

**Adding Science to the Mix of Business and Pleasure:  
An Exploratory Study of Positive Psychology Interventions with Teachers  
Assessing Employee Assistance Counselling**

by

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## **Abstract**

This research project explores whether the delivery of positive psychology interventions in the workplace through an employee assistance program (EAP) can improve employees' authentic happiness/flourishing as well as decrease symptoms of depression.

A small convenience sample of 13 Manitoba public school educators accessing employee assistance were recruited for a quasi-experimental research design. Nine participants were randomly assigned to the experimental group and the remaining participants assigned to the control. Experimental group members participated in a six session psychoeducational, experiential, and process-oriented positive psychotherapy group that met once a week over six weeks.

Experimental group participants' scores on the authentic happiness/flourishing measure increased by a statistically significant 9% and depression scores decreased by a statistically significant 45% from pre-intervention to one month post-intervention. The study's findings therefore provide promising confirmation that positive psychology interventions delivered through EAPs can make a meaningful difference as both secondary prevention and primary enhancement strategies in the workplace.

## Acknowledgements

On many occasions over the course of my life my father shared his hopes and dreams for me to live “a happy life.” For many years, however, happiness eluded me. While I steadfastly believed hard work, educational attainment, saving and investing, climbing the career ladder and getting married would take me directly to the door of the happy life, the life I had created using this formula still left me longing for more. My life changed when I learned about the new field of positive psychology – the science of authentic happiness and flourishing – from my professor and advisor Dr. Riva Bartell during the counselling theories course required in my M.Ed. (Psych) program. I began voraciously reading all the books and articles I could find on positive psychology and when I combined positive psychology with the field of employee assistance – a career path I decided I would like to travel upon graduation as a professional counsellor – a focus for my thesis project was born.

The road to completion of my thesis project has been a long one and has had many ups and downs, but through it all, regularly practicing many of the positive psychology interventions I have learned over the past few years has played a large part in building and strengthening my resilience, as well as my hopefulness, as I look forward to the next chapters of my personal and professional life.

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## Chapter I: Introduction

### The Problem

Due to the wide ranging costs of escalating rates of depression and other mood disorders among the working-age population in Canada and across North America, investing in mental health promotion at work is becoming increasingly important to progressive employers. A new area of psychology called *positive psychology* provides workplaces and employee assistance programs with unique opportunities to deliver empirically validated psychological interventions to those employers and employees interested in decreasing personal stress and symptoms of depression along with increasing personal wellness. Positive psychology refers to the “scientific study of optimal human functioning with the aim of discovering and promoting the factors that allow individuals and communities to thrive” (Sheldon, Frederickson, Rathunde, Csikszentmihalyi & Haidt, 2000). In contrast with the majority of self-help resources available today that are often based on folk wisdom and/or anecdotal personal experiences, the science behind positive psychology can provide employers with greater assurance that they will achieve demonstrated returns on their investment in employee mental health.

The purpose of this project is to develop, implement, and measure the impact of a positive psychology intervention in a group process modality in the workplace through an employee assistance program. A significant component of the project was the development of a curriculum manual for mental health promotion group therapy (and psychopathology prevention) to guide the group psychotherapy intervention. This was followed by the writer delivering and then evaluating the impact, if any, of a six session

weekly psychoeducational, experiential and process-oriented group guided by the curriculum manual (i.e., the intervention) to a small group of Manitoba teachers accessing the Manitoba Teachers' Society Educator Assistance Program (MTS EAP) from January to March 2012. The organization of contents in the curriculum manual is based largely on the work of positive psychology pioneer Martin Seligman. In concert with Seligman's (2002) vision of the ingredients of *authentic happiness* and a full life, the curriculum manual was designed to enhance positive emotions about the past, present and future, along with an exploration of *signature strengths* (Seligman & Peterson, 2004) and *flow* (Csikszentmihalyi, 1991).

The purpose of this introductory chapter will be to outline the conceptual framework for the study, identify the key questions or hypotheses to be addressed by the research, followed by a review of the literature. The review of the literature will open with an introduction to the study of happiness (subjective well-being), followed by review of the positive psychology research on happiness, and then turn to positive psychology's application to counselling, particularly counselling in the context of employee assistance programs. With the review of the literature complete, an overview of the study will be provided in the form of an outline of the contents contained in the report's four chapters.

### **The Conceptual Framework**

It is anticipated that the positive psychology intervention developed for this study, and delivered by the writer in partnership with the Manitoba Teachers' Society Educator Assistance Program, will improve self-reported authentic happiness/flourishing and decrease self-reported depression for the study's employee participants. The

implementation of this study also has the potential to lay the groundwork for cultural change across Manitoba schools, i.e., their evolving into increasingly enabling positive institutions.

The conceptual framework that provides the foundation for this core research hypothesis is based on three major bases: Fredrickson's (1998, 2001) broaden and build theory of positive emotions, Seligman, Rashid and Parks' (2006) conceptualization of positive psychotherapy, and Yalom's interpersonal approach to group psychotherapy (Yalom, 2005b). To Yalom (2005a, 2005b), a here-and-now and process-oriented group counselling modality provides a robust and potent means to assist individuals in making positive changes in their lives. Each of these three major topics will be discussed in turn in this section.

Before introducing Fredrickson's seminal theory of positive emotions, a brief history of the psychological study of emotions in general will be helpful. What stands out in this literature is that psychologists have typically favored negative emotions in theory building and hypothesis testing. In doing so, psychologists like Fredrickson (1998) have noted that the field inadvertently marginalized positive emotions. Fredrickson's work, which began just a decade ago, was the first of its kind in psychology to raise the profile of studying positive emotions. Her influential work is thereby helping us develop satisfying answers to the question – "What good are positive emotions?" Earlier theories of positive emotions postulated that positive emotions *signal* flourishing. But to Fredrickson, that was not the whole story. The broaden and build theory provides that positive emotions also *produce* flourishing. Moreover, they do so not simply within the present, pleasant moment but over the long term as well. The take-home message is that

positive emotions are worth cultivating, not just as end states in themselves but also as a means to achieving psychological growth and well-being over time.

The broaden and build theory of positive emotions (Fredrickson, 1998, 2001) is an influential theory that provides a foundation for the positive psychology movement, and thereby provides a guiding conceptual framework for this study.

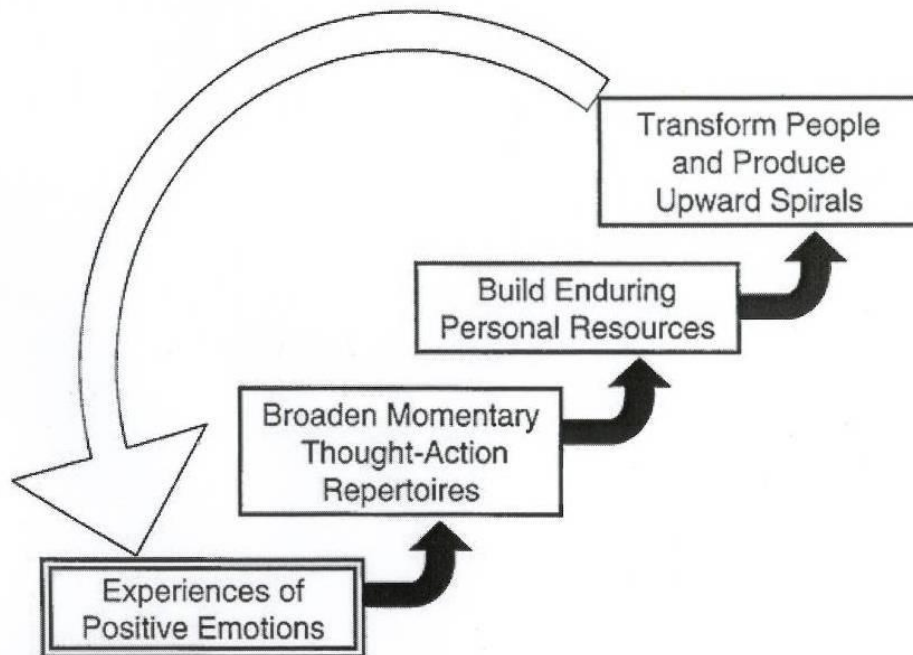


Figure 1. Fredrickson's Broaden and Build Theory of Positive Emotions

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As illustrated in Figure 1, the broaden and build theory posits that experiences of positive emotions (including joy, interest, contentment, pride and love) broaden people's momentary thought-action repertoires, or in other words, widens the array of the thoughts and actions that come to mind.<sup>1</sup> Experiencing positive emotions prompts individuals to

<sup>1</sup> Negative emotions have long been known to narrow people's momentary thought-action repertoires. This function is without question adaptive in life-threatening situations that require quick and decisive action in order to survive.

discard time-tested or automatic (everyday) behavioral scripts and pursue novel, creative and often unscripted paths of thought and action. Joy, for example, creates an urge to play, push limits, and be creative, urges evident not only in social and physical behavior, but also in intellectual and artistic behavior. Moreover, when one experiences interest, another positive emotion, it creates the urge to explore, take in new information and experiences, and expand the self in the process.

Broadened thoughts and actions in turn serve to build people's enduring personal resources, ranging from physical and intellectual resources to social and psychological resources.<sup>2</sup> Where physical resources are concerned, research has found that positive emotion predicts health and longevity (from improved immune function, coordination, strength and cardiovascular health to a longer life). On the intellectual (or cognitive) dimension, research has found that adults and children who are put into a good mood select higher goals, perform better, learn new information, develop problem solving skills, mindfully attend to the present moment, and persist longer in tasks. Positive emotions build social resources because when people are happy they are less self-focused and go on to solidify bonds and also make new bonds. They like others more, they offer and receive emotional support, and they want to share their good fortune with others – even strangers. Positive emotions also build psychological resources, like the ability to maintain a sense of mastery over environmental challenges, greater resilience, greater optimism, a sense of identity and goal orientation, and increased broad-minded coping. In an effort to provide direct empirical support for the role of positive emotions in building of personal resources, Fredrickson, Cohn, Coffey, Pek and Finkel (2008) undertook a

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<sup>2</sup> For a review of 225 studies which show that people who are happier achieve better life outcomes in the areas of physical, social, intellectual and social resources, see Lyubomirsky, King and Diener (2005).

field experiment with working adults who volunteered to participate in a seven week loving-kindness meditation (Salzberg, 1995) workshop as a means of increasing the daily experiences of positive emotions over time. Results showed that this meditation practice produced increases over time in daily experiences of positive emotions, which, in turn, produced increases in a wide range of personal resources (e.g., increased mindfulness, purpose in life, social support and decreased illness symptoms). In turn, all of these increments in personal resources are predicted to increase life satisfaction, reduce depression, and increase overall success in life.

Thus in summary, there are three sequential effects of positive emotions: broadened mind-sets, built resources, and enhanced success in the future. Positive emotions also create upward spirals that lead to more experiences of positive emotions. They help us to see positive meaning in more and more events and circumstances over time. For example, when a person's thinking and attention are broadened by positive emotions, the theory predicts that he or she will begin to believe that there is an opportunity behind every adversity.

The broaden and build theory also has implications for the strategies that people use to regulate their experiences of negative emotions. If negative emotions narrow the momentary thought-action repertoire, and positive emotions broaden the same repertoire, then positive emotions ought to function as effective antidotes for the lingering effects of negative emotions. In other words, positive emotions should “undo” the lingering physiological and cognitive aftereffects of negative emotions (i.e., higher heart rate, blood pressure and narrowed attention) and this has been described as the *undoing hypothesis* (Fredrickson & Levenson, 1998; Fredrickson, Mancuso, Branigan & Tugade,



2000; Falkenstern, Schiffrin, Nelson, Ford & Keyser, 2009).<sup>3</sup>

In Fredrickson's work on the application of broaden and build theory to the workplace (2003), she contends that individual organizational members' experiences of positive emotions can be transformational and fuel upward spirals toward optimal individual and organizational functioning. Specifically, she notes that an individual's experience of positive emotions can reverberate through other organizational members and across interpersonal transactions with customers and clients, and in doing so, also fuel optimal organizational functioning. Positive emotions can reverberate through others because emotions are contagious (Hatfield, Cacioppo & Rapson, 1993) and also by creating a chain of events that carry positive meaning for others. For example, compassionate acts generate pride for the person who gives help, and the person who receives help is likely to feel the complementary positive emotion of gratitude, which then triggers an urge to repay the kindness in a creative fashion. Added to the positive emotions experienced by the givers and recipients of help, people who merely witness or hear about a helpful exchange may experience positive emotions as well, particularly the positive emotion of elevation (Haidt, 2000). All together, these positive emotions create meaningful interpersonal encounters. Over time, such broadening is hypothesized to build stronger social connections, better organizational climates, and extraordinary organizational outcomes.

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<sup>3</sup> One marker of the narrowed thought-action repertoire called forth by negative emotions is heightened cardiovascular activity. Invoking positive emotions following negative emotions, then, should speed recovery from cardiovascular reactivity, returning the body to more midrange levels of activation. Fredrickson and Levenson (1998) and Fredrickson et al.'s (2000) research has provided empirical support for the undoing hypothesis. The hypothesis was tested by first inducing a high-arousal negative emotion in all participants and then immediately, by random assignment, inducing mild joy, contentment, neutrality, or sadness by showing short, emotionally evocative film clips. As predicted by the undoing hypothesis, the research found that those who experienced positive emotions on the heels of a high-arousal negative emotion showed the fastest cardiovascular recovery.

Fredrickson's research also suggests that when employees experience more positive emotions, this produces a variety of important measurable outcomes from greater productivity and higher goal-setting, to greater persistence in tasks and better evaluations from supervisors. This leads to more self-confidence and creates a positive upward spiral leading to even more productivity in the workplace (Fredrickson, 2003; Reflective Learning, n.d.). The Reflective Learning Organization has used positive psychology findings to develop workplace mental health promotion programs and the organization reports that implementation of its programs directly results in participating organizations reporting decreased health care costs, improved productivity in the workplace, and improved employee morale and job satisfaction (Reflective Learning, n.d.). Published research on the outcomes of this program is not, however, available.

More generally however, a compelling recent review of scientific studies of happiness conducted by Lyubomirsky and her colleagues at the University of California found happiness has a wide variety of benefits related to the workplace. Happy people generally outclass their less happy counterparts on measures of organizational citizenship. In other words, happy people take fewer sick days, stay loyal to their employers longer, receive better evaluations from their supervisors and customers, show more helpful behaviors, and are more creative (Lyubomirsky, King & Diener, 2005). On a related note, a recent business study by Losada and Heaphy (2004) that used the broaden and build theory found that when members of a work team show appreciation and encouragement to their colleagues (i.e., a higher ratio of positive to negative interactions), the team builds greater connectivity between members and ultimately achieves a high performance team designation.

In summary, Fredrickson's broaden and build theory provides that the experience of positive emotions (even though they are temporary and transient) lead to broadening of an individual's thoughts and actions along with the building of enduring personal resources (i.e., physical, intellectual and social resources), which together lead to enhanced well-being for individuals and organizations. In other words, the "broaden hypothesis" targets the way people change while experiencing a positive emotion, and the "build hypothesis" targets the lasting changes that follow repeated positive emotional experiences over time (Cohn & Fredrickson, 2009).

A second major conceptual foundation for this study is provided by Seligman, Rashid and Parks (2006) and their work in developing positive psychotherapy (PPT) – an application of the positive psychology literature to the field on counselling and therapy. While Seligman and his colleagues are optimistic that PPT is likely to be an effective treatment for many psychological disorders, in these early stages of its development of this therapy, the team is focused on PPT's efficacy as a treatment for depression. The goal of PPT is to increase positive emotion, engagement, and meaning as a treatment for persons suffering from depression. This contrasts with standard interventions for depression that instead target depressive symptoms. While facilitator manuals have not yet been published for PPT, Seligman and his colleagues have identified the following core exercises as components of PPT for individual and group psychotherapy: (1) learning about your strengths and how to use them more often; (2) daily writing about blessings or "three good things"; (3) writing an obituary/biography to summarize what you would like to be remembered for; (4) writing and then personally delivering a letter of gratitude to a person you are grateful for; (5) using active/constructive responding to

positively respond to the good news of persons in your life; and (5) practicing daily savoring of things that you usually rush through.

Seligman et al. (2006) have tested the effects of PPT interventions in a variety of settings. In informal student and clinical settings, people not uncommonly reported the interventions to be “life changing.” Delivered on the Web, positive psychology exercises relieved depressive symptoms for at least six months compared with placebo interventions, the effects of which lasted less than a week. In studies of participants meeting criteria for depression, the effects of these exercises were particularly striking. In the first of two preliminary studies of PPT and depression, PPT delivered to groups significantly decreased levels of mild to moderate depression through a one-year follow-up. In the second preliminary study, PPT delivered to individuals receiving treatment for major depressive disorder produced higher remissions rates than did treatment as usual and treatment as usual plus medication. Now that Fredrickson and Seligman’s work have been presented, the final pillar in the conceptual foundation for this study will be outlined – the rationale for proposing a group counselling modality for delivery of the intervention.

Yalom’s (2005a, 2005b) interpersonal approach to group counselling and the research that supports group counselling as a robust and potent means to assist individuals in making positive changes in their lives is the final conceptual pillar for this study. Research has unequivocally demonstrated that group counselling is a potent modality producing significant benefit to its participants (Burlingame, Fuhriman & Mosier, 2003; Burlingame, MacKenzie & Strauss, 2004). The evidence for the effectiveness of group counselling is so persuasive that some experts advocate that group

therapy be utilized as the primary model of contemporary psychotherapy (MacKenzie, 1994). The greater number of relationships available in the group provides richness and potential for learning, growth and change not possible in a dyad or a solitary situation. The greater number of relationships available in group counselling also has the potential to make a significant impact on each group member's perceived happiness because one of the most influential recent findings from positive psychology research is that social relationships make a very significant contribution to lasting personal happiness (Diener & Seligman, 2002).

Ground-breaking research projects that demonstrated the efficacy of psychoeducational group work in bringing about changes in group members were conducted in the United States in the 1940s. Three studies performed under the direction of pioneering social psychologist Kurt Lewin during WWII compared the effectiveness of a procedure Lewin named "group decision" with that of other methods of changing food habits. The United States government wanted advice on how to alter habits and tastes so that they could embody the findings of the new science of nutrition, and maintain the health of the American people in times of wartime shortage. Three studies were overseen by Lewin (see Bavelas, Festinger, Woodward & Zander, n.d.; Radke & Klisurich, 1947; & Lewin, 1941). In the first study, a method of group discussion and group decision were found vastly superior to the lecture method in persuading small face-to-face groups of housewives to serve intestinal meats. The second and third studies similarly found the group decision superior in persuading housewives to supplement infant diets with orange juice and cod-liver oil, and also in serving fresh and evaporated

milk. On the whole, it was found that a group decision to change food habits is more favorably accepted than a request from someone outside the group.

The early research on group dynamics set the foundation for the seminal work of Irvin Yalom in the group psychotherapy literature. Yalom's (2005a) text on group therapy, which has been described as the quintessential book in the field of group work, provides that there are 12 curative factors, or therapeutic change processes, common to all small psychotherapy groups. These 12 therapeutic factors are as follows: instillation of hope; universality; imparting information; altruism; corrective recapitulation of the primary family group; imitative behavior; interpersonal learning input (feedback); interpersonal learning output (new behavior); group cohesiveness; catharsis; existential factors; and self understanding/insight.

Instillation of hope refers to members recognizing that other members' success can be helpful, and they develop optimism for their own improvement. The next factor, universality, is defined as members recognizing that other members share similar feelings, thoughts and problems. Imparting information, or guidance, is defined as education or advice provided by the therapist or group members. The fourth factor is altruism and refers to members gaining a boost to self concept through extending help to other group members. For corrective recapitulation of the primary family group, members are provided with an opportunity to reenact critical family of origin dynamics in the here-and-now of the group. Like a family, a therapy group consists of a leader – an authority figure that evokes feelings similar to those felt toward parents, while other group members substitute for siblings, vying for attention and affection from the leader/parent, and forming subgroups and coalitions with other members. On the whole,

this recasting of the family of origin gives members a chance to correct dysfunctional interpersonal relationships in a way that can have a powerful therapeutic impact. The next factor is imitative behavior and refers to members expanding their personal knowledge and skills through the observation of other group members' self-exploration, working through, and personal development. Moreover, therapists model active listening, giving nonjudgmental feedback, and offering support and over time, members pick up these behaviors and incorporate them. The next factor is interpersonal learning input (or feedback). This factor highlights how groups offer varied opportunities for interacting with other people. In the case of input, members gain personal insight about their interpersonal impact through feedback provided from other members. The interpersonal learning output (new behavior) factor<sup>4</sup> highlights how groups offer varied opportunities for interacting with other people. In the case of output, members provide an environment that allows members to practice interacting in a more adaptive manner. The factor that is next is group cohesiveness, which is defined as feelings of trust, belonging and togetherness that are experienced by the group members. To define the factor of catharsis, Yalom notes that members can express their deep emotional feelings and experience a release and healing. The penultimate factor is existential factors. This factor illustrates that with the support of the group, members explore difficult fundamental realities of life including loneliness, death, and the meaning of human existence. Moreover, members learn to accept responsibility and provide their own direction. The final factor is self understanding and insight. During group psychotherapy individuals may learn a great deal about themselves and the factors that have contributed to the way

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<sup>4</sup> This item has also been referred to by Yalom as the development of socializing techniques. Through interaction with and feedback from other members of the group, members are able to correct maladaptive social behaviors and to learn and develop new social skills.

he/she thinks and behaves which Yalom describes as psychogenetic insight. Self understanding can also help the individual to ‘make sense’ of what has happened to them and subsequently provide them with a way forward whilst at the same time instilling hope for the future.

In his research with clients on the most powerful of the 12 factors, Yalom (2005a) notes that “the defining core of the therapeutic process in therapy groups is an affectively charged, self-reflective interpersonal interaction, in a supportive and trusting setting” (p. 89).

Ongoing activation and illumination of *group process* is to Yalom (2006), key to successful counselling with a group counselling modality. The writer will, therefore, be adopting a process orientation to the delivery of the study’s positive psychology group. The specific technical definition of *process* in the context of interactional psychotherapy is “the nature of the relationship between interacting individuals – members and therapists” (Yalom, 2005a, p. 143). In practical terms for the therapist, processing refers to helping group members identify and examine what happens in the group and their individual experiences of the events, as well as how events occurred and how different members responded to them. Kees and Jacobs (1990) further note that processing provides great value through its capacity to provide members with additional learning about themselves and their peers. Through processing, members may also develop a plan of action for transferring this learning to their lives outside the group. To Glass and Benschhoff (1999) for example, “processing of activities becomes the ‘bridge’ from exercise to insight, [and] from experience to behavior change” (p. 16). It is useful to compare the differences between *content* and *process* in order to further clarify this

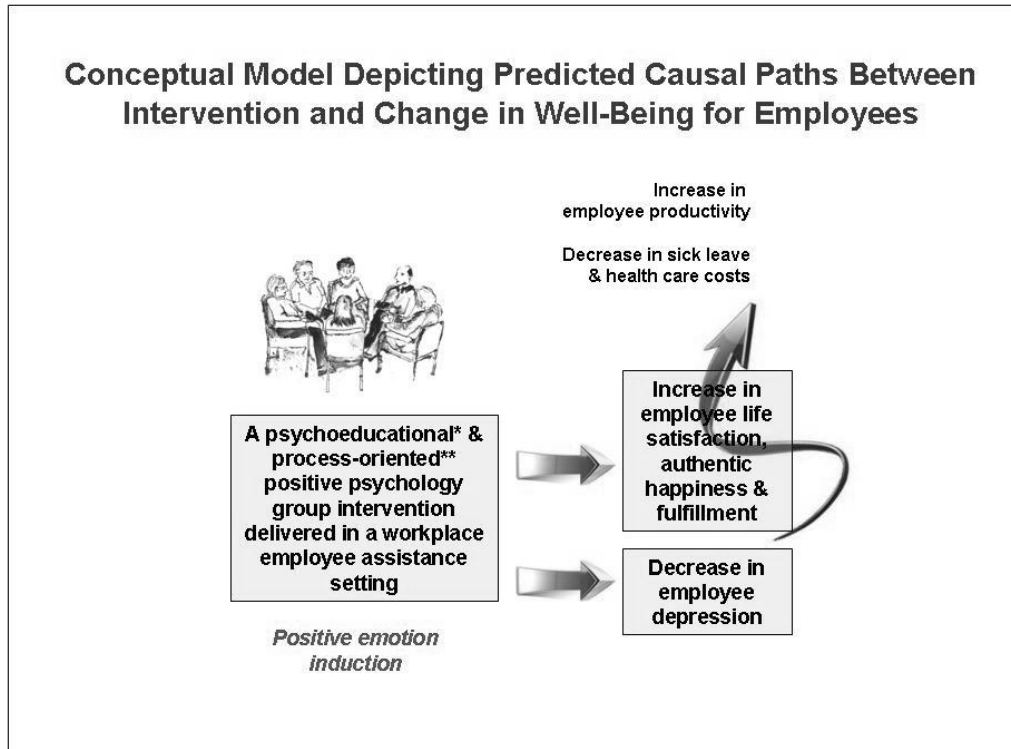


definition. Consider, for example, two individuals in conversation. The *content* of that discussion consists of the explicit words spoken, the substantive issues discussed, and the arguments advanced. The process is an altogether different matter. When we explore *process*, we ask, “What do these explicit words, the style of the participants, and the nature of the discussion including its timing, *tell us about the interpersonal relationship of the participants?*”

Working from a process orientation requires the writer of this group curriculum to be highly attuned not only to the content of the specific topics that will be presented during each group session, but also dedicating adequate time in each session to having conversations about individual group members’ experiences of the material and each other in the here-and-now, present moment. In practice, the group facilitator needs to have requisite skills in modeling a here-and-now orientation in relating during each session, and also sharing observations or asking questions of group members in order to illuminate process. To reinforce the importance of processing activities throughout the duration of this psychoeducational group, the writer will design the group curriculum to contain a variety of suitable processing questions for the leader to choose from when processing materials from each session.

Now that the review of Fredrickson, Seligman et al., and Yalom’s conceptual foundations for this study are complete, the resulting conceptual framework for this study can be presented. As illustrated in Figure 2, it is hypothesized that a positive psychology intervention for employees in the context of the workplace (a means of positive emotion induction) will contribute to the important outcome of increased levels of mental

wellness, or well-being, reported by those employees. The group counselling intervention should also result in employees reporting less depression over time.



\* The goal of the group is to increase voluntary, intentional activity, or the 'V' in the authentic happiness formula of  $H = S + C + V$ , by participating in a curriculum organized to: (i) enhance positive emotions in the context of the past, present & future; and (ii) explore signature strengths & flow.

\*\* Processing allows leaders and members alike to make sense of group dynamics, events, and experiences that might otherwise remain unknown, mistaken or only partially understood. The resulting translation of observation and experience into understanding and meaning affords participants an increased capacity for learning and change.

Figure 2. Conceptual Framework for the Project

The organizational framework and specific contents of the group counselling intervention depicted in Figure 2 will be discussed in detail in the methodology section of this thesis. In short, it can be noted that the curriculum will be based on Seligman's (2002) *happiness formula of  $H = S + C + V$* . This formula states that authentic happiness and well-being, or "H", is comprised of the individual's happiness set point (S), the

individual's circumstances (C), and voluntary factors that are under the individual's control (V). With voluntary factors being the most powerful of the ingredients, the curriculum will focus on activities people can choose to undertake to enhance positive emotions about the past, in the present, and for the future, along with an exploration of signature strengths and flow. It is anticipated that the administration of this intervention will increase employee life satisfaction [measured by the Positive Psychotherapy Inventory (Rashid, 2005) contained in Appendix A] and decrease employee depression [measured by the Centre for Epidemiologic Studies Depression (CES-D) Scale (Radloff, 1977) contained in Appendix B.]

The conceptual framework for this project also illustrates that the upward spiral of an increase in employees' experiences of positive emotions in the workplace is expected to also lead to other valuable outcomes – in addition to increased well-being and decreased depression in the context of employees' personal and professional lives. These outcomes, which will be outlined in the literature review section of this chapter, include improved employee productivity, morale, success and job satisfaction, as well as decreased healthcare costs and lower rates of sick leave.

