

CHAPTER 1

Background and Rationale

INTRODUCTION TO HAPPINESS AND POSITIVE PSYCHOLOGY

What is happiness? Children's answers range from the concrete ("ice cream," "summer," "Disney World") to the expressive ("when I smile and all my teeth show!"). Adults' definitions can similarly range from reflections on pleasant but transient experiences ("a full night's sleep," "laughing with my best friend") to global reflections ("knowing my children are safe and loved," "success at work"). Helping to get us on the same page, scientists have generally settled on defining happiness with the term *subjective well-being*. This term, coined by Ed Diener at the University of Illinois at Urbana-Champaign, operationalizes happiness as composed of cognitive and emotional aspects. The cognitive component is life satisfaction—an individual's cognitive appraisal of one's quality of life. The emotional component includes the frequency with which one experiences positive feelings and negative feelings. Positive feelings include emotions like joyful, proud, excited, cheerful, and interested. Negative feelings include emotions like ashamed, mad, scared, sad, and guilty. Perhaps because it is the most stable component, people who have systematically studied subjective well-being in youth have most commonly assessed life satisfaction.

Psychologists' interest in happiness has boomed in the last 15 years, particularly since Martin Seligman's 1998 presidency of the American Psychological Association (APA), followed by the landmark special issue of the *American Psychologist* that was devoted to positive psychology. Martin Seligman and Mihaly Csikszentmihalyi served as guest editors of that special issue (Vol. 55, No. 1), which was published at the beginning of 2000. This millennial issue contained an introduction to a renewed emphasis on happiness and related constructs. The three pillars of positive psychology put forth included positive emotions and experiences (e.g., happiness), positive individual traits (e.g., character strengths), and positive institutions such as healthy schools and families (see www.ppc.sas.upenn.edu). Since that time, over 1,300 articles pertinent to positive psychology have been published in the professional literature (Donaldson, Dollwet, & Rao, 2015). Whereas most initial papers on positive psychology were conceptual in nature,

the state of the field has progressed to the point that now a majority of papers published on positive psychology each year contain empirical tests of the early theories. A sizable minority of these studies (16%) have included children and adolescents in the research samples. This evolving literature contains abundant guidance on predictors (correlates) of happiness, benefits of happiness, and a growing number of studies testing interventions to increase happiness. In the intervention literature, initial studies with adults focused on establishing efficacy—that is, determining how well the interventions work in tightly controlled trials intended to maximize internal validity (see Sin & Lyubomirsky, 2009, for a review). Following repeated support for efficacy of these strategies, more recent attention has been directed to how the interventions work—in other words, for whom and why positive change in subjective well-being occurs (Layous & Lyubomirsky, 2014). The general public can learn about and make use of these interventions through Sonja Lyubomirsky's (2008) easy-to-read self-instructional guide that recommends evidence-based strategies for improving happiness.

The primary focus of this book is on innovations in intervention strategies developed for implementation by school-based practitioners. Full attention to happiness-increasing strategies follows sections on assessment (Chapter 2) and a review of the correlates (Chapter 3). Those bodies of knowledge are foundational to understanding the logical targets of intervention, as well as how to collect and use data to understand who may be most in need of such interventions, and how to monitor the impact of interventions on subjective well-being. As introduced in Chapter 4, positive psychology interventions first appeared in studies of adults (e.g., Seligman, Steen, Park, & Peterson, 2005), when psychologists began designing simple “cognitive or behavioral strategies to mirror the thoughts and behaviors of naturally happy people and, in turn, improve the happiness of the person performing them” (Layous & Lyubomirsky, 2014, p. 3). Soon after this initial research with adults advanced a set of promising positive psychology interventions, school and clinical psychologists working with youth tested them with adolescents, often in a group counseling modality (Marques, Lopez, & Pais-Ribeiro, 2011; Rashid & Anjum, 2008; Suldo, Savage, & Mercer, 2014), as presented in Chapter 5. More recently, applications of positive psychology research have been adapted for use in classrooms with elementary school students (Quinlan, Swain, Cameron, & Vella-Brodrick, 2015; Suldo, Hearon, Bander, et al., 2015; see Chapters 6 and 7). Evidence-based strategies for effectively involving parents in positive psychology interventions are described in Chapter 8. Considerations for adapting positive psychology interventions largely developed in Western cultures to youth from other cultural backgrounds are presented in Chapter 9. Chapter 10 situates positive psychology interventions in a multi-tiered system of supports for school-based promotion of student mental health. To set the stage, theoretical and empirical rationales for the use of positive psychology interventions are presented in Chapter 4.

