

# HANDOUTS

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## *Positive Psychology Therapeutic Applications with Adults & Adolescents*

Presented On October 18 & 19, 2007 in Lancaster, PA By

**Bill O'Hanlon**

### AGENDA

#### Thursday

**9:00 Introduction to Positive Psychology**

The gap between Positive Psychology research and clinical practice - *What some psychotically optimistic dogs can teach us about effective clinical work* - The optimistic therapist

**10:20 Break** (coffee and tea)

**10:35 Possibilities vs. Positive Thinking**

Research on the benefits and drawbacks of optimism and being positive - Future Pull: The restoration of hope in clinical work - Resilience research: What helps people bounce back from troubles and traumas - Post-traumatic stress into post-traumatic success

**12:00 p.m. Lunch** (on your own)

**1:15 Happiness Research**

What the research shows makes people happy and what doesn't - Elements of happiness - Happy nations - Happy people

**2:30 Break** (coffee, tea, soda, snack)

**2:45 Applications of Happiness Research**

The distortions of memory - It's never too late to have a happy childhood

**4:15 Adjournment**

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[jk@jkseminars.com](mailto:jk@jkseminars.com)

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**Bill O'Hanlon, M.S.**

**Possibilities**

**23 N. Guadalupe #278**

**Santa Fe NM 87501**

**[PossiBill@aol.com](mailto:PossiBill@aol.com)**

**[www.brieftherapy.com](http://www.brieftherapy.com)**

#### Friday

**8:30 Connections and Relationships**

Gottman's research - Happy couples: Relationships that last - Translating these findings into clinical work - Filtering blame and disgust

Connective and continuity rituals for relationships and for the prevention of future relationship problems - Family and friends for the good life and for recovering

**9:50 Break** (coffee and tea)

**10:05 The Good & Meaningful Life**

Social intelligence - Meaning and purpose in the good life - Elements of the meaningful life: Clinical work - The four life energies: Finding direction and purposeful work - *It's not about you: Mitzvah Therapy*

**11:30 Lunch** (on your own)

**12:45 p.m. Spirituality and Transcendence**

The 3 Cs of spirituality - Gratitude and appreciation: Research and clinical methods - Forgiveness, kindness and compassion: Clinical methods - Humor: Rising above yourself - Lessons from Abe Lincoln and Billy Connolly - Mindfulness: Research and clinical methods

**2:00 Break** (coffee, tea, soda, snack)

**2:15 Bringing it All Together**

Appreciative Inquiry: Positive Psychology in your work life - The components of Positive Psychology: A summary - Latest research: Up to the minute update - Future directions for Positive Psychology and clinical work

**3:45 Adjournment**

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**Bill O'Hanlon**

## DISCOURAGING VS. POSSIBILITY THERAPY EXPLANATORY STYLES

	<b>Discouraging therapy</b>	<i>Examples</i>	<b>Possibility Therapy</b>	<i>Examples</i>
<b>Permanence of Problems</b>	Problems are persistent and lasting	<i>It took a long time to develop this problem, so it will take a long time to resolve it.</i>	Problems are temporary and changeable	<i>So far you haven't found a way through this problem.</i>
<b>Globalization of Problems</b>	Problems are pervasive and occur throughout the person's life, although they may be masked in some circumstances	<i>This symptom is just a manifestation of some deeper, underlying problem.</i>	Problems do not happen all the time and everywhere; there are always exceptions	<i>You said you have felt like killing yourself all month and yet last night was the first time you acted on that.</i>
<b>Identification with Problem</b>	The person is the problem	<i>He is a perpetrator; she is a borderline</i>	The problem is the problem, the person does, is influenced by or experiences the problem	<i>He molested a child; she is hallucinating. Temper tantrums have been running the show, huh?</i>
<b>Determinism vs. Accountability</b>	The past or the person or the person's family cause the problem and/or created certain unchangeable qualities in the person. The person is determined by his/her past, personality, genetics, family background, etc.	<i>It seems to me that your parents were so needy that they couldn't fulfill your needs and that's why you have developed this problem.</i>	Causes are complex and uncertain, so the focus is on what to do to change the situation in the present and the future	<i>So you came from a dysfunctional family and that goes a long way towards explaining why you have your current problems, but the more pressing issue is what you can do about the problems now.</i>

