detail as Components 2 and 3, respectively. For Component 1, however, the goal is for each participant to prepare their Positive Introduction prior to the session without attention to identifying specific characteristics, strengths, or values, while “listeners” will only be instructed to actively listen with attention to the narratives of those presenting the Positive Introduction.

Component 2: Character strengths. Wellbeing theory element: Meaning.

Background and Foundational Theory. Christopher Peterson and Martin E. P. Seligman, founders of the science of positive psychology, identified 24 character strengths and categorized them within six core virtues (Peterson & Seligman, 2004). Criteria for identifying a component as a character strength include that it: is cross-culturally ubiquitous; is fulfilling; is morally valued; is elevating to others; has a negative opposite; is trait-like, measurable, and distinct; is manifest in paragons; has prodigies; and is deliberately targeted as worth cultivating (Peterson, 2006). Character strengths are clustered within six core virtues that define a coherent family of character strengths (Peterson, 2006). These categories of strengths and virtues provide a common cross-cultural index and vocabulary to identify attributes that are excellent, desirable, and moral in humankind. Each of us has an individualized combination of greater (more prominent) and lesser (less prominent) character strengths. No character strength is better than another, and each of us demonstrates them in a unique combination.

The six core virtues and 24 character strengths are:

Wisdom – 1) creativity, 2) curiosity, 3) love of learning, 4) open-mindedness, 5) perspective

Courage – 6) bravery, 7) persistence, 8) integrity, 9) vitality

Humanity- 10) love, 11) kindness, 12) social intelligence

Justice – 13) citizenship, 14) fairness, 15) leadership

Temperance - 16) forgiveness/mercy, 17) humility/modesty, 18) prudence, 19) self-regulation

Transcendence – 20) appreciation of beauty & excellence, 21) gratitude, 22) hope, 23) humor,
24) spirituality

More than 250 empirical studies have shown that using one's signature strengths is associated with benefits including increased happiness (Niemiec, 2013). Importantly, using

one's signature strengths in new and varied ways, in contrast to strengthening lesser strengths, is an intervention that has been shown to significantly improve individuals' wellbeing and their likelihood to flourish, increase happiness and life satisfaction, and promote positive emotions (Niemić, 2013, 2014b; Peterson & Park, 2009; Peterson & Seligman, 2004). In a broader and longer-term context, dedicating one's signature strengths in a purposeful way toward an entity greater than oneself is a way to fully and deeply experience meaning in life (Seligman, 2002). The enactment of one's values through utilization of signature strengths and pursuit of one's most important strivings also represents a manner by which one can fulfill their unique purpose in life in a manner of living that Frankl (1959) focused on as having meaning.

A relatively simple way to be happy is to utilize one's strengths consistently, but in new and varied ways so that one doesn't become acclimated to their benefits. Researchers and practitioners of positive psychology have formulated many ways that each strength can be practiced (Niemić, 2014a, 2014b; Seligman, 2011). In fact, Rashid and Anjum (2015) developed a list of 340 different ways to use one's signature (most prominent) strengths. These guidelines can also be used in everyday life to not only enhance wellbeing, have better life satisfaction, and be happy, but to reshape one's daily personal life and recraft one's professional work so that one can expand the possibilities for meaning-making, fulfillment, and gratification (Fredrickson, 2009). Even just the activity of recognizing and labeling one's strengths - gaining this valuable bit of self-knowledge - has benefits, in addition to exploring how one might intentionally apply those strengths in ways that can affect our happiness, meaning, and accomplishments (Biswas-Diener, Kashdan, & Minhas, 2011; Niemić, 2013). Developing personalized goals based on optimal utilization of one's signature strengths, as well as recognizing the hazards of both overuse and underuse, is foundational to positive psychotherapy,

a strength-based therapeutic approach that is complementary to symptom reduction in the clinical setting (Rashid, 2015).

Potential benefits specifically for therapists is that by identifying and intentionally cultivating one's strengths and life values, one builds capacity to move away from over-identifying with one's personal limitations as well as with clients' emotional lives (Wise et al., 2012). This kind of emotional reciprocity is common between therapist and client because by the very nature of our humanity we are interconnected. The authors also assert that incorporating a sense of gratitude along with identifying, appreciating, and building one's signature strengths may also be particularly meaningful for therapists, as it represents a unique, complex combination of intellectual conception with human relatedness. Therapists who have an understanding of one's life report having greater sense of meaning and of coherence, which is associated with therapist wellbeing (Linley & Joseph, 2007).

Executing the Activity. This activity can be executed in one of five ways (Niemiec, 2016). An individual's 24 character strengths can be identified and relationally quantified using the Values in Action (VIA) questionnaire (VIAcharacter.org, 2017). The VIA is a validated survey instrument developed by Peterson and Seligman (2004) consisting of 240 statements that one answers with one of five responses ranging from "Very much like me" to "not at all like me." One way to identify one's strengths would be by accessing this free online survey through the Values in Action Institute at www.VIACharacter.org or the University of Pennsylvania's Positive Psychology Center at www.authentic happiness.com. Each produces a comprehensive report rank-ordering the 24 strengths based on self-reported responses to these statements. Another method is the personal assessment, in which an individual self-identifies his/her own strengths using a list of uncategorized 24 strengths along with descriptions of each from which

he/she is asked to select the five that best describe their personality or that they use most in their daily lives (Niemic, 2016; Rashid, 2015). Similarly, individuals can self-report using a daily log to record use of their strengths at set times throughout the day. Additionally, the Positive Introduction (prepared in Series Component 1) can be utilized to identify character strengths displayed when he/she was at his/her very best. Finally, the Reflected Best Self Exercise can be used to solicit strengths feedback from trusted significant others ranging from family members, friends, and colleagues (Roberts, Dutton, Spreitzer, Heaphy, & Quinn, 2005). In this exercise, which is also available online (Center for Positive Organizations, 2017), the identified others are asked to provide feedback through stories about times they have witnessed the individual at his/her very best. These can be identifiable or anonymous. The individual reads the collective narratives and identifies commonalities and themes across stories, which can then be combined in a Reflected Best-Self Portrait.

The facilitator will choose one or more of these activities and ask participants to prepare accordingly prior to the session. The facilitator will debrief at the end of the session, focusing on how to utilize strengths in new ways to enhance wellbeing, increase happiness and life satisfaction, and more deeply experience meaning and purpose in one's life.

Component 3: Capitalizing on positive relationships using Active Constructive Responding (ACR). Wellbeing theory element: Positive relationships.

Background and foundational theory. Positive interpersonal relationships are the most important source of wellbeing, happiness, and life satisfaction, are the biggest predictors of life satisfaction in every country studied worldwide and, interestingly, have long-term beneficial effects on physical health as well (Diener & Seligman, 2002; Fredrickson, 2013; Gable &

Gosnell, 2011; Maisel & Gable, 2009; Peterson, 2006). The opposite is also true: poor, destructive relationships and chronic loneliness are the most common causes of distress and significantly affect both psychological and physical health (Fredrickson, 2013; Reis & Gable, 2003). Practicing the skill of actively and constructively responding to another's good news can significantly impact positive relationships. Supportively responding to another's good fortune has been found to be more important to relationship quality than responses in times of stress (Gable & Gosnell, 2011). Even a simple "turning toward" versus "turning away" response to an individual's expressive "bid" is an example of relationship engagement, interest, connection, and support, and is associated with healthy relationships and wellbeing (Smith, 2014).

The effect of the listener on the communication dynamics often goes unrecognized. Though it may appear obvious, noticing and recognizing another's good fortune are prerequisites, which must then be followed by meeting the news with positive emotion, support, celebratory love, and energy to build and strengthen relationships, create connection and positivity, and generate good feelings (Fredrickson, 2013). Interactions in which participants feel understood, validated, appreciated, and cared for are those that produce the strongest feelings of relatedness to the other (Reis & Gable, 2003). Importantly, positive relationship processes are not just the opposite of destructive processes; therefore, building positive relationships requires active engagement in constructive processes and positive interactions (Reis & Gable, 2003).

