

# How to Successfully Teach Positive Psychology in Groups





# How to Successfully Teach Positive Psychology in Groups

The efficacy of psychological interventions to increase well-being is, in many ways, the heart of positive psychology.

While positive psychology can be beneficial in a multitude of individual and group contexts, incorporating concepts such as virtues, strengths, and mindfulness to your work with groups can help create a supportive framework for growth and development.

This support network has the potential to increase well-being, connectedness, hope, life purpose, and vocational calling – and that is just the tip of the iceberg. So how can you, as a facilitator, create a group learning experience that is positive, professional, and valuable?

This article will look at how you can successfully incorporate positive psychology into your work with groups, common barriers related to group work, examples of interventions, and exercises to help you effectively teach positive psychology in groups.



## This booklet contains

6 Tips to Successfully Teach Positive Psychology in Groups .....	3
3 Potential Barriers to Successfully Teaching Positive Psychology in Groups.....	7
Types of Positive Psychology Interventions for Groups .....	9
6 Examples of Group Interventions in Action .....	12
6 Group Exercises and Activities.....	15
Additional Resources .....	18
A Take-Home Message .....	18
References.....	19

## 6 Tips to Successfully Teach Positive Psychology in Groups

### 1. Encourage Experiential Learning

According to Biswas-Diener & Patterson (2011), when teaching positive psychology in a group setting an experiential approach with an emphasis on the practical applications of positive psychology – rather than merely memorizing content – is vital.

Put simply, practitioners who instruct clients on the effects of various interventions should then encourage clients to practice those interventions in their own lives to maximize the potential for positive outcomes.

Within the experiential learning cycle (Kolb & Kolb, 2005) learning is thought to be a holistic and transactional process whereby social knowledge is translated into personal knowledge through continual re-learning and conflict resolution between different ways of seeing the world.

The goal of positive psychology instruction should be more than transferring knowledge; it should also incorporate practical exercises, activities, and tools that can be connected and applied to real-life situations. In this way, when clients learn about particular topics, they can connect the material to concrete experiences.

According to Kolb & Kolb (2005), shifting the emphasis from course content to the learning environment when teaching positive psychology is effective because it is thought to:

- Improve content retention.
- Increase well-being and decrease distress.
- Improve learning given that well-being is linked to a broadening of attention and an increase in creativity.



## 2. Develop Group Cohesion

Cohesion is a uniting force within any group. A sense of unity and cohesion encourages cooperation and commitment toward group goals, effective communication, a sense of inclusion, and attraction to the group and individual members (Anderson & Martin, 1999).

Group cohesion has two distinct dimensions (Johnson, Burlingame, Olsen, Davies, & Gleave, 2005):

- The *structure* of group relationships – group member’s perception of the group leader’s competence, genuineness, and warmth, and their relationships with other group members and with the group as a whole.
- The *quality* of group relationships – how group members feel about their leader and the group as a whole, and how they feel about the tasks and goals of the group.

Cohesion can take time and patience to develop. While groups cannot be forced into cohesion, there are ways in which a sense of unity can be encouraged. For instance, cohesion is at its strongest within groups of 5 to 9 members and is most likely to develop at around 12 sessions (Burlingame, McClendon, & Alonso, 2010).

Additionally, cohesion can be inspired through constructive communication and the resolution of conflicts in a positive way before they spiral out of control (Pavitt & Curtis, 1998).

## 3. Create a Positive Learning Experience

Positive, respectful, and supportive relationships between clients and practitioners contribute to a multitude of desirable outcomes, such as attendance, engagement, and resilience (Noble & McGrath, 2015). Through positive psychology, practitioners can encourage clients to identify new ways of applying their strengths, help them develop their strengths, and fully engage with the learning process.

An essential facet of positive psychology is engaged learning, whereby clients can process new information in meaningful ways and actively participate in the learning experience. According to (Schreiner, 2015), those who experience a positive learning environment are likely to share their experiences with others, which can result in positive word-of-mouth and a greater reputation for the practitioner.