## PESSIMISTIC VS. OPTIMISTIC STYLES

<b>Pessimistic</b>	<b>Optimistic</b>
Bad stuff is permanent and will persist, pervasive and out of my control; Bad stuff reflects my resourcelessness and bad qualities (“I’m such a loser”)	Bad stuff is time and context limited (“I am just going through a rough patch”; or “This job sucks”) and under my influence; I possess good and resourceful qualities

## CONTRASTING TRADITIONAL THERAPY TO SOLUTION-BASED APPROACHES

Impairment/deficit----->Competence/ability  
Pathology----->Health  
Bad/hidden agendas/resistance----->Good intentions/cooperation  
Cure----->Consultation/small changes  
Authoritarian/colonization----->Collaboration/shared expertise  
Working through/working on/insight----->Goal/results  
Past focus----->Present/future orientation  
Expression of emotion----->Validation of felt experience  
Diagnose stuckness ----->Change orientation  
Identity/personality problems/structure ----->Action/process descriptions

## DISSOLVING IMPOSSIBILITY TALK

It is important to both acknowledge and validate clients without closing down the possibilities for change for them. Too much emphasis on change and possibility can give clients the message that the therapist does not understand or care about their suffering or dilemmas. Too much emphasis on the acknowledgment side can give the message that the client cannot change or might encourage wallowing in the pain and hopelessness. The following methods are designed to combine both acknowledgment and invitations to change and possibility. Remember that these are methods and if they start to become formulaic, they can be used disrespectfully or superficially. They are designed, however, to be respectful and to deeply empathize with clients' suffering and possibilities.

### Method #1 Spinning Problems into the Past

Use the past tense when people speak about current problems or limitations.

*Statement: "I'm constantly suicidal."*

*Your response: So you've really been suicidal.*

*Statement: "I can't do anything right."*

*Your response: You haven't done anything right.*

### Method #2 Going Unglobal

Respond to generalized statements by restating them with slight changes in the quantifiers and qualifiers.

*Statement: "Nobody listens."*

*Your response: It's been close to impossible to get people to listen.*

*Statement: "I always leave everything 'til the last minute."*

*Your response: Most of the time you leave things 'til the last minute.*

### Method #3 Spinning Reality/Truth Claims into Perceptions

Limitations are often less in reality than in peoples' perceptions. Reflect limitation statements by inserting perception phrases into them.

*Statement: "I won't be able to keep a relationship going."*

*Your response: You don't think you'll be able to keep a relationship going.*

*Statement "He'll never change."*

*Your response: Your sense is that he really can't change.*

## **PROBLEMS INTO PREFERENCES: A FUTURE-ORIENTED ACKNOWLEDGMENT METHOD**

*When people first seek therapy, they are often focused on the past and what isn't working. How does the therapist gently and respectfully invite them into the future without minimizing their suffering or invalidating them? I use a method that owes a lot to both Carl Rogers (for the acknowledgment and reflection of people's experience and feelings) and Milton Erickson (for the indirect shifting of attention and frame of reference). This method helps people re-orient their attention from what they cannot change (the past) and what hasn't been working (the complaint) to what they can change (the future) and what they would prefer to have happen (their goal or direction or desire). If done respectfully and skillfully, most people do not even notice the shift consciously, but many report feeling more hopeful after it is used through the interview.*

- **Rephrase from what is unwanted to what is desired or preferred**

*Client: I think I'm just too shy to find a relationship. I'm afraid of women and being rejected.*

*Therapist: So you'd like be more comfortable around women and to be able to get into a relationship.*

- **Redirect from the past or present to the future**

*Client: We argue all the time.*

*Therapist: So you'd like to be able to work out conflicts without having so many arguments and even to have fewer conflicts if possible.*

- **Mention the presence of something rather than the absence of something**

*Client: He never does anything we ask him to.*

*Therapist: You'd like to see some cooperation from him.*

- **Suggest small increments rather than big leaps**

*Client: I can't stand this depression.*

*Therapist: You'd really like to find some way to feel a bit better and be a bit less depressed.*

## EVOKING CLIENT SOLUTIONS AND COMPETENCE

The idea is not to convince clients that they have solutions and competence, but to ask questions and gather information in a way that convinces you and highlights for them that they do.

### 1. Ask clients to detail times when they haven't experienced their problems when they expected they would

- ⊞ Exceptions to the rule of the problem
- ⊞ Interruptions to the pattern
- ⊞ Contexts in which the problem would not occur (e.g. work, in a restaurant, etc.)