Attention to happiness in schools is in line with calls to promote and protect youth mental health through providing a continuum of services with an emphasis on evidence-based primary prevention activities (Weisz, Sandler, Durlak, & Anton, 2005). Assessing a student's subjective well-being allows school mental health providers to capture psychological wellness along the complete range of functioning, from miserable to content to delighted. Identifying students with low subjective well-being is important for a number of reasons, including because of the inferior outcomes of students who have low subjective well-being even in the absence of psychopathology levels that would indicate risk (e.g., Suldo & Shaffer, 2008). Interventions that purposefully target subjective well-being are in line with a proactive, resource-building approach to mental

health services, given the wealth of benefits associated with subjective well-being and the fact that high subjective well-being serves protective functions (Suldo & Huebner, 2004a). In sum, fostering subjective well-being is consistent with other universal approaches, such as Tier 1 efforts within a multi-tiered framework of mental health supports. Such efforts contrast traditional psychological services that are more reactionary in nature and focused primarily on Tier 3 efforts to remediate problems among those students with severe emotional distress.

THE DUAL-FACTOR MODEL OF MENTAL HEALTH

As established earlier, positive psychology involves the study of optimal functioning, including personal happiness as defined by “feeling good” about life (hedonic tradition) or reflected in striving for excellence and functioning well in life (eudaimonic tradition). Subjective well-being is strongly tied to the former tradition, which emphasizes emotional experiences. A student deemed to have high subjective well-being will report high life satisfaction, and experience more frequent positive affect (e.g., joy, elation) than negative affect (e.g., sadness, anger) (Diener, Scollon, & Lucas, 2009).

Subjective well-being (and life satisfaction in particular) has been the dominant indicator of well-being in most research to date on youth happiness. Other indicators of wellness merit consideration. Corey Keyes (2009) operationalizes positive mental health as including aspects of *social well-being* (e.g., positive interpersonal relationships, social contribution, community integration) and *psychological well-being* (e.g., personal growth, purpose in life, self-acceptance). Such indicators are closely aligned with the eudaimonic tradition, and are considered alongside indicators of *emotional well-being*, akin to the positive affect and life satisfaction components of subjective well-being. Keyes’s model yields mental health categories that range from languishing (equivalent to mental unhealth) to flourishing (i.e., high hedonic/emotional well-being in addition to positive functioning in more than half of the social and psychological domains). Flourishing adolescents have fewer symptoms of depression and conduct problems, such as truancy and substance use, as compared with moderately mentally healthy or languishing youth (Keyes, 2006).

In 2011, Seligman revisited the original focus of positive psychology, and urged a shift in focus from what had been termed *authentic happiness* to instead *well-being theory*. Essentially, the shift de-emphasizes life satisfaction as the primary outcome to strive for, and broadens well-being to include five elements:

1. **Positive emotion.** In line with the classic emphasis on subjective well-being, this includes indicators of happiness and life satisfaction, which in abundance characterizes a *pleasant life*.
2. **Engagement.** The emphasis here is on experiences of *flow*, a term coined by Csikszentmihalyi (2014) to describe the mental zone people experience when they are fully immersed in activities that put their strengths and talents to use, which leads to an *engaged life*.
3. **Relationships.** In well-being theory, Seligman (2011) elevated the status of positive relationships to an element of well-being rather than a means by which people achieve positive emotions or meaning. This element entails desiring to be around other people and striving for strong relationships.