The context of focus for this study is the workplace, which is one of a number of ecological contexts shaping the development of people over the course of the lifespan. Bronfenbrenner's bioecological systems model (Bronfenbrenner, 1994; Garbarino, 1982) is valuable in understanding the complex interaction of a variety of systems on human development, including the impact of the workplace on the employee as well as the employee on the workplace. The ecological model (see Figure 3) highlights the person ("you") at the centre as integrally interconnected with variety of systems represented by

circles [from the *microsystem* (which includes the workplace) to the *chronosystem*] that influence the person's development across the lifespan. In short, the model illustrates the importance of an individual's interactions with the people and institutions closest to him or her within the *microsystem* and *mesosystem*, as well as the effects on his or her life of a widening array of social and cultural institutions, attitudes, and beliefs within the *exosystem* and the *macrosystem*. The fact that all of these systems change over time is represented by the *chronosystem*. A key systemic context of focus in this study is the interaction between the workplace (as a provider of a mental health intervention) and the person ("you") in his or her role as an employee. The interconnectedness of systems in the model also illustrate the opportunity provided by this intervention to affect employees much more broadly than in the context of the workplace alone. It is hypothesized that employees participating in the study will experience gains in well-being that have the potential to influence and transform a variety of other contexts in their lives over time, including the employee's family life, community life and spiritual life, as well as the broader systems interconnected with each participant's life.

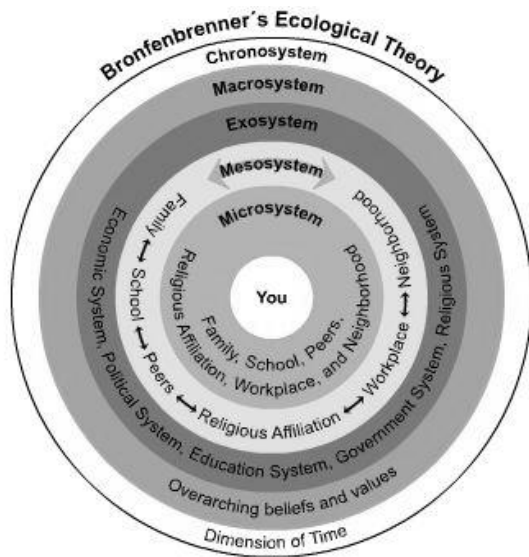


Figure 3. Bronfenbrenner's Ecological Model

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With the outlining of the conceptual framework for the study complete, discussion will now turn to a review of the literature on positive psychology applications to employee assistance programs.

## Literature Review

This section provides the reader with a brief overview of the literature on positive psychology interventions and their application to the workplace, with a particular emphasis on employee assistance programs. The intent of this review is to provide context for the proposed study, as well as a rationale for its unique contribution to the literature – the first study of its kind to develop, implement, and measure a comprehensive positive psychology intervention in the workplace through an employee assistance program.

**Depression in the workplace.** Depression and related mood disorders are becoming more pervasive across North American workplaces today. The largest study ever conducted of Canadian workplace mental health and depression by Ipsos Reid (2007), it was noted that three in 10 workers (30%) know a colleague who has been diagnosed with depression by a doctor. A similar proportion (27%) reported that they know of someone in their workplace that they suspect suffers from depression, but who they believe has not been diagnosed by a doctor. The study went on to estimate that absenteeism along with reduced efficiency and productivity due to depressed, stressed or anxious employees costs Canadian employers on average \$17 thousand dollars a year per affected employee. On a similar, albeit broader level, Statistics Canada has recently reported that increasing numbers of Canadians are reporting their mental health as either fair or poor. In 2007, 4.7% of Canadians aged 12 to 64 reported poor to fair mental health, with the number increasing to 5.3% in 2010 (Statistics Canada, 2011). Statistics Canada's *Mood Disorders, 2009* report shows the same pattern: in 2003, 5.3% of Canadians self-identified as having a mood disorder. In 2009, this number grew to 6.3%.

The Conference Board of Canada has also undertaken research on this important topic and found in a 2011 national survey that 44% of Canadian employees surveyed reported they were either experiencing (12%) or had previously experienced (32%) a mental health issue (Thorpe & Chenier, 2011). In 2012, the Conference Board of Canada went on to estimate the economic cost of mental illness among working-age Canadians to highlight the need for action by employers and governments to mitigate lost labour force participation. Measuring the cost of lost labour force market participation<sup>5</sup> stemming

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<sup>5</sup> The cost of lost labour force participation included estimated costs for *degrees of debilitation* resulting from the six most common mental health conditions affecting working-age Canadians, including persons

from depression, dysthymia, bipolar disorder, social phobia, panic disorder and agoraphobia – the six most common mental health conditions affecting working-age Canadians, the Conference Board estimates that mental illness will cost the Canadian economy (gross domestic product) \$20.7 billion in 2012. The cost is growing at a rate of 1.9% a year, amounting to \$29.1 billion by 2030.<sup>6</sup> According to the latest Canada-wide Ipsos Reid survey tracking depression in the workplace, in October 2012 the Great-West Life Centre for Mental Health reported that more than one in five (22%) Canadian employees report they are currently suffering depression (14% diagnosed) while an additional 16% report having experienced depression previously. The World Health Organization estimates that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease (Murray & Lopez, 1996).

In the Canadian public sector specifically – the population of focus for this study – it has recently been asserted by Bill Wilkerson, founder of the Global Business and Economic Roundtable on Mental Health, that “depression among Canada’s public servants is the country’s biggest public health crisis” (May, 2010). Wilkerson goes on to note that mental health claims in the public service doubled between 1991 and 2007 and now account for 45% of all disability claims.

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deemed ‘unable to work’, ‘able to work part time’, and ‘able to work, but with reduced functioning’ (in contrast with persons deemed ‘fully able to function at work’).

<sup>6</sup> The Conference Board of Canada notes that the cost of mental illness is felt across the economy in multiple ways. For the purpose of their report, they measured *only* the cost to Canada’s economy of lost labour market participation from the six most prevalent mental health conditions affecting working age Canadians. Costs not included in the analysis include the economic costs of medical and support services for those suffering from illness borne by the health care system as well as income supports, such as Employment and Disability Insurance, policing and incarceration costs, lost educational attainment, homelessness, and the intangible costs to employers and workers who spend time and resources dealing with mental illness.

**Positive psychology and well-being in the workplace.** In an effort to raise the profile of healthy workplaces, government think-tanks have been developing criteria for healthy workplaces, employers have been surveying the satisfaction of their employees and healthy workplace awards are being delivered to innovative Canadian workplaces that prioritize employee health (National Quality Institute (NQI), 2007). While workplace employee assistance programs (EAPs) are uniquely positioned to make a contribution to mental health promotion, EAPs have only recently begun to expand their program models (which have historically focused almost exclusively on the “troubled employee”) to include strength-based approaches and address employee well-being (Van Den Bergh, 2000; Kirk & Brown, 2003).

The emerging science of positive psychology provides both a theoretical framework along with a growing list of empirically validated counselling interventions to assist progressive employers and EAPs to both enhance employee well-being and decrease the incidence of psychopathology in the workplace. Positive psychology is the “scientific study of optimal human functioning and it aims to discover and promote the factors that allow individuals and communities to thrive” (Sheldon et al., 2000). Positive psychology has been described as comprising the study of three domains: positive subjective experience (e.g., positive emotions such as joy and contentment), positive individual traits, that is, character strengths and virtues, and positive institutions and communities that enable the first two domains (Seligman & Csikszentmihalyi, 2000). In contrast with the majority of self-help resources available today that are often based on folk wisdom and/or anecdotal personal experiences, the science behind positive psychology can provide employers with greater assurance that they will achieve



demonstrated returns on their investment in employee mental health. And, employers are becoming increasingly interested in investing in employee mental health, as illustrated by trends reported by the Society for Human Resource Management, the world's largest association devoted to human resource management, in their annual 2011 *Trendbook*. In a newspaper article summarizing these trends, Barbara Bowes – the president of Legacy Bowes Group, noted:

At one time, organizations did not believe they had any role in the personal health of employees. However, it has been proven over and over again that healthy employees do have an impact on the bottom line. Thus, organizations will increasingly become more directly involved in helping employees manage their health through wellness programs while at the same time seeking ways to contain corporate health and benefit costs (Bowes, 2011).

With theory and research building a foundation for the new branch of psychology, publications on applications of positive psychology first began sprouting in the literature in 2004 (Linley & Joseph, 2004). Therapies and coaching interventions based on the notions of happiness, growth, and well-being also began gaining momentum. In 2006, a new therapeutic intervention for depression known as *positive psychotherapy* was introduced and presented as an empirically validated tool for application in therapy (Seligman, et al., 2006). The specific empirically validated components of positive psychotherapy and related well-being interventions include cultivating gratitude and optimism, exploring and enhancing signature strengths, expressive writing, active and constructive responding in relationships, and practicing savoring and mindfulness (Seligman et al., 2006; Dean & Biswas-Diener, 2007). Positive psychology interventions

have been described as “essentially a reeducation of attention and memory” (Rashid, 2009, p. 463). Reeducating ourselves to remember and retrieve positive experiences and emotions is key to human flourishing according to positive psychologists because it counteracts the tendency of our human brains to remember and retrieve negative experiences and negative emotions more than positive ones – a principle referred to as the *negativity bias*.<sup>7</sup>

Applications of positive psychology to the workplace that have appeared in the literature in recent years include how transformational leadership can positively affect all levels of an organization (Sivanathan, Arnold, Turner & Barling, 2004), the strengths-based development work of the Gallup organization (Hodges & Clifton, 2004), and the growth of executive coaching through the lens of positive psychology (Kauffman & Scoular, 2004; Grant, Curtayne & Burton, 2009). The positive psychology movement has also laid the foundation for the field of positive organizational behavior (POB) in the management literature. As described by Luthans (2002), POB is the “study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today’s workplace” (p. 59). Luthans developed the “CHOSE” model to illustrate the core components of the POB approach. (C) refers to confidence or self-efficacy, (H) is for hope, (O) is for optimism, (S) is for subjective well-being, and (E) refers to emotional intelligence.

Compared with applications of positive psychology to the workplace more generally, the literature on the application of positive psychology to employee assistance in particular is still in its infancy. In a recent article in the *Journal of Employee*

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<sup>7</sup> See two recent reviews: Baumeister, Bratlavsky, Finenauer & Vohs, 2001; Rozin & Royzman, 2001.

*Assistance*, Taranowski (2009) contends that the study of positive psychology offers new opportunities for EAP workplace interventions. If implemented, he asserts that these empirically supported strategies can reduce workplace stress, decrease behavioral health problems, and ultimately increase the well-being of all workers. While applications of positive psychology in EAP are new to the field, the writer anticipates that they will increase in prevalence and popularity due to advocates like Taranowski. In addition, it is important to note that the broader topic of prevention of mental health and addiction problems in the employee assistance field has gained momentum over the past decade (e.g., Bennett & Attridge, 2008; Christie, 2004; Maynard, 2005). A specific example that is illustrative of a growing emphasis on prevention in EAPs is Beidel and Brennan's (2004) article in which they note that wellness promotion is an established ancillary to the EAP core technology that is universally recognized in the field.

While positive psychotherapy and related interventions have been implemented in a variety of clinical and nonclinical settings, the application of such interventions to workplace EAPs have not yet been reported in the literature. The populations in which positive psychotherapy interventions have been studied include undergraduate university students, university counselling centre clients with a diagnosis of unipolar depression, mild to moderately depressed university students, groups of mental health professionals (Seligman, et al., 2006), groups of middle schools students (Rashid & Abela, 2008), nonclinical populations experiencing stress and/or anxiety (Goodwin, 2010), and a convenience sample recruited from among visitors to the Web site created for Seligman's (2002) book *Authentic Happiness* (Seligman, Steen, Park & Peterson, 2005). Frisch (2005) also reported using Quality of Life Therapy (QOLT), a related positive

psychology intervention, with nonclinical professionals – physicians, lawyers, clergy, university professors or academics, quality of life researchers and their students, university student life professionals, police personnel, psychologists, and other mental health professionals as well as undergraduate and graduate university students. In the context of professional training and instruction, the aim of QOLT is to increase professional self-care and to prevent burnout, ethical lapses and professional errors born of harried lifestyles and personal problems. In addition, it is conceptualized as an avenue for primary and secondary prevention of mental disorders such as depression and anxiety. QOLT's clinical applications are also posited as a tool to augment clients' acute treatment response to cognitive therapy, to provide continuation therapy when needed, and to prevent relapse of clients with depression and related disorders (Frisch, 2005, p. 7).

### **Limitations of the Study**

Readers should bear in mind the project's methodological and theoretical limitations, which will be presented below. The first three limitations are methodological while the final is theoretical.

One significant limitation of this study is the non-random nature of obtaining the sample, resulting in limited generalizability of the study's findings. In other words, the study's findings cannot be generalized to all 700 Manitoba educators accessing EAP clinical services in a given year<sup>8</sup>, nor the total population of 15,000 public school

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<sup>8</sup> From July 2011 to July 2012, the MTS Educator Assistance Program served a total of 668 MB educators, comprised of 495 out of the Winnipeg office and 173 out of the Brandon office. Educators eligible for service include teachers, principals, and school clinicians (G. Degen, personal communication, July 26, 2012).

educators (Manitoba Teacher's Society, n.d.) employed across the Province of Manitoba. With non-random samples, the researcher may or may not represent the population well, and it will often be hard to know the degree of representativeness that has actually been achieved. In general, researchers prefer random sampling methods over non-random ones, and consider them to be more accurate and rigorous. However, in applied social research like the present study, there may be circumstances where it is not feasible, practical or theoretically sensible to do random sampling. The strong rationale for using specific criteria to select participants for a group intervention is one such circumstance that poses a challenge to random selection of participants in this study. The exploratory nature of this study also poses a challenge to random sampling. If an empirically validated group treatment manual were available for a positive psychology group intervention, the author would be in a better position to examine the results of administering the specific manualised treatment protocol to a sample as compared to a matched sample that did not receive treatment. In the future, it would be of value to build upon this thesis project to design and implement randomized control trials (RCTs) of the efficacy of group positive psychology coaching and group positive psychotherapy interventions in the workplace. The RCTs for positive psychotherapy are very new to the psychology literature and have just recently been summarized by Rashid and Anjum (2008).<sup>9</sup>

Another limitation of the study is its capacity to measure whether the positive psychology intervention leads to *lasting* changes. As noted earlier, measures of well-

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<sup>9</sup> The four RCT pilots for PPT reported in the literature are as follows: (1) RCT Pilot 1: Individual PPT with Unipolar Depressed Patients (Seligman, et al., 2006); (2) RCT Pilot 2: Group PPT with Mild to Moderately Depressed Individuals (Seligman, et al., 2006); RCT Pilot 3: Group PPT with Middle School Students (Rashid, Anjum & Lennox, 2006); and (4) RCT Pilot 4: Web-Based PPT (Seligman., et al., 2005).

being and depression will be administered to participants at three time intervals: pre-group; immediately post-group; and one-month post-group. The time interval of one month post group was chosen to expedite a reasonable completion time for the author's thesis project – which is a requirement for the author's graduation. One month may not, however, be a reasonable time frame to measure lasting gains in participants' happiness. Seligman et al.'s (2005) randomized control trial of positive psychotherapy measured happiness and depression in follow-up tests at one week, one month, three months, and six months, by way of contrast to the scope of the current study. Seligman et al.'s (2006) study extended the follow-up time frame even further to one year post intervention.

The risk of harm, albeit minimal, to participants in the group administration condition is another limitation of this study. While research has unequivocally demonstrated that group counselling is a potent modality producing significant benefit to its participants, participation in group counselling is not without risks. A review of research on the potentials for harm in group interventions with adult outpatients (the target group for this study) was published by Roback in 2000. This article focused on adverse outcomes that appear to have been caused directly by the therapy experience (i.e., not secondary to symptom breakthroughs caused by relapse, nature of the disorder, or situational crises). The therapist's leadership style has been identified as one factor that contributes to patient decline. Specifically, charismatic leaders with a confrontational style, "laissez-faire" leaders that do not provide adequate structure and protection, and the leadership style of continued high-intensity negative statements by the therapist were all found to escalate the risk for adverse events. When therapists do not employ adequate screening criteria in selecting group members, adverse effects have also been

demonstrated. Therapist personality maladjustment (including unresolved negative countertransference toward members) also poses risk to clients. Group process effects were also highlighted as contributing to patient declines. An attack or other rejection of a member by the group (or leader) was among the primary mechanisms of injury. Disparaging feedback that is delivered in an overly confrontational fashion by co-members is a risk factor, as is a situation where a participant's strong emotional expression is met by group silence or rebuff. Another contributor is co-member confidentiality breaches. Individual member effects were the final grouping of factors contributing to negative patient outcomes. These include premorbid psychological disturbance, unrealistic therapy expectations, severe self-esteem problems, the combination of poorly developed interpersonal skills and high interpersonal sensitivity, a tendency to assume deviant group roles, and being conflicted about self-disclosure and intimacy.

A variety of strategies were undertaken in this research study to counterbalance the risks presented by group therapy. First, to address the risk of leadership style, the primary researcher can note that the principles and foundations of her leadership style were developed during her professional counselling training at the Master's level in the Faculty of Education at the University of Manitoba. She has completed coursework at the graduate level in group counselling and has also received commendation for her co-facilitation of two self-development counselling groups under supervision from faculty and professionals in the field during the course of her degree. To ensure that high professional standards of group leadership continued to be met for the duration of the thesis project, the group leader retained ongoing supervision from both her faculty

supervisor and on-site supervisor. (Regular and ongoing supervision also addresses the risk of therapist personality maladjustment.) Next, to address the risk of inadequate screening criteria and some individual member effects, the group leader researched best practices in selecting group members and these standards were employed in the study. Thirdly, risks connected to group process were minimized by the verbal outlining of specific ground rules in the pre-group interview. These were reinforced in written form in the informed consent materials requiring each participant's signature. The group leader was also responsible for providing strong leadership during the course of group sessions using a variety of skills including modeling caring and respectful confrontation, and intervening to stop counterproductive behaviours in the group or to protect members.

An additional limitation of this study is a limitation that some critics have made of the positive psychology movement in its entirety. Some psychologists, exemplified by the work of Held (2004), have noted what they call "the negative sides of positive psychology." One specific element of this critique that is relevant to this study is positive psychology's purported "negativity about the wrong kind of positivity, namely, allegedly unscientific positivity" (Held, 2004, p. 9). In other words, the field of positive psychology, and this study in particular, are firmly rooted in a modernist and positivist worldview. Held notes that there is no room for "antirealist/antiobjectivist or postmodern meaning given to (positive) psychological science" (Held, 2004, p. 9) in the recent writings of many of the most influential positive psychology figures. Some psychologists are, however, finding ways to bridge modern and postmodern epistemologies into therapies influenced by positive psychology. Wong (2006), for example, has recently written about strengths-centred therapy which is a new therapeutic model based on the



positive psychology of character strengths and virtues as well as social constructionist perspectives on psychotherapy.

### **An Overview of the Study**

The purpose of this introductory chapter has been to introduce readers to the main components of the study. The chapter began with a statement of the problem addressed by the project: to determine whether a positive psychology intervention delivered in a group process modality in the workplace through an employee assistance program to a small group of Manitoba teachers can improve participants' self-reported quality of life, authentic happiness/flourishing and fulfillment and also decrease self-reported depressive symptoms. This introductory overview was followed by a discussion of the conceptual framework for the study, a review of the literature on positive psychology applications to employee assistance, and then an outlining of the limitations of the project.

Chapter II – *Methodology* – will examine aspects of the methodology used in the study. This section will begin by delineating the research questions addressed by the study, followed by an outline of the research design. The next topic will be instruments and measures, followed by sampling. Discussion then transitions to an elaboration of key features of the experimental condition for the study – the six session weekly psychoeducational, experiential, and process-oriented group guided by the curriculum manual. A summary of the complete facilitator's guide developed by the writer to guide the delivery of didactic content, experiential exercises and processing work that comprised the intervention will also be outlined.

In the third chapter – *Results* – the conceptual model will be empirically tested. This will consist of a comparison of pre- and post-intervention measures for participants in the two conditions, as well as an examination of between group differences. Highlights of results from the process measures and the final group evaluation will also be presented.

In chapter four – *Conclusion* – the most important aspects of the conceptual framework, methodology, and results will be summarized. Next, under the discussion heading, the major findings will be related to the conceptual framework and the existing literature on positive psychology applications to counselling. The closing comments will address plausible directions for future research in this area.

## **Chapter II: Methodology**

This chapter on methods will begin by delineating the research questions addressed by the study, followed by an outline of the research design. The next topic will be instruments and measures, followed by sampling. Discussion then transitions to an elaboration of key features of the experimental condition for the study, i.e., participation in a six session weekly psychoeducational, experiential, and process-oriented group guided by a curriculum manual. This section also includes process measures of group effectiveness, as well as a detailed outline of the curriculum manual.

### **The Research Design**

The conceptual framework for this thesis project provides the foundation for the research questions that will be addressed by the study. The first research question addressed is whether the positive psychology intervention contributes to meaningful improvement in the lasting authentic happiness/flourishing and overall mental health and well-being of the project participants. The second research question is whether the intervention contributes to meaningful decreases in depressive symptoms among project participants.

A quasi-experimental research design was used to address these questions. The target population for the intervention is the approximately 700 Manitoba educator clients receiving clinical services from professional counsellors employed by the Manitoba Teachers' Society Educator Assistance Program (EAP) in a given year.<sup>10</sup> The

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<sup>10</sup> From July 2011 to July 2012, the MTS Educator Assistance Program served a total of 668 MB educators, comprised of 495 out of the Winnipeg office and 173 out of the Brandon office. Educators eligible for service include teachers, principals, and school clinicians (G. Degen, personal communication, July 26, 2012).

researcher's goal was to generate a convenience sample of 20 EAP client participants. Before participant recruitment got underway, however, the researcher created and provided an informed consent form to the research sponsor – the MTS Educator Assistance Program in the summer of 2011 (Appendix C).

Once approval from the research sponsor was obtained, the recruitment stage of the project began. Participants were generated by way of EAP counsellors providing the researcher's business card (Appendix D. Study Recruitment Business Card) to suitable clients during counselling sessions from September through to December of 2011. New intakes for counseling at MTS EAP between September and December 2011 were also offered the option to participate in the research project. A poster sized recruitment advertisement (Appendix E. Recruitment Bulletin) was also available at the front desk of the MTS EAP office, along with a similarly designed tent card for the ledge in front of the office manager's desk. Using this multi-pronged recruitment strategy, fourteen participants were identified as interested in participating in the study – a sample size somewhat short of the goal of 20 established by the writer in consult with the thesis team.

From the list of 14 volunteers recruited to participate in the study by January 2012, nine were randomly assigned (using a random number generator in Microsoft Excel) to the experimental condition, i.e., participation in the six week psychoeducational, experiential, and process-oriented group guided by the curriculum manual from January 23 – March 6, 2012. The remaining five persons were assigned to the control condition.<sup>11</sup> Those persons assigned to the control condition were invited to a two hour presentation and catered meal at the MTS EAP once the data collection phase of

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<sup>11</sup> One control group participant dropped out of the study before data collection began and thus the adjusted sample size for the project is 13 participants – nine assigned to the experimental group and four assigned to the control group.

the project was completed. At this gathering, held on May 7, 2012, control group participants received a presentation on positive psychology and an overview of the study. Handouts containing some of the positive psychology exercises used in the experimental group condition were also provided to participants to take home with them.

There are therefore two levels of the independent variable in this study: group administration of the intervention (where  $X_1$  refers to the intervention); and the control condition (where  $X_2$  refers to the control group receiving a presentation on positive psychology once the all measures have been administered). It is anticipated that those participants in the group intervention treatment condition will report a significant gain on the measure of well-being/authentic happiness/flourishing ( $O_1$ ) along with a significant decrease in the measure of depression ( $O_2$ ). It is further hypothesized that participants in the control condition will report little or no significant changes on the measures of well-being/authentic happiness/flourishing ( $O_1$ ) or depression ( $O_2$ ).<sup>12</sup> The measures to test the research questions will be administered to all study participants at three time intervals: pre-intervention, immediately post-intervention and finally one month post-intervention.

In summary, the research design can be depicted visually as follows:

<b>R Experimental</b>	$O_1, O_2,$	$X_1$	$O_1, O_2$	$O_1, O_2$	
<b>R Control</b>	$O_1, O_2,$		$O_1, O_2$	$O_1, O_2$	$X_2$

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<sup>12</sup> The reference to little change rather than no change for the control group is built into the hypotheses for the thesis due to an anticipated positive placebo effect. It is anticipated that being selected to participate in the study and anticipating attending a presentation on tools to build authentic happiness in one's life may have a positive impact on control group participants' self-assessments of both authentic happiness and depression.

## Measures

Now that the research design has been presented, we can now transition to detail on the operationalization of the dependent variables in this study – i.e., authentic happiness/flourishing (overall mental health) and depression. The outcome measure of overall mental health and well-being will be operationalized by self-reported quality of life, authentic, fulfillment and lasting happiness (commonly referred to in the literature as subjective well-being, or SWB) and measured by the Positive Psychotherapy Inventory (Rashid, 2005). The outcome measure of depression will be operationalized by self-reported depressive symptomatology and measured by the Centre for Epidemiologic Studies Depression (CES-D) Scale (Radloff, 1977). While both study measures meet the criteria for the ordinal level of measurement, it is debatable whether they meet the more stringent interval level criteria.

The measure of well-being in this study is the Positive Psychotherapy Inventory or PPTI (Rashid, 2005). This measure is a 21-item positive psychotherapy self-report tool that assesses the frequency of Seligman's (2002) conceptualization of the three domains of authentic happiness (pleasure, engagement and meaning) in one's life (see Appendix A). According to Rashid (2008), the PPTI was designed to measure authentic happiness/flourishing, similar to how the Beck Depression Inventory measures depression. In addition, Rashid notes that the PPTI has been found to be sensitive to change, and thus it appears to be useful as an outcome measure.<sup>13</sup> Pleasant life scores are attained by adding seven specific items, engaged life scores are determined by adding

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<sup>13</sup> As an outcome measure of a positive intervention which targets pleasure, engagement and meaning, PPTI demonstrated sensitivity to change. In an individual PPT pilot study with a sample of 11 unipolar depressed clients, which explicitly targeted pleasure, engagement and meaning, PPTI showed a large pre- to post-therapy effect size ( $d = 0.91$ ). Whereas, without any intervention, no significant pre- to post-intervention differences were noted (T. Rashid, personal communication, July 20, 2009).

another seven items, and a meaningful life score is calculated by adding the final seven items. Scores for a pleasant life, engaged life and meaningful life range from 0 to 21, with higher scores indicating higher satisfaction. All three scores can be added together for an overall happiness score – which ranges from 0 to 63.<sup>14</sup> The measure’s creator has found that the average score for non-depressed adults is 39 and the average score for depressed adults is 27.

The second measure is a depression measure. The Centre for Epidemiologic Studies Depression Scale (Radloff, 1977) is a popular self-report scale for measuring depression in the general population (see Appendix B). It represents an amalgamation of previously devised depressive inventories, including Zung’s depression scale (Zung, 1965), Beck’s Depression Inventory (Beck, Ward & Mendelson, 1961), a scale developed by Raskin (Raskin, Schulterbrandt & Reating, 1967), and a scale developed by the Minnesota Multiphasic Personality Inventory. The scale includes 20 items that survey mood, somatic complaints, interactions with others, and motor functioning. The response values are 4-point Likert scales, with anchor points in terms of days per week ‘rarely or none of the time’ (less than one day) to ‘most or all of the time’ (5-7 days). The final score spans from 0 to 60, with a higher score indicating greater impairment. Psychologists use the cutoff of 16 to differentiate depressed persons from nondepressed ones. This generally represents someone who has reported at least six items to be frequent over the course of the previous week, or most of the 20 items to be present for a shorter duration. CESD scores of 16 to 26 are considered indicative of mild depression and scores of 27 or more indicative of major depression.

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<sup>14</sup> Because this and other measures used in the study do not have a true zero point to meet the criteria of the ratio level of measurement, it may be more suitable to avoid the use of zeros in the scale, and instead commence with the number one (R. Clifton, personal communication, December 17, 2012).

The quantitative measures of outcome described above were also supplemented by qualitative measures of participants' perceived happiness. A journaling tool was designed by the writer to provide participants with a means of tracking their thoughts and feelings about authentic happiness, as well as their experiences of the group and relationships within it. The journaling tool is enclosed as Appendix F.