### 2. Find out what happens as the problem ends or starts to end

- ⊞ What is the first sign the client can tell the problem is going away or subsiding?
- ⊞ What has the person's friends/family/co-workers, etc. noticed when the problem has subsided or started to subside?
- ⊞ What will the person be doing when their problem has ended or subsided different from what he or she is doing when the problem is happening or present?
- ⊞ Is there anything the person or significant others have noticed that helps the problem subside more quickly?

### 3. Find evidence of choice in regard to the problem

- ⊞ Determine variations in the person's reactions or handling of the problem when it arises. Are there times when he or she is less dominated by it or have a different/better reaction to it or way of handling it than at other times?
- ⊞ Have the person teach you about moments of choice within the problem pattern.

### 4. Resurrect or highlight alternate identity stories that don't fit with the view that the person is the problem

- ⊞ Find out from the person (or from his or her intimates) about times when the person has acted in a way that pleasantly surprised them and didn't generally fit with the view that the person is the problem.
- ⊞ Get the person (or intimates) to trace back some evidence from the past that would explain how or why the person has been able to act in a way that doesn't fit with the problem identity.

### 5. Search for other contexts of competence

- ⊞ Find out about areas in the person's life that he or she feels good about, including hobbies, areas of specialized knowledge or well-developed skills, and what other people would say are the person's best points.
- ⊞ Find out about times when the person or someone he or she knows has faced a similar problem and resolved it in a way that he or she liked.

### 6. Ask why the problem isn't worse

- ⊞ Compared to the worst possible state people or this person could get in, how do they explain that it isn't that severe? This normalizes and gets things in perspective.
- ⊞ Compare this situation to the worst incident and find out if it is less severe. Then track why or how.

### 7. Get clients to teach you how to do what they do when things work

- ⊞ Could they teach you or someone else how to do what works?
- ⊞ Play other people in the situation and get them to coach you on how to act in a way that would produce better responses.

## EXAMPLES OF COMPETENCY-EVOKING QUESTIONS

“What is different about the times when \_\_\_\_\_(you are getting along, there are dry beds, he does go to school, and so on)?”

When a person reports something which appears to be new or different, even if they place little emphasis upon it, ask, “How is that different from the way you might have handled it \_\_\_\_\_(one week, or one month, etc.) ago?”

When people talk about the problem pattern, ask about how the problem ended. “How did you get her to stop \_\_\_\_\_(throwing the temper tantrum, nagging)?” “How did you get the fight to end?”

“Have you ever had this difficulty in the past?” If yes, “How did you resolve it then? What would you need to do to get that to happen again?”

Ask about hobbies, interests and things they do well. For example, “What subjects do you like best in school?” “What kinds of things do you do for fun?” “What do you do for a living?”

“You’re a marketing expert. Tell me how you sell things to people. Can you use similar ideas with your spouse?”

“Mother, you said you used to be shy and awkward around people, just like your kids are now. How did you overcome that?”

“Your marriage is in bankruptcy right now. How would you turn around your business if it were in danger of going under?”

“Tell me about the last time you started to get anxious or scared but somehow calmed yourself. What things did you do differently then?”

“You’ve had down times before and come out of them. So when you start coming out of the depression, what things do you start to do differently?”

“If you were on the golf course and you faced this kind of situation, how would you handle it?”

“I know you are unhappy with how much you weigh, but I am curious, how come you don’t weigh more?”

“You say you’ve already dealt with your sexual abuse and don’t need to talk about it any more. Can you tell me what you have learned from your dealing successfully with this issue that others might find helpful?”

“Most couples wait until their relationship is on the verge of divorce to seek help. How did you two decide to come in while your relationship was still doing relatively well?”

“Can you recall a time when you thought you would binge, but instead you resisted the urge?”

“Can you tell me about a time when John was able to sit quietly and surprised you or himself?”

“What do you think your friends would think about you since you have come to think of yourself as able to stand up for yourself?”

“What effect does knowing that you’re resolved not to cut yourself anymore have upon your view of yourself?”

## **FUTURE TALK**

### **Method #1 Expectancy Talk**

Use phrases that create expectancy, such as “yet,” “so far,” “up to now,” and “when.”

*Example: So far you haven't figured out any way to live and not be in misery.*

*Example: When you've gotten a handle on your anger, you won't have so much trouble at work.*

### **Method #2 Problems into Goals**

Turn problem statements into goal statements.