## 4. Use Positive Language

Rather than focusing on deficits and problems, positive language creates opportunities for hope, change, and improvement (Adams & Grieder, 2005). Actively incorporating non-judgmental, inclusive, and future-oriented language can help improve clients' ability to recognize their strengths and identify the good in themselves and their surrounding environment.

It is important to note that while positive language has the potential to motivate, guide, and support clients' development and learning, it also has the potential to hinder it. Language that focuses on outcomes and abilities rather than growth can cause learning and progress to stagnate.

The use of statements such as *"I can see how much effort you are putting into your therapy"* and *"I like how you tried this strategy and asked for clarification when you needed it"* can help practitioners praise clients' progress through the effort they have made over their natural abilities.

The Praising Effort Over Ability tool provides practitioners with guidance on how to focus on clients' successes as opposed to personal abilities by using language to help foster a growth mindset.

## 5. Provide Clear Feedback

In the absence of feedback, your group may find it challenging to learn and progress. Feedback guide, motivate and reinforce effective behaviors while simultaneously reducing (or ceasing) ineffective behaviors (London, 2003). Within a group setting feedback can be given to individual members, subsets of members, or the group as a whole and is an effective tool for client development and evaluation.

According to London & Sessa (2006), in most circumstances a group has the potential to fulfill its objectives through several pathways, thus without feedback, a group cannot determine the extent to which it is moving toward its goals or whether it needs to change in some way to achieve those goals.

Feedback can help groups to learn and develop in four ways (London & Sessa, 2006):

- Encourages the regulation of actions to achieve the goals of the group.
- Assists group members in the assessment and subsequent responses to external influences.
- Promotes group development and member interdependence.
- Assists in the formulation of a shared group identity and purpose.

While group members are more likely to acknowledge and accept positive feedback, the methods by which negative feedback is delivered can have a significant impact on clients' progress (London & Sessa, 2006). There will undoubtedly be occasions when negative feedback must be provided, in these instances, observations should be framed constructively and positively as an avenue for growth and development.

The Giving Negative Feedback Positively exercise is an excellent tool which provides practical guidance for practitioners on how to deliver negative feedback in a way that is conducive to wellbeing rather than overtly critical.

## 6. Respect Your Ethical Responsibilities

Ethical standards serve important functions, particularly within relatively new fields such as positive psychology. According to Vella-Brodrick (2011), ethical codes not only guide the standards for appropriate conduct with which to serve clients, but they also promote transparency and accountability and enable the practitioner to evaluate and improve their service.

Ivers (2016) recommended that practitioners should incorporate the following to ensure high standards of conduct are maintained when working with groups:

1. **Autonomy** – In groups, members must feel they have the right to make their own decisions. You can encourage autonomy within group settings by promoting clients' self-determination and reinforcing that they have the power to choose their direction.
2. **Beneficence** – Practitioners should work together with clients toward the betterment of the group as a whole.
3. **Non-Maleficence** – Practitioners should avoid doing harm and ensure changes in clients are positive and not damaging.
4. **Justice** – Every member of the group should be treated fairly and equally. Visible differences such as gender or race should never interfere with the treatment of clients.
5. **Fidelity** – Practitioners should honor their commitments to clients. In group work, fidelity involves stating clearly what the group will focus on and then keeping that pledge.
6. **Veracity** – Being open and honest with clients is vital in all phases of the groups' development.

### 3 Potential Barriers to Successfully Teaching Positive Psychology in Groups

#### 1. Client Frustration Directed at the Group

When an individual makes a commitment to any group, they will undoubtedly have their hopes and expectations for the group as a whole, for other group members, and the facilitator.

If the group doesn't meet their predetermined expectations, anger, frustration, and conflict are very real consequences. In such instances, responding by pushing back at the client or withdrawing can escalate the situation and derail the progress of the entire group.

Honda (2017) suggested that when a practitioner is faced with a challenging client within a group, it is imperative that they are aware of their emotional state and do not respond in the same hostile manner.

Instead, responding with phrases like, *"You're angry with me because ...."* and asking *"Am I hearing you right?"* ensures the client's feelings are acknowledged in a non-confrontational way and allows opportunities to calm the situation through mutual discourse, understanding, and acceptance.