The first theme explored in the journals was each participant's definition of happiness, whether this definition changed for the individual over the course of the group's six weeks, and also participant's happiness scale ratings over the course of the group's six weeks. The first question posed to participants in the journal (between week one and two) was: "What does happiness mean to you?" Another important question asked of participants on two occasions (week three and again at week 6) was: "Let's revisit what happiness means to you today. Is your definition shifting or changing in any way?" Participants were also asked to complete a happiness/life evaluation measure by imagining a "ladder" with steps numbered from 0 to 10, where "0" represents the worst possible life and "10" represents the best possible life (Gallup, 2009). Participants were asked this question on three occasions (week one, three and six) and also asked to comment and add attributions to their evaluations, especially if they were noting any shifts.

In the positive psychology literature, the concept of *happiness* is defined as "a positive emotional state that is subjectively defined by each person" (Snyder & Lopez, 2007, p. 128). It is also noted that the term happiness is rarely used in scientific studies because there is little consensus on its meaning. While the more accessible word happiness is often used in the popular press, social scientists commonly employ the



concepts of either *subjective well-being* or *emotional well-being*. Emotional or subjective well-being consists of perceptions of avowed happiness and satisfaction with life, along with the balance of positive and negative affects. This threefold structure of emotional well-being initially developed by psychologist Ed Diener consists of life satisfaction (or a subjective evaluation of one's current status in the world), positive (or pleasant) affect, and the absence of negative (or unpleasant) affect (Diener, 1984, 2000; Diener, Lucas & Oishi, 2002). In other words, a person with high subjective well-being and thereby thriving or flourishing in life, will report the following three items. First, he or she will report experiencing high or plentiful positive affect in recent days and weeks (including feelings of interest, cheerfulness, joviality, self-assuredness, excitement, enthusiasm, alertness, attentiveness, calm and peacefulness). Secondly, the person with high subjective well-being will report experiencing low or infrequent negative affect in recent days and weeks (including feelings of general distress such as fear, sadness, restlessness, irritability, hostility, nervousness, anxiety, hopelessness and worthlessness). Thirdly, the flourishing person will report high life satisfaction, commonly defined as a sense of contentment, peace and satisfaction from small discrepancies between wants and needs with accomplishments and attainments, when reflecting on recent days and weeks. Life satisfaction can be measured on a global basis by asking an individual to rate how much he/she agrees or disagrees with statements like "In most ways, my life is close to my ideal" and "The conditions of my life are excellent" on Likert scales from 1 through 4, 1 through 7 or 1 through 10 with the lowest number representing 'strongly disagree' and the highest number representing 'strongly agree.' Life satisfaction can also be measured

in specific life domains such as work, home, neighborhood, health, intimacy, finances and parenting.

The incorporation of a ladder measure into the journaling tool builds on the work the Cantril Ladder Scale (Cantril, 1965) and the Gallup-Healthways Well-Being Index (Gallup 2009) in measuring life satisfaction.<sup>15</sup> In Gallup's work, the organization asks Americans to evaluate their current lives by imagining a "ladder" with steps numbered from 0 to 10, where "0" represents the worst possible life and "10" represents the best possible life (Gallup, 2009). Respondents are classified by Gallup as "thriving" if they rate their current life a 7 or higher. Respondents are classified as "suffering" if they rate their current life 0 to 4. Those who are neither "thriving" nor "suffering" are classified as "struggling."<sup>16</sup>

The second theme explored in the journals was each participant's feelings about the group. The specific question asked of participants on two occasions (week three and again at week 6) was: "How are you feeling about our group and the relationships in it? This important topic of participants' feelings about the group will be discussed further under the 'Process Measures' heading later in this chapter.

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<sup>15</sup> It is important to note that using the Cantril Ladder Scale to measure life satisfaction can be conceived as a supplementary authentic happiness measure, in addition to the PPTI, in this study. The field of program evaluation research advises that when undertaking evaluations, it is more powerful to employ multiple measures. Triangulating several lines of evidence or measures in answering specific evaluation questions about program outcomes increases the reliability and validity of results (see Cook and Campbell, 1979).

<sup>16</sup> Keyes (2002) has developed a similar framework to describe what he calls *complete mental health*. Like Gallup's thrivers, Keyes notes that people who have high levels of emotional well-being, psychological well-being and social well-being can be described as *flourishing*. Psychological well-being is comprised of six components: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relations with others (Ryff, 1989). Social well-being is comprised of five components: social acceptance, social actualization, social contribution, social coherence and social integration (Keyes, 1998).

## Procedures

During private meetings conducted over the phone by the researcher with participants in both conditions in January 2012, each participant was required to consent in writing for participation in the research project. Appendix E provides the informed consent form for participants assigned to the group participation condition. Appendix F provides the informed consent form for participants assigned to the control group. Also during this meeting, each participant was asked to complete the study's two research instruments (time one for data collection). While the writer's thesis proposal noted the writer's intention to complete the second and third administrations of the study measures using a secure online survey tool, the writer decided to instead complete the second and third administrations of the study measures over the telephone, or alternatively by the participant sending the writer a facsimile using a secure facsimile account procured by the writer from myfax.com for the duration of the data collection period. The second administration of the measures for all participants took place during a two week period immediately following the final group session on March 5, 2012.<sup>17</sup> The third and final administration of the measures took place during a two week period after 30 calendar days have passed from the date of the final group session – i.e., from April 16 - 30, 2012.<sup>18</sup>

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<sup>17</sup> In the writer's thesis proposal, it was proposed that the second administration of the measures would take place during the five business days immediately following the final group session. Due to the logistical challenges faced by the writer in scheduling interviews with all fourteen participants within one week, the data collection period was necessarily expanded to two weeks. Without this modification, data collection would have been incomplete.

<sup>18</sup> In the writer's thesis proposal, it was proposed that the third and final administration of the measures would take place during the week after 30 calendar days had passed from the date of the final group session. Due to the logistical challenges faced by the writer in scheduling interviews with all fourteen participants within one week, the data collection period was necessarily expanded to two weeks. Without this modification, data collection would have been incomplete.

## Sample

The target population for the intervention is the approximately 700 Manitoba teacher clients receiving clinical services from professional counsellors employed by the Manitoba Teachers' Society Educator Assistance Program (EAP) in a given year. A non-random convenience sample of 14 EAP clients (six short of the goal of 20 clients) was generated by way of EAP counsellors providing the researcher's business card to suitable clients during counselling sessions from September through to December of 2011. New intakes for counseling at MTS EAP between September and December 2011 were also offered the option to participate in the research project. A poster sized recruitment advertisement was also available at the front desk of the MTS EAP office, along with a similarly designed tent card for the ledge in front of the office manager's desk.

While over 20 prospective participants contacted the writer to express an interest in participating in the project between September and December 2012, a total of 14 persons decided to follow through on participating and thereby provided their signatures on the informed consent materials for the project (Appendix G and H). The researcher collected the following basic demographic information on each participant on an intake form: (1) individual's full name; (2) gender; (3) age; (4) employment category identification of administrator, teacher or other; (5) workplace, including school name and city/town; (6) identification of preferred method(s) of contact with researcher, including home phone, personal cell phone, workplace phone, personal e-mail and/or regular mail to home address; (7) home phone (only if this method of contact is preferred); (8) personal cell phone (only if this method of contact is preferred); (9) workplace phone number (only if this method of contact is preferred); (10) personal e-

mail address (only if this method of contact is preferred); (11) home mailing address (only if this method of contact is preferred); (12) preferred weekday evening for participation in a counselling group at the Educator Assistance Program – Winnipeg Office; and (14) preferred weekday time commitment for participation in a counselling group at the Educator Assistance Program – Winnipeg Office, including 4:00 – 6:00 p.m., 4:30 – 6:30 p.m., 5:00 – 7:00 p.m., 5:30 – 7:30 p.m., and/or 6:00 – 8:00 p.m.

From the list of 14 volunteers recruited to participate in the study by January 2012, nine were randomly assigned (using a random number generator in Microsoft Excel) to the experimental condition, i.e., participation in the six week psychoeducational, experiential, and process-oriented group guided by the curriculum manual from January 23 – March 6, 2012

While the 14 study participants were not randomly selected, they were, however, randomly assigned to conditions to the greatest extent possible. Using a random number generator in Microsoft Excel, nine participants were randomly assigned to the experimental condition, i.e., participation in the group intervention, while the remaining five were assigned to the control condition. While drop-outs were of concern in both conditions, the decision was made to proceed with a larger experimental group and a smaller control group (rather than randomly assigning seven members to both the experimental and control group) due to best practice on group work in the clinical counselling literature. These best practices and their connections with the decision to include nine participants in the experimental condition will be outlined below.

The group size of nine members in the experimental group was generated because the clinical literature suggests that “the ideal size of an interactional therapy group is

seven or eight members, with an acceptable range of five to 10 members” (Yalom, 2005a, p. 292). Yalom goes on to note that since it is likely that one or possibly two clients will drop out of the group in the course of the initial meetings, it is advisable to start with a group slightly larger than the preferred size. With Yalom’s advice in mind, the author, in consultation with her thesis advisor, deemed it best to assign nine participants to the study’s experimental condition.

Additional attrition from the initial random assignment of experimental group participants was deemed possible due to the need for the writer to interview each prospective participant before a final confirmation of participation was made. The group therapy literature unanimously emphasizes the importance of client selection procedures and in the words of Yalom (2005a), “good group therapy begins with good client selection” (p. 231). The traits that a client must possess to participate in the primary task of the dynamic, interactional group are the capacity and willingness to examine their interpersonal behaviors, to self-disclose, and to give and receive feedback. Yalom goes on to note that clients improperly assigned to a therapy group are unlikely to benefit from their therapy experience. Furthermore, an improperly composed group may end up stillborn, never having developed into a viable treatment mode for any of its members. Even more detrimental, Dishion, McCord and Poulin (1999) have found that some improperly composed groups can end up harming participants.<sup>19</sup>

Confirmed group participants were selected from the 9 persons assigned to the experimental condition based on the inclusion and exclusion criteria developed by Yalom (2005a), and supported by other experienced group therapists (e.g., DeLucia-Waack,

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<sup>19</sup> In their research, Dishion et al. (1999) found that aggregating young adolescents with poor relationships and high delinquency into groups with similar peers presents a significant risk of inadvertently reinforcing problem behaviors.

2006a). First, there is considerable clinical consensus that clients are poor candidates for a heterogeneous outpatient group if they are brain-damaged, paranoid, hypochondriacal, addicted to drugs or alcohol, acutely psychotic, or sociopathic. Yalom also advises to select out those persons who will serve a deviant role in the group. Characteristic of such persons are their denial, their de-emphasis of intrapsychic and interpersonal factors, their unwillingness to be influenced by interpersonal interaction, and their tendency to attribute dysphoria to somatic and external environment factors. Yalom goes on to note that most clinicians agree that clients in the midst of some acute situational crisis, including deeply depressed suicidal clients, are not good candidates for group therapy. Good attendance is so necessary for the development of a cohesive group that it is wise to exclude clients who, for any reason, may not attend regularly. Moving on to inclusion criteria, the literature has found that the most important clinical criterion for inclusion is the most obvious one: motivation (Seligman, 1995). The research conducted by Lieberman, Yalom and Miles (1972) goes on to note that those who will profit most from the group are those who highly value and desire personal change, who view themselves as deficient both in understanding their own feelings and in their sensitivity to the feelings of others, and who have high expectations for the group - anticipating that it would provide relevant opportunities for communication and help them correct their deficiencies.

The above-described criteria were evaluated by the researcher in partnership with pre-screening undertaken by MTS EAP counselling and administrative staff. In preparing for recruitment, the researcher and the MTS EAP site supervisor developed specific inclusion criteria to be applied to all persons interested in participating in the study. To be deemed suitable for participation in the study, participants were required to meet all of

the following inclusion criteria: (a) report commitment to attend all six weekday evening sessions; (b) report commitment to completing assignments between weekly sessions (a commitment of one to three hours per week); (c) report willingness to discuss personal challenges openly in a small group environment; (d) report willingness to permit the researcher to videotape group meetings (videotapes will be held in confidence, securely stored, and subsequently destroyed by the researcher as a trustee under *The Personal Health Information Act*); (e) report not currently being in the midst of an acute life crisis; (f) report no anxiety, low anxiety or moderate anxiety symptoms; and (g) report no depression, low depression or moderate depression symptoms.

Suitability was further assessed on an individual basis by way of pre-group interviews with each of the nine prospective participants, conducted by the writer. This interview also provided a system of preparation for prospective participants. A key ingredient in pre-group preparation is, according to Yalom (2005a, p. 294), addressing the wide variety of misconceptions and unrealistic fears that people commonly have about participating in group therapy. Group leaders must also achieve the following objectives in preparation: anticipate and diminish the emergence of problems in the group's development; provide clients with a cognitive structure that facilitates effective group preparation; and generate realistic and positive expectations about group therapy.

DeLucia-Waack (2006a, p. 277) has developed a variety of questions for use by group leaders in a pre-group interview to assess individual appropriateness for group work. Based on DeLucia-Waack's work, Appendix I provides a complete list of the nine specific questions that were asked of each prospective experimental group participant during the pre-group interview. This appendix also provides a listing of common



beliefs/expectations about group counselling work (e.g., Slocum, 1987; Carter, Mitchell & Krautheim, 2001) for discussion between the interviewer and interviewee, and also for use as a tool to teach potential group members realistic and positive expectations about group therapy. This second component of Appendix H is based on Slocum's (1987) Group Therapy Survey. The survey addresses three major categories of unfavorable expectations about group therapy: it is unpredictable; it is not as effective as individual therapy; and it can be detrimental. Interviewees will be asked to use a scale from 1 (strongly agree) to 5 (strongly disagree) to provide their attitudes about group counselling work, operationalized by 10 items. Once each interviewee's responses to all 10 items are received, the interviewer will inform the interviewee that all items are common myths and/or unrealistic fears. Thus in any case where an interviewee responds with a 1 or 2, the item will be discussed in further detail in order to provide a learning opportunity for the interviewee.

To assist the interviewer with processing responses to the above questions, along with other impressions obtained during each interview, DeLucia-Waack's (2006a) Readiness for Group Assessment measure (Appendix J) was used as a tool for selection and de-selection of each prospective participant. This measure is based on the Group Psychotherapy Evaluation Scale, or GPES (Kew, 1975) – a measure based on the premise that communication skills are essential for success in group work, and was developed to evaluate the readiness of a client for group therapy based on communication skills. DeLucia-Waack's (2006a) instrument consists for 12 items to be rated by the group leader from 0 (*low emphasis*) to 4 (*high emphasis*) after the initial interview. The 12 items focus on the following dimensions: amount of communication, quality of

relatedness and communication, capacity for change, amount of interviewer verbal activity, group member willingness to discuss problems openly, group member stated commitment to change, group member identification of goals, specificity of goals, potential for connection with other group members, ability to serve as a role model for others, interviewer connection with potential group member, and expectation that group will be beneficial. Clients with very low scores on the measure (i.e., a number of zeros and ones) were deemed ineligible for participation in the group for the purposes of this study. In the event that specific persons were not selected for participation in the group after the initial meeting and assessment, the thesis proposal provided that the writer would provide the affected individual with the option of participating in the control group's catered lunch and presentation on positive psychology and authentic happiness.

Dual relationships were also addressed in the sampling process. The research sponsor of the project (Ken Pearce, General Secretary, The Manitoba Teachers' Society) was advised that in the event that the researcher becomes aware that any one of the eligible interested participants is a current or past business associate, family member, social contact or friend, the individual would automatically be excluded from consideration for participation in the study. Should such a circumstance arise, the researcher advised she would promptly contact the prospective participant and express thanks for his/her interest in the study and then go on to sensitively inform the individual that the researcher's professional ethics proscribe dual relationships and thus the individual is not be eligible to participate in this specific study. In addition, the individual would be assured that the researcher is required as a trustee under *The Personal Health Information Act* not to disclose to anyone the knowledge that the specific individual has

at any time accessed services from the MTS EAP program. Despite ineligibility to participate formally in the study, the affected individual would be advised that he/she is welcome to attend the control group's catered lunch and presentation on positive psychology.

It was further noted that pre-existing dual relationships may also exist between prospective participants in the study. Should a situation arise where two or more individuals interested in participating in the study are currently employed at the same workplace, and thereby in day-to-day contact with one another, a maximum of one person per workplace would be deemed eligible for assignment to the experimental group. The other person(s) from the affected workplace will be eligible only for participation in the control group.

Of the nine prospective participants assigned to the experimental condition, all nine were deemed suitable by the writer after completing the pre-group interview to assess individual appropriateness for group work and then their participation was formalized by providing their signatures, along with the signature of the writer, on Appendix E – the informed consent form for participants assigned to the group participation condition. The core contents of Appendix E are based on the standards recommended by the Association for Specialists in Group Work (ASG). The ASG (1998) standards provide consent materials should include information on confidentiality and exceptions to confidentiality, theoretical orientation of the group facilitator, information on the nature, purpose(s) and goals of the group, the group services that can be provided, the role and responsibility of group members and leader(s), the group leader's

qualifications to conduct the specific group, specific licenses, certifications and professional affiliations, and address of licensing/credentialing body.

### **Experimental Condition**

The type of group developed for the experimental treatment condition in this study is a psychoeducational and process-oriented experiential group, and the writer and primary researcher took the role of group facilitator, with support from a Manitoba Teachers' Society EAP staff psychologist (Dr. Gene Degen) acting as a co-facilitator. The goal of a psychoeducational group is to prevent the development of debilitating dysfunction along with increasing coping skills (Association for Specialists in Group Work, 1991). The format that will be used to design the group will be based on the work of Furr (2000). Furr proposes that the design of an effective psychoeducational group begins with a strong theoretical foundation and evolves into a highly interactive experience that fosters growth and development in participants. Furr's six step model enables the designer to move from a general statement of purpose to a session-by-session design that includes didactic content, experiential activities, and processing. By following this model, the group facilitator is able to develop a psychoeducational group that provides a logical sequence of learning activities that foster cognition, affective and behavioral change.

As noted earlier, the positive psychology group was held for six sessions scheduled for two hours once a week for the nine voluntary participants. Group meetings were held on a regularly scheduled weekday evening from 5:30 – 7:30 p.m. in a spacious meeting room at the Manitoba Teachers' Society EAP Office at 191 Harcourt Street in Winnipeg, Manitoba – a large western Canadian city. All group sessions were audio

and/or videotaped and the purpose of taping was to assist the principal researcher in reviewing and analyzing specific interaction sequences to illustrate important processes occurring in the group. To meet ethical guidelines, the videotapes were securely stored and erased upon completion of the research project. To protect participants' confidentiality, the thesis advisor, thesis team members, the on-site supervisor, and the group's co-facilitator are all required to meet the same code of ethics on confidentiality as the principal researcher. Participants were advised that in the event that a specific participant's comments on the counselling process were utilized in the final thesis report, a pseudonym(s) and minimal identifying information will be used to protect each participant's identity. Within one month following the writer's successful defense of the final thesis report for this study, all files and videotapes will be destroyed in accordance with requirements of *The Personal Health Information Act (Manitoba)*. The informed consent required for each participant to participate in the study included these references to safeguards (along with others) to minimize the risk of participation in the study to the greatest possible degree, and also ensure that all aspects of the project meet the standards of the *Code of Ethics of the Canadian Counselling and Psychotherapy Association* (a professional association in which the writer is an active student member with intent to apply for certification upon graduation with a Master of Education).

### **Process Measures**

In addition to the outcome measures described earlier in this methodology section, process measures were also used during the course of administration of the group intervention. The process measures that were used in this study to explore the group's curative factors were chosen from the review of process measures by DeLucia-Waack

(1997).

The first process measure that was intended for introduction to participants was the Group Climate Questionnaire, or GQS (Bulingame et al., 2006; MacKenzie, 1983), because a supportive and trusting group environment is key to establishing an effective group. The GQS (Appendix K) consists of 12 items rated on a Likert scale from 0 (*not at all*) to 6 (*extremely*) and can be completed by both group leaders and group members. The GQS is scored on three scales: engaged, conflict and avoiding. An ideal group is the engaged group which is characterized by a positive working group atmosphere. The level of engagement is measured from a low of zero to high of six by calculating the mean of items 1, 2, 4, 8 and 11. Next, the conflict scale reflects anger and tension in the group. The level of conflict is measured from a low of zero to high of six by calculating the mean of items 6, 7, 10 and 12. The third and final scale is the avoiding scale and this scale describes behaviors indicating avoidance of personal responsibility of group work by the members. The level of avoidance is measured from a low of zero to high of six by calculating the mean of items 3, 5 and 9. While MacKenzie suggests administering this measure after every session, it was proposed by the writer in the thesis proposal that the measure be used and also reviewed with participants after the third session of six sessions<sup>20</sup> as specialists in group process and design have noted that early sessions need to provide members with a sense of safety so they need to be high on the support factor (see Furr, 2000). The thesis proposal also noted that the questionnaire maybe administered for second time at the discretion of the group facilitator.

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<sup>20</sup> Time constraints during group meetings prevented the writer from following through with administration of the Group Climate Questionnaire. The writer recommends, however, that future administrations of the group curriculum retain this important process measure.

The second process measure used in this project was the Therapeutic Factor Scale, or TFS, based on the work of Yalom (2005a) and Butler and Fuhriman (1983). The TFS (Appendix L) is a measure of the overall presence of Yalom's (2005a) 12 therapeutic factors (as referenced in Chapter I) across group sessions. To assess the helpfulness of the group overall, the TFS was administered to all study participants during the final group session.

The scale contains 60 items, five for each therapeutic factor, and each item is rated on a Likert scale developed by Butler and Fuhriman (1983) for their Curative Factor Questionnaire. In the TFS, subjects were instructed to rate each item as to its helpfulness to themselves in the group on a scale of 1 to 4, with 1 representing not helpful and 4 representing very helpful. Additional response categories were also added by the writer – *not applicable* and *don't know*. The score for each factor for a specific participant is calculated by determining the total of the five items for that particular factor (from a low of 5 for not at all helpful to a high of 20 for very helpful). On an individual client basis, the results of the TFS provide the author with each group participant's ranking of therapeutic factors from most valuable (factors with the highest total scores) to least valuable (factors with the lowest total scores). On an aggregate basis, the compilation of means for all 12 factors from the TFS illustrate those factors that were most important to the group overall (factors with the highest total scores) to those least valuable to the group overall (factors with the lowest total scores).

The final process measure used in the project was the Group Evaluation Form (Appendix M). Participants were asked ten questions, commencing with a question about what was most helpful to them about the group. Next, they were asked, "What was the

most important thing I learned from the group?” This was followed by a question about what participants found to be the ‘most important thing to me about this group.’ The evaluation went on to explore which topics were the most important topics discussed, as well any topics participants wished we spent more time or less time discussing. Next, participants were asked “What was not helpful about the group,” followed by: “What would you suggest changing to improve the group if it were run again in the future?” The evaluation closed with a request for participants to provide any additional comments or suggestions about the group.

The rationale for measuring both process and outcome for a psychotherapy group is outlined by Furr (2000) as the sixth and final step of effective psychoeducational group design.<sup>21</sup> If a group is to be effective, the designer must test the ideas and determine which components facilitate change. Process evaluation refers to the effectiveness of the session-to-session activities, whereas outcome evaluation looks at the degree of individual change. Process evaluation is an ongoing activity and is important because members’ perceptions of their connectedness to the group often predict who will drop out and who will find the group effective (DeLucia-Waack, 1997). Throughout the group, the leader needs to consult with members about their perceptions of the group and its activities. This type of evaluation will occur both formally and informally as the leader will ask participants whether the information presented has been helpful or if an activity was meaningful. In addition, the leader is committed to an active, thoughtful and timely practice of a variety of group leadership skills (including active listening, reflecting,

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<sup>21</sup> A more detailed discussion of Furr’s model and its application to this study are provided in the *Group Curriculum Manual* section of this thesis.



clarifying, summarizing, suggesting, empathizing, linking, modeling, and blocking) to assist with the ongoing processing work of all group members.

### **Group Curriculum Manual**

The conceptual framework that will be presented to the group as an overarching guide for the group curriculum manual will be based on the happiness formula work of Lykken (1999), Seligman (2002) and Lyubomirsky (2007). Even though a number of its core components were first developed by Lykken (1999), the “father of positive psychology” Martin Seligman (2002) popularized the *happiness formula of  $H = S + C + V$*  in his best-selling book *Authentic Happiness*. This formula states that happiness is comprised of the individual’s set happiness point (S), the individual’s circumstances (C) and voluntary factors that are under the individual’s control (V). This is similar to Lyubomirsky, Sheldon and Schkade’s (2005) architecture for sustainable change model which states that happiness is 50% happiness set point, 10% life circumstances and 40% intentional activity (see Figure 4). These theories acknowledge the importance of the happiness set point and life’s circumstances but propose that happiness can be actively pursued by addressing the factors that are under the individual’s control. Unearthing the contents of the (V), or factors under one’s voluntary control, will therefore be the focal point for the group intervention.

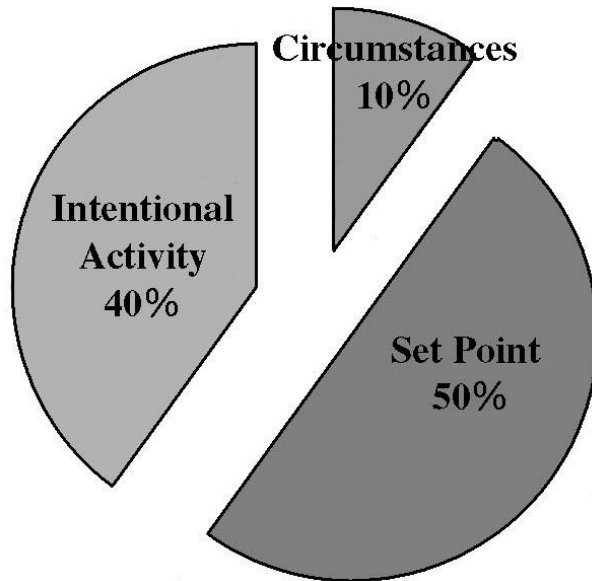


Figure 4. Three Primary Factors Influencing the Chronic Happiness Level

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The idea of personal control, has, ironically, been somewhat overlooked by social scientists in general, and happiness researchers specifically, until recently. Early researchers were interested in how demographic variables such as age and gender – factors completely out of the realm of personal control – affected subjective well-being (Diener, Suh, Lucas & Smith, 1999). “Only in the past five years have positive psychologists begun to look at volitional activity and personal choice as a fruitful area to examine possible happiness interventions” (Biswas-Diener & Dean, 2007).

The organizing framework for voluntary (V) variables that will be presented to the group as vehicles to create sustainable change are based on Seligman’s (2002) work. Seligman proposes that a person who is authentically happy leads a *full life*. Seligman’s full life incorporates three forms of happiness and as such is comprised of three elements: the pleasant life, the engaged/good life, and the meaningful life.

One core component of the (V) is enhancing positive emotions about the past, in the present, and for the future. The goal of addressing positive emotions in these three realms is to build the “pleasant life.” This pleasant life consists of having as many pleasures as you possibly can, and having the skills to amplify those pleasures. It is of interest to note that this philosophy is consistent with the contemporary hedonic theory of well-being (Kahneman, Diener & Schwarz, 1999). Happiness from a hedonistic point of view concerns the maximization of pleasure and the minimization of pain and occurs when pleasurable experiences and sensory gratifications outweigh painful experiences.

The second core component of the (V) is using *signature strengths* and practicing *flow* to obtain abundant and authentic gratification to build the “engaged and meaningful life.” Signature strengths (Seligman & Peterson, 2004) are a series of 24 strengths that have been identified as universal to human experience across cultural and historical boundaries. The concept of flow (Csikszentmihalyi, 1991) can be defined as the state of engagement, optimal happiness and peak experience that occurs when an individual is absorbed in a demanding and intrinsically motivating challenge. To Seligman (2006), the engaged life is vastly less biologically constrained than is the pleasant life. Everyone has strengths and virtues and the trick is to know what they are and then to be creative enough to deploy them as much as possible. Building this component of (V) has a close link with the eudaimonic theory of well-being (Waterman, 1993). Eudaimonic happiness results from the actualization of individual potential and from fulfilling one’s *daimon* or true self. This perspective has psychological roots in Maslow’s (1968) concept of the self-actualizing individual and Rogers’ (1961) concept of the fully functioning person.

The specific contents of the positive psychology group counselling intervention in

this project consist of a combination of topics, assessments and activities from positive psychotherapy (Seligman et al., 2006), quality of life therapy (Frisch, 2005), Csikszentmihalyi's work on flow (Csikszentmihalyi, 1991), positive psychology coaching (Dean & Biswas-Diener, 2007), and the positive psychology writings of Seligman (2002), Lyubomirsky (2007) and Ben-Shahar (2007).