ACR is an exercise in which partners practice the principles of supportive responses to the other's telling of a positive event (Gable, Gonzaga, & Strachman, 2006). Becoming aware of our response style in relationships is the first step to responding in a way that builds healthy relationships rather than erodes them. ACR is a response style specifically used in positive interactions, and a skill that focuses on capitalizing on the positive rather than focusing on the

more common negative areas of managing conflict or avoiding negative emotional exchanges (Gable et al., 2006). It is a supportive response that occurs in the moment when someone tells us about a positive event, and it relates to the bearer of the good news, “I am going to be happy with you in the moment you want me to be” (K. Reivich, personal communication, March 25, 2017). Supporting a partner when they are sharing their good fortune is an important component of building relationship and therefore wellbeing (Gable et al., 2006). It allows the teller to savor the joy of the event, as well as allows the pair to bond over the good news. Like monetary capital, it builds resources from which to draw in times of stress.

ACR is one of four possible response styles. The others are passive constructive, active destructive, and passive destructive. Only responses that are active and constructive are associated with wellbeing, higher relationship quality, and feeling understood, validated, and cared for (Gable et al., 2006). Understanding that one can choose one’s response style, that this response style has a direct effect on his/her relationships, and that positive or high-quality relationships and connections are the greatest determinants of happiness, health, and wellbeing and vice versa (Gable & Gosnell, 2011; Peterson, 2006) adds even more reason to discuss and practice ACR within the context of fostering wellbeing.

Therapists’ response style with colleagues is similarly important, particularly within a group setting. Kottler (2012) emphasizes that climates created within therapist groups that are not supportive and that promote complaint- and victim-mentality- atmospheres, which are common when therapists gather, are not climates of support and wellbeing. Also important is the extent to which the practice of ACR contributes to the capacity to build empathy for another, as therapists’ empathic connection with their clients and formation of a therapeutic bond are positively associated with therapist wellbeing (Linley & Joseph, 2007).

Executing the activity. In this activity, partners practice the principles of supportive responding to the other’s disclosure of a positive event or good news (Gable et al., 2006). This skill requires diligence to practice in everyday interactions that are positive in nature, which contrasts with learning ways to manage conflict or avoid negative interactions that are more commonly discussed and practiced in the therapeutic or coaching setting (Seligman, 2011).

Prior to this session, participants will be asked to view at least two of the following:

- Happier.TV. (2017). Active constructive responding. Retrieved from <https://www.youtube.com/watch?v=ZzVw-tB7xGQ>
- Lamb, G. (2012). Active constructive responding. Retrieved from <https://www.youtube.com/watch?v=qRORihbXMnA>
- LeadershipLifestyles. (2012). Responding well to others: How our response to someone’s good news affects their happiness. Retrieved from <https://www.youtube.com/watch?v=I8N3Og0HGwk>

It is important to remember that the defining characteristic of ACR is that the response is *both active and constructive*. They will also be asked to become familiar with the following descriptors of active, constructive responses:

Enthusiastic and excited

Supportive

Authentic

Following-up with questions

Reinforcing the positives of the story

Continuing the conversation

Body language (facial expression, eye contact, smiling, leaning forward, expressive body movement)

Also prior to the session, participants are asked to reflect on and prepare a real-life telling of their own recent good news or positive event. This can either be a major life event or simply a minor occurrence of good fortune or that produced positive emotions. It should be a story they feel comfortable sharing. At the start of the session activity, participants will be divided randomly into pairs. Participants will alternately practice being both speaker and listener within the assigned pair so that each person can practice both roles. As speaker, the participant will share his/her good news or positive event with the listener in as positive a manner as he/she felt when the event happened. As listener, the participant will respond using the principles of ACR.

The facilitator will debrief at the end of the session, focusing on the experiences of both being teller and listener, and the role and function of one's response style in enhancing and supporting relationships.

Component 4: Cultivating positive emotions and fostering emotional perspective through positive portfolios. Wellbeing theory element: Positive emotions and emotional perspective.

Background and foundational theory. A primary path to wellbeing is through positive emotions. Fredrickson's broaden-and-build theory of positive emotions describes the myriad short- and long-term psychological, cognitive, physical, and social benefits of positivity and its self-generated upward spiral toward flourishing (Cohn & Fredrickson, 2009; Fredrickson, 2009). These include positive effects on broadening perception and attention, motivation, reasoning, and social cognition and behavior, which outlasts the temporary positive emotional state and contribute to building of resources that ensure longer-term success and survival. Positive emotions are also linked to longer-term wellbeing, psychological resilience, better response to

stress, overall physical health, and an upward spiral of life resources, successes and overall fulfillment (Cohn & Fredrickson, 2009).

Both positive and negative emotions serve a function in human experience and thus are integral to wellbeing. Historically the field of psychology has focused on the negative emotions that are more prominent in pathology. Negative emotions served a critical survival function and are evolutionarily linked to life-or-death action tendencies in that they alerted early humans to danger, so that attention to these emotions was important (Cohn & Fredrickson, 2009). Thus, while they continue to have alerting and other safety-associated functions, negative emotions, if unchecked, unreflected upon, and/or unbalanced by positive emotions, can become exaggerated and need to be mitigated or eliminated. Fredrickson's (2009) and Seligman's (2002, 2011) theories of wellbeing and flourishing allow for a combination of positive and negative emotions, with the focus being the relativity of daily positive emotions to daily negative emotions, or the positivity ratio rather than the absence of negative emotions (Fredrickson, 2009, 2013). Says Fredrickson (2009), "The beauty of the . . . positivity ratio is that it's large enough to encompass the full range of human emotions" (p. 33).

There are several concepts to take into account when considering emotional perspective as an element of wellbeing in addition to positive emotions. First, just as there are differences between positive emotions, positive thinking, and positivity (Fredrickson, 2009), the traditionally named negative emotions (anger, shame, contempt, disgust, embarrassment, guilt, hate, sadness, fear, and stress) differ from the process of negative thinking (selective attention to the negative, automatic negative thoughts, gratuitous and unnecessary rumination) and the affective state of negativity (combination of emotions, meanings, and pessimistic attitudes that trigger patterns of negative behaviors). This delineation is important when evaluating the role of negative emotions

in wellbeing because when separated from dysfunctional processes and affective states, all emotions can contribute to wellbeing. Fredrickson (2009) confirms that negative thinking and negative emotions are related but not the same thing. Furthermore, Seligman (2002, 2011) does not advocate abolishing negative emotions, saying there is no evidence of a reciprocal relationship between positive and negative emotions and that individuals with high negative emotion can indeed live a joy-filled life. Secondly the descriptors “positive” and “negative” themselves are relativistic and do not reflect the continuous spectrum of human emotions. This polarity sets up the need to label an emotion as one or the other, whereas context is critical. If not confined to labels, one again could assert that all emotions are integral to wellbeing. Thirdly, if through one’s cognitive interpretation, which in addition to physiological arousal is part of how one experiences emotions (Myers, 2011), one appraises the experience in a way that the outcome broadens and builds, then the emotion has contributed to wellbeing. Thus, negative emotions can elicit the building up of strengths and virtues, build resources, broaden perceptions, allow for open-mindedness, expand relationships, provide meaning, produce awe, and connect one to another, all of which are hallmarks of flourishing, independent of conscious or subconscious valuation of their worth relative to positive emotion. Harmon-Jones et al. (2013) affirm that low-motivational intensity negative emotions (e.g., sadness, in contrast to fear, a high-motivational intensity negative emotion having a cognitive-narrowing effect) can have cognitive broadening effects.