#### 2. Group Members Who Talk Too Much

Unsurprisingly, certain clients can dominate group discussions. It is therefore vital to introduce genial ways to interrupt such clients, as they are often unaware of the impact that their behavior has on the group. Redirecting questions to the group as a whole is an effective way to negate this issue constructively.

For instance, when a client is monopolizing a session, the practitioner can say, *"It sounds like a lot has happened with you this week. I am wondering what has happened with other group members"* or *"You seem to have had a lot going on this past week. Let's take a look at what's been happening with you for a few more minutes, and then see how others have been doing."*

In this way, the group facilitator can call on other group members to contribute without alienating the more dominant voices (Sobell & Sobell, 2011).



### 3. Group Members Who Don't Talk at All

As the facilitator, it is your responsibility to ensure all members actively participate in group discussions and activities. While this can be challenging for some clients, it is essential if each group member is to benefit. Sobell & Sobell (2011) suggested the use of the following phrases to encourage participation from reticent clients:

- “[Client name], we haven't heard from you yet.”
- “[Client name], I noticed that you haven't said much tonight. How has your week gone?”

You can also encourage a silent client by asking him or her to offer advice or suggestions to another client:

- “[Client name], I know you said you felt the same in similar situations. What advice can you give from your personal experience?”

## Types of Positive Psychology Interventions for Groups

### 1. Positive Group Psychotherapy

Positive Psychotherapy aims to increase positive emotion, engagement and meaning rather than directly targeting negative symptoms (Seligman, Rashid, & Parks, 2006).

An extension of this empirically validated framework, Positive Group Psychotherapy has been shown to improve self-esteem and state anger among adolescents; improve symptoms of depression and increase psychological well-being, hope, and savoring in adults; and improve self-esteem in clients with schizophrenia (Lee, 2013; Seligman et al., 2006; Meyer et al., 2012).

### 2. Group Cognitive Behavioral Therapy

CBT delivered in group format has been shown to significantly improve worry, anxiety, depression, and quality of life in clients with Generalized Anxiety Disorder (Stanley et al., 2003).

Yalom & Leszcz (2005) proposed the effectiveness of Group CBT is a result of shared experiences and peer support through group discussions, the development of socializing techniques, imitative behavior, and the sense of acceptance that comes from belonging to a safe and supportive group.

### 3. Interactive Behavioral Therapy

The Interactive Behavioral Therapy (IBT) model of group psychotherapy is widely used with groups exhibiting dual diagnoses and evolved through work with adults with intellectual disabilities and psychological disorders (Tomasulo, 2014).

Specifically designed for people with learning disabilities, IBT aims to work through a four-stage process that encourages positive changes within the group. According to Tomasulo (2014), the four stages of IBT include:

1. **Orientation** – Practitioners should encourage communication between group members to identify any issues related to their learning disability that may impede their progress.
2. **Sharing** – Group members should be encouraged to speak about themselves as a way to ‘warm-up’ and prepare for group participation.
3. **Enactment** – Group members are invited to role-play emotionally serious situations.
4. **Affirmation** – During this stage, group members can give feedback to one another, and the practitioner can review any therapeutic factors that occurred during the session.

## 4. Hope Therapy

Hope Therapy primarily helps clients to conceptualize clear goals, learn how to produce multiple pathways to reach those goals, and to generate the motivation to sustain goal pursuit. Snyder (2002) stated that higher hope is consistently related to better outcomes in academics, athletics, physical health, and psychological adjustment.

Hope Therapy capitalizes on hope as a malleable strength that can serve as an important therapeutic change in both individual and group contexts.

Group Hope Therapy promotes the meaning of life and has the potential to improve psychological well-being, reduce anxiety, increase self-esteem, resilience, and hope, and significantly decrease depression and increase hope in mothers whose children have cancer (Abbasi et al., 2017; Shekarabi-Ahar et al., 2012).