The curriculum was designed in accordance with Furr's (2000) six stage model of structured group design. The first phase is the conceptual phase that includes three steps: (a) statement of purpose; (b) establishing goals; and (c) selecting objectives. The second phase is the operational phase that also includes three steps: (d) selection of content; (e) designing experiential activities; and (f) evaluation.

The statement of purpose for this project is to implement a mental health promotion (and psychopathology prevention) positive psychology intervention in a group process modality to a small group of Manitoba teachers who are current EAP clients. The goal of this intervention is to increase the self-reported quality of life, authentic happiness and fulfillment of participants, as well as decrease self-reported depressive symptomatology.

A summary overview of the objectives and contents for the six week group session outline is presented in Figure 5. The working title for the group is "Exploring Authentic Happiness: A Personal Development Group."

## **Six Week Group Curriculum**

### **Session 1. Introduction: Exploring the Meaning of Happiness**

- Defining happiness
- “Wise man of the gulf” reading
- Happiness has purpose
- Happiness archetypes

### **Session 2. The Happiness Formula**

- Positive psychology’s contribution to the study of happiness
- Components of the happiness formula
- Happiness pie

### **Session 3. Signature Strengths & Satisfaction about the Past**

- Virtues and signature strengths
- Strengths survey
- Exploring gratitude
- Exploring writing about emotional experiences

### **Session 4. Optimism about the Future**

- Optimist-pessimist questionnaire
- Learned optimism and explanatory styles
- Disputing pessimistic thoughts using the ABCDE tool
- Best possible self exercise

### **Session 5. Happiness in the Present**

- Pleasures versus gratifications, and techniques to prolong the pleasures
- Exploring mindfulness and savoring with a raisin
- Active and constructive responding exercise
- Practicing mindfulness in everyday activities exercise
- Shortcuts and longcuts exercise

### **Session 6. Wrap Up: Integration, Reflections & Evaluation**

- Thanking others closing exercise
- Brainstorming activities that contribute to happiness
- Identifying personal keys to happiness

Figure 5. Curriculum for Six Week Positive Psychology Group

Furr’s (2000, p. 35) criteria for the selection of content emphasizes that group content is organized into three components: didactic, experiential and process. The didactic component focuses on the information to be taught directly to participants. One distinguishing factor of the structured group is the commitment to teaching psychological principles. Because structured groups are generally brief in duration, participants do not have time to discover all of the information for themselves. The didactic approach allows

the leader to take a directive role in teaching information appropriate to the group topic. Through the use of mini-lectures, the leader can provide the background knowledge needed for facilitating the change process. A major feature of the didactic component is an interactive lecture in which the leader encourages comments and questions from the participants. Instead of just presenting the definition of a concept, the leader invites participants to share their ideas of the concept and then weaves these comments into the definition the leader wanted to convey. Participants can also be asked to provide personal examples of how the material applies to their own lives so that the information becomes more than an intellectual exercise.

In the fifth step of designing exercises, Furr emphasizes that congruence between the dimensions addressed in the didactic component and the dimensions experienced in the exercise is essential. Exercises can be grouped into several general categories from which the designer can create numerous variations. These categories are as follows: self-assessment; cognitive restructuring; role-playing; imagery; creative arts; body awareness and homework. A variety of models for processing exercises were consulted by the writer for use in preparing the processing questions highlighted in each session of the treatment manual.<sup>22</sup> As a result, throughout the delivery of the curriculum a variety of specific questions will be used to assist in processing discussions and exercises, as well as beginning of session “check-ins” and closing of session “check-outs.”<sup>23</sup> The specific

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<sup>22</sup> The processing models reviewed in detail by the author in preparing this curriculum included the Grid for Processing Experiences and Events in Group Work (Conyne, 1997) and the PARS – Processing: Activity, Relationships and Self – Model (Glass & Benshoff, 1999).

<sup>23</sup> All group sessions begin with a brief “check-in” routine, and end with a brief “check-out” routine. Ten minutes is a common standard for time allocated to each routine. Corey, Corey and Corey (2006), for example, recommend therapists use the check-in process to ask all members to briefly state what they want from the session, and then go around the room so that each member in turn gets the floor to respond. Participants are also encouraged to share any afterthoughts or unresolved feelings about a previous session. The group leader may also begin some sessions by letting the group know that he/she has been thinking

timing of the use of particular questions and statements of observations are made at the professional discretion of the group facilitator. The final step in Furr's model is evaluation and this topic will be discussed further at the end of this section to provide a supplement to the process and outcome measures presented the Measures and Instruments section of this chapter.

The guiding organizational framework for the content of the six week group developed by the writer was largely inspired by the format of an eight hour audio home-study course by Dr. Reid Wilson for Psychotherapy Networker - *Applying the Science of Happiness: Finding Flow in Your Life and Practice* (Wilson, 2006).<sup>24</sup> An overview of the contents for each one of the six sessions in the facilitator's manual and curriculum is provided in this section. It is anticipated that this project will make a valuable contribution to the field as facilitator and/or treatment manuals for administering positive psychology counselling or coaching interventions have not yet been published.

Session one is titled "Introduction: Exploring the Meaning of Happiness." The session will commence with an introductory activity (Hulse-Killacky's (2006) "The Names Activity") and standard group opening tasks. Group members will then explore what happiness means to them – a discussion that will include reviewing popular quotes on happiness and the sharing of a story titled "Wise Man of the Gulf" (Snyder & Lopez, 2002). The four archetypes of happiness (Ben-Shahar, 2007) will be presented, followed by a self-reflection activity and discussion. A short presentation on Fredrickson's

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during the week about how the group is progressing. For the check-out process, Corey et al. (2006) recommend giving participants an opportunity to reflect on what they liked or did not like about the session, to mention what they hope to do outside the group during the week, and to give some indication of how they experienced the session.

<sup>24</sup> This audio-home study course is deemed by Dr. Wilson to be an abridged version of Martin Seligman's Authentic Happiness Coaching course - a 48 hour, six month course that was delivered to more than 500 mental health professionals by Seligman in 2004.

broaden-and-build theory of positive emotions (Fredrickson, 2001) follows to provide an evolutionary purpose of positive emotions like happiness, along with research findings on the benefits of positive emotions, i.e., that such emotions build physical, social and intellectual resources. The session will close with a preview of the topics planned for future group sessions, followed by a check-out.

Session two is titled “The Happiness Formula.” Following the relaxation/grounding activity and check-in, which is a standard opening procedure for each session, participants will receive a presentation on what positive psychology has to say about happiness. The core topics for this didactic presentation include Seligman’s happiness formula (Seligman, 2002), hedonic adaptation and the hedonic treadmill (Diener, Lucas & Scollon, 2006), and the impact of set point, circumstances and voluntary activities on self-reported lasting, authentic happiness (Lyubomirsky et al., 2005). The focus will then turn to participants completing and discussing a true and false questionnaire designed by the writer on the impact of circumstances on happiness, followed by viewing and discussing a seven minute video clip on the world’s happiest country (Sloan, 2008). What follows is an introduction to Frisch’s happiness pie and its sixteen ingredients (Frisch, 2005), and then a self-reflection activity in which each participant draws his or her personal happiness pies – both real and ideal, followed by a processing of what it was like to complete this activity. The session closes with a check-out (another standard activity in each session) along with the assignment of a homework activity – completion of the Values in Action (VIA) signature strength survey (Seligman, 2002).



Session three focuses on “Signature Strengths” and then transitions to “Satisfaction about the Past.” After the relaxation and check-in, participants will be guided through a presentation on Seligman and Peterson’s groundbreaking research on classifying and measuring universal human virtues and psychological strengths (Seligman & Peterson, 2004), their identification of six universal virtues and 24 strengths, and then the development of the VIA signature strengths survey – which enables individuals to identify their most personally relevant three to five signature strengths (Seligman, 2002). A large group discussion of each participant’s VIA signature strengths survey results comes next, followed by a discussion of additional ideas and activities for working with strengths to build gratification in major domains of life, particularly work, love, play and parenting. The next topic of focus discussion during the session will be satisfaction about the past – with a particular focus on gratitude. Definitions of gratitude will be explored (particularly gratitude as a warm sense of appreciation), followed by a presentation on the eight ways that gratitude boots happiness (Lyubomirsky, 2007). Participants will then complete a five-minute pen and paper exercise on gratitude (Wilson, 2006). Using the Pennebaker method (Pennebaker, 1997, 2004) to write about emotional experiences will also be presented as a means to improve satisfaction about the past.<sup>25</sup> The session ends with a check-out in which participants will complete the Group Climate Questionnaire (MacKenzie, 1983) (Appendix J) and then process responses to it, followed by the assignment of two homework activities: (1) an

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<sup>25</sup> Forgiveness, another empirically validated intervention with a focus on the past, was considered but not included in the curriculum. Biswas-Diener and Dean (2007) advised against using forgiveness interventions in the workplace because they “can be really tough. These interventions bring up sadness, can get too personal, and can seem too intrusive” (p. 107).

activity on using your strengths in a new way (Seligman, 2002); and (2) the request to complete the ‘Three Good Things’ gratitude exercise (Seligman, 2002).

Session four changes the temporal frame from the past to the future and is titled “Optimism about the Future.” This session focuses on two empirically validated topics and interventions that have demonstrated capacity to improve self-reported happiness about the future – learned optimism and using rational emotive behavioral therapy (also known as cognitive behavior therapy) to address pessimistic thoughts, and thereby build optimism. As the session opens, the strengths and gratitude homework will be reviewed. What follows is having participants complete a short optimism-pessimism questionnaire (Fenman Limited, n.d.), and then a key to the questionnaire will be presented, followed by a large group discussion of results. A short presentation on research about optimism comes next and key topics include Seligman’s work on learned optimism (Seligman, 1990), how optimists and pessimists respond to failure, and the explanatory styles of permanence, pervasiveness and personalization. The “ABCDE” method (based on Albert Ellis’s rational emotive behaviour therapy) is then presented as a tool to dispute pessimistic thoughts and thereby increase optimism. The facilitator is encouraged to use a personal example to guide participants through the (A) adversity, (B) beliefs, (C) consequences, (D) disputation, and (E) energization of the model. To gain familiarity with the model, participants will then form pairs/dyads to work through personal examples of minor adversities using the model. As the session comes to a close, homework is assigned for participants to continue practicing using the ABCDE model during the week ahead using a prepared worksheet. In addition, participants will be asked to complete the Best Possible Selves journal writing exercise (King, 2001).

The temporal frame changes once again at this juncture in the group curriculum. Session five focuses on positive emotions in the present and is titled “Happiness in the Present.” Empirically validated topics and interventions that have demonstrated capacity to improve self-reported happiness in the present are the focus of this session and include flow, mindfulness, savoring, and active and constructive responding in relationships. The session will open with a discussion of the ABCDE and best possible selves homework exercises. A presentation will follow on pleasures versus gratifications (which are connected to signature strengths), gratifications and flow, six techniques that prolong the pleasures, habituation and the loss of pleasure, and the concepts of “shortcuts” and “longcuts” (Seligman, 2002). This presentation sets the stage for the session’s focus discussion on savoring and mindfulness (a way of being in our lives as it is right now, in the present moment). The concepts are introduced by way of a novel experiential exercise on mindfully eating one raisin or cracker (Williams, Teasdale, Segal, & Kabat-Zinn, 2007), followed by a video on mindfulness with Jon Kabat-Zinn (Moyers, 1995). Kabat-Zinn is internationally known for his work as a scientist, writer, and meditation teacher engaged in bringing mindfulness into the mainstream of medicine and society. A short presentation will then be made on active and constructive responding in relationships – a technique to build relationships by focusing on good news (Gable, Reis, Impett & Asher, 2004). The session will close with a homework assignment on practicing mindfulness in everyday routine activities (Williams, Teasdale, Segal, & Kabat-Zinn, 2007), along with an additional assignment on shortcuts and longcuts (Seligman, 2002).

The sixth and final session is titled “Wrap Up: Integration, Reflections & Evaluation.” It will begin with the final check-in and relaxation/grounding activity. The

session will then shift focus to the following three group closing activities: (1) thanking others - gifts of affirmation; (2) brainstorm of activities that contribute to happiness; and (3) identification of personal keys to happiness. For the thanking others activity (adapted from DeLucia-Waack, 2006b), each participant will receive one small piece of paper for each group member. Each participant will start by writing one fellow participant's name on the top of each individual sheet. Following each individual's name on the sheet, participants will write a statement of how this person has helped him/her in this group. Then all members will move around the room to provide each sheet of paper to its intended participant. These sheets of paper will be pieces of writing that each participant takes with them, as evidence of the community of sharing and support that the group provided. The second activity is a brainstorm and is based on a review of the range of activities that the group explored over the course of six weeks. The purpose of the activity is to identify the specific components of the six week curriculum that were meaningful to participants in the pursuit of happiness, and any other activities generated will also be added to the list. Participants will be encouraged at this time to continue practicing happiness interventions that are most meaningful to them, as well as explore other happiness interventions provided in the resource material, after the group is over, with the purpose of maintaining each person's reeducation of attention and memory toward the positive in life. The third and final activity is titled "Identifying Personal Keys to Happiness." For this activity, participants will be invited to choose at least three metal or paper keys (or key tags) from a quantity provided and write on them a key word or phrase that identifies a personal "key" to help them access happiness. Satin cord and/or key rings will be provided to allow participants to keep their "happiness keys" together,

and also leave the group with a take-home talisman. As the session comes to a close, participants will complete a final group evaluation form (see Appendix M), the Therapeutic Factor Scale (Yalom, 2005(a); Butler & Fuhriman, 1983) (Appendix L), and then undertake a final check-out focused on sharing what worked and what did not work in the group, as well as any meaningful experiences or learning.

### Chapter III: Results

In this third chapter – *Results* – the conceptual model is empirically tested. This will consist of a comparison of pre- and post-intervention outcome measures for participants in the two conditions, as well as an examination of between group differences. Highlights of results from the process measures (including the final group evaluation) will also be presented.

#### Sample

As an introduction to the results, it is important to present aggregate demographic data on the study's sample.

The sample for the study was 13 Manitoba educators, nine of whom were assigned to the experimental group and four who were assigned to the control group.<sup>26</sup> The total sample was comprised of 11 females (85%) and two males (15%). The average age of participants was 46 years-old (SD = 12.19, range = 27 to 58). Nine participants identified “teacher” as their employment category (69%), while the remaining participants identified their role as “administrator” or “other”<sup>27</sup> (31%).

All thirteen participants participated in the study from start to finish and did not drop out prematurely. There were, however, some missing data that needs to be managed by the researcher in preparing the study's complete data set for the analysis. In one case, one participant completed the majority, but not all, measures administered at Time 2 (immediately post-intervention). While all quantitative data was available for this participant, some qualitative data was missing. In a second case, a participant was unable

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<sup>26</sup> One control group participant dropped out of the study before data collection began and thus the adjusted sample size for the project is 13 participants.

<sup>27</sup> The other category includes guidance counsellors, school psychologists and other allied health professionals.

to attend the sixth and final group session due a personal conflict and consequently was unable to complete the Time 2 measures until one-month after the group had adjourned meeting. Then, this individual's Time 3 measures were completed one month after all other participants' Time 3 measures were completed. Consequently, a decision had to be made as to how to treat this data and after consulting with the writer's thesis advisor, it was decided to deem this participant's Time 2 quantitative authentic happiness and depression data as missing in the data set, and then use the data provided by this participant one month post-intervention (i.e., in early April 2012) and rename it as the individual's Time 3 quantitative data. Consequently, the quantitative authentic happiness and depression data received by this participant in May 2012 (one month after all other data was received) was removed from the data set. All other qualitative process measure data provided by this participant was, however, utilized in the analyses in the process measures section of this chapter. The reason for this is that the issue of timing of completion was not a specific concern with the nature of the process measure material.

### **Outcome Measures**

The outcome measures examined in the study are authentic happiness and depression. Authentic happiness was measured quantitatively by the Positive Psychotherapy Inventory, or PPTI (Rashid, 2005).<sup>28</sup> Depression was measured quantitatively by the Centre for Epidemiologic Studies Depression Scale, or CES-D (Radloff, 1977).

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<sup>28</sup> Authentic happiness was also measured by participant's ratings of their life satisfaction on the Cantril Ladder Scale (Cantril, 1965), supplemented with journal entries providing participants with the opportunity to comment and reflect on the shifts they may (or may not) have been experiencing in their ratings. This data will be discussed later in this chapter, under the process measures heading. Moreover, as noted in Chapter II, triangulating several lines of evidence or measures in answering specific evaluation questions about program outcomes increases the reliability and validity of results.

The primary data analysis techniques used to test the conceptual model to determine whether the mental health promotion intervention had a meaningful impact on participants' lives by way of facilitating individual change are independent sample t-tests, repeated measures t-tests and analysis of covariance. For all analyses, the authentic happiness PPTI data will be examined first, followed by the CES-D depression data.

**Descriptive statistics.**

*Authentic happiness.* Table 1 presents the means of PPTI authentic happiness scores of the experimental and control group participants at Time 1 (immediately pre-intervention), Time 2 (immediately post-intervention) and Time 3 (one month post intervention).

Table 1. Means, Standard Deviations, and Sample Sizes on the Measure of Authentic Happiness Over Time by Group

Group	PPTI Time 1	PPTI Time 2	PPTI Time 3
Experimental			
M	37.56	40.25	40.78
SD	7.91	8.75	8.97
N	9	8	9
Control			
M	36.25	36.00	34.75
SD	8.02	11.86	5.32
N	4	4	4

The mean of the experimental group members' scores on the authentic happiness measure increased by 7% from pre-intervention to immediately post-intervention.<sup>29</sup> When

<sup>29</sup> The formula used to calculate this and all subsequent percentage changes reported in this thesis is as follows. The first step is to calculate the change by subtracting the first mean from the second mean. The



pre-intervention and one-month post-intervention scores are compared, the mean of participants' scores on the authentic happiness measure increased by 9%. The mean of the control group members' scores on the authentic happiness measure decreased by 1% from Time 1 to Time 2, and then an additional 3% from Time 2 to Time 3.

**Depression.** Table 2 presents the means of CES-D depression scores of the experimental and control group participants at Time 1 (immediately pre-intervention), Time 2 (immediately post-intervention) and Time 3 (one month post intervention).

Table 2. Means, Standard Deviations, and Sample Sizes on the Measure of Depression Over Time by Group

Group	CES-D Time 1	CES-D Time 2	CES-D Time 3
Experimental			
M	18.22	10.63	10.11
SD	12.23	7.56	7.88
N	9	8	9
Control			
M	13.75	18.25	18.75
SD	7.46	10.28	2.22
N	4	4	4

From pre-intervention to immediately post-intervention, the mean of the experimental group participants' scores on the depression measure decreased by 42%, and then an additional 5% one month post-intervention. In contrast, from Time 1 to Time 2, the mean of control group participants' scores on the depression measure increased by 33%, and then an additional 3% from Time 2 to Time 3.

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second step is to divide that change by the first mean. The third and final step is to convert the number to a percentage by multiplying by 100 and adding a % sign. Note: if the second mean is greater than the first mean, it is a percentage increase, otherwise it is a decrease.

A basic examination of percentage change in means alone is not sufficient to determine whether there are statistically significant differences between the groups or within the groups. To determine whether the mental health promotion intervention had a meaningful impact on participants' lives by way of facilitating individual change the following statistical tests were performed on the study data: independent sample t-tests, repeated measures t-tests and analysis of covariance.

The statistical significance ( $p$ ) level that will be used in this study is the 10% (0.10) level of significance.

### **Independent sample t-tests.**

The results of six independent sample t-tests comparing the experimental and control groups will be discussed in this section, starting with Time 1 tests and ending with Time 3 tests.

***Time 1 results.*** The first independent samples t-test was conducted to compare the experimental and control group data on authentic happiness at Time 1. A second test was also conducted to compare the experimental and control group data on depression at Time 1. Because participants were randomly assigned to the experimental and control conditions, we do not expect their Time 1 (pre-intervention) scores on either variable to be significantly different.

The first independent sample t-test showed that the difference in authentic happiness scores at Time 1 between the control group and the experimental group was not statistically significant ( $t[11] = -0.27, p = 0.79$ ). Specifically, because the two-tailed .10 alpha level is not met, we cannot reject the null hypothesis that the two groups are not significantly different. The second independent sample t-test showed that the difference

in depression scores at Time 1 between the control group and the experimental group was not statistically significant ( $t[11] = -0.67, p = 0.52$ ). Specifically, because the two-tailed 0.10 alpha level is not met, we cannot reject the null hypothesis that the two groups are not significantly different.

***Time 2 results.*** Another set of independent samples t-tests were conducted to compare the experimental and control group data on authentic happiness and depression at Time 2 (post-intervention). Unlike the first set of tests where we expected the scores to not be significantly different, because the Time 2 data was collected immediately post-intervention for both groups, we do expect the Time 2 data on both variables to be significantly different if the intervention has the effect on happiness and depression that we have predicted.

The third independent sample t-test showed that the difference in authentic happiness scores at Time 2 between the control group and the experimental group was not statistically significant ( $t[10] = -0.71, p = 0.25$ ). Specifically, because the one-tailed 0.10 alpha level is not met, we cannot reject the null hypothesis that the two groups are not significantly different. The fourth independent sample t-test showed that the difference in depression scores at Time 2 between the control group and the experimental group was statistically significant ( $t[10] = 1.47, p = 0.09$ ). Specifically, because the one-tailed .10 alpha level is met, we reject the null hypothesis that the two groups are not significantly different and therefore accept the alternative hypothesis that the two groups are significantly different.

***Time 3 results.*** A third and final set of independent samples t-tests were conducted to compare the experimental and control group data on authentic happiness

and depression at Time 3 (one month post-intervention). Like the second set of tests, we do expect the Time 3 data on both variables to be significantly different if the intervention has the effect on happiness and depression that we have predicted.

The fifth independent sample t-test showed that the difference in authentic happiness scores at Time 3 between the control group and the experimental group was statistically significant ( $t[9.62] = -1.51, p = 0.08$ ). Specifically, because the one-tailed .10 alpha level is met, we reject the null hypothesis that the two groups are not significantly different and therefore accept the alternative hypothesis that the two groups are significantly different. The sixth and final independent sample t-test showed that the difference in depression scores at Time 3 between the control group and the experimental group was statistically significant ( $t[10.24] = 3.03, p = 0.01$ ). Specifically, because the one-tailed 0.10 alpha level is met, we reject the null hypothesis that the two groups are not significantly different and therefore accept the alternative hypothesis that the two groups are significantly different.

A table presenting all independent sample t-tests in summary form is provided in Table 3 below.

Table 3: T-Tests of Differences Between Groups in Happiness and Depression Scales

	PPTI Time 1	CES-D Time 1	PPTI Time 2	CES-D Time 2	PPTI Time 3	CES-D Time 3
Experimental Mean	37.56	18.22	40.25	10.63	40.78	10.11
Control Mean	36.25	13.75	36.00	18.25	34.75	18.75
t value	-0.27	-0.67	-0.71	1.47	-1.51	3.03
p value	0.79	0.52	0.25	0.09*	0.08*	0.01*

\*  $p < 0.10$

We will now transition from independent sample t-tests to repeated measures t-tests.

#### **Repeated measures t-tests – experimental group.**

*Authentic happiness.* As noted in the beginning of this chapter and outlined in Table 1, the mean of the experimental group members' scores on the authentic happiness measure increased by 7% from pre-intervention to immediately post-intervention. When pre-intervention and one-month post-intervention scores are compared, the mean of participants' scores on the authentic happiness measure increased by 9%.

A basic examination of percentage change in means alone is not sufficient to determine whether there are statistically significant differences in the measures over time. A t-test is therefore employed as a test of the null hypothesis that the difference between responses measured on the same statistical unit has a mean of zero. If the treatment is effective, we expect participants to report a greater sense of authentic happiness following the treatment – as well as maintain the gains for one-month post-intervention. The specific t-test used to measure change over time is the "paired" or "repeated

measures" t-test.

T-test results provide that there is a significant difference in authentic happiness scores for the experimental group participants at Time 1 and Time 3 ( $t[8] = -1.95$ ,  $p = 0.04$ ). Specifically, because the one-tailed 0.10 alpha level for rejecting the null hypothesis is met, we conclude that the level of authentic happiness for the experimental group participants increased over time.

Test results also provide that while experimental group participants' authentic happiness scores increased from Time 1 to Time 2, there was not a significant difference ( $t[7] = -1.13$ ,  $p = 0.15$ ). This result, is, however, approaching the 0.10 significance level, and if the sample was larger, likely would have met the criteria for significance.

The final t-test provides that while experimental group participants' authentic happiness scores increased from Time 2 to Time 3, there was not a significant difference ( $t[7] = -0.80$ ,  $p = 0.23$ ).

We can now conclude that the mean of experimental group members' scores on the authentic happiness measure increased by a non-significant 7% from pre-intervention to immediately post-intervention. When pre-intervention and one-month post-intervention scores are compared however, the mean of participants' scores on the authentic happiness measure increased by a significant 9%.

***Depression.*** As noted at the beginning of this chapter and outlined in Table 2, the mean of experimental group participants' scores on the depression measure decreased by 42% from pre-intervention to immediately post-intervention, and then an additional 5% one month post-intervention.

Basic examination of percentage change in means alone is not sufficient to

determine whether there are statistically significant differences in the measures over time. A t-test is therefore employed as a test of the null hypothesis that the difference between responses measured on the same statistical unit has a mean of zero. If the treatment is effective, we expect participants to report fewer symptoms of depression following the treatment – as well as maintain the positive change for one-month post-intervention. The specific t-test used to measure change over time is the "paired" or "repeated measures" t-test.

T-test results provide that there is a significant difference in depression scores for experimental group participants at Time 1 and Time 2 ( $t[7] = 2.09, p = 0.04$ ). T-test results also provide that there is a significant difference in depression scores for the experimental group participants at Time 1 and Time 3 ( $t[8] = 3.66, p < 0.01$ ). Specifically, because the one-tailed 0.10 alpha level for rejecting the null hypothesis is met on both t-tests, we conclude that the level of depression for the experimental group participants decreased over time.

The final t-test provides that while the experimental group participants' depression scores decreased from Time 2 to Time 3, there was not a significant difference ( $t[7] = 1.05, p = 0.17$ ). This result, is, however, approaching the 0.10 significance level, and if the sample was larger, likely would have met the criteria for significance.

We can now conclude that from pre-intervention to immediately post-intervention, the experimental group participants' scores on the depression measure decreased by a statistically significant 42%. It also appears that these gains were maintained over time because from pre-intervention to one month post-intervention, experimental group participants' scores on the depression measure decreased by a

statistically significant 45%.

All the paired t-tests with the experimental group data is summarized in Table 4.

Table 4: Paired T-Tests of Experimental Group Authentic Happiness and Depression

Scale	Mean	Mean	t value	p value (1 tailed)
PPTI	Time 1 37.56	Time 2 40.25	-1.13	0.15**
	Time 1 37.56	Time 3 40.78	-1.95	0.04*
	Time 2 40.25	Time 3 40.78	-0.80	0.23
CES-D	Time 1 18.22	Time 2 10.63	2.09	0.04*
	Time 1 18.22	Time 3 10.11	3.66	<0.01*
	Time 2 10.63	Time 3 10.11	1.05	0.17**

\*  $p < 0.10$

\*\* approaching significance

We will now turn to repeated measures t-tests for the control group.

### Repeated measures t-tests – control group.

*Authentic happiness.* As noted in the beginning of this chapter and outlined in Table 1, the mean of control group members' scores on the authentic happiness measure decreased by 1% from Time 1 to Time 2, and then an additional 3% from Time 2 to Time 3.

As with the experimental group data in the previous section, repeated measures t-tests are used to test the null hypothesis that the differences in the control group data over time are not statistically significant and therefore due to chance.

T-test results provide that there is not a statistically significant difference in



authentic happiness scores for the control group participants at Time 1 and Time 2 ( $t[3]=0.05$ ,  $p = 0.97$ ). Specifically, because the two-tailed 0.10 alpha level for rejecting the null hypothesis is not met, we cannot conclude that the level of authentic happiness for control group participants changed over time.

The second t-test illustrates that the difference between the control group participants' authentic happiness scores at Time 2 and Time 3 are not statistically significant ( $t[3]= 0.27$ ,  $p = 0.81$ ). Similarly, the third t-test provides that the difference between the control group participants' authentic happiness scores at Time 1 and Time 3 are not statistically significant ( $t[3]= 0.97$ ,  $p = 0.41$ ).