Finally, particularly important for therapists is what theologian Henri Nouwen (1972) asserts, which is that those in helping ministries need to be familiar with the dark corners of their inner lives before they can help another articulate their own inner events. He states, “For a compassionate person, nothing human is alien: no joy and no sorrow, no way of living and no

way of dying” (Nouwen, 1972, p. 45), thereby affirming the value of all emotions to the experience of wellbeing within our human nature. In a concrete way, adversities, crises, and profound life experiences increased therapists’ sensitivities, their ability to relate to clients, their tolerance and patients, and their awareness of effective helping (Ronnestad & Skovholt, 2001). Mindfully observing and accepting the full range of emotions, including those that contribute to stress, anxiety, and depression, such as is practiced in acceptance and commitment therapy (ACT), has been shown to increase psychological flexibility and help one to focus on what one finds meaningful in life (Wise et al., 2012). In a preliminary study of burnout in substance abuse counselors, on-site ACT training (two 1-day ACT workshops) resulted in reduced stigma and prejudice associated with attitudes toward drug abuse and reduced burnout (Hayes et al., 2004). In other studies where ACT training was conducted in non-therapy workplaces, there was improved mental health, reduced burnout and other positive outcomes (Wise et al., 2012). These authors state that attunement and positive emotional experiences help to develop a sense of interconnectedness with others and recognition of humankind’s basic goodness, which would be beneficial to formation and fostering of a therapist-client alliance.

Executing the activity. This exercise consists of assembling and sharing a Positivity Portfolio, an activity that is part of a highly-individualized toolkit to increase the positivity to negativity ratio and to cultivate and appreciate the power of positive emotions (Fredrickson, 2009; J. Pawelski, personal communication, September 11, 2016). One week prior to the session, participants are asked to spend time reflecting on their life as a whole and to consider each of ten positive emotions: joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe, and love. Reflection is followed by a collecting process that moves the activity past reminiscence and toward concrete connection with the identified emotion. During the pre-

session week, participants “hunt and gather,” or find and collect objects and mementos that create a heartfelt connection with the selected emotion, and assemble the personal artifacts into a collection or “shrine” (Fredrickson, 2009, p. 214). The act of collecting itself is believed to be a popular and beneficial activity for helping professionals, as the concrete nature of “things” and the feeling of progress and completion it engenders counterbalances the stress of ambiguities faced in day-to-day clinical work (E. Nightengale as cited in Skovholt & Trotter-Mathison, 2016). Possible objects include photos, letters, quotes, mementos, song lyrics, video clips, a tactile object, and any object of deep personal meaning. They can be arranged in a scrapbook, made into a digital portfolio, displayed in any creative fashion, or simply placed in a folder or box. Participants are asked to engage with the portfolio as often as possible prior to the session, savoring and enjoying its contents, and resonating with the emotion they elicit. Participants will be asked to bring their Positivity Portfolio to the session, at which time they will share the contents, as well as the images, scents, tastes, tactile sensations, and emotional connections evoked by the contents, with a partner or within a small group.

The facilitator will debrief at the end of the session, focusing on the range of possibilities for creating and utilizing positive portfolios and their impact on wellbeing. Participants will be encouraged to continue adding to their portfolios to create depth and to allow them to evolve over time, as well as make additional portfolios that reflect other emotional experiences. They will also be urged to continue to engage mindfully and cultivate the emotional response to the portfolio as a means to increasing positive emotions, appreciating the value of a broad range of emotions, and continuing one’s unique path to flourishing.

**Component 5: Savoring by seeking bittersweet experiences. Wellbeing theory element:
Engagement and attention of mind.**

Background and foundational theory. Savoring is a process of experiencing positive emotion by focusing attention (mindfulness) on the experience in three dimensions of time: (1) planning for, imagining, and anticipating a positive event in the future; (2) intensifying and prolonging enjoyment of a current experience in the present moment; and (3) reminiscing about the past to rekindle positive emotions (Bryant & Veroff, 2007). Incorporating the past and future into the present moment heightens, preserves, and prolongs pleasure and enjoyment of the present. Savoring strategies can be intentionally utilized to elaborate on positive emotions and events (Smith, Harrison, Kirby, & Bryant, 2014). There are numerous exercises and strategies for integrating savoring into a person's life domains that involve spirituality, meaning-making, creativity, physical health, forming and growing relationships, and ordinary, day-to-day, "garden variety" savoring (Bryant & Veroff, 2007, p. 135). Being attentive to individual savoring and how it can be incorporated as a couple or group activity and increasing the variety and diversity of savoring experience increases positive affect (Bryant & Veroff, 2007).

Seeking bittersweet experiences is a happiness activity designed for savoring life's joys (Lyubomirsky, 2007). The specific activity of seeking bittersweet experiences has been evaluated as a positive intervention and was shown to increase happiness and to increase engagement in savoring present moments (Lyubomirsky, 2007). It focuses the attention on being fully mindful of the transient nature of positive experiences, acknowledging the universal truth that all things naturally end and building the conscious realization of the passage of time (Bryant & Veroff, 2007). Attention to the fleetingness of current emotions and events can be a motivator to enjoying the present moment (Bryant & Veroff, 2007). The fleeting nature can also refer to

the negative, and acceptance that misfortune and hardship are also fleeting builds resilience and the ability to endure (Bryant & Veroff, 2007). By embracing the mixed emotions that accompany such appreciation, one can more fully enter into the present moment, even if only temporarily. The seek-the-bittersweet activity also utilizes the sense of temporal scarcity, which is harnessed in interventions that require one to think about the end (e.g., of an event, a resource, a phase of life, etc.) (Smith, Harrison, Kurtz, & Bryant, 2014). Reflecting on the soon-to-be end brings forth positive qualities to one's attention.

Another mechanism underlying the effectiveness of this intervention is indirectly bypassing the phenomenon of hedonic adaption, a functional and evolutionary process by which positive effects of an intervention abate over time (Bao & Lyubomirsky, 2014). Focusing on an experience or object that is continually changing establishes variety to the experience, which is a moderator of hedonic adaption. Being aware of and appreciating the time components of an experience is appropriate for therapists to cultivate, as it mimics the natural cycle of caring that is established within every client relationship. Skovholt and Trotter-Mathison (2016) describe this mini-cycle of attachment, involvement, separation and re-creation that comprises the cycle of caring. Self-care is fundamental to supporting the therapist's ability to engage his/her caring throughout the cycle, and to continue the cycle again and again. These stages of therapist caring are analogous to Bowlby's understanding of human development processes of attachment, separation, and loss (Bowlby, 1969, 1973, 1980). Thus, the "practitioner's work mirrors the larger human drama of connection and disconnection between people" (Skovholt & Trotter-Mathison, 2016, p. 23). Engaging in a mindfulness activity that reflects these phases, such as savoring the changing nature of an experience, can help the practitioner to develop the skill necessary to engage in all phases of the cycle of caring, especially the necessary separation phase

that completes the cycle. Skovholt and Trotter-Mathison (2016) remind the practitioner that “‘anticipatory grief’ and ‘honoring the loss’ by internally preparing for the change in the therapist-client relationship can facilitate the separation, and that “do[ing] the separation well-phase work together . . . gives energy to the practitioner” (p. 33).

Executing the activity. Prior to this session, participants will be asked to reflect on a positive experience, event, or process that is occurring, will be occurring, or has already occurred that has a defined endpoint. Some examples include a child’s entering or graduating from school, a favorite season or time of year, or a job that has come/is coming to an end. The session activity will begin with a guided-meditation recording, which encourages attention to “this moment right now,” “a moment that has never been here before,” “it is always right here, it will never be anywhere else,” and “a moment that will never be here again” (Penn Medicine, n.d.). Attention to the transiency of the here-and-now will prime the participant for reflecting on their chosen experience. At the end of the recording, participants will be asked to silently imagine the experience using a multisensory approach, mentally replaying the event through visual imagery, recreating the sounds and smells of the event, what it felt like, and what they may or might have said about it. Participants will be asked to share their reflections with a partner or within a small group.

The facilitator will debrief at the end of the session, focusing on the participants’ experience of seeking the bittersweet event. Participants will be encouraged to continue to seek the bittersweet experience each morning for a week and to record their experience.

Component 6: Igniting and fostering high-quality and micro-moments of connection utilizing the Reciprocity Ring. Wellbeing theory element: Social connectedness and community.