## 5. Mindfulness-Based Cognitive Therapy (MBCT)

Based on Kabat-Zinn's Mindfulness-based Stress Reduction (MBSR), MBCT is traditionally delivered in a group setting and has been shown to be an effective intervention for reducing depressive symptoms, improving psychological well-being, and enhancing mindfulness and self-compassion in a range of populations (Schroevers, Tovote, Snippe, & Fleer, 2016).

MBCT aims to train clients to observe and challenge automatic negative thoughts in a non-judgmental way through a combination of group mindfulness exercises, cognitive-behavioral exercises, and daily home practice to help clients become more aware of the present moment. (Segal, Teasdale, & Williams, 2013).

## 6. Compassion-focused Group Therapy

Compassion-focused Therapy is designed to help cultivate and build compassionate motives and emotions for the self and for others in clients who exhibit high self-criticism and shame, and who show resistance to compassionate and prosocial motives (Braehler, Harper, & Gilbert, 2013).

Compassion-focused Group Therapy incorporates mindfulness and compassion practices, reframing, interpersonal learning, building of peer attachments, and narrative tasks. Through these actions, Compassion-focused Group Therapy has the potential to reduce symptoms of depression and anxiety while increasing emotional resilience, compassion, and self-esteem (Anderson & Rasmussen, 2017).

## 7. Acceptance and Commitment Group Therapy

Acceptance and Commitment Group Therapy is designed to help clients refrain from attempting to control or avoid unpleasant sensations or emotions such as cravings and withdrawal, and increase their willingness to experience them (Lopez & Luciano, 2009).

ACT has shown promise for the treatment of a variety of psychological disorders including psychosis, anxiety and stress, depression, substance abuse, and chronic pain (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

According to Lopez & Luciano (2009), within the ACT framework, each of these apparently distinct disorders shares a common feature: the attempts made by clients to control or reduce the effects of aversive events (Lopez & Luciano, 2009).

## 8. Appreciative Inquiry

Appreciative Inquiry (AI) is a dynamic, strength-based approach used to assist groups, organizations, and communities to create new, positive images for themselves based on an affirmative understanding of their past (Bushe, 1998). Put simply, AI enhances the capacity for generative and positive change.

According to Bushe & Kassam (2012), two specific qualities of AI are integral to its transformative potential:

- A focus on changing how people think instead of what people do.
- A focus on supporting self-organizing change processes that flow from new ideas.

AI has been successfully used to facilitate change within organizations (Cooperrider, Whitney, & Stavros, 2003), and improve problem-based learning (Rubin, Kerrell, & Roberts, 2011).

## 6 Examples of Group Interventions in Action

### 1. Values-Based Mindfulness Intervention with Prison Inmates

Malouf et al. (2017) examined the effects of a mindfulness-based intervention designed to reduce post-release risky behavior by targeting dimensions of mindfulness and associated proximal outcomes such as emotion regulation and self-control.

Their research found that a mindfulness-based program, focusing on identifying goals for the future and learning new ways to deal with strong emotions significantly improved acceptance, self-judgment, and shame in incarcerated males relative to the control group.

Furthermore, following the intervention, self-reported recidivism of criminal activity was reduced at three months post-release while official criminal records indicated this held true at three years post-release.

### 2. Strengths-Based Intervention with Adolescents

Seligman et al. (2009) developed a positive psychology program designed to help students identify their signature character strengths and to increase the use of these strengths in day-to-day life.

Over a school year, students took part in 25 80-minute sessions involving the discussion of character strengths and other positive psychology concepts and skills, in-class group activities, real-world homework activities that encouraged the application of concepts and skills in their own lives, and follow-up journal reflections.

The strengths-based intervention improved social skills such as empathy, cooperation, assertiveness, and self-control. The program was also found to promote resilience, positive emotions, and students' sense of meaning and purpose.

### 3. Positive Psychotherapy with Mild-to-Moderate Depression

Examination of a six-week Positive Psychotherapy intervention with groups exhibiting mild-to-moderate depressive symptoms found that exercises such as using signature strengths, thinking of three blessings, going on a gratitude visit, and savoring significantly decreased depressive symptoms and increased in life satisfaction over the course of the intervention (Seligman, Rashid, & Parks, 2006).