We can now conclude that the mean of control group members' scores on the authentic happiness measure decreased by a non-significant 1% from Time 1 to Time 2, and then decreased by a non-significant 3% from Time 2 to Time 3.

***Depression.*** As noted at the beginning of this chapter and outlined in Table 2, the mean of the control group participants' scores on the depression measure increased by 33% from Time1 to Time2, and then by an additional 3% from Time 2 to Time 3.

Repeated measures t-tests are used to test the null hypothesis that the differences in the control group data over time are not statistically significant and therefore due to chance.

T-test results provide that there is not a statistically significant difference in depression scores for the control group participants at Time 1 and Time 2 ( $t[3]= -0.54$ ,  $p = 0.62$ ). Specifically, because the two-tailed 0.10 alpha level for rejecting the null hypothesis is not met, we cannot conclude that the level of depression for control group participants changed over time.

The second t-test illustrates that the difference between the control group participants' depression scores at Time 2 and Time 3 are not statistically significant ( $t[3] = -0.12, p = 0.91$ ). Similarly, the third t-test provides that the difference between the control group participants' depression scores at Time 1 and Time 3 are not statistically significant ( $t[3] = -1.05, p = 0.37$ ).

We can now conclude that the mean of the control group members' scores on the depression measure increased by a non-significant 33% from Time 1 to Time 2, and then increased by a non-significant 3% from Time 2 to Time 3.

All the paired t-tests with the control group data is summarized in Table 5.

Table 5: Paired T-Tests of Control Group Authentic Happiness and Depression

Scale	Mean	Mean	t value	p value (2 tailed)
PPTI	Time 1 36.25	Time 2 36.00	0.05	0.97
	Time 2 36.00	Time 3 34.75	0.27	0.81
	Time 1 36.25	Time 3 34.75	0.97	0.41
CES-D	Time 1 13.75	Time 2 18.25	-0.54	0.62
	Time 2 18.25	Time 3 18.75	-0.12	0.91
	Time 1 13.75	Time 3 18.75	-1.05	0.37

We will now transition to other statistical analyses.

### **Analysis of covariance.**

Results of analysis of covariance (ANCOVA) will be presented in this section. Analysis of covariance (ANCOVA) is a general linear model and evaluates whether

population means of a dependent variable (DV) are equal across levels of a categorical independent variable (IV), while statistically controlling for the effects of other continuous variables that are not of primary interest, known as covariates (CV). The research question being considered in these analyses is whether there is a mean difference between the experimental group and control group on a post-test (the dependent variable) after post-test scores are adjusted for differences in pre-test scores (the covariate).

The first ANCOVA was conducted to determine whether group assignment (experimental versus control) will affect authentic happiness scores at Time 2, controlling for authentic happiness scores at Time 1. The results of the test illustrate that group assignment does not make a statistically significant difference in mean authentic happiness Time 2 scores once the Time 1 authentic happiness scores are controlled;  $[F(1,9) = 0.39, p = 0.55]$ .

The second ANCOVA was conducted to determine whether group assignment (experimental versus control) will affect authentic happiness scores at Time 3, controlling for authentic happiness scores at Time 1. The results of the test illustrate that group assignment does not make a statistically significant difference in mean authentic happiness Time 3 scores once the Time 1 authentic happiness scores are controlled;  $[F(1,10) = 3.10, p = 0.11]$ . This result, is, however, approaching the 0.10 significance level.

The third ANCOVA was conducted to determine whether group assignment (experimental versus control) will affect depression scores at Time 2, controlling for depression scores at Time 1. The results of the test illustrate that group assignment does not make a statistically significant difference in mean depression Time 2 scores once the Time 1 depression scores are controlled;  $[F(1,9) = 2.58, p = 0.14]$ . This result, is,

however, approaching the 0.10 significance level.

The fourth and final ANCOVA was conducted to determine whether group assignment (experimental versus control) will affect depression scores at Time 3, controlling for depression scores at Time 1. The results of the test illustrate that group assignment does make a statistically significant difference in mean depression Time 3 scores once the Time 1 depression scores are controlled;  $[F(1,10) = 13.59, p = 0.01]$ .

Overall, these results from the t-tests and analyses of covariance provide confirmation of the research hypothesis that the delivery of positive psychology interventions through an employee assistance program can both improve employees' self-reported experiences of authentic happiness, as well as decrease their symptoms of depression.

### **Process Measures**

As noted in the methodology chapter, process evaluation refers to the effectiveness of the session-to-session activities, whereas outcome evaluation looks at the degree of individual change. Process evaluation is an ongoing activity and is important because members' perceptions of their connectedness to the group often predict who will drop out and who will find the group effective (DeLucia-Waack, 1997). Throughout the group process, the leader needs to consult with members about their perceptions of the group and its activities. This type of evaluation will occur both formally and informally as the leader will ask participants whether or not the information presented has been helpful or if activities were meaningful. In addition, the leader is committed to an active, thoughtful and timely practice of a variety of group leadership skills (including active listening, reflecting, clarifying, summarizing, suggesting, empathizing, linking, modeling,

and blocking) to assist with the ongoing processing work of all group members.

This section will contain analyses of two significant process measures used in the study, first the results from the Therapeutic Factors scale, and second, the results from a qualitative content analysis of participants' Exploring Authentic Happiness journals.

### **Therapeutic Factors Scale.**

The Therapeutic Factor Scale, or TFS, is based on the work of Yalom (2005a) and Butler and Fuhriman (1983). As described in more detail in Chapter II, the TFS (Appendix L) is a measure of the overall presence of Yalom's (2005a) 12 therapeutic factors across group sessions. The scale contains 60 items, five for each therapeutic factor, and each item is rated on a Likert scale developed by Butler and Fuhriman (1983) for their Curative Factor Questionnaire. Participants were asked to rate each item as to its helpfulness to themselves in the group on a scale of 1 to 4, with 1 representing not helpful and 4 representing very helpful. The score for each factor for each participant was calculated by determining the total of the five items for that particular factor, from a low of 5 (least valuable) to a high of 20 (most valuable).<sup>30</sup> On an aggregate basis, the compilation of results from the TFS illustrate those factors that were most important to the group overall.

Table 6 presents participants' average rankings of 12 therapeutic factors from most to least valuable.

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<sup>30</sup> Missing data was re-coded in those cases where participants did not respond to all five items comprising a particular factor. In cases where respondents chose 'not applicable' or 'don't know' for between one and four questions of the five questions that comprise a particular factor, scores were calculated out of the base of items the participants responded to, and then prorated to the total number of items in the scale.

Table 6: Ranking of Therapeutic Factors from Most Valuable to Least Valuable

Rank	Therapeutic Factor	Mean Score
1	Existential Factors	17.16 n=8
2	Universality	16.90 n=9
3	Cohesiveness	16.31 n=9
4	Interpersonal learning – output	15.05 n=9
5	Guidance	15.00 n=9
6	Self understanding	14.92 n=9
7	Catharsis	14.86 n=9
8	Altruism	14.83 n=8
9	Identification	13.92 n=8
10	Interpersonal learning – input	13.71 n=7
11	Instillation of hope	13.69 n=8
12	Recapitulation of the primary family group	12.00 n=7

As illustrated in Table 6, the therapeutic factor that had the highest ranking for helpfulness among participants was existential factors ( $M = 17.16$ ), followed closely by universality ( $M = 16.90$ ). The final three factors in the group's top five were: cohesiveness ( $M = 16.31$ ), interpersonal learning - output ( $M = 15.05$ ) and guidance ( $M = 15.00$ ). Further analysis and discussion of these findings will be provided in the final chapter of this report.

### **Qualitative content analysis of journals.**

The results reported in this section were generated from a qualitative content

analysis of experimental group participants' journal entries (see Appendix F), supplemented by the primary researcher and group facilitator's observation and reflection field notes.

The content analysis methodology used in this analysis is Strauss and Corbin's (1990) grounded theory procedures and techniques, which includes open and axial coding.

*What does happiness mean to you?* The first question posed to participants (between week one and two) was: "What does happiness mean to you?"

A majority of participants used language consistent with the life satisfaction literature – a literature that defines subjective well-being as a sense of contentment, peace and satisfaction from small discrepancies between wants and needs with accomplishments and attainments. Most participants also included the experience of positive affect in their descriptions of happiness, including feelings like warmth, enjoyment, exhilaration, joy, hope and gratitude. Most participants also noted how the experience of negative affect can often get in the way of their experience of happiness. Examples provided included "worries about the future," "feeling very stressed about my job," and "when anxiety gets a hold of me, I lose sight of it [happiness] and spin in negativity, guilt and self-doubt."

It is also of interest to note that a wide variety of components of happiness were identified by participants. Five of nine participants noted the importance of positive relations with others (a key component of Ryff's conceptualization of psychological well-being) in their definitions. In addition, four of nine participants noted the importance of personal growth and accomplishment (another key component of Ryff's

conceptualization of psychological well-being) in the definitions. As one participant noted:

I have done a fair bit of reading of self help books over the past number of years and try to become one of those people who appear to be happy and be able to handle life's challenges with grace and the ability to remain positive and see the light in dark situations. And though I may not have gotten to where I'd like to be, I've definitely come a very long way.

Two more participants included elements of self-acceptance (another key component of Ryff's conceptualization of psychological well-being) in their definitions. Individual participants also noted the following additional components of happiness in their personal definitions: savoring the beauty of nature, taking care of one's body through physical exercise, practicing acts of kindness, practicing spirituality, doing activities that are personally engaging, and developing strategies to cope with stress. All of these themes are well-documented in the positive psychology literature, particularly the Values in Action (VIA) signature strength survey framework (Seligman, 2002) and Lyubomirsky's (2007) inventory of happiness activities in her book *The How of Happiness*.

*Is your definition of happiness shifting?* Another important question asked of participants on two occasions (week three and again at week 6) was: "Let's revisit what happiness means you to today. Is your definition shifting or changing in any way?"

While some participants noted their definitions shifted only slightly, others' noted their definitions shifted significantly. An example of the transformation for one participant who noted his/her definition shift significantly is as follows. In week one



he/she noted “I see [happiness] as an elusive concept that exists momentarily at the end of a Disney movie.” Then at week six, she provided the following detailed description:

Happiness means the ability to look past circumstances, to focus on voluntary activities in order to overcome one’s set range. In order to do this, one must make an effort to be optimistic, to forgive, to take time to use their strengths in order to experience gratifications, and to savour the pleasures of life. I believe that for many of us (myself included), this needs to be done mindfully, otherwise these areas are often forgotten and pessimism can take over.

An increase in environmental mastery and an internal locus of control as a component of happiness was an important new theme in several responses. Participants noted feeling more capable of improving their surrounding contexts and a greater sense of control over the external world. As one participant noted, “I realized it is up to me to figure out how to live my life as best I can in spite of [a difficult person in his/her working environment].” Another participant added “I feel like it is exercise for the mind and if you don’t practice then you’ll lose happiness.”

An increase in social acceptance (a key component of Keyes’ conceptualization of social well-being) was another important new theme in several responses. Two participants spoke of noticing an increase in their “tolerance” for others, both inside and outside the group.

Another important theme carried over from the first week of happiness definitions is personal growth (a dimension of psychological well-being) participants are experiencing. One participant spoke of his/her journey toward greater self-acceptance by way of family of origin work. Another noted his/her participation in a group therapeutic

experience for the first time was a significant life accomplishment. This individual noted “the experience of being in a group where I am outside of my comfort zone is a challenge.”

One or more participants also spoke of having more tools to savor the present moment, having more tools to relax, feeling gratitude for family and friends, finding ways to “regularly tap into my strengths,” building more flow in life by engaging in more activities they enjoy deeply, using the principles of flexible optimism to dispute pessimistic thoughts so as “not to let the bad times take over your thinking”, and appreciating the distinction between pleasures and gratifications.

*How are you feeling about the group?* Another important question asked of participants on two occasions (week three and again at week six) was: “How are you feeling about our group and the relationships in it?”

A majority of participants spoke of the importance of group cohesiveness and universality. This is consistent with the Therapeutic Factor Scale rankings provided earlier in this chapter. In the words of one participant, “it is nice to hear familiar thoughts and know that I’m not the only one.” Another participant similarly noted, “I enjoyed the group experience. The feeling of community this group brought was helpful in learning that I’m not alone in my challenges and struggles.”

A majority of participants also spoke of the importance of interpersonal sharing and self-disclosure in the group context – several persons in week three noting that they were hoping for more opportunities for small group sharing in future week’s sessions and others expressing concern that they are “feeling awkward” because some people are self-disclosing more than others. As noted by one participant, “I particularly like the times

when we break into small groups. It is easier to speak more openly – you are heard better, you get more speaking time, and there is more of a chance to think collectively.” Another person noted “I feel that not all group members are open and I find relationships easier with those who are open. There is a sense of being judged by others when they do not share.” The concerns about cohesiveness and building sufficient trust, comfort, and safety for self-disclosure at this early stage in group development is a common theme in the group therapy literature (i.e., Yalom, 2005a). In the final week’s journal entry, one participant in particular noted while he/she was not feeling “very connected” in earlier weeks, when we took one week off in order to accommodate a statutory holiday, this person noted he/she was surprised to notice “I can honestly say that I missed the group.”

Another salient theme in responses was the therapeutic factor of self understanding and interpersonal learning – output. Participants spoke about the impressions they had of others in the group, including positive and negative feelings toward particular members, likely connected to the notion of the group as a social microcosm (Yalom, 2005a) and participants’ transference of feelings toward persons outside the group onto persons inside the group. When comparing journal entries from week three and week six on this topic, it is interesting to note the gains participants appeared to have made in this area. One participant in particular noted “it has been fascinating to learn more and more about myself [...] I am challenged not to judge, condemn, or criticize others either in my mind or sharing such thoughts with others. It will be a goal (and has been a goal) that I will continue to set for myself so as to always embrace a loving posture.”

An additional prominent theme for several participants was the structure of the

group over six sessions meeting once a week. Some suggested adding more sessions, while others suggested meeting “every other week” rather than weekly. As noted by one participant, “I think this was too much information and too much work to do for a six week session. I would recommend spreading the sessions out, every other week, over a three month period perhaps.” Another said, “I think six weeks is a short time to get into any real depth with the topics. It is more of an overview.”

*Ladder evaluations of happiness.* Participants were asked to complete a life evaluation measure by imagining a "ladder" with steps numbered from 0 to 10, where "0" represents the worst possible life and "10" represents the best possible life (Gallup, 2009). Participants were asked this question on three occasions (weeks one, three, and six) and also asked to comment and add attributions to their evaluations, especially if they were noting any shifts.

The quantitative responses to this question will be analyzed first, followed by the qualitative data.

Table 7 presents the means of Cantril Ladder Scale happiness scores of experimental participants at week one (January 23 – 30, 2012), week three (February 6 – 13, 2012), and week six (March 6 – 12, 2012) of group intervention schedule.

Table 7: Mean Cantril Ladder Scale Happiness Scores Over Time

	Week 1 Ladder Mean Score	Week 3 Ladder Mean Score	Week 6 Ladder Mean Score
Experimental Group	6.75 n=8	6.88 n=8	7.56 n=8

The mean of the experimental group members’ scores on the Cantril Ladder Scale

increased by 2% from 6.75 at week one to 6.88 at week three (the midpoint of the group sessions). When week three and week six scores are compared, the mean of participants' scores on the authentic happiness measure increased by 10%. When week one and week six scores are compared, the mean of participants' scores on the authentic happiness measure increased by 12%.

A basic examination of percentage change in means alone is not sufficient to determine whether there are statistically significant differences in the measures over time. A t-test is therefore employed as a test of the null hypothesis that the difference between responses measured on the same statistical unit has a mean of zero. If the treatment is effective, we expect participants to report a greater sense of authentic happiness over time. The specific variety of t-test employed to measure change over time is referred to as the "paired" or "repeated measures" t-test.

T-test results provide that there is a significant difference in authentic happiness scores for experimental group participants between week one and week six ( $t[6] = -2.64, p = 0.02$ ). Specifically, because the one-tailed .10 alpha level for rejecting the null hypothesis is met, we can conclude that the level of authentic happiness for experimental group participants increased from week one to week six.

T-test results also provide that there is a significant difference in authentic happiness scores for experimental group participants between week three and week six ( $t[6] = -3.36, p = 0.01$ ). Specifically, because the one-tailed .10 alpha level for rejecting the null hypothesis is met, we can conclude that the level of authentic happiness for experimental group participants increased from week three to week six.

The final t-test provides that while experimental group participants' authentic

happiness scores increased from week one to week three, there was not a significant difference ( $t[7] = -0.42, p = 0.34$ ).

A table presenting all paired t-tests in summary form is provided in Table 8 below.

Table 8: Paired T-Tests of Cantril Ladder Happiness Scores

			t value	p value (1 tailed)
Means	Week 1	Week 6		
	6.75	7.56	-2.64	0.02
	Week 3	Week 6		
	6.88	7.56	-3.36	0.01
	Week 1	Week 3		
	6.75	6.88	-0.42	0.34

We can now conclude that the mean of the experimental group members' scores on the authentic happiness measure increased by a non-significant 2% from week one to week three. When week three and week six scores are compared, however, the mean of participants' scores on the authentic happiness measure increased by significant 10%. Moreover, when week one and week six scores are compared, the mean of participants' scores increased by significant 12%.<sup>31</sup>

Now that the quantitative analysis is complete, we can now move on to the qualitative data. In making attributions for their shifts in happiness, approximately half of participants noted that they felt significant contributors to their rankings were due to circumstances such as "stress at work," including an increase in job demands, personally experiencing physical illness, coping with the absence or illness of a family member, and

<sup>31</sup> These positive increases are consistent with positive increases reported in the experimental group members' happiness ratings as measured by the PPTI, and reported earlier in this chapter.

passing through a particularly “difficult stage of life.” In addition to circumstances over which people felt they had little, if any, control, many participants also noted the importance of group factors as well as thoughts and actions under an individual’s voluntary control in influencing their shifts. For example, one participant noted the group has given him/her “tools that are helpful to better handle bad or unpleasant situations.” Another participant said “I am thinking more about my strengths now” and two others noted being more consciously grateful. Another participant noted “sharing my life experiences with the group,” which is illustrative of catharsis, helped him/her move up on the scale. Another participant attributed his/her gains in the final week to the content of the curriculum “because it gives me more of a sense of control.” Similarly, another participant noted “I have notice changes ... [because] I have a clearer understanding of happiness. I’m [also] making a conscious effort to integrate voluntary activities into my life more frequently.”

### **Qualitative content analysis of group evaluations.**

The results reported in this section were generated from a qualitative content analysis of experimental group participants’ group evaluation forms (see Appendix M), supplemented by the primary researcher and group facilitator’s field notes.

The content analysis methodology used in this analysis is Strauss and Corbin’s (1990) grounded theory procedures and techniques.

*What was most helpful?* The first question asked of participants was as follows: “What was most helpful to me about the group?” While all nine participants responded to this question, some provided more than one response.

Four participants spoke about identifying and exploring their own personal

signature strengths, as well as recognizing the strengths of important people in their lives.

Three participants noted discussing happiness in the group helped them feel less alone grappling with this issue. Participants' comments were closely related to two items in the Therapeutic Factors Scale: 'Feeling no longer alone' – a measure of the concept of group cohesiveness and 'learning I'm not the only one with my type of problem' – a measure of universality. As one participant said, "The most helpful part of the group experience was knowing I wasn't alone in the challenges I faced with regards to happiness."

Two participants identified mindfulness and/or the mindfulness meditations held to open each session as most helpful for them.

Other things identified as most helpful by single participants were as follows: making time for regular weekly self-care and using the ABCDE method to dispute pessimistic thoughts.

***What was the most important learning?*** The second question asked participants: "What was the most important thing I learned from the group?" Eight out of nine participants responded to this question and a variety of themes were identified in the data – all of which were unique. One member identified what was important to him/her was to open up and "share my experiences" with others in the group – a concept that appears to align well with Yalom's concepts of catharsis and imparting information/guidance. Another participant said that sharing of his/her journey into a more authentically happy life with the group was the most important thing he/she learned. Other participants identified specific topics they found most meaningful including mindful living in the present moment, gratitude, making time for gratifying activities, practicing learned



optimism and using the strengths material as a lens to better understand one's own interpersonal preferences. One participant identified a specific gratitude strategy (shared in the large group by another participant, rather than the facilitator) was the most important thing he/she learned and another noted it was important for him/her to learn that an individual's authentic happiness assessment will fluctuate over time due to the experience of good and bad events, one's set point and one's thoughts and actions.

*What was the most important thing about the group?* The third question asked of participants was as follows: "What was the most important thing to me about the group?" Eight out of nine participants responded to this question and a variety of themes were identified.

Two participants noted the most important attribute of the group was providing a structured and consistent meeting time and place, which one participant noted provided him/her with a weekly opportunity "to listen and to contribute." Another two participants noted it was important to learn that his/her authentic happiness level will change over time.

The final four participants provided an additional four themes. One noted the group provided him/her with the opportunity to "step outside my comfort zone," another noted confidentiality was most important to him/her, while another said the commitment to completing regular homework between sessions was key. The final participant noted he/she was grateful for the altruistic offer of food for all participants, which was commenced as a group ritual by one participant during the group's second session, and continued right through until the group's final session by other group members bringing in baked goods and fruit and vegetable platters, amongst other generous offerings.

*What were the most important topics discussed?* The fourth question asked of participants was as follows: “What were the most important topics discussed in the group?” All nine participants in the experimental group responded to this question and themes brought forward in discussion for the first three headings were again identified as responses to this question. In addition, as was the case for question one above, some participants provided more than one item in their responses.

Seven out of nine respondents noted that signature strengths was the most important topic to them. In addition the concepts of gratitude, mindful attention to the present, learned optimism and the happiness formula were also mentioned by two respondents each. One individual respondent noted all “voluntary activities” were important to him/her, while another identified forgiveness as the most important topic.

*Were there topics you wished to spend more time discussing?* The fifth question asked of participants was as follows: “Were there topics you wished to spend more time discussing, and if so, what were these?” All nine participants responded to this question and several themes emerged.

First, two participants noted they were satisfied with the current curriculum and thus did not identify topics they wished to spend more time discussing. Another two participants noted they wished we could have spent more time focusing on gratitude and two others said a more in-depth discussion of strengths would have been beneficial. Other topics individual participants noted they wished we could have focused on in greater depth were: forgiveness, finding greater balance in time orientations (past, present and future), mindfulness, flow, “fear of the future,” pleasures versus gratifications, and a higher purpose and meaning in life.

***What were topics you wished to spend less time discussing?*** The sixth question asked of participants was as follows: “Were there topics you wished to spend less time discussing, and if so, what were these?”

Five of the nine participants noted there were no topics they wished we had spent less time discussing. Of the remaining four participants, two noted they wished we had spent less time discussing the theory behind positive psychology. In addition, one participant noted the discussion of the previous week’s homework activities was too lengthy while the final participant noted that while discussing the topic of gratitude was too lengthy, he/she noted the topic was likely relevant to others in the group.

***What was not helpful?*** The seventh question asked of participants was as follows: “What was not helpful about the group?”

Three of nine participants note they did not find anything unhelpful while a fourth person was unsure. Other items individual participants noted they found unhelpful about the group were as follows: an excess of material presented in the time allotted, feeling “put on the spot” with the thanking others exercise<sup>32</sup>, feeling a pressure to hold back or limit personal sharing so as not to “monopolize” group conversations, and a final participant noted a perception that other group members sometimes shared stories that were “off topic.”

***What would you suggest changing?*** The eighth question asked of participants was as follows: “What would you suggest changing to improve the group if it were run again in the future?”

Of the nine participants who responded to this question, five noted they would

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<sup>32</sup> Several participants advised it was difficult to do the ‘thanking others’ exercise in a group more focused on psychoeducation as compared to a psychotherapy group.

like more time dedicated to sharing in pairs and/or small groups. As one person noted "the small group discussion helped the group members bond, which helped us feel closer and open up more -- the more of that, the better." Other suggestions by individual participants included meeting bi-weekly rather than weekly to allow more time for practice and reflection between sessions, expanding the curriculum to more than six sessions, including a group viewing of the feature-length documentary *Happy*<sup>33</sup> (Belic, Shimizu & Reid, 2011), incorporating a discussion of laughter, and the leader providing more direction to ensure the group member sharing was focused on specific agenda items topics.

***Other comments.*** The ninth and final question asked of participants was as follows: "Please provide us with any other comments or suggestions about this group."

Seven of the participants responded to this question. Five participants noted they enjoyed the sessions and found them to be beneficial and/or well organized. One participant in particular described his/her experience of the group as "a carefully organized, highly beneficial and beautifully executed learning opportunity. It was a pleasure to get to take part and I am most appreciative of the research you are conducting. It will have great benefits for many."

Another participant noted he/she was not sure whether the group experience was the best fit for him/her at this time in her life and the final participant noted he/she felt the delivery of the curriculum over six weeks, rather than a greater or lesser number of weeks, was fitting.

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<sup>33</sup> *Happy* is a 2011 feature documentary by Roko Belic. The film includes interviews with a number of prominent psychologists including Ed Diener, editor of three books on subjective well-being and the author of the Satisfaction with Life Scale, Richard Davidson, well-known for his work on the impact of meditation on the brain, Sonja Lyubomirsky, author of *The How of Happiness* and Mihaly Csikszentmihalyi, author of *Flow*.

## **Summary**

The purpose of chapter three was to provide the results of the empirical tests of the study's conceptual model. The quantitative data analysis techniques employed and reported in this chapter were independent sample t-tests, followed by repeated measures t-tests, and then analyses of covariance. The second part of the chapter went on to report qualitative highlights of a content analysis of the study's process measures.

## **Chapter IV: Conclusion**

In chapter four – *Conclusion* – the most important aspects of the conceptual framework, methodology, and results will be summarized. Next, under the discussion heading, the major findings will be explored in more detail and related to the conceptual framework and the existing literature on positive psychology applications to counselling. Next, the implications of the results for policy and practice will be discussed. Limitations of the study will be reviewed, and then the closing comments will address plausible directions for future research in this area.

### **Summary**

This research project explores whether the delivery of positive psychology interventions in the workplace through an employee assistance program (EAP) can make a meaningful difference in employees' lives.

As outlined in Chapter I, the conceptual framework that provides the foundation for the study is based on three major bases: Fredrickson's (1998, 2001) theory of positive emotions, Seligman, Rashid, and Parks (2006) conceptualization of positive psychotherapy, and Yalom's interpersonal approach to group psychotherapy (Yalom, 2005b). It is hypothesized that a positive psychology intervention for employees in the context of the workplace (a means of positive emotion induction) will contribute to the important outcome of increased levels of mental wellness, or well-being, reported by those employees. The group counselling intervention should also result in employees reporting less depression over time.

In Chapter II, the study's methodology was presented. A small convenience sample of 14 Manitoba public school educators accessing EAP was generated for a quasi-

experimental research design. Nine participants were randomly assigned to the experimental group and the remaining participants assigned to the control group. Experimental group members participated in a six session psychoeducational, experiential, and process-oriented positive psychotherapy group developed by the primary researcher. The group met one weekday evening a week, over a six week period, from January 23 to March 5, 2012.

Building on groundwork laid by a discussion of the study's methodology in Chapter II, the results of both quantitative and qualitative data analyses were presented in Chapter III. Highlights of results that will be subject to a discussion in this chapter are outlined below.

First, from pre-intervention to immediately post-intervention, the experimental group members' scores on the study's depression measure (The Centre for Epidemiologic Studies Depression, or CES-D) decreased by a statistically significant 42%, and this decrease was maintained one month post-intervention. Based on these findings, it is proposed, at least tentatively, that a mild-moderately depressed individual's depressive symptoms can be lastingly decreased without ever discussing negative aspects of that individual's life.

Chapter III also presented analyses of the two well-being and authentic happiness measures. Experimental group members' scores on the study's primary authentic happiness/flourishing measure (Positive Psychotherapy Inventory, or PPTI) increased by a statistically significant 9% from pre-intervention to one month post-intervention. In addition, experimental group members' scores on the Cantril Ladder Scale increased by a significant 10% from week three to week six and also a significant 12% from week one to

week six.

In totality, the study's findings provide confirmation of the research hypothesis that the delivery of positive psychology interventions through an employee assistance program can make a meaningful difference in these employees' lives.