Background and foundational theory. Relationships between two people take various forms, each uniquely beneficial, including affiliation, liking, friendship, romantic love, companionate love, and platonic love, or agape (Peterson, 2006). As presented in Component 3, forming close, positive interpersonal relationships are critical to fostering and maintaining happiness, wellbeing, life satisfaction, and even physical health. High quality connections (HQC) are the building blocks of positive relationships. While most people seek to create positive relationships in their personal lives, all too frequently, work, social, and casual interactions are viewed as minor and expendable, and therefore may be neglected. However, enhancing both workplace and social connections is one way to increase wellbeing on a more frequent and regular basis. In the work setting, Stephens and colleagues (2012) describe a HQC as being a “short-term, dyadic, positive interaction” (p. 385), and state that a connection between two people that is of high quality engenders positive arousal, energy, and vitality, feelings of positive regard and respect, and mutuality of engagement and participation by both participants.

Not just relegated to the workplace, HQCs can be fostered and encouraged in daily interactions. Fredrickson (2013) asserts that attention to micro-moments of connection, or “anytime two or more people – even strangers – connect over a shared positive emotion” (p. 17), produces a positivity resonance, which is possible with any connection. The positive emotion created from this connection broadens and builds, and can be accumulated with long-term attention to such moments. Intentionally creating opportunities for connection to occur and cultivating awareness and appreciation of daily social interactions and micro-moments of

intentional emotions (socially or at work) and their ability to produce positive emotions can greatly enhance wellbeing (Dutton, 2003; Fredrickson, 2013; Stephens et al., 2012).

One pathway to HQCs is respectful engagement, which connects and energizes individuals and increases self-esteem (Dutton, 2003). Respectful engagement refers to conveying presence (attentional and physical), being genuine (presenting one's authentic self), using affirmative communication (with positive attitude and conveying interest, for example), effective listening, and supportive communication (mutual presence and openness) (Dutton, 2003).

Another pathway to HQC is trust: behaving with integrity, goodness, and reliability increases trust. Cultivating trust includes sharing valuable information, self-disclosure (sharing valuable information about oneself), employing inclusive language, asking for and acting on feedback, and not punishing for errors (Dutton, 2003).

Rath (2015) states that pursuing meaningful interactions increases the quality of those interactions. Expanding one's work identity to include meaningful human relationships has been shown to positively affect connections to work (Wrzesniewski, 2003). The importance of relationships within the workplace has also been identified as valuable to maintaining therapists' wellbeing, and taking an "inventory of relationships" is suggested by Kottler (2012, p. 161) as an important first step. In studies with therapists, highly resilient individuals had strong interconnectedness (Hou, 2015), while the most successful therapists also had strong personal attachments as well as a high degree of self-love (Nissen-Lie et al., 2017). Thus, meaningful connections can be transformative building blocks for cultivating social connectedness and trust, each vital to enhancing a therapist's ability to connect with clients.

Executing the activity. The Reciprocity Ring is an activity that encourages individuals to be not just givers (other-focused individuals who prefer to give more than they take) or takers (self-focused individuals who get more than they give), but matchers (those who strive for an equal balance of giving and getting), by providing the opportunity for participants to both make a request and to help fulfill the request of another (Grant, 2013). It is a real-time pay-it-forward activity that builds trust and community, contributes to others, provides opportunities to learn more about others, strengthens networks and relationships, all the while solving real-life problems (Humax, 2010). Asking for what one needs by making a request helps to “start the spark” (Grant, 2013, p. 268) and has the great benefit of allowing someone else to contribute, to feel valued, and to tap into one’s creativity and energy (Humax, 2010). It allows for expanding the repertoire of how one can be of value and to explore a fuller range of giving (A. Grant, personal communication, March 3, 2013). Importantly, the acts of giving and receiving generate positive emotions, a sense of gratitude, feelings of belonging to a group, a sense of community (Humax, 2010), each of which are individual elements of wellbeing.

While the Reciprocity Ring has been used by a range of businesses and organizations and has demonstrated significant monetary benefits (Humax, 2010), at the core of this activity is a therapeutic underpinning that “the group is a viable forum for wellbeing” (Tomasulo, 2013). The activity capitalizes on the contagious nature of giving: the microculture created by the reciprocity ring both invites giving and creates an environment where the natural impulse to help is supported. Other therapeutic factors that contribute to its positive effects are the activation of altruism, vicarious learning, and home (Tomasulo, 2013).

The activity includes the entire group (if 15-30 people), or divided into sections (in the case of larger groups) and utilizes a whiteboard or bulletin board. Each person presents a request

to the group (written on paper and tacked to the bulletin board or to the whiteboard or written directly on the whiteboard) for something important to them either in their personal or professional life that they cannot obtain or attain on their own. Group members then make contributions by matching up a solution or support (written on paper and tacked to the bulletin board or to the whiteboard or written directly on the whiteboard) that they can provide to fulfill the request using their knowledge, resources, and/or connections to others. At the end of the allotted time, givers and takers match up to ensure how each will follow-up with fulfillment of the request (Grant, 2013; A. Grant, personal communication, March 3, 2017).

The facilitator will debrief at the end of the session, focusing on emotions produced by requesting assistance of others as well as those produced by responding to the needs and requests of others, and how they contribute to wellbeing.

Component 7: Engaging spirituality through meditative prayer/reflection. Wellbeing theory element: Spirituality, transcendence, and religion.

Background and foundational theory. Csikszentmihalyi (1990) asserts that self-directed discipline and habit formation can lead us to optimal experience, or flow, through ordering of consciousness, and it is this mastery of selective attention that determines our subjective experience of reality. Voluntary, selective attention is key to choosing actions that form our habits, which control our consciousness, which determine the content and quality of experience. Thus, the willful focus of attention has great influence on wellbeing and therefore is a key component of positive interventions. The practice of mindfulness, in which one cultivates awareness of the present-moment experience of thoughts, emotions, and sensations, is an evidence-based intervention with demonstrated mental and physical health benefits across a

range of settings and populations and with a range of outcomes, and including increased positivity, decreased negativity, stress reduction, alleviation of depression and anxiety symptoms, and emotional regulation, healing of trauma, and interpersonal benefits, and decreased burnout and compassion fatigue (Davis & Hayes, 2011; Kabat-Zinn, 2003; Smith & Moss, 2009). Mindfulness interventions are effective in both clinical and nonclinical populations (Sin & Lyubomirsky, 2009). Controlled studies provide overwhelming evidence of the benefits of mindfulness to wellbeing, happiness, optimism, acceptance, and self-actualization, among other benefits (Davis & Hayes, 2011; Gu, Strauss, Bond, & Cavanagh, 2015; Shapiro, 2009).

Importantly, mindfulness has also been shown to have positive effects in psychotherapists and those in clinical training. Mindfulness can be an effective strategy to counteract the stress response to multisources of internal and external over-arousal in the therapist's daily practice (Skovholt & Trotter-Mathison, 2016). As a general rule, developing the skill of being mindful can help the practitioner in-session with attention, automaticity, over-involvement, and self-monitoring (Skovholt & Trotter-Mathison, 2016). Specific studies demonstrated that mindfulness is an effective self-care strategy to help prevent burnout when instituted during psychotherapist training, showing enhanced personal wellbeing and positive effects on therapy student's professional lives (Christopher & Maris, 2010; Shapiro et al., 2007). In the qualitative results reported by Christopher and Maris (2010), psychotherapy students "became better able to create 'welcoming holding environments'" and "a stance of compassionate witnessing" through mindfulness practices (p. 123). In another study in psychotherapy trainees, mindfulness practice demonstrated benefit to the trainees' clients with respect to functioning, subjective experience, and reduced symptoms (Grepmaier et al., 2007). Controlled studies of mindfulness-based stress reduction (MBSR) in clinicians showed positive effects on stress and distress, depression and

anxiety, and empathy and self-compassion (Jain et al., 2007; Shapiro et al., 2007; Shapiro, Oman, Thoresen, Plante, & Flinders, 2008). Since empathy, as manifested by a strong therapeutic alliance, is positively associated with therapist wellbeing and positive psychological changes (Linley & Joseph, 2007), cultivating empathy is important to therapist wellbeing. Shapiro and colleagues (2008) also reported increased spirituality and improved interpersonal relations in these clinicians, important effects that help buffer stress.