Additionally, participants maintained these gains at a 12-month follow-up, whereas control participants' depressive symptoms remained at their baseline levels.

#### **4. Group Positive Psychotherapy for Smoking Cessation**

Kahler et al. (2013) delivered group Positive Psychotherapy to smokers seeking cessation treatment. The intervention integrated standard smoking cessation techniques with six positive psychology exercises:

1. Using Signature Strengths in a new way.
2. Three Good Things.
3. Gratitude Visit.
4. Savoring.
5. Active/constructive Responding.
6. Positive Service.

Results from the study suggested that the integration of positive psychology exercises in smoking cessation groups led to more significant positive affect, a decrease in depressive symptoms, and enhanced well-being in participants than traditional cessation techniques alone. Participants rate of abstinence at six months was 31.6% compared to 23% for traditional methods such as nicotine replacement patches (Fiore et al., 2008).

#### **5. Meaning-Centered Group Therapy in End of Life Care**

Medical and psychological discourse on end-of-life care has steadily shifted from focusing primarily on symptom control and pain management to incorporating more person-centered approaches to patient care. Positive psychology interventions are essential resources for coping with emotional and existential suffering as one nears death.

Recognizing that symptoms of psychological distress and existential concerns are often more prevalent than pain, Breitbart et al. (2004) explored the efficacy of meaning-centered group therapy during end-of-life care.

Their findings indicated that a combined positive meaning-centered approach to didactics, discussion, and experiential exercises assisted patients with advanced cancer in sustaining and enhancing a sense of meaning, peace, and purpose in their lives.

## 6. Learned Optimism Intervention in the Workplace

Positive psychology in the workplace can assist in the cultivation of a healthier and happier work environment by focusing on concepts such as emotional intelligence, positive emotions, character strengths, and professional development.

A growing number of organizations acknowledge the benefits of providing employees with a meaningful and pleasant work environment, and as such, the inclusion of positive psychology within organizations is becoming increasingly popular. High staff turnover, decreased productivity, and lack of motivation are just some of the consequences of a negative workplace environment.

Harty, Gustafsson, Björkdahl, & Möller (2015) examined a workplace intervention which focused on learned optimism and found that the 10-week program increased self-reported levels of efficacy, positive emotions, and job satisfaction in members of working teams. Additionally, the levels of self-efficacy and positive emotions observed on completion of the intervention were maintained at a six-month follow-up.



## 6 Group Exercises and Activities

The following exercises are designed to increase positive feelings, behaviors, and cognitions in groups of clients or students.

### 1. Meeting Others with Similar Strengths

The goal of this exercise is to help facilitate social connection through the recognition of oneself in others. Meeting Others with Similar Strengths demonstrates to clients that while people can have similar patterns of strengths, they can be expressed in a multitude of ways.

In this exercise, clients should be given placards with their strengths written visibly for other group members to read. Clients are encouraged to walk around the room, find another group member with shared character strengths, and discuss each of their similar and different experiences with those shared strengths.

Allow around 8-10 minutes for each interaction then invite clients to find someone new in the group and repeat the process. When participants have connected with 2-3 others, they should discuss their personal experiences together as a group.

### 2. Decoding Emotions by Analyzing Speech, Body, and Face

The goal of this exercise is to increase clients' ability to accurately perceive and understand the emotions of others through the exploration of three methods by which emotions can be decoded; the observation of facial expressions, body language, and speech.

Each client is assigned a role:

- The Speaker selects one emotion and, without naming that emotion, talks about a time when he or she experienced this emotion.
- The Face Decoder observes the speaker's facial expressions in an attempt to decipher the emotion being spoken about.
- The Body Decoder observes the speaker's body language in an attempt to decipher the emotion being spoken about.
- The Speech Decoder observes the speaker's characteristics of speech in an attempt to decipher the emotion being spoken about.

After five minutes, each of the decoders will take turns to share their observations with their group.

You can access the complete Decoding Emotions by Analyzing Speech, Body, and Face tool with recommended guide questions and accompanying worksheets.