## **Discussion**

There are several points for discussion that emanate from the main empirical findings from this study. First, an evaluation of the contribution of this study in relation to the existing positive psychology literature is presented. Secondly, possible interpretations of the study's finding that the positive psychology intervention had a more significant impact on depression ratings as compared to authentic happiness ratings are outlined. Thirdly, the authentic happiness data is examined in more detail, first through the lens of the Gallup-Healthways Well-Being categorizations (Gallup, 2009) and then a closer look at trends in the data over time. In closing, a commentary on the therapeutic factors that participants rated as the most helpful in the group condition is provided.

As noted in the introductory chapter, this study is the first study of its kind to develop, implement, and measure a comprehensive positive psychology intervention in the workplace through an employee assistance program. The results of this study provide solid evidence, albeit still preliminary due largely to the study's small sample size, that the emerging science of positive psychology can provide both a theoretical framework along with a growing list of empirically validated counselling interventions to assist progressive employers and EAPs to decrease the incidence of psychopathology in the workplace as well as enhance employee well-being. In other words, this study shows that group positive psychotherapy interventions make a difference as a combined *secondary*



*prevention and primary enhancement* strategy in workplaces. Secondary preventions lessen or eliminate problems *after* they have appeared. Primary enhancements are enhancements made to establish optimal functioning and satisfaction and involve attempts to either to either increase hedonic well-being by maximizing the pleasurable, or to increase eudaemonic well-being by setting and reaching goals (Ryan & Deci, 2001; Waterman, 1993). In the future, however, the delivery of positive psychology interventions in the workplace through employee assistance programs could also be designed as *primary prevention* and *primary enhancement* strategies. By definition, primary prevention strategies lessen or eliminate physical or psychological problems *before* they appear. Therefore, to undertake a primary prevention strategy, employee assistance programs would need to reach out beyond their traditional client base of self-referred clients and proactively market positive psychology resources to all employees of the organizations they serve, including current and past EAP clients, as well as employees who have never accessed EAP services. It is of interest to note that primary prevention was a strategy considered by the Manitoba Teachers' Society Educator Assistance Program for this project. Specifically speaking, MTS EAP considered the possibility of notifying all Manitoba teachers of the writer's thesis project by preparing an article for *The Manitoba Teacher* – the newsmagazine of The Manitoba Teachers' Society with a circulation of 17,500. With the success of this project, the MTS EAP may wish to offer the study's group positive psychology intervention through both primary and secondary prevention channels in the future.

In the future, it would be of value to build upon this thesis project to design and implement randomized control trials (RCTs) of the efficacy of group positive psychology

coaching and group positive psychotherapy interventions in the workplace. Due to the fact that prevention of mental health and addiction problems in the employee assistance field has gained momentum over the past decade (e.g., Bennett & Attridge, 2008; Christie, 2004; Maynard, 2005), the writer is hopeful that the current study can set the groundwork for more research on the application of positive psychotherapy interventions in an employee assistance context. There are also several advantages to a wellness approach, rather than a disorder-focused approach, when addressing sub-threshold depressive symptoms in the workplace. First, by focusing on positive aspects of people's lives regardless of the negative aspects, we remove the stigma that often poses a barrier to seeking treatment (Barney, Griffiths, Jorm & Christensen, 2006). Rather than identifying individuals as "at-risk" for a disorder and offering a way to reduce the risk, employees are simply working to become lastingly happier. Second, unlike problem-solving, which can often be an arduous task, discussing and improving upon positive aspects of one's life is immediately rewarding. In other words, while it may be difficult to inspire employees to do unpleasant work on what seems to them a minor or non-pressing problem, a wellness-focused intervention is bound to be more self-reinforcing (Seligman, et al., 2006). In addition, there is evidence that both internal and external positive factors in an individual's life can provide a buffer against negative factors.<sup>34</sup>

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<sup>34</sup> As noted in Chapter I, research has demonstrated that positive emotions can function as effective antidotes for the lingering effects of negative emotions. In other words, by invoking positive emotions on the heels of high-arousal negative emotions, the positive emotions can "undo" the lingering physiological and cognitive aftereffects of the negative emotions, i.e., higher heart rate and blood pressure and narrowed attention. Furthermore, there are long-term benefits to experiencing positive emotions on a regular basis and one such benefit is enhanced resilience. As demonstrated by Fredrickson, Tugade, Waugh & Larkin (2003) and Tugade & Fredrickson (2004), positive emotions contribute to one's ability to find meaning in negative experiences and also enhance resilience against depression during times of stress. Moreover, the experience of flow, i.e., absorption in an activity, has been found to lead to heightened tolerance for discomfort (Peterson & Seligman, 2004).

Another important contribution this study makes is to the positive psychotherapy literature more broadly. Before this study, the range of populations in which positive psychotherapy and like interventions have been studied included undergraduate university students, university counselling centre clients with a diagnosis of unipolar depression, mild to moderately depressed university students, groups of mental health professionals (Seligman, et al., 2006), groups of middle schools students (Rashid & Abela, 2008), groups of nonclinical professionals from lawyers and clergy to university professors and police (Frisch, 2005), non-clinical populations experiencing stress and/or anxiety (Goodwin, 2010), and a convenience sample recruited from among visitors to the Web site created for Seligman's (2002) book *Authentic Happiness* (Seligman, Steen, Park & Peterson, 2005). With this study now complete, the range of populations tested can now include teaching professionals accessing employee assistance programming.

Another important contribution of this study is its contribution to the growing literature demonstrating the effectiveness of positive psychotherapy as a treatment for depression. In foundational research in this area, Seligman et al.'s (2006) research on positive psychology interventions found that exercises relieved depressive symptoms for at least six months, and for severely depressed populations, PPT delivered to groups significantly decreased levels of mild to moderate depression through a one-year follow-up. While the current study's research design did not allow for assessment of depression at six months and one-year follow-up, it does demonstrate that group-based positive psychology interventions relieve depressive symptoms in the short term (i.e., during and immediately post-intervention), and these statistically significant gains were maintained by participants at one-month follow-up.

We will now transition to discussion of possible interpretations of the study's finding that the positive psychology interventions delivered to teachers through an EAP had a more significant impact on depression ratings (secondary prevention) as compared to authentic happiness ratings (primary enhancement). In other words, this study had a more significant impact as a secondary prevention strategy, as compared to its impact as a primary enhancement strategy.

Positive psychologists often talk about getting beyond traditional psychology's focus on getting patients from a negative emotional state (-10, for example, on a -10 to +10 scale) up to a neutral state (0), and now supplementing the focus to help people make lasting gains on the positive side of the emotional scale (+5 or +10). During interviews with experimental participants before the study began, the mean CES-D depression score for experimental participants was 18.22. As noted earlier in the measures section of this report, mild depression is characterized by CES-D scores between 16 to 26 and therefore, on the whole, the mean sample score is indicative of mild clinical depression. It is also important to note that of the nine experimental group participants, three (or 33%) scored higher than 27 and therefore met the criteria for major depression before the study began. Using the negative and positive emotional scale metaphor, experimental group participants started this project started somewhere on the negative emotional scale (-10 to 0). Then when the CES-D was re-administered immediately post-intervention, and then one month post-intervention, mean CES-D scores for experimental participants were 10.63 and 10.11 respectively.<sup>35</sup> Using the CES-D scoring rules, the mean score for participants no longer met the criteria for depression. Moreover, because scores under 16

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<sup>35</sup> It is also important to note that no participants met the criteria for major depression after the study completed or one month thereafter.

are indicative of no clinically significant level of psychological distress, participants more than likely would have scored near the neutral zone of zero on the positive and negative emotional scale.

Using the metaphor of a negative and positive emotional scale, it could be said that individuals need to move on an upward linear path through -10 to 0 before crossing zero and moving up on the positive of the scale from 1 to +10. If we apply this logic to the experience of study participants, once `freed` from clinically significant depression and able to move into the neutral zone, participants had the opportunity to continue their journey upward and experience more authentic happiness (which could be likened to the positive side of the emotional scale from 1 to +10).

Another important theme for discussion is an examination of the study's authentic happiness data through the lens of the Gallup-Healthways Well-Being categorizations (Gallup, 2009). As noted in Chapter II's discussion of measures, Gallup has been asking samples of citizens from countries across the world to evaluate their current lives by imagining a "ladder" with steps numbered from 0 to 10, where "0" represents the worst possible life and "10" represents the best possible life. Respondents are classified by Gallup as "thriving" if they rate their current life a 7 or higher. Respondents are classified as "suffering" if they rate their current life 0 to 4. Those who are neither "thriving" nor "suffering" are classified as "struggling."

An examination of Table 8 in Chapter III using Gallup's categorizations is provided below as Table 9.

Table 9: Cantril Mean Scores with Gallup Well-Being Categorizations

	Week 1 Ladder Mean Score	Week 3 Ladder Mean Score	Week 6 Ladder Mean Score
Experimental Group	6.75 n=8	6.88 n=8	7.56 n=8
	“Struggling”	“Struggling”	“Thriving”

The mean of experimental group members’ scores on the Cantril Ladder Scale increased by 2% from 6.75 at week one to 6.88 at week three (the midpoint of the group sessions). At week one and three, participants’ would be classified by Gallup as “struggling.” When week three and week six scores are compared, the mean of participants’ scores on the authentic happiness measure increased by 10%. When week one and week six scores are compared, the mean of participants’ scores on the authentic happiness measure increased by 12%. In addition, the week six mean of 7.56 meets and exceeds Gallup’s criteria for thriving, or in Keyes’ phraseology, participants are flourishing.

Another point that can be made about authentic happiness data is in connection with the mean Positive Psychotherapy Inventory happiness scores at pre-test, post-intervention and one month post intervention. Rashid (2005) has found that average happiness scores for non-depressed persons is 39 and when we examine experimental group PPTI scores at post-intervention and one month post intervention (40.25 and 40.78), the study participants’ average is higher than this average in the general population. Another interesting and possibly somewhat curious finding is that participants’ authentic happiness scores increased by 1% from 40.25 to 40.78 one month after the study ended. While this increase is small and was not determined to be

statistically significant, a possible explanation for this increase can be found in Fredrickson's (1998, 2001) theory of positive emotions. As discussed in Chapter I, the theory identifies three sequential effects of positive emotions: broadened mind-sets, built resources, and enhanced success in the future. Positive emotions also create upward spirals through these three effects and build more and more positive emotion over time. It is therefore possible that the increase in positive emotions generated during the study period produced upward spirals of increased positive emotions over the course of the next month and then as measured by the final administration of the PPTI. In a similar study of group PPT conducted by Parks (2009), participants' life satisfaction scores also increased over three progressive time intervals: 3-month, 6-month, and 1-year follow-ups. Another factor that may have contributed to the increase post-study was the emphasis provided in the group facilitator's manual in the current study, as well as Parks' (2009) study, of the importance of promoting maintenance of interventions that provided the 'best-fit' for participants going forward into the future beyond the study period.

This section will close with a discussion of the therapeutic factors that experimental group participants found most helpful. To introduce the discussion, readers will recall the following results summarized in Chapter III. In the ranking of 12 therapeutic factors (Yalom, 2005a) from most valuable to least valuable, the factor that had the highest ranking for helpfulness among participants was existential factors, followed closely by universality. The final three factors in the group's top five were: cohesiveness, interpersonal learning – output, and guidance. Using his own research, in combination with a meta-analysis of other studies' exploration of the client's view of the comparative value of therapeutic factors, Yalom (2005a) found that the most commonly

chosen therapeutic factors in psychotherapy groups are catharsis, self understanding, and interpersonal learning input, closely followed by cohesiveness and universality. Therefore, two of the highest ranking factors in this study -- universality and cohesiveness - - are consistent with Yalom's research on psychotherapy groups.

Because positive psychotherapy interventions are new, the research looking at them still has many questions to answer, including the questions of what clinical issues or disorders are a good match for PPT, and what form of the intervention is most effective for different people. The results of this study show that PPT is likely a good match for employed adults experiencing clinical depression, sub-syndromal depression and/or difficulty coping with personal and occupational stressors, which consequently led them to access counseling from their workplace EAP service provider. Because of the non-random nature of generation of the sample of this study, however, it is important to note that there is limited generalizability of the study's findings to populations beyond Manitoba teachers accessing employee assistance programs.

## **Implications**

The findings of this research project carry several implications for policy, practice and future research.

**Policy implications.** A primary implication for policy centers on the significant effect that the study's positive psychology intervention has on symptoms of depression. This finding provides valuable advice to employee assistance programs as well as the employers they serve. EAPs can make a significant difference in the workplaces they serve by offering positive psychology group interventions to interested staff like the one developed for this thesis project. EAPs can integrate more positive psychology services



into their offerings by offering professional development training to their professional counsellors on positive psychology interventions so that they can implement these interventions when counselling clients whose presenting issues and/or goals include treating symptoms of depression and/or improving authentic happiness. Other ideas EAP organizations might consider include offering authentic happiness presentations of various durations (one hour to a full day) to interested staff groups.

As noted in Chapter I, the implementation of this study has the potential to lay the groundwork for cultural change across Manitoba schools, i.e., their evolving into increasingly enabling positive institutions. This study has shown that offering positive psychology group interventions for teachers accessing EAPs can make a significant difference in ameliorating symptoms of depression as well as improved self-reported authentic happiness for Manitoba teachers. In addition to being an offering available to teachers through their EAP benefits, similar offerings could also be made available to students across Manitoba classrooms. Several participants in the study noted anecdotally that they commenced implementing specific positive psychology interventions they learned in the group into their classrooms, both during the group intervention period and shortly thereafter, which illustrates how upward spirals experienced by individuals can foster upward spirals in organizations, as hypothesized by Fredrickson (2003) and discussed in detail in Chapter I. This finding also illustrates the important interactions between systems conceptualized by Bronfenbrenner's bioecological systems model (Bronfenbrenner, 1994; Garbarino, 1982) and discussed in detail in Chapter I. A promising development on the systemic level (i.e., the mesosystem and exosystem) to integrate positive psychology into the classroom setting in Manitoba occurred in March

2012 when the University of Manitoba Faculty of Education partnered with the Education Alumni Association to organize a Distinguished Lecturer event honoring Dr. Tayyab Rashid – the co-developer of positive psychotherapy with Dr. Martin Seligman. At the event, which was well attended by Manitoba teachers and administrators as well as faculty from the University of Manitoba Faculty of Education, Dr. Rashid introduced positive psychology applications to school settings as a preventative strategy, and in particular a curriculum he developed to build a child’s emotional resilience by identifying and enhancing character strengths. Another exciting positive psychology development on the Canadian education landscape is the work of Dr. Catherine O’Brien on *sustainable happiness*. In a recent article in *Canadian Teacher*, O’Brien (2011) notes that she has developed a sustainable happiness resource guide for teachers to use with students in kindergarten through grade six, which is available free of cost, in English and French at [www.sustainablehappiness.ca](http://www.sustainablehappiness.ca).

Looking at the policy implications of this study beyond the education sector and into the context of Canadian workplaces more broadly, the Conference Board of Canada has some valuable advice that warrants discussion. In their 2012 report on mental health issues in the Canadian labour force, the Conference Board of Canada notes that “the strategy is clear” to address the presence of mental illness in our workplaces – “we must seek to optimize the labour force participation of people living with mental illness” (p. 14). This research project shows that delivering positive psychology and positive psychotherapy interventions through workplace EAPs can be a core ingredient in what the Conference Board is advocating for in Canadian workplaces – more proactive initiatives to assist employees who are not able to be fully functioning at work due to

mental illness.

**Research and practice implications.** Earlier in this chapter it was noted that the study's findings provide confirmation of the research hypothesis that the delivery of positive psychology interventions through an employee assistance program can make a meaningful difference in employees' lives by decreasing self-reported depression and increasing self-reported wellness, authentic happiness and human flourishing. Due to the study's exploratory nature, small sample size and focus on one particular employee population of public school educators in a medium-sized Midwestern Canadian city, it may be more plausible to assert that study's findings provide preliminary confirmation of the research hypothesis that the delivery of positive psychology interventions through an employee assistance program can meaningfully impact on teachers' happiness and depression.

Future research in this area should explore the impact of positive psychology interventions through employee assistance programs in larger employee samples and also consider examining other categories of employee populations in Canada and other industrialized nations. Types of employee populations could include those based on the National Occupational Classification (NOC) 2011 of Human Resources and Skills Development Canada, i.e., management occupations, business/finance/administration occupations, natural/applied science occupations, health occupations, occupations in education/law/social/community/government services, occupations in art/culture/recreation/sport, occupations in sales/service, trades/transport/equipment operators, natural resources/agriculture/production occupations, and occupations in manufacturing/utilities.

Another important consideration in delivering group positive psychotherapy interventions in the future is determining the optimal number of sessions. The time frame of six sessions for the intervention was a decision made by the thesis team during the proposal development stage based on best practices in the literature as well as expert opinion from an experienced EAP counsellor in his capacity as an advisor on the thesis team. Another factor considered in developing a six week intervention was the precedent set for this length in the first group positive psychotherapy RCT published in the literature with mild to moderately depressed students at the University of Pennsylvania (Seligman, et al., 2006). It is of interest, however, to note that an “idealized session-by-session description of positive psychotherapy” described by Seligman et al. (2006) was PPT over up to 14 sessions over at most 12 weeks. In addition, in a doctoral dissertation on group PPT with participants reporting anxiety symptoms in romantic relationships published in 2010, the intervention was delivered over 10 sessions (Goodwin, 2010).<sup>36</sup> Reconsidering the number of sessions in an idealized group positive psychotherapy intervention is also justified based on feedback from study participants, as noted in Chapter III. Specifically speaking, several participants suggested adding more sessions and/or meeting biweekly rather than weekly.

Future research and practice should also employ an enhanced version of the primary researcher’s original curriculum manual developed for this thesis project to guide the group positive psychotherapy intervention. While the complete manual is an

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<sup>36</sup> In her dissertation, Goodwin (2010) described a decision to run a PPT group over 10 sessions, rather than six as a “methodological strength” (p. 71). She went on to note that many of the group participants reported that they wanted the group to continue even longer and that it was long enough for them to start incorporating changes into their daily lives. Another advantage to a longer group she noted was that it allowed the research team to try more positive psychology exercises, allowed the group more time to discuss their experiences trying the exercises, and allowed more time to practice the positive psychotherapy exercises and the mindfulness meditation at home, potentially helping to engrain new, healthier coping and habits.

unpublished manuscript at the present time, it may become available for larger dissemination for future research and practice applications at the primary researcher's discretion. Enhancements to the original curriculum manual should include those items identified by experimental group participants in their feedback on the group experience, as reported in detail in Chapter III. The proposed enhancements include removing and replacing the thanking others exercise in the final session, building in more time to sharing in pairs and/or small groups and including a group viewing of the feature-length documentary *Happy* (Belic, Shimizu & Reid, 2011).

Other enhancements to consider in future research include using newer versions of available authentic happiness and flourishing measures, particularly the *Flourishing Scale* and *Flourishing Inventory*, both of which are described below. Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi and Biswas-Diener (2009) developed a measure of psychosocial prosperity they called the Flourishing Scale as a brief 8-item summary measure of a respondent's self-perceived success in a variety of important areas identified in a number of prominent social and psychological theories of human flourishing, including work by Ryff (1989), Ryan and Deci (2001), Seligman (2002), Csikszentmihalyi (1990) and several others. Accordingly, the scale includes several items on social relationships: having supportive and rewarding relationships, contributing to the happiness of others, and being respected by others. The survey also includes an item on having a purposeful and meaningful life, and one on being engaged and interested in one's activities. Items also include tapping self-respect and optimism. Finally, the scale includes an item on feeling competent and capable in the activities that are important to the respondent.

Another suggestion is using a revised and updated version of Rashid's (2005)

Positive Psychotherapy Inventory – a scale tentatively titled the Flourishing Inventory (T. Rashid, personal communication, June 30, 2012). Currently under development, the Flourishing Inventory is a 25-item updated version of the PPTI which is consistent with Martin Seligman’s latest theory of well-being called PERMA<sup>37</sup> (Seligman, 2011). The measure’s original 21 items are retained (with slight modifications in wording) in the new inventory, complemented by four new items to accommodate relationships and accomplishment – the two new components of Seligman’s theory of authentic happiness.

Another consideration for future research could be the investigation of an alternative measure for rating the helpfulness of various therapeutic factors. While this study used the Therapeutic Factor Scale, or TFS, based on the work of Yalom (2005a) and Butler and Fuhriman (1983), a more suitable alternative for use with psychoeducational groups may have been Stone, Lewis & Beck’s (1994) modification of Yalom’s Curative Factors Scale (Lieberman, Yalom & Miles, 1972) for use with task and psychoeducational groups. Specifically speaking, Stone et al. (1994) created a therapeutic factors scale for use with task and psychoeducational groups by deleting the altruism and family re-enactment items, adding two new items – skill development and insight into professional rules and responsibilities, and finally re-wording one self-understanding item to include personal and professional difficulties.

A final suggestion for future research is to develop and test more complex, multivariate conceptual models. Building on this project’s conceptual model, hypothesizing that a positive psychology intervention for employees will contribute to

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<sup>37</sup> PERMA is an acronym for an updated and refined model of well-being developed by Seligman, and was widely published in his influential 2011 book, *Flourish*. According to Seligman, PERMA makes up five important building blocks of well-being and happiness: (1) Positive emotions – feeling good; (2) Engagement – being completely absorbed in activities; (3) Relationships – being authentically connected to others; (4) Meaning – purposeful existence; and (5) Achievement – a sense of accomplishment and success.

employees reporting increased levels of mental well-being and decreased symptoms of depression over time, future models could explore other important outcome variables including increased employee productivity, and decreased sick leave, absenteeism and organizational health care costs. One valuable outcome measure in particular that is recommended for use in future research in this area is the Work Limitations Questionnaire (Lerner et al., 2001). The Work Limitations Questionnaire (WLQ) is a 25 item self-report measure of work productivity (including presenteeism and absenteeism) for employees that contains four separate scales: a 5-item scale assessing difficulty meeting time and scheduling demands; a 6-item scale measuring a person's ability to perform job tasks involving strength, endurance, and flexibility; a 9-item scale assessing difficulty managing cognitive and interpersonal job demands; and a 5-item scale measuring a person's ability to keep up with the quality and quantity demands of their job. Ratings for all items are made on a 5-point Likert scale ranging from 1 (difficult none of the time) to 5 (difficult all of the time). In addition, the WLQ absence module measures full and part days missed due to health problems or medical care use.

This project began with the question of whether the delivery of positive psychology interventions in the workplace through an employee assistance program (EAP) could improve employees' authentic happiness/flourishing as well as decrease symptoms of depression. Even though the project faced methodological and practical limitations that deserved commentary and debate in this chapter, the results of the quasi-experimental research design clearly demonstrate that group PPT interventions delivered in a workplace context can significantly reduce symptoms of depression as well as increase self-reported authentic happiness among participating employees. On the whole,

this project has established a firm foundation that can be built upon by future researchers in partnership with employee assistance program managers to make an important contribution to the enhancement of employee mental health, as well as the treatment and prevention of psychopathology, through innovative workplace programming and initiatives.



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## Appendix A. Positive Psychotherapy Inventory <sup>a</sup>

*Please read each group of statements carefully. Then, pick the one statement in each group that best describes you. Be sure to read all of the statements in each group before making your choice.*

Some statements are regarding strengths. Strength refers to a stable trait which manifests through thoughts, feelings and actions, is morally valued, and is beneficial to self and others. Examples of strengths include but not limited to optimism, zest, spirituality, fairness, modesty, social intelligence, perseverance, curiosity, creativity and teamwork.

In responding to statements regarding strengths, it is important that you distinguish between strengths, abilities and talents. Abilities and talents are attributes such as intelligence, perfect pitch, or athletic prowess. Strengths fall in moral domain whereas abilities and talents do not. Talents and abilities seem to have more tangible consequences (acclaim, wealth) than strengths. Someone who “does nothing” with a talent like high IQ or musical skill courts eventual disdain. We may experience dismay when extremely talented individuals like Judy Garland, Michael Jackson, Elvis Presley, are overwhelmed by drugs and other problems. In contrast, we never hear the criticism that a person did nothing with her wisdom or kindness. Put simply, talents and abilities can be squandered, but strengths cannot. Nevertheless, strengths, abilities and talents are closely linked.

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### 1. Joy

0. I rarely feel joyful.
1. I occasionally feel joyful.
2. I feel more joyful than joyless.
3. I usually feel joyful.

### 2. Knowing strengths

0. I do not know my strengths.
1. I have some idea about my strengths.
2. I know my strengths.
3. I am very well aware of my strengths.

### 3. Impact on society

0. What I do usually does not matter to society.
1. What I do occasionally matters to society.
2. What I do often matters to society.
3. What I do usually matters to society.

### 4. Positive mood observed by others

0. Others say I usually do not look happy.
1. Others say I occasionally look happy.
2. Others say I usually look happy.
3. Others say I look happy most of the time.

### 5. Pursuing activities

0. I usually do not pursue activities which use my strengths.
1. I occasionally pursue activities which use my strengths.
2. I often pursue activities which use my strengths.
3. I usually pursue activities which use my strengths.

### 6. Sense of connection

0. I do not feel connected to people with whom I regularly interact.
1. I occasionally feel connected to people with whom I regularly interact.
2. I often feel connected to people with whom I regularly interact.
3. I usually feel connected to people with whom I regularly interact.

### 7. Gratitude

0. I usually do not take time to think about the good things in my life
1. I occasionally notice good things in my life and feel thankful.
2. I often notice good things in my life and feel thankful.
3. I feel grateful for many good things in my life almost every day.

### 8. Solving problem using strengths

0. I rarely use my strengths to solve problems.
1. I occasionally use my strengths to solve problems.
2. I often use my strengths to solve problems.
3. I usually use my strengths to solve problems.

### 9. Sense of meaning

0. I rarely feel like my life has a purpose.
1. I occasionally feel like my life has a purpose.
2. I often feel like my life has a purpose.
3. I usually feel like my life has a purpose.

**10. Relaxation**

- 0. I rarely feel relaxed.
- 1. I occasionally feel relaxed.
- 2. I often feel relaxed.
- 3. I usually feel relaxed.

**11. Concentration during strength activities**

- 0. My concentration is poor during activities which use my strengths.
- 1. My concentration is sometimes good and sometimes poor during activities which use my strengths.
- 2. My concentration is usually good during activities which use my strengths.
- 3. My concentration is excellent during activities which use my strengths,

**12. Religious or spiritual activities**

- 0. I usually do not engage in religious or spiritual activities.
- 1. I occasionally spend some time in religious or spiritual activities.
- 2. I often spend some time in religious or spiritual activities.
- 3. I usually spend some time every day in religious or spiritual activities.

**13. Savouring**

- 0. I usually rush through things and don't slow down to enjoy them.
- 1. I occasionally savour at things that bring me pleasure.
- 2. I savour at least one thing that brings me pleasure every day.
- 3. I usually let myself get immersed in pleasant experiences so that I can savour them fully.

**14. Time during strength activities**

- 0. Time passes slowly when I am engaged in activities that use my strengths.
- 1. Time passes ordinarily when I am engaged in activities that use my strengths.
- 2. Time passes quickly when I am engaged in activities that use my strengths.
- 3. I lose the sense of time when I am engaged in activities that use my strengths.

**15. Closeness with loved ones**

- 0. I usually do not feel close to my loved ones.
- 1. I occasionally feel close to my loved ones.
- 2. I often feel close to my loved ones.
- 3. I usually feel close to my loved ones.

**16. Laughing/smiling**

- 0. I usually do not laugh much.
- 1. I occasionally laugh heartily.
- 2. I often laugh heartily
- 3. I usually laugh heartily several times each day

**17. Managing strength activities**

- 0. It is usually hard for me to manage activities which use my strengths.
- 1. I can occasionally manage activities which use my strengths.
- 2. I often can manage well activities which use my strengths.
- 3. Managing activities which use my strengths comes almost natural to me.

**18. Contributing to something larger**

- 0. I rarely do things that contribute to a larger cause.
- 1. I occasionally do things that contribute to a larger cause.
- 2. I often do things that contribute to a larger cause.
- 3. I usually do things that contribute to a larger cause.

**19. Zest**

- 0. I usually have little or no energy.
- 1. I occasionally feel energized
- 2. I often feel energized
- 3. I usually feel energized.

**20. Accomplishment in strength activities**

- 0. I do not feel a sense of accomplishment when I spend time in activities which use my strengths.
- 1. I occasionally feel a sense of accomplishment when I spend time in activities which use my strengths.
- 2. I often feel a sense of accomplishment when I spend time in activities which use my strengths.
- 3. I usually feel a sense of accomplishment when I spend time in activities which use my strengths.