*Statement: I can't stand this depression.*

*Your response: So you'd really like to find some way to feel better and be less depressed.*

### **Method #3 The Crystal Ball**

Ask people to envision a future in which the situation is better, a problem is resolved or a goal is reached. Then work backwards from that future to the present.

*Example: I know you sometimes feel it's impossible, but let's just imagine it's a year from now and you are feeling better, what kinds of things would you be doing if the depression weren't dragging you down?*

### **Method #4 The Miracle Method**

Ask people to imagine that the barriers to reaching the goal are eliminated by a miracle while everyone is sleeping. Then ask them what things would be happening once the miracle had occurred. This does not involve hoping for a miracle, but freeing imagination and action from unnecessary limitations.

*Example: Imagine that while you are asleep tonight, a miracle occurs and the depression has vanished. How would things change? What is the first thing you would notice or do when you woke up that would let you know the depression was gone?*

### **Method #5 First Signs of Change**

Ask people to tell you what the first signs of change will be that will indicate that they and the company are moving in the direction of the goals, the crystal ball vision or the miracle. [Hint: The first signs may already be happening.]

*Example: What's the first thing you would think or do when you are on the right track or have you already done something before we met that let's you know you are heading in the right direction already?*

*A Letter From Your Future*

**Write a letter from your future self to your current self**

**From six months, one year or five years (or whatever time period you sense is appropriate) from now**

**Describe where you are, what you are doing, what you have gone through to get there, and so on**

**Tell yourself the crucial things you realized or did to get there**

**Give yourself some sage and compassionate advice from the future**

## HAPPINESS AND THERAPY OUTCOMES

### **Most of us are terrible at predicting what will make us happy.**

We tend to overestimate the positive impact having more money, more material objects, and good things happening to us will increase our happiness. We tend to overestimate the negative impact of having bad things happen to us.

### **Most of us are pretty happy.**

And we tend to have stable happiness levels through life. There are some things that can increase or decrease or general happiness levels for prolonged periods. We will discuss this research throughout the class while we relate it to clinical work.

One of the best summaries of this research is Daniel Gilbert's *Stumbling On Happiness*. (Gilbert, Daniel (2006). **Stumbling on Happiness**. New York: Knopf.)

## THERAPY OUTCOME RESEARCH

Therapy doesn't always succeed (only about 2/3 of the time), but when it does, so far the research has shown that several factors influence successful outcomes:

- **Resilient qualities and abilities of the client or factors in their personalities or lives**
- **A good relationship between therapist and client) (especially as rated by the client)**
- **The belief the therapist has in his/her own theory and method and how confidently the therapist communicates the likelihood of positive change and success to the client (the placebo effect merged with the allegiance factor)**
- **The experience/skill level of the therapist**
- **The effectiveness of the methods used by the therapist**

See several good summaries of this research, including:

Wampold, Bruce. (2001). **The Great Psychotherapy Debate: Models, Methods, and Findings**. New Jersey: Lawrence Erlbaum Associates.

Miller, S., Duncan, S. and Hubble, M. (1997). **Escape from Babel: Toward a Unifying Language for Psychotherapy Practice**. New York: W.W. Norton.

**We will relate this research, along with the positive psychology research to the rest of this class.**

## The Writing Ritual

*Writing thoughts and feelings about trauma or crises for as little as 15 minutes a day for as few as four or five days has been shown to be correlated with:*

- Far fewer visits to the student health center for college students
- An increase in T-cells (immune system functioning)
- Increasing the likelihood and rapidity of getting a new job after being laid off
- Reduced anxiety and depression
- Improved grades
- Improved mental and physical health of grade-school students, people in nursing homes, arthritis patients, medical students, rape victims, new mothers, and prisoners