4. **Meaning.** The hallmark of a *meaningful life* entails a feeling of belongingness and service to something believed to be bigger than oneself.
5. **Accomplishment.** The *achieving life* is reflected in pursuing accomplishment for the pure sake of achievement (i.e., winning) regardless of the positive emotions that may or may not accompany the accomplishment, such as seen in the pursuit of wealth.

Seligman (2011) urges psychologists to consider all five elements of well-being (positive emotion, engagement, relationships, meaning, and accomplishment [PERMA]) rather than to equate well-being to positive emotions. What is unknown is the correlation between flourishing and subjective well-being; the association is likely high, given that subjective well-being reflects overall contentment (not just in-the-moment happiness), and is correlated with constructs reflected in the items that comprise measures of flourishing. One test of this multidimensional theory of well-being with more than 500 teenage boys in Australia found support for the separability of most factors, except that high levels on items tapping meaning converged with items in the relationship domain (Kern, Waters, Adler, & White, 2015). This factor-analytic study suggested a four-factor solution of well-being among youth:

1. Positive emotions (sample items: “frequently feeling cheerful, lively, joyful, etc.”).
2. Engagement (sample item: “When I am reading or learning something new, I often lose track of how much time passed”).
3. Relationships/Meaning (sample items: “I generally feel that what I do in my life is valuable; my relationships are supportive and rewarding”).
4. Accomplishment (sample item: “Once I make a plan to get something done, I stick to it”).

Those four well-being factors related differently to key youth outcomes—for instance, positive physical health co-occurred most with high positive emotions, whereas a growth mind-set was most strongly tied to high levels of accomplishment. Taken together, findings from this study provide preliminary support for a multidimensional conceptualization of well-being in line with the PERMA model. Adolescents’ life satisfaction scores were strongly correlated with all dimensions of well-being ($r = .43$ with engagement, $.55$ with accomplishment, $.63$ with positive emotions, and $.64$ with relationships/meaning), underscoring the relevance of life satisfaction to all aspects of youth well-being.

Although well-being, and happiness in particular, has long been an ultimate goal of parents and even prioritized by our founding fathers as an unalienable right, in the 20th century psychopathology was the primary focus of most psychology research and treatment (Joseph & Wood, 2010; Seligman & Csikszentmihalyi, 2000). As chronicled by Seligman (2002), the field’s focus on psychopathology stemmed from the need to treat emotionally distressed veterans who were returning from war, and the emphasis on illness tied to funding opportunities for research psychologists. Psychopathology encompasses psychological disorders and symptoms of an internalizing nature, such as depression and anxiety, as well as externalizing behavior disorders marked by hyperactivity, noncompliance, and other conduct problems. Traditionally, mental health diagnosis has been defined by the presence of symptoms of disorders and associated negative outcomes (impairment). If criteria are not met for a disorder, an individual is viewed as subclinical and is not routinely targeted for intervention.

There is an increased recognition of the distinctness of psychopathology and well-being among youth. The absence of psychopathology is correlated with but not equivalent to the presence of well-being, regardless if well-being is conceptualized in a multidimensional PERMA manner (Kern et al., 2015), as flourishing (i.e., by hedonic and eudemonic aspects of well-being; Keyes, 2006), or as high subjective well-being (Suldo & Shaffer, 2008). Rather, *complete mental health* may best be defined by few symptoms of psychopathology and intact subjective well-being. Indicators of subjective well-being easily afford examination of a more complete range of human flourishing—for instance, from problematic to satisfactory to thriving. While acknowledging the competing frameworks for defining youth well-being in a positive manner, this book focuses on the operationalization of happiness as subjective well-being in part to take advantage of the historical attention and relatively large research base on life satisfaction. Table 1.1 exemplifies how youth mental health has been defined in studies of students in middle school (Suldo & Shaffer, 2008) and high school (Suldo, Thalji-Raitano, Kiefer, & Ferron, in press) as a combination of scores on psychometrically sound measures of subjective well-being (described in Chapter 3) and psychopathology, such as the Behavior Assessment System for Children (BASC-2; Reynolds & Kamphaus, 2004) and the Achenbach System of Empirically Based Assessment (ASEBA; Achenbach, & Rescorla, 2001).