**21. Using strengths to help others**

- 0. I rarely use my strengths to help others.
- 1. I occasionally use my strengths to help others, mostly when they ask.
- 2. I often use my strengths to help others.
- 3. I regularly use my strengths to help others.

**Please add scores to compute:**

**Pleasant Life**

- 1. Joy ---
- 4. Positive mood observed by others ---
- 7. Gratitude ---
- 10. Relaxation ---
- 13. Savoring ---
- 16. Laughing/smiling ---
- 19. Zest ---

**Total** \_\_\_\_

**Engaged Life**

- 2. Knowing strengths ---
- 5. Pursuing strength activities ---
- 8. Solving problems using strengths ---
- 11. Concentration during strength activities ---
- 14. Time during strength activities ---
- 17. Managing strength activities ---
- 20. Accomplishment in strength activities ---

**Total** \_\_\_\_

**Meaningful Life**

- 3. Impact on society ---
- 6. Sense of connection ---
- 9. Sense of meaning ---
- 12. Religious or spiritual activities ---
- 15. Closeness with loved ones ---
- 18. Contributing to something larger ---
- 21. Using strengths to help others ---

**Total** \_\_\_\_

**Overall Happiness Score\***

<b>Life (range)</b>	<b>Depressed adults</b>	<b>Non-depressed adults</b>	<b>Your score</b>	<b>If you score lower than non-depressed adults, write some of the ways you boost your pleasure, engagement or meaning</b>
Pleasant Life (0-21)	8	13		
Engaged Life (0-21)	10	14		
Meaningful Life (0-21)	9	12		
Total (0-63)	27	39		

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Appendix B. The Centre for Epidemiologic Studies Depression (CES-D) Scale <sup>a</sup>

Below is a list of ways you might have felt or behaved. Please tell me how often you have felt this way *during the past week*.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.				
2. I did not feel like eating; my appetite was poor.				
3. I felt that I could not shake off the blues even with help from my family or friends.				
4. I felt I was just as good as other people.				
5. I had trouble keeping my mind on what I was doing.				
6. I felt depressed.				
7. I felt that everything I did was an effort.				
8. I felt hopeful about the future.				
9. I thought my life had been a failure.				
10. I felt fearful.				
11. My sleep was restless.				
12. I was happy.				
13. I talked less than usual.				
14. I felt lonely.				
15. People were unfriendly.				
16. I enjoyed life.				
17. I had crying spells.				
18. I felt sad.				
19. I felt that people dislike me.				
20. I could not get "going."				

SCORING: Zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating a presence of more symptomatology.

<sup>a</sup> From Radloff (1977). Reprinted with permission from the National Institute of Mental Health (NIMH).



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## Appendix C.

### **RESEARCH SPONSOR INFORMED CONSENT FORM FOR THE MANITOBA TEACHERS' SOCIETY EDUCATOR ASSISTANCE PROGRAM**

Research Project Title: Adding Science to the Mix of Business and Pleasure: An Exploratory Study of Positive Psychology Interventions with Teachers Accessing Employee Assistance Counselling

Principal Researcher: Candace Reinsch, B.A., M.A., M.Ed. Candidate, University of Manitoba, (204) XXX-XXXX

Thesis Advisor: Dr. Riva Bartell, C. PSYCH, Professor, Department of Educational Administration, Foundations and Psychology, University of Manitoba, (204) 474-9048

Site Supervisor: Dr. Gene Degen, C. PSYCH, Counsellor, The Manitoba Teachers' Society Educator Assistance Program, (204) 837-5801

Research Sponsor: Ken Pearce, General Secretary, The Manitoba Teachers' Society

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation as a sponsoring organization will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

#### Purpose of Study

This research project has been developed by the principal researcher in order to meet the thesis requirement for the University of Manitoba Master of Education Program (Guidance and Counselling Specialization). Approvals to proceed have been obtained from both the principal researcher's thesis advisory committee and the University of Manitoba Education/Nursing Research Ethics Board.

The purpose of the project is to develop, implement, and measure the impact of a mental health promotion intervention in a group process modality guided by a *positive psychology* framework to a group of six to ten Manitoba public school educators who are current clients of The Manitoba Teachers' Society Educator Assistance Program (MTS EAP). Positive psychology, a new discipline in psychology, is the scientific study of optimal human functioning, flourishing, and what makes life most worth living.

The principal researcher has undertaken a review of the positive psychology literature to develop a curriculum manual to guide the mental health promotion (and psychopathology prevention) intervention. The intervention has been designed as a six session psychoeducational, experiential, and process-oriented group that will meet one weekday evening a week for two hours over a six week period in a meeting room in the MTS EAP office in Winnipeg. Group sessions will include a variety of elements including opening relaxation sequences, presentations from the group leaders, the completion of self-reflection activities, and time for group member processing and discussion. Group sessions will be co-facilitated by the principal researcher (Candace Reinsch, M.A.) and the site supervisor (Dr. Gene Degen).

The contents of the curriculum manual are based in large measure on the work of positive psychology pioneer Martin Seligman (2002). In concert with Seligman's vision of the ingredients of authentic happiness and a full life, the curriculum has been designed to enhance positive emotions about the past, present and future, and includes the following core topic areas: gratitude, signature strengths, flow, learned optimism, active and constructive responding, mindfulness and savoring.

The conceptual framework guiding the study is fundamentally based on Barbara Fredrickson's broaden and build theory of positive emotions from which it has been demonstrated that when a person experiences an increase in positive emotions, there is a broadening of his or her thought-action repertoire, an increase in his or her personal resources, and then a consequential increase in his or her fulfillment in life. Seligman and his colleagues built on Fredrickson's model to develop a counselling intervention for depression in 2006 that they called positive psychotherapy (PPT). PPT rests on the hypothesis that depression can be treated effectively not only by reducing its negative symptoms but also by directly and primarily building positive emotions, character strengths, and meaning. The rationale for a group counselling modality for administration of the intervention, as opposed to other modalities such as individual or family counselling, is based on the substantial research evidence for the effectiveness of group therapy.

### Methodology

A quasi-experimental research design will be used to address the study's research questions. From a convenience sample generated by EAP counsellors of 20 EAP clients interested in participating in the study, half of the participants will be randomly assigned to the experimental group, and the remaining persons will be assigned to the control group. The goal of the project intervention is to improve each participant's quality of life, and sense of authentic happiness and fulfillment. It is further anticipated that participating in the study will have a positive impact on a variety of symptoms of depression.

Both quantitative and qualitative data will be examined to determine whether the mental health promotion intervention has a meaningful impact in participants' lives. Quantitative outcome data will be generated from respondents' completion of standardized measures of authentic happiness and depression, particularly the Positive Psychotherapy Inventory (Rashid, 2005) and the Centre for Epidemiologic Studies Depression Scale (Radloff, 1977). This data will be complemented by measures of group process for the experimental group participants, particularly the Group Climate Questionnaire (MacKenzie, 1983), the Therapeutic Factor Scale (Butler & Fuhrman, 1983) and a group evaluation form. The qualitative impact of the intervention will be addressed by a content analysis of experimental group journal entries, and supplemented where possible by excerpts from videotaped transcripts of the group counselling sessions.

### Study Procedures

Commencing in September 2011, MTS EAP staff will consult with both current EAP clients and new EAP referrals to identify suitable individuals interested in participating in the study. A poster containing project details and contact information for the researcher has been designed for placement at the Winnipeg EAP Office front desk. Business cards containing comparable information will also be made available to both current and prospective EAP clients considering participation in the study.

EAP clients deemed suitable for participation in the study will be required to meet all of the following inclusion criteria<sup>38</sup>: (a) report commitment to attend all six weekday evening sessions; (b) report commitment to completing assignments between weekly sessions (a commitment of 1-3 hours per week); (c) report willingness to discuss personal challenges openly in a small group environment; (d) report willingness to permit the researcher to videotape group meetings (videotapes will be held in confidence, securely stored, and subsequently destroyed by the researcher as a trustee under *The Personal Health Information Act*); (e) report not currently being in the midst of an acute life crisis; (f) report no anxiety, low anxiety or moderate anxiety symptoms; and (g) report no depression, low depression or moderate depression symptoms.

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<sup>38</sup> The criteria were developed by the researcher in consultation with the MTS EAP site supervisor and based on inclusion and exclusion criteria developed by experienced group therapists, particularly Irvin Yalom and Janice DeLucia-Waack.

At such time as the researcher has amassed a list of 20 interested persons, a random number generator will be used to assign ten persons to the experimental group who will be eligible to participate in the six-week group intervention. The remaining ten persons will be assigned to the control group.<sup>39</sup> While control group members will not receive the group intervention, upon successful completion of the study's measures, participants will be invited to attend a complimentary catered meal and two hour presentation on positive psychology.

The next step for the researcher will be to contact all participants to set up private individual meetings over the telephone at a mutually agreeable time and location. During this meeting, participants will be introduced to the study (including the participants' informed consent materials) and then asked to complete two standardized research instruments measuring happiness and depression. For the ten participants assigned to the experimental condition, the meeting will be of a longer duration in order to complete an assessment of each one of the ten individuals' readiness for group work, as well as complete an orientation to the group work experience. Requirements for participation in the group will also be outlined, including a commitment to attend all sessions, confidentiality expectations, consenting to videotaping group meetings, completing homework exercises between sessions, preparing journal entries, and also completing measures of group process and an evaluation. If the researcher ascertains that the prospective group participant is ready for group work based on this interview, he/she will be invited to review and sign the experimental group participants' informed consent form. (If the researcher ascertains that the individual is not ready for group work, he/she will be invited to attend the complimentary catered meal and presentation on positive psychology for control group participants.)

Group meetings for experimental group participants will be held for six consecutive Mondays from 5:30 – 7:30 p.m., commencing on January 23, 2012.<sup>40</sup> Each meeting will be held in the boardroom at the MTS EAP office located at 191 Harcourt Street in Winnipeg. All presentation materials and handouts shared with participants during the course of the group are provided at no cost.

The complimentary catered meal and two hour presentation on positive psychology for control group participants will be held on Monday, May 7, 2012 in the boardroom at the MTS EAP office located at 191 Harcourt Street in Winnipeg. All presentation materials and handouts shared with participants during the presentation are provided at no cost.

Once the principal researcher's final thesis report has been successfully defended, the researcher will prepare a presentation on the results of the study for MTS EAP management and staff. Determination of a specific date for the presentation will be made in consultation with Dr. Gene Degen, site supervisor.

#### Confidentiality

Individual files will be prepared for each study participant. In addition to each participant's signed consent to release information form, files will also contain basic demographic and contact information for the participant as well as individual results of administration of the research measures at three time intervals (pre-intervention, post-intervention, and one month post-intervention). For those participants in the experimental group, individual files will also contain individual results of the process and evaluation measures, as well as completed journal entries.

Because all individual files will contain records of participants' personal health information, the researcher is required to meet legislated standards for protection of privacy as outlined in *The Personal Health Information Act* (Manitoba). All files will be deemed private and held in confidence by the researcher as a trustee under the act. Videotapes of the experimental group sessions will also be held in confidence by the

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<sup>39</sup> Should the researcher be unable to reach the goal of recruiting 20 participants, the study will proceed with amendments to the proposed group sizes. In order to prevent significant data loss from the experimental group, the researcher may, in consultation with the thesis team, decide to revise the plan to create groups of the same size, and instead randomly assign a larger number of participants to the experimental group (as close to 10 as possible) and a smaller number of participants to the control group.

<sup>40</sup> A session will not be held on Monday, February 20, 2012 to accommodate the Louis Riel Day holiday. Consequently, the sixth and final session will be held on Monday, March 5, 2012.



researcher as a trustee under the act. To meet these requirements, the researcher is committed to securely storing all participant files and videotapes in a locked cabinet in a secure location for the duration of the research project. Once the research project is complete, all individual files and videotapes will be destroyed in accordance with the requirements of the act. Only aggregated statistical information reported on a group basis (i.e., with no individual identifiers) and quotations from journal entries and/ or meeting transcripts that protect each participant's identity (by using pseudonyms and minimal identifying information) will be maintained by the researcher and disclosed in the context of the researcher's final thesis paper and thesis defense, and/ or in future publications or presentations. Examples of future publications under consideration by the researcher include articles in a professional journals and/or newsletters. The researcher also anticipates making presentations on the study's results to the project sponsors as well as interested counselling professionals.

To meet prescribed codes of ethics in the counselling field, particularly the code of the Canadian Counselling and Psychotherapy Association (CCPA) due to the researcher's plans for certification with the CCPA upon graduation, the researcher further commits to maintaining confidentiality in connection with any and all information experimental group participants choose to share in the group context. Group participants will, however, be advised there may be times when the researcher chooses to consult with a supervising member of the thesis team to receive advice as to how to address challenging situations in the group should they arise. It will be reinforced to participants that should the researcher seek consultation from a thesis team member(s) during the course of the group, thesis team members are subject to the same codes of ethics that require them to protect individual privacy by not sharing any personal information outside of the team. Furthermore, group participants will be advised of important exceptions to the researcher's pledge of confidentiality, which are as follows: (i) when disclosure is required to prevent clear and imminent danger to the participant or others; (ii) when legal requirements demand that confidential material be revealed; and (iii) when a child is in need of protection.

#### Dual Relationships

In the event that the researcher becomes aware that any one of the eligible interested participants is a current or past business associate, family member, social contact or friend, the individual will be automatically be excluded from consideration for participation in the study. Should such a circumstance arise, the researcher will promptly contact the prospective participant and express thanks for his/her interest in the study and then go on to sensitively inform the individual that the researcher's professional ethics proscribe dual relationships and thus the individual will not be eligible to participate in this specific study. In addition, the individual will be assured that the researcher is required as a trustee under the *Personal Health Information Act* not to disclose to anyone the knowledge that the specific individual has at any time accessed services from the MTS EAP program. Despite ineligibility to participate formally in the study, the affected individual will be advised that he/she is welcome to attend the control group's catered meal and presentation on positive psychology.

Pre-existing dual relationships may also exist between prospective participants in the study. Should a situation arise where two or more individuals interested in participating in the study are currently employed at the same workplace, and thereby in day-to-day contact with one another, a maximum of one person per workplace will be deemed eligible for assignment to the experimental group. The other person(s) from the affected workplace will be assigned to the control group.

#### Voluntary Participation

Your decision to take part in this study is voluntary. You are free to withdraw support for this study at any time, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

#### Questions

If you have any questions about this project as it proceeds, you should feel free to contact any of the following persons:

Principal Researcher: Candace Reinsch, B.A., M.A.  
Faculty of Education Graduate Student, (204) xxx-xxxx

Thesis Advisor: Dr. Riva Bartell, C. PSYCH  
Professor, Department of Educational Administration, Foundations & Psychology, (204) 474-9048

Site Supervisor: Dr. Gene Degen, C. PSYCH  
Counsellor, The Manitoba Teachers' Society Educator Assistance Program, (204) 837-5801

Alternatively, you may wish to contact the University of Manitoba Human Ethics Secretariat at (204) 474-7122, or e-mail [margaret\\_bowman@umanitoba.ca](mailto:margaret_bowman@umanitoba.ca).

#### References

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#### Statement of Consent

I have read this consent form and the provision of my signature indicates that I have understood to my satisfaction the information regarding participation in the research project and I agree to participate as a sponsor on behalf of The Manitoba Teachers' Society. In no way does this waive my legal rights nor release the researchers or involved institutions from their legal and professional responsibilities.

The principal researcher has arranged a means for me to obtain a final signed copy of this consent form for my records and reference.

*Original signed by*

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Research Sponsor's Signature  
Ken Pearce, General Secretary  
The Manitoba Teachers' Society

Date

*Original signed by*

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Principal Researcher's Signature  
Candace Reinsch, M.Ed. Graduate Student  
University of Manitoba

Date

Appendix D. Study Recruitment Business Card

Side A:

**Exploring Authentic Happiness**  
A Personal Development Research Project

A special pilot project is currently available free-of-charge to clients of The Manitoba Teachers' Society Educator Assistance Program.

Copyright clearance for graphic is not available.


For more information on how the latest research in positive psychology can make a difference in your life, please contact:

**Candace Reinsch, M.A.**  
Exploring Authentic Happiness Project Coordinator  
M.Ed. (Counselling) Graduate Student, University of Manitoba  
Telephone: (204) XXX-XXXX  
Email: xxxxxx@cc.umanitoba.ca


Side B:

Are you looking for greater fulfillment, satisfaction and genuine happiness in your life?

The Exploring Authentic Happiness Project is sponsored by:



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Manitoba  
Teachers'  
Society

Appendix E. Recruitment Bulletin

The ongoing impacts of the global financial recession have taken a significant toll on the *financial wealth* of many people. But, how is your *psychological wealth* faring? Have you ever stopped to ask yourself, “Am I doing well, or just getting by?” Perhaps you are looking for greater fulfillment, satisfaction and genuine happiness in your life?

If questions like these have been on your mind, please consider joining us to participate in:

# Exploring Authentic Happiness

## A Personal Development Research Project

A pilot project available free-of-charge to clients of  
The Manitoba Teachers' Society Educator Assistance Program

Copyright clearance for graphic is not available.

By participating in this self-discovery and growth project, you will have the opportunity to:

- Learn what pioneering **positive psychology research** has shown makes people happy
- Learn and practice activities that have the power to improve your sense of well-being such as identifying your signature strengths, practicing flexible optimism, exploring mindfulness, practicing relaxation activities, and much more!

The project will be led by a University of Manitoba M.Ed. Graduate Counselling Student with specialized training in positive psychology, with support from The Manitoba Teachers' Society Educator Assistance Program.

You may register to participate by contacting your EAP counsellor,  
or by calling the Educator Assistance Program at 837-5801 or 1-800-378-8811.



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Society

## Appendix F. Exploring Authentic Happiness Journaling Tool

Writing in a journal can be helpful to people in a variety of ways, including sorting out feelings, accessing intuition, making plans, setting goals, solving problems and increasing self-awareness.

As part of our 'Exploring Authentic Happiness' Group, we are asking all participants to take some time to write about what happiness means to you personally, as well as how you would rate your level of happiness, at the beginning, midpoint and end of our work together.

### Week One Journal Assignment:

Before we begin our work together, let's explore some of your current thoughts and feelings on the subject of happiness.

1. Imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder would you say you personally feel you stand at this time, assuming that the higher the step the better you feel about your life, and the lower the step the worse you feel about it? Which step comes closest to the way you feel?



2. What does happiness mean to you at this time and place in your life? Is it easy to define? If you were to define happiness in a sentence or two, how would you sum it up?

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Please provide your group leader with an original (or photocopy if you prefer) of your week one journal entries by the end of our first group meeting.

*If you would rather submit your full journal package at the conclusion of our final meeting, that too would be fine. Just let your facilitator which option you would prefer.*

Thanks!

### Week Three Journal Assignment:

We are at the midpoint of our work together. Let's check in again with your current thoughts and feelings on the subject of happiness.

1. Recall our ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder would you say you personally feel you stand at this time, assuming that the higher the step the better you feel about your life, and the lower the step the worse you feel about it? Which step comes closest to the way you feel?



- 10 Best possible life
- 09
- 08
- 07
- 06
- 05
- 04
- 03
- 02
- 01
- 00 Worst possible life
- Don't know

2. Are you on a different rung of the ladder compared to week one? If so, what do you attribute your shift to?

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3. Let's revisit what happiness means you to today. Is your definition shifting or changing in any way?

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4. How are you feeling about our group and the relationships in it? Is our work together feeling useful, or do we need to make some changes? Do you find you are looking forward to coming to group, or is it harder to get here each week? Are there some things you would like to write about here that you may or may not have already expressed verbally in our group meetings?

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Please provide your group leader with an original (or photocopy if you prefer) of your week three journal entries by the end of our third group meeting.

### Week Six Journal Assignment:

As we conclude our work together in exploring authentic happiness, let's take one last look at your current thoughts and feelings on the subject of happiness.

1. Recall our ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder would you say you personally feel you stand at this time, assuming that the higher the step the better you feel about your life, and the lower the step the worse you feel about it? Which step comes closest to the way you feel?



- 10 Best possible life
- 09
- 08
- 07
- 06
- 05
- 04
- 03
- 02
- 01
- 00 Worst possible life
- Don't know

2. Are you on a different rung of the ladder now compared to week one? How about compared to week three? If you are noticing changes, what do you attribute your shifts to?

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3. Let’s revisit what happiness means you to today. Is it still shifting and changing or staying the same?

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4. Let's return to your experience in the group. How are 'we' doing as a group? Perhaps there are still some things you would prefer to write about here, rather than express verbally in our group meetings?

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Please provide your group leader with an original (or photocopy if you prefer) of your week six journal entries by the end of our final group meeting.

Thanks very much for your efforts!



## Appendix G.

### **INFORMED CONSENT FORM FOR EXPERIMENTAL GROUP PARTICIPANTS**

Research Project Title: Mixing Business and Pleasure: Positive Psychology Interventions in the Workplace

Principal Researcher: Candace Reinsch, B.A., M.A., M.Ed. Candidate, Faculty of Education, University of Manitoba

Sponsors: University of Manitoba Faculty of Education; The Manitoba Teachers' Society Educator Assistance Program

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

#### Purpose of Study

This research project has been developed by the principal researcher in order to meet the thesis requirement for the University of Manitoba Master of Education Program (Guidance and Counselling Specialization).

The purpose of the project is to develop, implement, and measure the impact of a mental health promotion intervention in a group process modality guided by a *positive psychology* framework to a sample of Manitoba public school teachers, administrators and other allied school professionals who are clients of The Manitoba Teachers' Society Educator Assistance Program (MTS EAP). Positive psychology, a new discipline in psychology, is the scientific study of optimal human functioning, flourishing, and what makes life most worth living.

The principal researcher has undertaken a review of the positive psychology literature to develop a curriculum manual to guide the mental health promotion intervention. The intervention has been designed as a six session psychoeducational group that will meet one weekday evening a week for two hours over a six week period. Group sessions will include a variety of elements including opening relaxation sequences, presentations from the group leaders, the completion of self-reflection activities, and time for group member processing and discussion. All presentation materials and handouts shared with participants during the course of the group are provided at no cost.

This research has been approved by the University of Manitoba Education/Nursing Research Ethics Board. The Manitoba Teachers' Society Educator Assistance Program is also a sponsor of the project.

#### Methodology

A quasi-experimental research design will be used to address the study's research questions. From a convenience sample generated by EAP counsellors of 20 current EAP clients interested in participating in the study, half of the participants have been randomly assigned to the experimental group, and the remaining persons have been assigned to the control group. The goal of the project intervention is to

improve your quality of life, and sense of authentic happiness and fulfillment. We also anticipate that participating in the study will have a positive impact on a variety of symptoms of depression.

Both quantitative and qualitative data will be examined to determine whether the mental health promotion intervention has a meaningful impact in participants' lives. Quantitative outcome data will be generated from respondents' completion of standardized measures of authentic happiness and depression, particularly the Positive Psychotherapy Inventory (Rashid, 2005) and the Centre for Epidemiologic Studies Depression Scale (Radloff, 1977). This data will be complemented by measures of group process for the experimental group participants, particularly the Group Climate Questionnaire (MacKenzie, 1983), the Therapeutic Factor Scale (Butler & Fuhrman, 1983) and a group evaluation form. The qualitative impact of the intervention will be addressed by a content analysis of experimental group journal entries, and supplemented where possible by excerpts from videotaped transcripts of the group counselling sessions.

While you will receive no payments or reimbursements for expenses related to taking part in this study, all participants are eligible to receive a summary report on the results of the project. If you would like to receive a copy of the summary results, please check the 'Yes' box below and provide us with your mailing address:

Yes, I would like to receive a copy of the results.                       No thanks.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please check this box if you prefer to receive the results in an electronic format, i.e., an Adobe Acrobat PDF file.

E-mail address (optional): \_\_\_\_\_

#### Study Procedures

All experimental group participants will be required to participate in a private individual meeting of approximately 30 – 45 minutes duration with the principal researcher at a mutually agreeable time before the study's group meetings begin. During this meeting (alternatively conducted over the telephone), all participants will be introduced to the study (including the participants' informed consent materials) and then asked to complete two standardized research instruments measuring happiness and depression. (All participants will be required to complete these same measures by completing an interview with the researcher over the phone on two additional occasions during the timeframe of the research project. The first will be at a conveniently negotiated time during the final week of the group, and the second will be at a conveniently negotiated time one month after the study has been completed.)

Each experimental group participant will also be required to complete an assessment of his/her readiness for group work during the course of the pre-group meeting. Requirements for participation in the group will also be outlined, including a commitment to attend six all sessions, completing homework exercises between sessions, preparing journal entries, and also completing measures of group process and an evaluation during the course of the intervention. If the researcher ascertains that the prospective group participant is ready for group work based on this interview, he/she will be invited to review and sign the experimental group participants' informed consent form. If the researcher ascertains that the individual is not ready for group work, he/she will be invited to attend an evening presentation on positive psychology for control group participants that will be held at the MTS EAP office located at 191 Harcourt Street in Winnipeg in April or May of 2012.

Group meetings for experimental group participants will be held for six consecutive Mondays from 5:30 – 7:30 p.m., commencing on Monday, January 23, 2012. A session will not be scheduled on Louis Riel Day on Monday, February 20, 2012 and thus the final group session is scheduled for Monday, March 5, 2012. Each meeting will be held in a boardroom at the MTS EAP office located at 191 Harcourt Street in Winnipeg.

Once the study has been completed, each participant is eligible to meet with the researcher to receive a customized personal interpretation and consultation on trends over time in his or her individual results on the study's measures of authentic happiness and depression.

### Confidentiality

Individual files will be prepared for each participant containing completed consent forms, individual results of administration of the research, process and evaluation measures, as well as completed journal entries. In accordance with *The Personal Health Information Act* (Manitoba), all records of participants' personal health information will be deemed private and held in confidence by the researcher, as a trustee under the act. Consequently, the researcher is committed to securely storing all participant files in a locked cabinet in a secure location for the duration of the research project. Once the research project is complete, all individual files will be destroyed in accordance with the requirements of the act. Only aggregated statistical information reported on a group basis (i.e., with no individual identifiers) and quotations from journal entries and/ or meeting transcripts that protect each participant's identity (by using pseudonyms and minimal identifying information) will be maintained by the researcher and disclosed in the context of the researcher's final thesis paper and thesis defense, and/ or in future publications or presentations. Examples of future publications under consideration by the researcher include articles in a professional journals and/or newsletters. The researcher also anticipates making presentations on the study's results to the project sponsor as well as interested counselling professionals.

It is important to note that codes of ethics in the counselling field require the principal researcher, in her role as a counselling group leader, to maintain confidentiality in connection with any and all information participants choose to share in the group context. (All participating group members will also be required to maintain confidentiality of those conversations that take place in the group context, as will be outlined in the next section.) At times your group leader may consult with a supervisor on the thesis team in order to provide you with the best possible group leadership and support. To protect your confidentiality, the thesis advisor, thesis team members, the on-site supervisor, and the group's co-facilitator are all required to meet the same code of ethics on confidentiality as the principal researcher.

It is also important for participants in the experimental condition to be aware that all group sessions will be videotaped. The purpose of taping is to assist the principal researcher in reviewing and analyzing specific interaction sequences to illustrate important processes occurring in the group. In the event that specific participants' comments on the counselling process are utilized in the final thesis report, a pseudonym(s) and minimal identifying information will be used to protect each participant's identity. In accordance with *The Personal Health Information Act* (Manitoba), all videotaped material will be securely stored locked cabinet in a secure location for the duration of the research project. In addition, once the research project is complete, the videotapes will be destroyed in accordance with the requirements of the act.

Notwithstanding the researcher's commitments to confidentiality in this section, it is important for all study participants be aware that there are important exceptions to the researcher's pledge of confidentiality as outlined in this document. These exceptions are as follows: (i) when disclosure is required to prevent clear and imminent danger to the participant or others; (ii) when legal requirements demand that confidential material be revealed; and (iii) when a child is in need of protection.

### The Group Work Experience

Psychoeducational counselling groups provide individuals with the opportunity to learn about themselves and how they relate to others. They allow members to learn effective communication, interpersonal skills, and problem-solving strategies. A psychoeducational group is a special type of group experience in which



members learn skills that will enable them to better handle life situations while sharing feelings and thoughts with other members. It provides them with meaningful interactions and a sense of belonging. It also gives members an opportunity to share, cooperate, learn, and practice new skills.