### 3. Genuine Listening

An important tool for strengthening emotional intelligence is genuine listening. The goal of this exercise is to remind clients of the importance of developing good listening habits, and to practice listening in situations that they find emotionally challenging.

Invite each participant to pick a partner. One will assume the role of speaker, and one will assume the role of listener. The speakers in each pair can talk about a subject they feel strongly about, during which the listeners should use their listening skills and ask clarifying questions which reflect the perceived feeling and content of the speaker's message.

Listeners should not add their own opinions to the speaker's remarks verbally during the exercise. When this stage is complete, the pairs should swap roles and repeat the steps above.

Participants should then rejoin the group. The following questions can be used to debrief clients and encourage group discussions after completion of the exercise:

1. How did it feel to be listened to?
2. Were you tempted as the listener to make comments or tell your own story?
3. What was difficult about the exercise?
4. At any time did your listening skills erode?
5. What made you think listening was eroding?
6. What caused our listening skills to erode?
7. How does this exercise parallel what can happen in the workplace?
8. What did you learn about your listening skills?

This exercise was adapted from *The Emotional Intelligence Activity Book: 50 Activities for Promoting EQ at Work* (Lynn, 2002).

### 4. Silent Gratitude Mapping

Silent Gratitude Mapping is designed to increase gratitude on a group level and help clients build connections through reflections on personal sources of gratitude and the underpinning reasons behind their gratitude.

In groups of 3-5 invite clients to spend a few minutes reflecting on the things in their life for which they are grateful. Next, ask them to write these down on a large piece of paper, draw a line extending from each item, and write the reason they are grateful for this particular thing. After a few minutes of individual thinking and writing, ask the group to look around at the answers of their fellow participants and draw links between concepts.

On completion of the exercise, each group member should be allowed to share any insights they may have had and to discuss what they have learned.



## 5. Breathing Together

This exercise is designed to encourage personal mindfulness practice and promote interpersonal connection through the practice of breathing mindfully together in pairs.

Clients are instructed to sit facing each other, at first focused on their breath and then on the other person's breathing rhythm as air flows in and out of their body.

For a few minutes, clients should begin to sync their breathing rhythm with that of their partner; continuing to breathe this way together and embracing the feelings and emotions they experience – both pleasant and unpleasant. At the end of the exercise, clients should be encouraged to share their experiences.

Access full details of the Breathing Together exercise.

## 6. Mindful Photography

Mindful photography is a novel and effective way to teach positive psychology in a group setting. Identifying and capturing meaningful objects can improve happiness and enhance the savoring of one's environment and one's life in general (Kurtz & Lyubomirsky, 2013).

Mindful photography can help clients or students to examine their day-to-day lives in ways they normally would not and incorporate beauty, meaning, and value to everyday objects.

Participants take photographs of their everyday lives while thinking about the things that they value most in life. These photographs can then be shared with others in the group as a foundation for discussion and reflection on positive psychology concepts such as appreciation of natural beauty, happiness, positive emotions, and savoring.

This activity is designed to complement a variety of topics within the field of positive psychology and should be completed in advance of the group discussion.

## Additional Resources

- The Positive Psychology Practitioner's Toolkit is a comprehensive database of science-based exercises, practical activities, and interventions that allow you as an educator or practitioner to successfully incorporate and implement essential positive psychology concepts to group settings.
- If you are interested in developing Appreciative Inquiry skills, this collection of Appreciative Inquiry workshops, training options, and courses is an excellent place to start.
- Group Therapy discussion topics, activities, and worksheets.
- An article on Mindfulness-based Cognitive Therapy includes popular MBCT exercises and resources.
- For a more in-depth look at Acceptance and Commitment Therapy, including theory, techniques, and exercises, check out our ACT Therapy post.
- These Positive Psychology masterclasses and coaching programs will help you in your mission to make a lasting impact on the lives of your clients or students. The programs include extensive subject backgrounds, research, exercises, and activities so that you are equipped with all the knowledge and support needed to train and teach essential positive psychology concepts to groups.