### How to do the writing ritual:

1. Write honestly and openly about your deepest feelings and thoughts about the situation you are in or went through. Make sure you keep these writings private or you may find yourself unconsciously censoring what you write and diluting the effects of the writing. Consider destroying what you wrote after it is complete, again for the same reason. Perhaps making a ritual of the burning or destroying of the writing. (See the next section of this chapter for some hints about doing that kind of ritual.)
2. Write for a relatively short time, say 15 minutes. This writing is often draining or emotionally difficult. Limiting the time makes it both a bit more tolerable and more likely that you will do it.
3. Write for only four or five days. This time limit seemed to work very well in the experiments that were done. They are not carved in granite, however, and if you find you need more time, you can take it. One of the points of this limit of a few days is again to contain the experience so it doesn't take over your life.
4. Try to find both a private and unique place to write, somewhere you can both be uninterrupted and someplace that won't be associated with other things or that have the usual smells, sights and sounds of places you already know well.
5. Don't worry about grammar or spelling or getting it right. Just write.
6. During the writing days, try to use the same time each day or evening to write. It's not crucial, but it can sometime give your unconscious mind some structure and preparation time if it knows exactly when the writing will take place. This can also help contain the emotions and intrusive thinking that may occur and interfere with your day or evening.
7. Writing seems to be the most powerful, but if for some reason, that won't work for you, you could try "writing" by speaking into a tape recorder or a video camera.
8. Ignore these guidelines if you discover something else works better for you. Everyone is unique.

**Sources:** *Opening Up: The Healing Power of Expressing Emotions*, James Pennebaker, NY: Guilford, 1990.

*The Writing Cure: How Expressive Writing Promotes Health and Emotional Well-Being*, eds. Stephen J. Lepore and Joshua M. Smyth, APA: Washington, DC, 2002.

## **POST-TRAUMATIC SUCCESS**

- Connection  
Does the person connect or re-connect in the wake of trauma?
- Compassion  
Does the person develop a softening or kindness toward themselves and others in the wake of trauma?
- Contribution  
Can the person find a way to transform the pain or suffering of the traumatic event into something that makes a contribution to the world or prevents or relieves the suffering of others?

## **RE-CONNECTION**

### **Seven Pathways to Connection**

1. *Connection to the soul, the deeper/core self, the spirit.* The deepest level within. This involves having a connection with oneself that is beyond the rational, logical or even the emotional. Many people find that meditating, journaling or just spending time alone helps them find this connection.
2. *Connection to through the body.* This may come through dancing, sex, athletics, yoga, eating fine foods, etc. Seeing Michael Jordan in the air about to make a basket or other great athletes in action can show the spiritual through the body—they seem to do things that are beyond usual human abilities and that seem transcendent.
3. *Connection to another.* Intimate one to one relationships. Martin Buber calls this the I-Thou relationship. This pathway does not always need to refer to a relationship with another person; it could be with an animal. For example, I know someone who is suicidal and the only thing that keeps her alive is her connection with her dog.
4. *Connection to community.* This pathway involves one's relationship to one's group, causes greater than oneself that contribute to the community or the planet. If you have ever felt part of a family, extended family group, neighborhood, church group or workplace, you have taken this pathway.
5. *Connection through nature.* Being in and noticing nature and the physical environment. How many of us need to spend time in the outdoors every so often or we begin to feel small and disconnected? "I believe in God, only I spell it Nature," said Frank Lloyd Wright. One may also experience this sense of connection through a deep understanding and appreciation of the laws of nature, such as physics, mathematics. Being a liberal arts major, I think I'll stick with mountains and forests and lakes for my nature connection.
6. *Connection by participating in making or appreciating art.* Ever seen someone standing in front of a painting in a museum and being moved to tears or listening to a piece of music and feeling energized or moved? Depending on one's preferences, this may come through literature, painting, sculpture, theater, movies, photography, dance, etc. Many artists refer to a sense that they are not making the art they produce, but that it is coming to or through them.
7. *Connection to the Universe or higher power or God or Cosmic consciousness or bigger perspective* or whatever word one uses for the sense that there is a greater being or intelligence than ourselves at work in life. This connection can happen through prayer, conversion, meditating, etc.

## THERAPEUTIC SYMBOLS/RITUALS

### Phases

1. Introduction/co-creation/symbol identification;
2. Preparation;
3. Doing the ritual;
4. Cleansing/transition/respice;
5. Integration/celebration

### When to Use

1. Unfinished business;
2. Stuck;
3. To enhance separation (splitting) or connection (linking)

### Symbols

⊞ Concrete objects that are connected with (*Linked symbols*) or represent some situation, experience or person (*Created symbols*)

⊞ Used to externalize/concretize an internal experience

#### Connective/Continuity Rituals: Regularly repeated activities

*Daily; Seasonal; Holidays  
Activities you can count on; stability*

#### **Continuity rituals**

*Restoring previous rituals*

#### **Connecting rituals**

*Prescribing a ritual that restores or makes connections to people or situations*

#### **Rituals of Remembering**

*Rituals that help connect with memories, the past, and disconnected resources*

#### **Rites of Inclusion**

*Designed to make people part of a social group or relationship*

A meta-analysis of 13 studies done by Joshua Smyth of SUNY, Stonybrook, shows that writing, even for only 20 minutes per day for as little as three days about traumatic events in one's life has positive effects on immune system and reported illness, as well as decreasing work absenteeism and improving grades for students. Reported in *USA Today*, 4/1/96, p. 6D.