What research evidence supports the presence and utility of a dual-factor model of mental health in youth? Studies with students in elementary school (Greenspoon & Saklofske, 2001), middle school (Antaramian, Huebner, Hills, & Valois, 2010; Suldo & Shaffer, 2008), high school (Suldo, Thalji-Raitano, et al., in press), and college (Eklund, Dowdy, Jones, & Furlong, 2011; Renshaw & Cohen, 2014) indicate the importance of considering psychopathology and subjective well-being in tandem. These studies repeatedly found that most youth with minimal symptoms of psychopathology also have intact subjective well-being (a “complete mental health” profile), and many youth with elevated psychopathology experience diminished subjective well-

TABLE 1.1. Youth Mental Health Status as Defined within a Dual-Factor Model

Level of psychopathology	Level of subjective well-being	
	Low	Average to high
Low	<i>Vulnerable</i>	<i>Complete mental health</i>
	Subjective well-being below bottom 26–30th % of sample and internalizing <i>T</i> -score < 60 and externalizing <i>T</i> -score < 60	Subjective well-being within top 70–74th % of sample and internalizing <i>T</i> -score < 60 and externalizing <i>T</i> -score < 60
Elevated	<i>Troubled</i>	<i>Symptomatic but content</i>
	Subjective well-being below bottom 26–30th % of sample and internalizing <i>T</i> -score ≥ 60 or externalizing <i>T</i> -score ≥ 60	Subjective well-being within top 70–74th % of sample and internalizing <i>T</i> -score ≥ 60 or externalizing <i>T</i> -score ≥ 60

being (a “troubled” status). However, there are sizable groups of students for whom elevated psychopathology co-occurs with high subjective well-being (a status termed “symptomatic but content”) or, conversely, minimal psychopathology exists simultaneously with low subjective well-being (“vulnerable” youth). Findings of differences in outcomes among the four groups, including between groups with similar levels of psychopathology but different levels of subjective well-being, illustrate how important it is to consider students’ subjective well-being in assessments of their mental health.

Complete Mental Health

Within the five studies referenced above that categorized all youth into one of four groups, roughly two-thirds of students (average = 65%, range = 57–78% across samples) had a complete mental health status, defined by average to high levels of subjective well-being and low levels of psychopathology. The group of students with a complete mental health status have alternately been referred to in the literature as “well-adjusted,” “positive mental health,” and “mentally healthy.” Students with complete mental health routinely show the best adjustment, including at the same time as the mental health assessment (Antaramian et al., 2010; Eklund et al., 2011; Greenspoon & Saklofske, 2001; Renshaw & Cohen, 2014; Suldo & Shaffer, 2008; Suldo, Thalji-Raitano, et al., in press), as well as later in the school year (Lyons, Huebner, & Hills, 2013) and even the next school year (Suldo, Thalji, & Ferron, 2011). Comparisons with classmates deemed vulnerable due to their diminished subjective well-being (despite a similar absence of mental health problems), indicated that students with complete mental health are more academically successful—they earn better grades, perform better on statewide tests of reading skills, are more behaviorally engaged in school, and have more positive attitudes about learning. These academic advantages persist, as seen in superior grades and attendance the following year. Such findings demonstrate the long-term benefits of the combination of low psychopathology and high subjective well-being. Students with complete mental health also have better physical health; superior social relationships with family, classmates, romantic partners, and teachers; stronger self-concepts; and flourish emotionally as seen in greater hope and gratitude.