## A Take-Home Message

While group settings are not suitable for every client, there are several beneficial and curative factors associated with interactive group processes.

Recognizing that others have similar problems and emotions can open clients' minds and help build new coping strategies while cultivating a sense of connectedness and a supportive context for growth.

Whether you are a counselor, life coach, organizational development professional, or teacher, incorporating concepts from the field of positive psychology to your work with groups can help create a shared narrative and provide clients with a support network of people facing similar challenges.

## References

- Abbasi, P., Mahmoodi, F., Ziapour, A., Dehghan, F., & Parvane, E. (2017). The Effectiveness of Group Hope Therapy Training on Psychological Well-Being and Resilience in Divorced Women. *Middle East Journal Of Family Medicine*, 15, 115-121.
- Adams, N. & Grieder, D. (2005). *Treatment Planning for Person-Centred Care*. US: Academic Press.
- Andersen, B. & Rasmussen, H.P. (2017). Transdiagnostic group therapy for people with self-critic and low self-esteem, based on compassion focused therapy principles. *Journal of Compassionate Health Care*, 4.
- Biswas-Diener, R. & Patterson, L. (2011). An experiential approach to teaching positive psychology to undergraduates. *The Journal of Positive Psychology*, 6, 477-481.
- Braehler, C., Harper, J., & Gilbert, P. (2013). Compassion-Focused Group Therapy for Recovery after Psychosis.. 10.13140/2.1.3956.2886.
- Burlingame, G.M., McClendon, D.T., & Alonso, J. (2010). Cohesion in group therapy. In J.C. Norcross (Ed.), *Evidence-based Therapy Relationships* (pp. 11-12).
- Bushe, G.R. (1998). Appreciative Inquiry with Teams. *The Organizational Development Journal*, 16, 41-50.
- Bushe, G.R. & Kassam, A.F. (2012). When Is Appreciative Inquiry Transformational? A Meta-Case Analysis. *Journal of Applied Behavioral Science* 41, 161-181.
- Cooperrider, D.L., Whitney, D.K., & Stavros, J.M. (2003). *Appreciative Inquiry Handbook*. US: Berrett-Koehler Publishers.
- Fiore, M. C., Jaén, C., Baker, T., Bailey, W. C., Benowitz, N. L., Curry, S. J. & Wewers, M. E. (2008). *Treating tobacco use and dependence: 2008 update*. Rockville, MD: US Department of Health and Human Services. Public Health Service.
- Harty, B., Gustafsson, J.A., Björkdahl, A., & Möller, A. (2015). Group intervention: A way to improve working teams' positive psychological capital. *Work*, 53, 387-398.
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes and outcomes. *Behavior Research & Therapy*, 44, 1-25.
- Honda, K. (2017, July/August). Coping with challenging clients. (R.A. Clay, Interviewer). *APA Monitor on Psychology*. Retrieved from: <https://www.apa.org/monitor/2017/07-08/challenging-clients>
- Ivers, N.N. (2016). Ethical and legal aspects of working with groups. In S.T. Gladding (Ed.), *Groups: A Counseling Speciality*. UK: Pearson.
- Johnson, J. E., Burlingame, G. M., Olsen, J. A., Davies, D. R., & Gleave, R. L. (2005). Group climate, cohesion, alliance, and empathy in group psychotherapy: Multilevel structural equation models. *Journal of Counseling Psychology*, 52, 310-321
- Jorfi, H., Yaccob, H.F.B., & Shah, I.M. (2011). The relationship between demographics variables, emotional intelligence, communication effectiveness, motivation, and job