#### *Goals of All Psychoeducational Groups*

- Teach and practice new skills.
- Practice and apply skills in and outside the group.
- Use effective communication skills, such as assertiveness, honest sharing of feelings and thoughts, and empathic listening.
- Use problem-solving skills, such as listing potential solutions, advantages and disadvantages of these, and requesting feedback from other members.
- Share emotions, including positive and negative feelings.
- Give feedback to other members when requested.
- Request honest feedback about thoughts, behaviors, and situations when needed for problem solving and to develop coping strategies and plans for change.
- Gain support and show support for others in similar situations.

#### *The Value of Psychoeducational Groups*

In everyday life, it is difficult to get useful and accurate information about how we present ourselves and what impressions others form about us. People rarely take time to observe others carefully, and there seems to be a social taboo against giving others honest feedback. Psychoeducational groups allow individuals to observe and share information in honest, genuine, and caring ways. Such feedback helps group members to increase their self-knowledge.

These groups also help reduce feelings of alienation and loneliness. Members quickly discover that others have similar problems and concerns. One's own motivation for growth and improvement is enhanced by seeing others struggle with and solve their problems. The many strengths of each individual group member serve as a model for other group members.

These groups provide an arena for learning. Members brainstorm ideas and use problem-solving techniques when tough issues arise. They learn new behaviors and are able to try them out within the safety of the group through role-plays. Other members provide support and constructive feedback, so success with these new behaviors outside the group becomes more likely.

#### *The Group Leaders*

During the course of this research project, the principal researcher will be assisted by a co-facilitator. This co-facilitator is a professional staff counsellor employed by the MTS Educator Assistance Program, and like the principal researcher, is required to abide by codes of ethics in the counselling field. The group leaders are responsible for using their knowledge of individual and group dynamics to promote and facilitate individual and group growth. Leader activities include helping the group understand what is happening in the group, making sure each member has the opportunity to be heard, protecting members from attack, establishing ground rules and norms, facilitating expression of honest feelings and thoughts, and clarifying communication within the group. The group leaders are also responsible for creating an atmosphere of trust, support, and challenge within the group.

#### *General Expectations of Group Members*

The way to gain the maximum benefit from the group experience is to be honest and direct about your immediate feelings, thoughts, and opinions, especially toward the other members and leaders. As the group develops trust, hopefully you will feel more confident about revealing personal aspects of yourself. You will not be forced to reveal until you are ready and willing. Groups do, however, provide a setting and the opportunity for risk taking and experimenting with new behaviors. Members are also encouraged and

expected to practice new behaviors in their everyday lives in order to facilitate maximum transfer and generalization of these behaviors in the outside world.

When entering a group, members are typically asked to identify specific changes they would like to work on during the group experience. Sharing of these goals with the other group members will help them provide feedback on your progress and actively support your efforts to change.

Much like the group leaders, members are expected to support, challenge, and encourage each other; accept and develop respect for each other's uniqueness; listen empathically; provide honest feedback; and, in general, create a safe atmosphere for growth and positive change in the group.

The group member agrees to attend all scheduled group sessions. If you are unable to attend due to personal illness or family emergency, you agree to notify the group leader(s) as soon as possible before the next scheduled session. If you decide not to continue in the group, you agree to discuss the reasons with the group and/ or the group leader(s).

The group member understands that the group experience is not a replacement for individual counselling. If issues arise that are beyond the scope of the group's goals and objectives, the group leader(s) may choose to provide you with a referral to the appropriate medical and/ or mental health practitioner, including the MTS EAP Program (a project sponsor).

#### *Confidentiality Expectations of Group Members*

Confidentiality is paramount to the success of the group process. Certainly it is appropriate for you to share resource information outside the group, but the personal problems and concerns of members must remain private. Accordingly, you must commit to not disclose any information about this group that could be used to identify any individual to anyone outside of the group without that person's specific permission. You are always free to discuss your own experience so long as it does not identify any other person.

Any breach in confidentiality will result in the immediate removal of the member from the group.

#### *How to Get the Most from a Group Experience*

1. Examine and decide on your level of commitment. If you are not willing to invest yourself, you probably will not gain much from the experience. Decide for yourself what your goals are and how you can best accomplish them.
2. Clarify your personal goals. Most members come to the group with general and abstract goals. Clarify your goals with concrete terms. Consider making a specific contract – a clear statement concerning the behavior you want to change and steps you are willing to take to bring about this change. For example, an abstract goal is, "I want to feel better about myself." A concrete goal is, "I would like to practice more assertive behavior when I'm with people I don't know well."
3. Use the group to practice new behaviors. The group can be a means to help you make changes you desire in your everyday life. Allow the other members to help you practice social and problem-solving skills.
4. Become actively involved. You will get far more out of the group if you take the initiative rather than remain a passive observer. Don't postpone the risk taking involved in letting others know you. Decide for yourself what you will share with others. In making that decision, however, remember that the others in your group can help you and care for you only when they know who you are.
5. Realize your contribution is vital in creating trust in the group. You don't have to reveal your innermost feelings or some personally sensitive experience. Being open means that you reveal to the group persistent feelings that you have while participating. It is important that everyone participate for trust to develop.

6. Be willing to discover positive as well as negative sides of yourself. If you keep yourself hidden for fear that others will see your weaknesses, you also keep others from seeing your strengths, talents, wit, and compassion. See the group as a vehicle for growth.
7. Keep in mind that change takes time and effort. If you expect to see instant changes as a result of your participation in the group, you are not being realistic. Change is often slow and subtle and is a never-ending process. Concentrate on the process of change rather than striving for a “finished product.”
8. Think of ways of applying what you are learning in the group to your everyday life. The group can provide you with new insights and opportunities for practice, but the ultimate test of the value of the experience is the degree to which your work in the group applies to your life outside the group.

Questions

Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have any questions about this project as it proceeds, you should feel free to contact any of the following persons:

Principal Researcher: Candace Reinsch, B.A., M.A.  
 Faculty of Education Graduate Student  
 (204) xxx-xxxx

Thesis Advisor: Dr. Riva Bartell, C. PSYCH  
 Professor, Department of Educational Administration, Foundations & Psychology  
 (204) 474-9048

Site Supervisor: Dr. Gene Degen, C. PSYCH  
 Counsellor, The Manitoba Teachers’ Society Educator Assistance Program  
 (204) 837-5801

Alternatively, you may wish to contact the University of Manitoba Human Ethics Secretariat at (204) 474-7122, or e-mail [margaret\\_bowman@umanitoba.ca](mailto:margaret_bowman@umanitoba.ca).

Statement of Consent

I have read this consent form and the provision of my signature indicates that I have understood to my satisfaction the information regarding participation in the research project and I agree to participate as a subject. I have been given the opportunity to ask whatever questions I may have had and all such questions have been answered to my satisfaction. In no way does this waive my legal rights nor release the researchers or involved institutions from their legal and professional responsibilities. I am free to withdraw from the study at any time, and/ or refrain from answering any questions I prefer to omit, without prejudice or consequence to me or my relationship with my EAP counsellor.

I agree to uphold the general expectations for group members as outlined in this consent form. I also commit to not disclose any information about this group, or this study, that could be used to identify any other participant to anyone outside of the group or study without that person’s specific permission.

The principal researcher has arranged a means for me to obtain a final signed copy of this consent form for my records and reference.

Participant’s Name (please print)	Participant’s Signature	Date ___ / ___ / ____ (day/month/year)
Researcher’s Signature	Date ___ / ___ / ____ (day/month/year)	



## Appendix H.

### **INFORMED CONSENT FORM FOR CONTROL GROUP PARTICIPANTS**

Research Project Title: Mixing Business and Pleasure: Positive Psychology Interventions in the Workplace

Principal Researcher: Candace Reinsch, B.A., M.A., M.Ed. Candidate, Faculty of Education, University of Manitoba

Sponsors: University of Manitoba Faculty of Education; The Manitoba Teachers' Society Educator Assistance Program

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

#### Purpose of Study

This research project has been developed by the principal researcher in order to meet the thesis requirement for the University of Manitoba Master of Education Program (Guidance and Counselling Specialization).

The purpose of the project is to develop, implement, and measure the impact of a mental health promotion intervention in a group process modality guided by a *positive psychology* framework to a sample of Manitoba public school teachers, administrators and other allied school professionals who are clients of The Manitoba Teachers' Society Educator Assistance Program (MTS EAP). Positive psychology, a new discipline in psychology, is the scientific study of optimal human functioning, flourishing, and what makes life most worth living.

The principal researcher has undertaken a review of the positive psychology literature to develop a curriculum manual to guide the mental health promotion intervention. The intervention has been designed as a six session psychoeducational group that will meet one weekday evening a week for two hours over a six week period. Group sessions will include a variety of elements including opening relaxation sequences, presentations from the group leaders, the completion of self-reflection activities, and time for group member processing and discussion. The goal of the project is to improve participants' quality of life, and sense of authentic happiness and fulfillment. We also anticipate that participating in the study will have a positive impact on a variety of symptoms of depression.

This research has been approved by the University of Manitoba Education/Nursing Research Ethics Board. The Manitoba Teachers' Society Educator Assistance Program is also a sponsor of the project.

#### Methodology

A quasi-experimental research design will be used to address the study's research questions. From a convenience sample generated by EAP counsellors of 20 current EAP clients interested in participating in

the study, half of the participants have been randomly assigned to the experimental group, and the remaining persons have been assigned to the control group.

Both quantitative and qualitative data will be examined to determine whether the mental health promotion intervention has a meaningful impact in participants' lives. Quantitative outcome data will be generated from respondents' completion of standardized measures of authentic happiness and depression, particularly the Positive Psychotherapy Inventory (Rashid, 2005) and the Centre for Epidemiologic Studies Depression Scale (Radloff, 1977). This data will be complemented by measures of group process for the experimental group participants, particularly the Group Climate Questionnaire (MacKenzie, 1983), the Therapeutic Factor Scale (Butler & Fuhrman, 1983) and a group evaluation form. The qualitative impact of the intervention will be addressed by a content analysis of experimental group journal entries, and supplemented where possible by excerpts from videotaped transcripts of the group counselling sessions.

All participants chosen to participate in the study are eligible to receive a summary report on the results of the project. If you would like to receive a copy of the summary results, please check the 'Yes' box below and provide us with your mailing address:

Yes, I would like to receive a copy of the results.  No thanks.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please check this box if you prefer to receive the results in an electronic format, i.e., an Adobe Acrobat PDF file.

E-mail address (optional): \_\_\_\_\_

### Study Procedures

As a member of the study's control group, you will be required to participate in a private individual meeting of approximately 30 minutes duration with the principal researcher at a mutually agreeable time before the experimental group intervention gets underway on January 23, 2012. During this meeting (alternatively conducted over the telephone), all participants will be introduced to the study (including the participants' informed consent materials) and then asked to complete two standardized research instruments measuring happiness and depression. (All participants will be required to complete these same measures by completing an interview with the researcher over the phone on two additional occasions during the timeframe of the research project. The first will be at a conveniently negotiated time during the week of March 5, 2012 (the final week of the experimental group condition), and the second will be at a conveniently negotiated time one month after the experimental group condition has been completed, i.e., during the week of April 9, 2012.

As an expression of gratitude for your participation in this study, the researcher will be organizing an after work presentation on positive psychology that will be held at the MTS EAP office located at 191 Harcourt Street in Winnipeg for all control group participants. This presentation will take place in April or May of 2012 and the cost of complimentary food and refreshments will be incurred by the researcher. If you would like to receive an invitation for the presentation once the details of this event have been finalized, please check the 'Yes' box below and provide us with your mailing address:

Yes, please send me details on the event.  No thanks.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please check this box if you prefer to receive an invitation to the positive psychology presentation via e-mail.

E-mail address (optional): \_\_\_\_\_

Once the study has been completed, each control group participant is also eligible to meet with the researcher to receive a customized personal interpretation and consultation on trends over time in his or her individual results on the study's measures of authentic happiness and depression.

#### Confidentiality

Individual files will be prepared for each study participant containing completed consent forms and individual results of administration of the research measures. In accordance with *The Personal Health Information Act* (Manitoba), all records of participants' personal health information will be deemed private and held in confidence by the researcher, as a trustee under the act. Consequently, the researcher is committed to securely storing all participant files in a locked cabinet in a secure location for the duration of the research project. Once the research project is complete, all individual files will be destroyed in accordance with the requirements of the act. Only aggregated statistical information reported on a group basis (i.e., with no individual identifiers) and quotations from journal entries and/ or meeting transcripts that protect each participant's identity (by using pseudonyms and minimal identifying information) will be maintained by the researcher and disclosed in the context of the researcher's final thesis paper and thesis defense, and/ or in future publications or presentations. Examples of future publications under consideration by the researcher include articles in a professional journals and/or newsletters. The researcher also anticipates making presentations on the study's results to the project sponsor as well as interested counselling professionals.

It is important for all study participants to note that there are important exceptions to the researcher's pledge of confidentiality as outlined in this document. These exceptions are as follows: (i) when disclosure is required to prevent clear and imminent danger to the participant or others; (ii) when legal requirements demand that confidential material be revealed; and (iii) when a child is in need of protection.

#### Questions

Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have any questions about this project as it proceeds, you should feel free to contact any of the following persons:

Principal Researcher: Candace Reinsch, B.A., M.A.  
Faculty of Education Graduate Student  
(204) xxx-xxxx

Thesis Advisor: Dr. Riva Bartell, C. PSYCH  
Professor, Department of Educational Administration, Foundations & Psychology  
(204) 474-9048

Site Supervisor: Dr. Gene Degen, C. PSYCH  
Counsellor, The Manitoba Teachers' Society Educator Assistance Program  
(204) 837-5801

Alternatively, you may wish to contact the University of Manitoba Human Ethics Secretariat at (204) 474-7122, or e-mail [margaret\\_bowman@umanitoba.ca](mailto:margaret_bowman@umanitoba.ca).

Statement of Consent

I have read this consent form and the provision of my signature indicates that I have understood to my satisfaction the information regarding participation in the research project and I agree to participate as a subject. I have been given the opportunity to ask whatever questions I may have had and all such questions have been answered to my satisfaction. In no way does this waive my legal rights nor release the researchers or involved institutions from their legal and professional responsibilities. I am free to withdraw from the study at any time, and/ or refrain from answering any questions I prefer to omit, without prejudice or consequence to me or my relationship with my EAP counsellor.

I commit to not disclose the identity of any other person accessing The Manitoba Teachers' Society Educator Assistance Program services should I become aware of such information during the course of my participation in this study.

The principal researcher has arranged a means for me to obtain a final signed copy of this consent form for my records and reference.

\_\_\_\_\_  
Participant's Name (please print)      \_\_\_\_\_      Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Participant's Signature      (day/month/year)

\_\_\_\_\_  
Researcher's Signature      Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(day/month/year)

## Appendix I. Interview Schedule for Persons Randomly Assigned to the Group

### Participation Condition <sup>a</sup>

Criteria for client selection were evaluated on an individual basis by way of pre-group interviews with each prospective participant, conducted by the writer. This interview also provided a system of preparation for prospective participants.

The specific list of questions asked of each prospective participant was as follows:

- (1) What would you most like to work on in the group? What would you change right now if you could? In other words, what goals are you most interested in fulfilling?
- (2) Are you willing to work on making progress toward your goals? Are you able to dedicate several hours during the week between each session to complete homework assignments that will form a part of the curriculum?
- (3) How do you think the group will help you meet your goals?
- (4) How do you work with others?
- (5) What would you bring to the group?
- (6) Can you keep what others say confidential? Can you follow the other rules of the group?
- (7) Are you able to commit to attending all scheduled group sessions?
- (8) Are you currently experiencing significant stress in your life? If so, please describe. Mindful of the stress you are currently facing, is the present time a good time for you to dedicating significant energies in participating in a self-development and personal growth group?
- (9) Do you have fears or reservations about working on your personal growth in a group context? If so, please describe.

Once the administration of questions was complete, the interviewer went on to lead a discussion of common beliefs/expectations about group counselling work. Prospective group participants were asked to use a scale from 1 (strongly agree) to 5 (strongly disagree) to provide their attitudes about group counselling work, operationalized by the following 10 items:

- (1) I think group counselling is less effective than individual counselling;
- (2) Group counselling is for people with severe problems;
- (3) Group counselling focuses too much on feelings and not enough on thoughts and behavior;
- (4) I am afraid I would be criticized or humiliated by another group member;
- (5) My individuality or uniqueness would be lost in group counselling;
- (6) I would be uncomfortable in group counselling when the focus of attention is on me;
- (7) In group counselling, I may be forced to do something I do not want to do;
- (8) I wouldn't be able to open up enough to ask the counselling group for the time or attention I need;



- (9) In group counselling, I would be forced to become emotionally close to the members;
- (10) I fear that other members would talk about my problems outside the counselling group.

Once each interviewee's responses to all 10 items were received, the interviewer informed the interviewee that all items are common myths and/or unrealistic fears. Thus in any case where an interviewee responds with a 1 or 2, the item was discussed in further detail in order to provide a learning opportunity for the interviewee.

<sup>a</sup> Adapted from DeLucia-Waack (2006a, p. 277), Slocum (1987) and Carter, Mitchell & Krautheim (2001).

## Appendix J. Readiness for Group Assessment <sup>a</sup>

Date: \_\_\_\_\_

Name: \_\_\_\_\_

*Directions:* Check one of the five statements in each of the following categories that best described the behavior of the group member and the focus on the group leader.

### **I. Amount of Communication (Participation)**

- 0. None, silence, total withdrawal.
- 1. Minimum “yes” and “no” answers, pays some attention.
- 2. Somewhat more talkative.
- 3. Usually has something to say, readily responsive.
- 4. Always talking

### **II. Quality of Relatedness and Communication**

- 0. Not listening to group leader.
- 1. Listening, but not always hearing what leader is saying.
- 2. Reacts to group leader, not always on topic.
- 3. Initiates topics, mostly relevant to group goals.
- 4. Expresses self well, very perceptive, able to relate both interpersonally and intrapersonally.

### **III. Capacity for Change**

- 0. Passive, no involvement, more disturbed, participation mostly defensive.
- 1. No indication of apparent change, guarded talk, resistive, poor motivation for change.
- 2. Some slight improvement, interested in discussions, beginning to reach out to others.
- 3. Seems to be changing, grasps ideas, more interest in transference involvement.
- 4. Making good use of therapy, gaining some insight, apparent desire to change.

### **IV. Amount of Interviewer Verbal Activity**

- 0. Talking most of the time.
- 1. Talks more than client, but client expresses him/herself.
- 2. Equal participation by client/interviewer.
- 3. Interviewer speaks less than client.
- 4. Interviewer mostly listening, almost never speaks.

### **V. Group Member Willingness to Discuss Problems Openly**

- 0. States has no problems to work on.
- 1. States has few problems with people; doesn't need help with them.
- 2. States has some problems to work on but expresses major concern about discussing them in group.
- 3. States has some problems to work on but expresses some concern about discussing them in group.
- 4. States has some problems to work on but expresses little or no concern about discussing them in group.

## **VI. Group Member Stated Commitment to Change**

- 0. Not willing to make changes.
- 1. Hesitant to change.
- 2. Willing to examine behavior but with some hesitation.
- 3. Some commitment to change.
- 4. A great deal of commitment to change.

## **VII. Group Member Identification of Goals**

- 0. Not willing to identify a goal.
- 1. Hesitant to identify a goal.
- 2. With some help was able to identify a goal.
- 3. Identified a goal; with some help, made it very realistic, interpersonal, and/or here-and-now focused
- 4. Clearly identified a goal that was realistic, interpersonal, and/or here-and-now focused.

## **VIII. Specificity of Goals**

- 0. No goals.
- 1. One vague goal.
- 2. Several goals but vague.
- 3. One goal that was realistic, interpersonal, and/or here-and-now focused.
- 4. Two or more goals that were realistic, interpersonal, and/or here-and-now focused.

## **IX. Potential for Connection with Other Group Members**

- 0. No one in the group with whom he or she would connect.
- 1. Possibly one member.
- 2. At least one or two members.
- 3. Probably three or four members.
- 4. Most or all group members.

Names: \_\_\_\_\_

## **X. Ability to Serve as a Role Model for Others**

- 0. No one in the group for whom he or she could serve as a role model.
- 1. Possibly one member for whom he or she could serve as a role model.
- 2. At least one or two members for whom he or she could serve as a role model.
- 3. Probably three or four members for whom he or she could serve as a role model.
- 4. Most or all group members for whom he or she could serve as a role model.

Names: \_\_\_\_\_

## **XI. Interviewer Connection with Potential Group Member**

- 0. No connection at all.
- 1. Very little connection.

- \_\_\_ 2. A little or some connection.
- \_\_\_ 3. Moderate connection.
- \_\_\_ 4. Strong rapport and respect for group member.

**XII. Expectation that Group will be Beneficial**

- \_\_\_ 0. Expressed no benefit in group participation.
- \_\_\_ 1. Expressed a great deal of hesitation that group would be helpful.
- \_\_\_ 2. Expressed some hesitation but some belief that group would be helpful.
- \_\_\_ 3. Expressed that group would probably be helpful.
- \_\_\_ 4. Expressed strong belief that group would be helpful.

<sup>a</sup> © [2006] by J. DeLucia-Waack. Reprinted with permission from Sage Publications.

## Appendix K. Group Climate Questionnaire <sup>a</sup>

For each of the following statements, please circle the point on the scale that you feel is most appropriate in describing this group. Please circle only ONE response for each statement.

1. The members liked and cared about each other.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

2. The members tried to understand why they do the things they do, tried to reason it out.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

3. The members avoided looking at important issues going on between themselves.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

4. The members felt what was happening was important and there was a sense of participation.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

5. The members depended on the group leader(s) for direction.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

6. There was friction and anger between the members.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

7. The members were distant and withdrawn from each other.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

8. The members challenged and confronted each other in an effort to sort things out.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

9. The members appeared to do things the way they thought would be acceptable to the group.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

10. The members distrusted and rejected each other.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

11. The members revealed sensitive personal information or feelings.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

12. The members appeared tense and anxious.

0	1	2	3	4	5	6
<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>A great deal</i>	<i>Extremely</i>

<sup>a</sup> Public domain measure available in MacKenzie (1983) & Burlingame et al. (2006).

## Appendix L. Therapeutic Factor Scale <sup>a</sup>

Participant's Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_  
(day/month/year)

Group therapy researchers have found that several important *therapeutic factors* can significantly help facilitate change within individuals in the group therapy setting. This scale measures your perception of the role specific factors played in your group experience.

### Instructions:

**For each of the following statements about this group, please circle the point on the scale that you feel is most appropriate in describing the factors that were helpful to you.**

1. Belonging to and being accepted by a group. (Co)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_                                              
*Not helpful*                                      *Very helpful*      Don't know                                      Not applicable

2. Continued close contact with other people. (Co)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_                                              
*Not helpful*                                      *Very helpful*      Don't know                                      Not applicable

3. Revealing embarrassing things about myself and still being accepted by the group. (Co)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_                                              
*Not helpful*                                      *Very helpful*      Don't know                                      Not applicable

4. Feeling alone no longer. (Co)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_                                              
*Not helpful*                                      *Very helpful*      Don't know                                      Not applicable

5. Belonging to a group of people who understood and accepted me. (Co)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_                                              
*Not helpful*                                      *Very helpful*      Don't know                                      Not applicable

6. Helping others has given me more self-respect. (A)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_    
*Not helpful* *Very helpful* Don't know Not applicable

7. Putting others' needs ahead of mine. (A)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_    
*Not helpful* *Very helpful* Don't know Not applicable

8. Forgetting myself and thinking of helping others. (A)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_    
*Not helpful* *Very helpful* Don't know Not applicable

9. Giving part of myself to others. (A)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_    
*Not helpful* *Very helpful* Don't know Not applicable

10. Helping others and being important in their lives. (A)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_    
*Not helpful* *Very helpful* Don't know Not applicable

11. Learning I'm not the only one with my type of problem. We're all in the same boat.  
(U)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_    
*Not helpful* *Very helpful* Don't know Not applicable

12. Seeing that I was just as well off as others. (U)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_    
*Not helpful* *Very helpful* Don't know Not applicable



13. Learning that others have some of the same “bad” thoughts and feelings I do. (U)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

14. Learning that others had parents and backgrounds as unhappy or mixed up as mine. (U)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

15. Learning that I'm not very different from other people gave me a welcome “welcome to the human race” feeling. (U)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

16. The group's teaching me about the type of impression I make on others. (ILI)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

17. Learning how I come across to others. (ILI)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

18. Other members honestly telling me what they think of me. (ILI)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

19. Other members honestly telling me what they think of me. (ILI)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

20. Learning that I sometimes confuse people by not saying what I really think. (ILI)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

21. Improving my skills in getting along with people. (ILO)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

22. Feeling more trustful of groups and of other people. (ILO)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

23. Learning about the way I related to the other group members. (ILO)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

24. The group's giving me an opportunity to learn to approach others. (ILO)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

25. Working out my difficulties with one particular member in the group. (ILO)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

26. The group leader's suggesting or advising something for me to do. (In)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

27. Group members suggesting or advising something for me to do. (In)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

28. Group members telling me what to do. (In)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

29. Someone in the group giving definite suggestions about a life problem. (In)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

30. Group members advising me to behave differently with an important person in my life. (In)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

31. Someone in the group giving definite suggestions about a life problem. (In)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

32. Expressing negative and/or positive feelings toward another member. (Ca)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

33. Expressing negative and/or positive feelings toward the group leader. (Ca)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

34. Learning how to express my feelings. (Ca)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

35. Being able to say what was bothering me instead of holding it in. (Ca)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

36. Trying to be like someone in the group who was better adjusted than I. (Im)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

37. Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me to do the same. (Im)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

38. Adopting mannerisms or the style of another group member. (Im)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

39. Admiring and behaving like my group leader(s). (Im)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

40. Finding someone in the group I could pattern myself after. (Im)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

41. Being in the group was, in a sense, like reliving and understanding my life in the family in which I grew up in. (F)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

42. Being in the group somehow helped me to understand old hang-ups that I had in the past with my parents, brothers, sisters, or other important people. (F)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

43. Being in the group was, in a sense, like being in a family, only this time a more accepting and understanding family. (F)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

44. Being in the group somehow helped me to understand how I grew up in my family. (F)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

45. The group was something like my family – some members or the group leaders being like my parents and others being like my relatives. Through the group experience I understand my past relationships with my parents and relatives (brothers, sisters, etc.). (F)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

46. Learning that I have likes or dislikes for a person for reasons which may have little to do with the person and more to do with my hang-ups or experiences with other people in my past. (S)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

47. Learning why I think and feel the way I do (that is, learning some of the causes and sources of my problems). (S)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

48. Discovering and accepting previously unknown or unacceptable parts of myself. (S)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

49. Learning that I react to some people or situations unrealistically (with feelings that somehow belong to earlier periods in my life.) (S)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

50. Learning that how I feel and behave today is related to my childhood and development (there are reasons in my early life why I am as I am.) (S)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

51. Seeing others getting better was inspiring to me. (H)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

52. Knowing others had solved problems similar to mine. (H)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

53. Seeing that others have solved problems similar to mine. (H)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

54. Seeing that other group members improved encouraged me. (H)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

55. Knowing that the group had helped others with problems like mine encouraged me. (H)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

56. Recognizing that life is at times unfair and unjust. (E)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

57. Recognizing that ultimately there is no escape from some of life's pain and from death. (E)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

58. Recognizing that no matter how close I get to other people, I must still face life alone. (E)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

59. Facing the basic issues of my life and death, and thus living my life more honestly and being less caught up in trivialities. (E)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

60. Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others. (E)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_              
*Not helpful*      *Very helpful*      Don't know      Not applicable

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## Appendix M. Group Experience Feedback Form

1. What was most helpful to me about the group?
2. What was the most important thing I learned from the group?
3. What was the most important thing to me about the group?
4. What were the most important topics discussed in the group?
5. Were there topics you wished to spend more time discussing, and if so, what were these?
6. Were there topics you wished to spend less time discussing, and if so, what were these?



7. What was not helpful about the group?
8. What would you suggest changing to improve the group if it were run again in the future?
9. How would you rate the facilitator(s)' delivery of the group materials?
- |             |   |                |   |                  |
|-------------|---|----------------|---|------------------|
| <u>Poor</u> |   | <u>Average</u> |   | <u>Excellent</u> |
| 1           | 2 | 3              | 4 | 5                |
10. Please provide us with any other comments or suggestions about this group.

*Please leave your completed evaluation on your chair when you leave.  
Thank you for taking the time to give us your comments!*