Spirituality is rich, complex, and makes us uniquely human. The essential role of spirituality in one's life, defined by Pargament & Mahoney (2009) as a search for the sacred (concept of God, divinity, transcendental reality), is beyond the scope of this section. Briefly it could be summarized that there is a wealth of empirical studies that demonstrate one's religious or spiritual commitment is positively associated with and a predictor of life satisfaction, happiness, mental health, positive emotions, coping skills, physical health and wellbeing, longevity, and meaning (Lyubomirsky, 2007; Norcross & Guy, 2007; Pargament & Mahoney, 2009; Wicks & Maynard, 2014). Also, those who actively participate in religious/spiritual activities are happier than those who simply espouse such beliefs (Pew Research Center, 2016). Relative to the counseling profession, therapists with strong religious or spiritual convictions tend to be more hopeful, optimistic, attuned to the dignity of the human spirit, and report less career dissatisfaction and burnout (Norcross & Guy, 2007). These authors assert that a therapist's appreciation for integrating the spiritual within psychotherapy will influence all aspects and phases of the therapeutic process, including their beliefs about their role as co-participants with divinity in the therapeutic healing process. There is also a significant correlation with a therapist's sense of feeling blessed and his/her belief that he/she is involved in healing, therapeutic work (Orlinsky & Ronnestad, 2005). Using one's own spiritual journey to address

the central questions and mysteries of life, meaning, divinity, good and evil, and death also fosters the ability to be actively present to the same suffering, pain, and quests for meaning and purpose as one's clients (Skovholt & Trotter-Mathison, 2016). Thus, nurturing and resonating with the spiritual self and one's sense of mission is an important aspect of therapist wellbeing, a vital source of strength and meaning, and perhaps an indispensable means of self-care. A practice that integrates mindfulness and one's spirituality, religion, and/or sense of transcendence could be a powerful means of incorporating this element within a self-care practice that promotes and sustains therapist wellbeing.

Executing the activity. This activity is a form of meditative prayer/reflection in which one spends time in the presence of God/Spirit/Nature/Higher Power (Lyubomirsky, 2007). "Prayer" is defined as an earnest hope or wish, a solemn request for help or expression of thanks to God or an object of worship (google, n.d.). Utilizing this definition allows broader acceptability of this activity, especially in a secular atmosphere, as well as with those recognizing the existence of God/Spirit/Nature/Higher Power. The activity combines mindfulness practice with a mental version of a Letter to God/Spirit/Nature/Higher Power, which is a modification of a written activity described by Norcross and Guy (2007). The mindfulness activity will be led by the facilitator using any number of 20-30 minute recordings of guided meditations (see Kabat-Zinn, 2016 for examples). Nearing the completion of the guided meditation, participants will be asked to mentally write a stream-of-consciousness letter to God/Nature/Spirit/Higher Power as they experience He/She/It and the relationship with such in their lives. Participants will be encouraged to share these thoughts, as well as any feelings from the reflection.

Conclusions

Working in the mental health profession is emotionally demanding. It requires deep-level engagement and intense but fragile giving that must be maintained during session, sustained across multiple daily sessions, across a work-week, and across the span of one's career. There is a need for therapists to have regular opportunities in which to come together with other therapists for social connectedness and for self-care, both with the objective of enhanced wellbeing. While caring for oneself emotionally, psychologically, spiritually, and relationally are valid and valuable autotelic goals, caring for one's own wellbeing has been promulgated as an ethical imperative and a legal mandate for therapists.

This multiple-session therapist self-care program utilizes evidence-based positive psychology interventions within seven elements that are critical to cultivating and sustaining therapist wellbeing. It is conducted in a peer-group setting that capitalizes on the benefits that have been consistently demonstrated that connectedness, relationships, and social support positively impact therapist wellbeing. Norcross and Guy (2007) confirm that "affirming the universality of stresses" with colleagues "in and of themselves is therapeutic" (p. 57). Importantly, the program comprises activities intended for personal wellbeing rather than professional competencies, and provides variation that is important for diversion from work-related stressors and also a means by which therapists can connect with others and with the self, all of which are characteristics suggested by Skovholt and Trotter-Mathison (2016) as restorative, nurturing approaches to self-care. Having a variety of self-care strategies to which therapists can avail themselves that are comprehensive, flexible, and promote growth on a broad front are important recommendations for sustained wellbeing (Norcross & Guy, 2007).

The content and conduct of this self-care series addresses several important unmet needs in the area of psychotherapist wellbeing, including providing specific, facilitator-guided self-care activities, that are supported by the science of positive psychology, and in a setting that capitalizes on peer support and social connectedness. Addressing this specific combination of unmet needs through this program can help to cultivate a culture of self-care, which would be a needed shift in the current climate that envisions self-care as a means to maintain professional competencies as an ethical and legal responsibility to the exclusion of therapist personal wellbeing. Over-emphasis on the former misses the opportunity to perpetuate a therapist's moral imperative to cultivate their own vitality that is so critical to their life-giving work. If this type of self-care program were available in a more formal way beginning in graduate education curricula and extending through continuing education courses and post-graduate programs, a program that actively promoted wellness- and positive-based self-care and provided opportunities for social connectedness and support, it would help to help foster a shift in the professional culture to one of therapist self-care and psychological wellness (Barnett & Cooper, 2009). Avenues for fostering self-care might also include through licensing boards, professional organizations, continuing education courses, programming advisory groups, and broader dissemination methods such as listservs, email blasts, and newsletters. Consideration of self-care in mandates for continuing education, clinical supervision requirements and license renewal are also means by which encouragement of these programs would make great inroads into establishing a culture of support and self-care for the clinician (Barnett & Cooper, 2009), to literally "build a self-care village" (Norcross & Guy, 2007, p. 162).

In the absence of broad and top-level changes in these areas, Skovholt and Trotter-Mathison (2016) advise practitioners to "be careful about waiting for others to care for you" (p.

107). Creating one's own self-care repertoire that sustains his/her unique professional self is each individual's ethical imperative. Enacting "assertive self-care" that enables one to thrive while providing deeply meaningful help to others should be each therapist's personal mandate (Skovholt & Trotter-Mathison, 2016, p. 127). Finally, while one's personal wellbeing is the goal, modeling or "walking the walk" of self-care is the most effective way to teach our clients the importance of nurturing our mental and psychological health than preaching it (Shallcross, 2011).

Another important area of focus would be in reframing the signs of therapist stress and distress from that currently viewed as impairment, to understanding them as expected, even positive, indicators of empathic engagement, and as signs of health rather than shame. This more positive approach may help therapists be more open to seeking personal and professional wellness through self-care (Shallcross, 2011). Skovholt and Trotter-Mathison (2016) state that an important reason to talk about these hazards to the profession is not to focus on the negative, but that "forewarned is forearmed" and knowledge about the therapist's distress can "help us prepare to practice self-care over the long haul" (p. 79). Experts advise that sustainable wellbeing is important, given the association demonstrated between therapists' length of time working in the profession and negative psychological changes and compassion fatigue (Kottler, 2012; Linley & Joseph, 2007). Keeping the momentum from this program moving forward, such as in ways that would expand opportunities for social connectedness and support, such as through book or movie groups or instituting peer-to-peer supervision groups, would also be important for sustaining wellbeing. Kottler (2012) advises, "build a better support system to make changes last" (p. xiii).

In closing, an important future direction in therapist wellbeing is that a formalized, positively-oriented, peer-supported program, such as PSYCH, be empirically validated as an

effective self-care regimen for therapists. While each of the activities included in this wellbeing series is an evidence-based intervention, it would be of interest to assess the effectiveness of the specific combination of activities presented in this Capstone.

References

- Advisory Committee on Colleague Assistance. (n.d.). The stress-distress impairment continuum for psychologists. Retrieved from http://www.apapracticecentral.org/ce/self-care/colleague-assist.aspx?_ga=2.268560114.2023407468.1497037433-350175426.1481130594
- American Counseling Association. (2014). 2014 ACA code of ethics. Retrieved from <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist* 57, 1060-1073.
- Authentichappiness.org. (2016). VIA survey of character strengths. Retrieved from <https://www.authentichappiness.sas.upenn.edu/questionnaires/survey-character-strengths>
- Baikie, K. A., & Wilhelm, K. (2005). Emotional and physical health benefits of expressive writing. *Advances in Psychiatric Treatment*, 11(5), 338-346.
- Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association.
- Bao, K. J., & Lyubomirsky, S. (2014). Making happiness last. Using the hedonic adaptation prevention model to extend the success of positive interventions. In A. C. Parks & S. M. Schueller (Eds.), *The Wiley Blackwell handbook of positive psychological interventions* (1st ed., pp. 373-382). Chichester, UK: John Wiley & Sons, Ltd.