#### Transition Rituals: Special activities marked out from everyday life

*Special time(s), place(s), clothing, foods, scents, activities  
Restricted to special people*

#### **Rites of passage**

*Designed to move people from one role or developmental phase to another and to have that validated and recognized by others in their social context*

#### **Rites of Exclusion**

*Designed to eject or bar people from a social group or relationship*

#### **Rites of Mourning/Leaving Behind**

*Designed to facilitate or make concrete the end of some relationship or connection*

### THE FOUR SIGNALS:

***Four Ways the Soul Speaks to Us About What We Are Meant to Do with Our Lives***

*"I get up every morning determined both to change the world and have one hell of a good time. Sometimes, this makes planning the day difficult." —E.B. White*

**Three signals from our souls that can guide us through life:**

1. **Blissed:** What brings us alive, blisses us out, fascinates us, excites us or gives us energy.
2. **Blessed:** Who has blessed us about something; someone who told you you were good at something, believed in you, supported you at crucial and difficult moments, or mentored you. For example, a teacher who praised your writing; an uncle who thought you could sing amazingly; a friend who told you you were a great listener and should be a therapist; a parent who believed in you and told you you could do anything you set our mind to.
3. **Pissed:** What pisses us off. Righteous indignation. What we think needs to be improved in the world or some injustice or wrong that needs to be righted.
4. **Dissed/Wounded:** What has wounded us (or our forebearers) that still affects us. Where we have been disrespected or seen someone else treated badly that we have become sensitized to.

*"Everyone has his own specific vocation in life . . . Therein he cannot be replaced, nor can his life be repeated. Thus, everyone's task is as unique as is his specific opportunity to implement it." —Viktor Frankl (quoted in **Unstoppable**, Cynthia Kersey, Sourcebooks, Naperville, IL: 1998)*

**Follow Your Wound:**

**"We all leave childhood with wounds. In time we may transform our liabilities into gifts. The faults that pockmark the psyche may become the source of a man or a woman's beauty. The injuries we have suffered invite us to assume the most human of all vocations—to heal ourselves and others." —Sam Keen**

The difference between a wound that festers and diminishes us and one that leads to growth is whether or not we use the wound to energize us to change something in the world or to make a contribution. If we withdraw due to the wound or shrink from engaging with the world or others, the wound will not lead to healing ourselves or the world.

*"If you won't limp your limp, someone else has to limp it for you." —Robert Bly*

*Worksheet for identifying your soul's messages  
about what you are meant to do you're your life*

**These are the things, situations or people that energize me, bring me alive and make my heart sing:**

**I am righteously upset about this situation or circumstance in the world:**

**I think I could contribute to changing this situation or condition by:**

**I have identified my wound(s) as:**

**Out of my wound(s), I have made the following contributions:**

**Out of my wound(s), I could make the following contributions:**

***Worksheet for identifying who blessed you and how that relates to  
what you are meant to do you're your life***

**Who told you you were gifted at something?**

**Who gave you unconditional messages of support and encouragement?**

**Who inspired you by their enthusiasm about something?**

**Who mentored you?**

**Out of these blessings, what path could you or have you followed?**

## **Connect with your energy and passion**

### *Identify your energy*

What excites you or blisses you out in your work, if anything?

Who has told you that you are good at something as a therapist, who has encouraged you or blessed you?

What are the natural abilities you are blessed with as a therapist?

What upsets you about the field or the practice of therapy?

What wound have you suffered that has made you especially sensitive or motivated to work with certain issues?

What kind of work settings or practices bring out the best in you?

*Mitzvah Therapy*

**What social or charitable causes or world problems are near and dear to your heart and soul?**

**Where or to whom could you make amends or restitution for some wrong you have done?**

**Try linking some positive service activity to a personal problem you have. Every time you experience some problem, take one action step to help contribute to solving that social problem. Make a list of the problem and some actions you could do when it occurs.**

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