- satisfaction. *International Journal of Academic Research in Business and Social Sciences*, 1, 35-58.
- Kahler, C.W., Spillane, N.S., Daya, A., Clerkin, E.M., Parks, A., Leventhal, A.M., & Brown, R.A. (2013). Positive psychotherapy for smoking cessation: Treatment development, feasibility, and preliminary results. *The Journal of Positive Psychology*, 9, 19-29.
  - Kolb, A. Y., & Kolb, D. A. (2005). Learning Styles and Learning Spaces: Enhancing Experiential Learning in Higher Education. *Creative Education*, 5, 193-212.
  - Kurtz, J.L. & Lyubomirsky, S. (2012). Using mindful photography to increase positive emotion and appreciation. In J.J. Frohe & A.C. Parks (Eds.), *Activities for Teaching Positive Psychology: A Guide for Instructors* (pp. 133-136). Washington: American Psychological Association.
  - Lee, E.J. (2015). The effect of positive group psychotherapy on self-esteem and state anger among adolescents. *Archives of Psychiatric Nursing*, 29, 108-113.
  - London, M. & Sessa, V.I. (2006). Group Feedback for continuous learning. *Human Resource Development Review*, 5, 1-27.
  - Lopez, M.H. & Luciano, M.C. (2009). Acceptance and Commitment Therapy for Smoking Cessation: A Preliminary Study of Its Effectiveness in Comparison With Cognitive Behavioral Therapy. *Psychology of Addictive Behaviors*, 23, 723-730.
  - Lynn, A.B. (2002). *The Emotional Intelligence Activity Book: 50 Activities For Promoting EQ At Work*. HRD Press, Inc: Amherst.
  - Malouf, E. T., Youman, K., Stuewig, J., Witt, E. A., & Tangney, J. P. (2017). A Pilot RCT of a Values-Based Mindfulness Group Intervention with Jail Inmates: Evidence for Reduction in Post-Release Risk Behavior. *Mindfulness*, 8, 603–614. doi:10.1007/s12671-016-0636-3
  - Meyer, S.P., Johnson, S., Parks, A., Iwanski, C., & Penn, D.L. (2012). Positive living: A pilot study of group positive psychotherapy for people with schizophrenia. *The Journal of Positive Psychology*, 7, 239-248.
  - Rubbin, R., Kerrell, R., & Roberts, G. (2011). AI in occupational therapy. *British Journal of Occupational Therapy*, 74, 233-240.
  - Schroevers, M. J., Tovote, K. A., Snippe, E., & Fleer, J. (2016). Group and Individual Mindfulness-Based Cognitive Therapy (MBCT) Are Both Effective: a Pilot Randomized Controlled Trial in Depressed People with a Somatic Disease. *Mindfulness*, 7, 1339–1346.
  - Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2013). *Mindfulness-based Cognitive Therapy For Depression* (2nd ed.). New York, NY, US: Guilford Press.
  - Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *The American Psychologist*, 55, 5–14.
  - Seligman, M.E.P. Stein, T., Park, N. & Peterson, C. (2005). Positive Psychology Progress: Empirical Validation of Interventions. *American Psychologist*, 60, 410–421.
  - Seligman, M.E.P., Rashid, T., & Parks, A.C. (2006). Positive Psychotherapy. *American Psychologist*, 774-788.

- Seligman, M.E.P., Ernst, R.M., Gillham, J. Reivich, K. & Linkins, M. (2009). Positive education: Positive psychology and classroom interventions. *Oxford Review of Education*, 35, 293-311.
- Shekarabi-Ahari, G. Younesi, J. Borjali, A., & Ansari-Damavandi, S. (2012). The Effectiveness of Group Hope Therapy on Hope and Depression of Mothers with Children Suffering From Cancer in Tehran. *Iranian journal of cancer prevention*, 5 183-8.
- Snyder, C. (2002). Hope Theory: Rainbows in the Mind. *Psychological Inquiry*, 13, 249-275.
- Sobel, L.C. & Sobel, M.B. (2011). *Group Therapy for Substance Abuse Disorders: A Motivational Cognitive-Behavioral Approach*. London: The Guilford Press.
- Tomasulo, D. (2014). Positive group psychotherapy modified for adults with intellectual disabilities. *Journal of Intellectual Disabilities*, 18, 1-13.
- Vella-Brodrick, D. (2011). The moral of the story: The importance of applying an ethics lens to the teaching of positive psychology. *The Journal of Positive Psychology*, 6, 320-325.
- Yalom, I. D., & Leszcz, M. (2005). *The Theory and Practice Of Group Psychotherapy*. New York: Basic Books.