- Barnett, J. E. (2014a). Renewing one's ethical sensibilities. In R. J. Wicks & E. A. Maynard (Eds.), *Clinician's guide to self-renewal* (pp. 439-460). Hoboken, NJ: John Wiley & Sons, Ltd.
- Barnett, J. E. (2014b). Renewing one's self-care sensibilities. Distress, burnout, vicarious traumatization, and self-renewal. In R. J. Wicks & E. A. Maynard (Eds.), *Clinician's guide to self-renewal* (pp. 25-43). Hoboken, NJ: John Wiley & Sons, Ltd.
- Barnett, J. E., & Cooper, N. (2009). Creating a culture of self-care. *Clinical Psychology: Science and Practice, 16*(1), 16-20.
- Barnett, J. E., Johnston, L. C., & Hillard, D. (2006). Psychotherapist wellness as an ethical imperative. In L. VandeCreek & J. B. Allen (Eds.), *Innovations in clinical practice: Focus on health and wellness* (pp. 257-271). Sarasota, FL: Professional Resources Press.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*(3), 497-529.
- Baumeister, R. F., & Vohs, K. D. (2002). The pursuit of meaningfulness in life. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 608-618). New York, NY: Oxford University Press.
- Biswas-Diener, R., Kashdan, T. B., & Minhas, G. (2011). A dynamic approach to psychological strength development and intervention. *The Journal of Positive Psychology, 6*(2), 106-118.
- Bowlby, J. (1969). *Attachment*. New York, NY: Basic Books.
- Bowlby, J. (1973). *Separation*. New York, NY: Basic Books.
- Bowlby, J. (1980). *Loss: Sadness and depression*. New York, NY: Basic Books.

- Brabender, V., & Slater, C. (2014). The group as a medium for personal and professional renewal. In R. J. Wicks & E. A. Maynard (Eds.), *Clinician's guide to self-renewal* (pp. 265-283). Hoboken, NJ: John Wiley & Sons, Ltd.
- Bryant, F. B., & Veroff, J. (2007). *Savoring. A new model of positive experience*. Mahway, NJ: Lawrence Erlbaum Associates, Inc.
- Cameron, K. S., & Spreitzer, G. M. (2013). Introduction. What is positive about positive organizational scholarship? In K. S. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 1-14). New York, NY: Oxford University Press.
- Center for Positive Organizations. (2017). Reflected Best Self Exercise.TM Retrieved from <http://positiveorgs.bus.umich.edu/tools/>
- Christopher, J. C., Chrisman, J., & Trotter, M. (2009, March). Long-term impact of mindfulness-based self-care on psychotherapists and counselors. *7th annual international scientific conference for clinicians, researchers and educators: Investigating and integrating mindfulness in medicine, health care, and society*, Worcester, MA.
- Christopher, J. C., & Maris, J. A. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy*, *10*(2): 114-125.
- Cohn, M. A., & Fredrickson, B. L. (2009). Positive emotions. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 13-24). New York, NY: Oxford University Press.
- Csikszentmihalyi, M. (1990). *Flow. The psychology of optimal experience*. New York, NY: HarperPerennial.

- Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy, 48*, 198-208.
- Diener, E., Oishi, S., and Lucas, R. E. (2009). Subjective well-being: The science of happiness and life satisfaction. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 187-194). New York, NY: Oxford University Press.
- Diener, E., & Seligman, M. E. P. (2002). Very happy people. *Psychological Science, 13*(1), 81-84.
- Diener, E., Suh, E., Lucas, R., & Smith, H. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin, 125*, 276-302.
- Dutton, J. E. (2003). *Energize your workplace. How to create and sustain high-quality connections at work*. San Francisco, CA: Jossey-Bass.
- Figley, C. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology 58*, 1433-1441.
- Fowler, J. H., & Christakis, N. A. (2008). Dynamic spread of happiness in a large social network: Longitudinal analysis over 20 years in the Framingham Heart Study. *British Medical Journal, 337*, 23-38.
- Frankl, V. E. (1959). *Man's search for meaning. An introduction to logotherapy*. New York, NY: Simon & Schuster.
- Fredrickson, B. L. (2009). *Positivity*. New York, NY: Three Rivers Press.
- Fredrickson, B. L. (2013). *Love 2.0. Creating happiness and health in moments of connection*. New York, NY: Plume.
- Gable, S. L., Gonzaga, G. C., & Strachman, A. (2006). Will you be there for me when things go right? Supportive responses to positive event disclosures. *Journal of Personality and*

Social Psychology, 91(5), 904-917.

Gable, S. L., & Gosnell, C. L. (2011). The positive side of close relationships. In K. M. Sheldon, T. B. Kashdan & M. F. Steger (Eds.), *Defining positive psychology. Taking stock and moving forward* (pp. 265-279). New York, NY: Oxford University Press.

Google.com. (n.d.). Prayer. Retrieved from

<https://www.google.com/search?client=safari&rls=en&q=definition+prayer&ie=UTF-8&oe=UTF-8>

Grant, A. M. (2013). *Give and take: Why helping others drives our success*. New York, NY: Penguin Books.

Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007).

Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics*, 76, 332-338.

Gu, J., Strauss, C., Bond, R., & Cavanagh, K. (2015). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and wellbeing? A systematic review and meta-analysis of mediation studies. *Clinical Psychology Review*, 37, 1-12.

Haidt, J. (2006). *The happiness hypothesis. Finding modern truth in ancient wisdom*. New York, NY: Basic Books.

Haidt, J. (2012). The hive switch. In *The righteous mind: Why good people are divided by politics and religion* (pp. 1-19). New York, NY: First Vintage Books.

Happier.TV. (2017). Active constructive responding. Retrieved from

<https://www.youtube.com/watch?v=ZzVw-tB7xGQ>

- Harmon-Jones, E., Gable, P. A., and Price, T. F. (2013). Does negative affect always narrow and positive affect always broaden the mind? Considering the influence of motivational intensity on cognitive scope. *Current Directions in Psychological Science*, 22(4), 301-307.
- Hayes, S. C., Bissett, R., Roget, N., Padilla, M., Kohlenberg, B.S., Fisher, G., . . . Nicolls, R. (2004). The impact of acceptance and commitment training and multicultural training on the stigmatizing attitudes and professional burnout of substance abuse counselors. *Behavior Therapy*, 35(4), 821-835.
- Hou, J. M. (2015). *Characteristics of highly resilient counselors* (Unpublished doctoral dissertation). University of Minnesota, Minneapolis, MN.
- Humax. (2010). Reciprocity Ring[®]. Retrieved from <http://www.humaxnetworks.com/tryonthering.asp>
- Huppert, F. A., & So, T. C. (2013). Flourishing across Europe. Application of a new conceptual framework for defining wellbeing. *Social Indicators Research*, 110(3), 837-861.
- Ishizuka, Y. (1988). Lifetrack therapy. *Psychiatry Journal University of Ottawa*, 13(4), 198-207.
- Jahoda, M. (1958). *Current concepts of positive mental health*. New York, NY: Basic Books.
- Jain, S., Shapiro, S. L., Swanick, S., Roesch, S. C., Mills, P. J., Bell, I., & Schwartz, G. E. R. (2007). A randomized controlled trial of mindfulness meditation versus relaxation training: Effects on distress, positive states of mind, rumination, and distraction. *Annals of Behavioral Medicine*, 33, 11-21.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10, 144-156.

- Kashdan, T. B., & McKnight, P. E. (2009). Origins of purpose in life: Refining our understanding of a life well lived. *Psychological Topics, 18*, 303-316.
- Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*, 207-222.
- Kottler, J. A. (2010). *On being a therapist* (4th ed.). San Francisco, CA: Jossey-Bass.
- Kottler, J. A. (2012). *The therapist's workbook. Self-assessment, self-care, and self-improvement exercises for mental health professionals* (2nd ed.). Hoboken, NJ: John Wiley & Sons, Ltd.
- Lamb, G. (2012). Active constructive responding. Retrieved from <https://www.youtube.com/watch?v=qRORihbXMnA>
- LeadershipLifestyles. (2012). Responding well to others: How our response to someone's good news affects their happiness. Retrieved from <https://www.youtube.com/watch?v=I8N3Og0HGwk>
- Linley, P. A., & Joseph, S. (2007). Therapy work and therapists' positive and negative well-being. *Journal of Social and Clinical Psychology, 26*(3), 385-403.
- Linley, P. A., Joseph, S., Maltby, J., Harrington, S., & Wood, A. M. (2009). Positive psychology applications. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 35-47). New York, NY: Oxford University Press.
- Lyubomirsky, S. (2007). *The how of happiness: A scientific approach to getting the life you want*. New York, NY: Penguin.
- Maisel, N. C., & Gable, S. L. (2009). For richer . . . in good times . . . and in health: Positive processes in relationships. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 455-462). New York, NY: Oxford University Press,

Maslach, C. (2003). Job burnout. New directions in research and intervention. *Current Directions in Psychological Science*, 12(5), 189-192.

Maslow, A. H. (1964). *Religions, values, and peak-experiences*. New York, NY: Penguin Books.

Maynard, E. A., & Wicks, R. J. (2014). Self-renewal themes in psychotherapy: An introduction. In R. J. Wicks & E. A. Maynard (Eds.), *Clinician's guide to self-renewal* (pp. xxiii-xxv). Hoboken, NJ: John Wiley & Sons, Ltd.

Mullenbach, M. & Skovholt, T. M. (2016). Burnout prevention and self-care strategies of expert practitioners. In T. M. Skovholt & M. Trotter-Mathison (Eds.), *The resilient practitioner. Burnout and compassion fatigue prevention and self-care strategies for the helping professions* (3rd ed., pp. 231-254). New York, NY: Routledge.

Myers, D. G. (2011). Emotions, stress, and health. In *Exploring psychology* (8th ed., pp. 375-417). Holland, MI: Worth Publishers.

Neff, K. (2011). *Self-compassion. The proven power of being kind to yourself*. New York, NY: HarperCollins Publishers.

Newberg, A., & Waldman, M. R. (2016). *How enlightenment changes your brain*. New York, NY: Penguin Random House.

Niemiec, R. M. (2013). VIA character strengths: Research and practice (The first 10 years). In H. Knoop & A. Delle Fave (Eds.), *Well-being and cultures: Perspectives on positive psychology* (pp. 11-30). New York, NY: Springer.

Niemiec, R. M. (2014a). Mindfulness and character strengths. Retrieved from <http://www.ryanniemic.com/mindfulness---strengths.html>

Niemiec, R. M. (2014b). *Mindfulness & character strengths. A practical guide to flourishing*. Boston, MA: Hogrefe Publishing.

Niemiec, R. (2016). Five simple ways to discover your strengths. Retrieved from

<http://www.viacharacter.org/blog/5-simple-ways-to-discover-your-strengths/>

Nissen-Lie, H. A., Ronnestad, M. H., Hoglead, P. A., Havik, O. E., Solbakken, O. A., Stiles, T.

C., & Monsen, J. T. (2017). Love yourself as a person, doubt yourself as a therapist?

Clinical Psychology & Psychotherapy 24(1), 48-60.

Norcross, J. C., & Guy, Jr., J. D. (2007). *Leaving it at the office. A guide to psychotherapist self-care*. New York, NY: The Guilford Press.

Nouwen, H. J. M. (1972). *The wounded healer*. New York, NY: Image Doubleday.

Novotney, A. (2016). Five ways to avoid malpractice. *American Psychological Association*.

Retrieved from <http://www.apa.org/monitor/2016/03/malpractice.aspx>

Orlinsky, D. E., & Ronnestad, M. H. (2005). *How psychotherapists develop: A study of*

therapeutic work and professional growth. Washington, DC: American Psychological Association.

Pargament, K. I., & Mahoney, A. (2009). Spirituality: The search for the sacred. In S. J. Lopez &

C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 611-619).

New York, NY: Oxford University Press.

Park, N., Peterson, C., & Seligman, M. E. P. (2004). Strengths of character and well-being.

Journal of Social and Clinical Psychology, 23, 603-619.

Penn Medicine. (n.d.). Foundation Mindfulness Courses. Meditation Courses (MP3s). Essential

Mindfulness Practices. CD 2, Track 5 - Body scan meditation. Retrieved from

https://www.pennmedicine.org/~media/documents%20and%20audio/audio%20files/minfulness/cd2_5_body_scan_meditation.ashx?la=en

Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process.

Psychological Science, 8(3): 162-166.

Pennebaker, J. W., & Seagal, J. D. (1999). Forming a story: The health benefits of narrative.

Journal of Clinical Psychology, 55, 1243-1254.

Perry, C. (2017). Self-care. . . why? Retrieved from <https://www.counseling.org/news/aca-blogs/aca-member-blogs/aca-member-blogs/2017/06/08/self-care-why>

Peterson, C. (2006). *A primer in positive psychology*. New York, NY: Oxford University Press.

Peterson, C., & Park, N. (2009). Classifying and measuring strengths of character. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 25-33). New York, NY: Oxford University Press.

Peterson, C., & Seligman, M. A. P. (2004). *Character strengths and virtues. A handbook and classification*. New York, NY: Oxford University Press.

Pew Research Center. (2016). *Religion in everyday life*. Retrieved from <http://www.pewforum.org/2016/04/12/religion-in-everyday-life/>

Pistole, M. C. (2003). Linking work, love, individual, and family issues in counseling: An attachment theory perspective. In P. Erdman & T. Caffrey (Eds.), *Attachment and family systems: Conceptual, empirical, and therapeutic relatedness* (pp. 117-137). New York, NY: Brunner-Routledge.

Pistole, M. C., & Fitch, J. C. (2008). Attachment theory in supervision: A critical incident experience. *Counselor Education and Supervision*, 47, 193-205.

Rashid, T. (2015). Positive psychotherapy: A strengths-based approach. *The Journal of Positive Psychology*, 10(1), 25-40.

Rashid, T., & Anjum, A. (2015). 340 ways to use VIA character strengths. Retrieved from

http://www.enhancingpeople.com/paginas/master/Bibliografia/biblio_V1/Sesion010/340%20Ways%20to%20Use%20VIA%20Character%20Strengths.pdf

Ratey, J. J., & Manning, R. (2014). *Go wild*. New York, NY: Little, Brown and Company.

Rath, T. (2015). *Are you fully charged? The 3 keys to energizing your work and life*. U.S.A.:
Silicon Guild.

Rebele, R. (2010). *Writing well. The symbiotic relationship between writing and well-being*.
Unpublished manuscript. University of Pennsylvania, Philadelphia, PA.

Reis, H. T., & Gable, S. L. (2003). Toward a positive psychology of relationships. In C. Keyes &
J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 129-159).
Washington, DC: American Psychological Association.

Roberts, L. M., Dutton, J. E., Spreitzer, G. M., Heaphy, E. D., & Quinn, R. E. (2005).
Composing the reflected best-self portrait: Building pathways for becoming extraordinary
in work organizations. *The Academy of Management Review*, 30(4), 712-736.

Ronnestad, M. H., & Skovholt, T. M. (2001). Learning arenas for professional development:
Retrospective accounts of senior psychotherapists. *Professional Psychology: Research
and Practice*, 32, 181-187.

Ryan, R. M., Huta, V., & Deci, E. (2008). Living well: A self-determination theory perspective
on Eudaimonia. *Journal of Happiness Studies*, 9, 139-170.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of
psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069-1081.

Seligman, M. E. P. (2002). *Authentic happiness*. New York, NY: Atria Paperback.

Seligman, M. E. P. (2011). *Flourish*. New York, NY: Atria Press.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology. An introduction.

American Psychologist, 55(1), 5-14.

Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American*

Psychologist, 61(8), 774-788.

Shallcross, L. (2011). Taking care of yourself as a counselor. *Counseling Today*. Retrieved from

<https://ct.counseling.org/2011/01/taking-care-of-yourself-as-a-counselor/>

Shapiro, S. L. (2009). Meditation and positive psychology. In S. J. Lopez & C. R. Snyder (Eds.),

The Oxford handbook of positive psychology (2nd ed., pp. 601-610). New York, NY:

Oxford University Press.

Shapiro, S. L., Oman, D., Thoresen, C. E., Plante, T. G., & Flinders, T. (2008). Cultivating

mindfulness: Effects on well-being. *Journal of Clinical Psychology*, 64, 840-862.

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, 105-115.

Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive

symptoms with positive psychology interventions: A practice-friendly meta-analysis.

Journal of Clinical Psychology: In Session, 65(5), 467-487.

Skovholt, T. M., & Trotter-Mathison, M. (2016). *The resilient practitioner. Burnout and*

compassion fatigue prevention and self-care strategies for the helping professions (3rd

ed.). New York, NY: Routledge.

Smith, E. E. (2014). Masters of love. Retrieved from

<https://www.theatlantic.com/health/archive/2014/06/happily-ever-after/372573/>

- Smith, J. L., Harrison, P. R., Kurtz, J. L., & Bryant, F. B. (2014). Nurturing the capacity to savor. Interventions to enhance the enjoyment of positive experiences. In A. C. Parks, & S. M. Schueller (Eds.), *The Wiley Blackwell handbook of positive psychological interventions* (1st ed., pp. 42-64). New York, NY: John Wiley & Sons, Ltd.
- Smith, P. L., & Moss, S. B. (2009). Psychologist impairment: What is it, how can it be prevented, and what can be done to address it? *Clinical Psychology: Science and Practice, 16*(1), 1-15.
- Steger, M. F. (2009). Meaning in life. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 679-687). New York, NY: Oxford University Press.
- Stephens, J. P., Heaphy, E., & Dutton, J. E. (2012). High-quality connections. In K. S. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 385-399). New York, NY: Oxford University Press.
- Tedeschi, R. G., & Calhoun, L. G. (2004). A clinical approach to posttraumatic growth. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 405-419). Hoboken, NJ: John Wiley & Sons, Ltd.
- Tomasulo, D. J. (2013). What is the Reciprocity Ring? What can happen when you ask for what you really want? Retrieved from <https://www.psychologytoday.com/blog/the-healing-crowd/201308/what-is-the-reciprocity-ring>
- Tracey, T. J., Wampold, B. E., Lichtenberg, J. W., & Goodyear, R. K. (2014). Expertise in psychotherapy: An elusive goal? *American Psychologist, 69*(3), 218-229.
- Vaillant, G. E. (2008). *Spiritual evolution. How we are wired for faith, hope, and love*. New York, NY: Broadway Books.

VIA Institute on Character. (2017). The VIA survey. Retrieved from

<http://www.viacharacter.org/www/Character-Strengths-Survey>

Wheeler, A. M., & Bertram, B. (2015). *The counselor and the law: A guide to legal and ethical practice*. New York, NY: John Wiley & Sons.

Wicks, R. J. (2012). *Riding the dragon. 10 lessons for inner strength in challenging times*. Notre Dame, IN: Sorin Books.

Wicks, R. J., & Maynard, E. A. (Eds.) *Clinician's guide to self-renewal. Essential advice from the field*. Hoboken, NJ: John Wiley & Sons, Ltd.

Wicks, R. J., Parsons, R. D., & Capps, D. (1986). *Clinical handbook of pastoral counseling. Volume 1*. Mahwah, NJ: Paulist Press.

Wilson, D. S., & Wilson, E. O. (2007). Rethinking the theoretical foundation of sociobiology. *The Quarterly Review of Biology*, 82(4), 327-348.

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment*. New York, NY: International Universities Press.

Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and well-being for psychologists: Reenvisioning the stress-distress continuum. *Professional Psychology: Research and Practice* 43(5), 487-494.

Wrzesniewski, A. (2003). Finding positive meaning in work. In K. Cameron, J. E. Dutton & R. E. Quinn (Eds.), *Positive organizational scholarship* (pp. 296-308). San Francisco, CA: Berrett-Koehler.

Wrzesniewski, A., Berg, J. M., & Dutton, J. E. (2010, June). Turn the job you have into the job you want. *Harvard Business Review*, 114-117.

Yaden, D. B., McCall, T. D., & Ellens, J. H. (Eds.). (2016). *Being called. Scientific, secular, and sacred perspectives*. Santa Barbara, CA: Praeger.

Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York, NY: HarperCollins.

Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.

Table 1. Emotional, Psychological, and Behavioral Manifestations of the Stress-Distress-Impairment Continuum in Psychotherapists

Emotional/Psychological Manifestations	Personal Behavioral Manifestations	Professional Impairment Behaviors
Depression Fatigue Hopelessness Fear Confusion Anger/rage Irritability Helplessness Cynicism Sorrow Isolation Loneliness Estrangement Lack of motivation Bitterness Numbing Fatigue/exhaustion/depletion/drained Frustration Boredom Inattention Impatience Worry/anxiety Decreased joy/satisfaction	Relationship difficulties Impaired concentration Over-/under-eating Sleep disturbances Dreams of clients' experiences Intrusive thoughts Isolating/withdrawing Blaming others Avoidance Hypervigilance Suicidal ideation/behaviors	Disengagement/detachment Alcohol/substance abuse Premature/inappropriate terminations Absenteeism Sexual/romantic relationship Decreased quality/quantity of work Other unethical/unprofessional/incompetent behaviors

Kottler, 2012; Skovholt & Trotter-Mathison, 2016; Smith & Moss, 2009; S. Mayer, personal communication, June 2, 2017.

Table 2. Theories of Wellbeing

Reference	Elements of Wellbeing							
	Relationship with Self	Relationships with Others	Engagement/ Personal growth/ Mindfulness	Physical health/ vitality	Competence/ Achievement/ Autonomy	Meaning/ Purpose	Positive emotions/ Emotional regulation/ health	Other
Jahoda, 1958	√		√		√			Psychological function Perception of reality
Ishizuka, 1988	√	√			√	√		
Ryff, 1989	√	√	√		√	√		
Diener, et al., 1999							√	Life satisfaction Satisfaction with domains
Keyes, 2002							√	Psychosocial functioning
Ryan et al., 2008	√	√	√	√	√	√		
Seligman, 2011		√	√		√	√	√	
Huppert & So, 2013	√	√	√	√	√	√	√	
PSYCH Therapist Support & Self-Care	√	√	√			√	√	Community Spirituality

Table 3. Components of the Therapist Support and Self-care Series

Component	Wellbeing Element	Activity	Supporting Reference(s)
Positive Introductions	Self-worth and self-value	Positive Introductions	Fredrickson, 2009; Peterson, 2006; Rashid, 2015; Seligman, 2011
Character Strengths	Meaning	Identifying signature strengths	Fredrickson, 2009; Niemiec, 2013; Peterson & Seligman, 2004; Rashid & Anjum, 2015; Seligman, 2013; VIACharacter.org, 2017
Capitalizing on positive events and good news	Positive relationships	Active constructive responding (ACR)	Gable et al., 2006; Gable & Gosnell, 2011; Reis & Gable, 2003; Seligman 2011
Cultivating positive emotions and fostering emotional perspective	Positive emotions and emotional perspective	Positive portfolios	Fredrickson, 2009; J. Pawelski, personal communication, September 11, 2016
Savoring	Engagement and attention of mind	Seek the bittersweet experiences	Bryant & Veroff, 2007; Lyubomirsky, 2007; Smith et al., 2014
Igniting and fostering high-quality and micro-moments of connection	Social connectedness and community	Reciprocity Ring	Grant, 2013; Humax, 2010
Engaging spirituality through meditative prayer/reflection	Spirituality, transcendence, and religion	Meditative prayer/reflection	Lyubomirsky, 2007; Norcross & Guy, 2007