Vulnerable

A small but consistently identifiable group of students (on average, 12.1% of students; range = 8–19% across samples) report diminished subjective well-being without manifesting many symptoms of psychopathology. Students with this vulnerable mental health profile have been referred to as “dissatisfied,” “at risk,” or “asymptomatic yet discontent.” In a traditional model of mental health that focuses exclusively on psychopathology, vulnerable children would be unlikely to be targeted for intervention due to their absence of elevated scores on screening measures of internalizing or externalizing symptoms. Nevertheless, comparisons of these students’ outcomes to their classmates with complete mental health indicate that their functioning is not optimal. Specifically, these students have worse physical health, lower self-concepts, poorer interpersonal and romantic relationships, and more academic risk relative to their peers who also do not have elevated psychopathology but experience high subjective well-being. For example, vulnerable middle school students experience more decline in grades over the course of the school year as compared to their peers with complete mental health.

Troubled

Approximately 12.8% of students (range = 8–17% across samples) have poor mental health on both factors: low subjective well-being and elevated psychopathology. Students with this troubled status—alternatively referred to as “distressed” or “mentally unhealthy”—routinely have the worst outcomes of any of the four groups. Research findings to date show that troubled students have the lowest self-concepts, poorest physical health, and a host of social problems including peer victimization and diminished social support. Compared to the two groups of students with low psychopathology, troubled and symptomatic but content adolescents earn similarly inferior course grades and scores on achievement tests. Research to date suggests that middle and high school students with symptoms of mental health problems are simply more likely to have academic challenges regardless of their level of subjective well-being. Nevertheless, findings from longitudinal studies suggest that the combination of elevated psychopathology and low subjective well-being places middle school students at risk for greater academic deterioration in terms of cognitive engagement and grade point averages (GPAs).

Symptomatic but Content

Roughly 10.1% of students in studies to date on the dual-factor model have reported average to high subjective well-being in spite of having elevated levels of mental health problems (range = 4–17%, with lower numbers yielded from studies that limited assessment of psychopathology to self-reports of internalizing symptoms). Students who are symptomatic but content—sometimes called “ambivalent” or “externally maladjusted”—would likely be identified on screeners of mental health problems, but in fact have some adaptive features relative to their troubled peers with low subjective well-being. These features include strong social relationships with parents, teachers, and classmates; high global self-worth; and academic engagement. Functioning in these domains is often comparable to the positive outcomes observed among students with complete mental health, suggesting that the presence of psychopathology symptoms is not always necessarily associated with poor adjustment. Findings from follow-up studies of middle school students show that youth with a symptomatic but content profile do not experience the worst academic outcomes across time; their troubled peers do.

In sum, the dual-factor model identifies two unique groups of students—those with a vulnerable or symptomatic but content mental health status—likely to be overlooked or misunderstood using only problem-focused methods of psychological assessment. Findings from a growing body of research on this dual-factor model of mental health underscore the need for a comprehensive approach that includes attention to students’ subjective well-being. Viewing mental health only in terms of symptom levels is incomplete, as adjustment appears a function of students’ levels of both subjective well-being and psychopathology symptoms.

BENEFITS OF SUBJECTIVE WELL-BEING

Few can argue that happiness is a valued state of being (i.e., a desirable outcome). But beyond an in-the-moment personal benefit, does happiness serve important functions that ensure well-being later down the road? Barbara Fredrickson’s (2001) broaden-and-build theory answers

“yes,” that positive emotions cause an upward spiral. How? Whereas negative emotions are tied to avoidance and rigidity, positive emotions lead people to approach opportunities including challenges, and to think more flexibly, thus building personal knowledge and social connections. Accordingly, subjective well-being is a resource to be fostered, in that it promotes subsequent positive outcomes. Support for this theory’s applicability to youth in the educational context comes from a study of high school students who were examined five times across the course of the school year (Stiglbauer, Gnams, Gamsjäger, & Batinic, 2013). This research found that positive experiences at school—conceptualized as students’ psychological needs being met through feeling connected to teachers and classmates, confident in their academic abilities, and valuing education—promoted greater positive affect. The frequent cheerful moods, in turn, facilitated more positive experiences at school. Thus, happiness was both an outcome and a cause of healthy experiences of relatedness, competence, and autonomy at school. These reciprocal relations demonstrated how students’ positive affect can lead to “an upward spiral of positive school experiences and happiness over time” (Stiglbauer et al., 2013, p. 239).

While thriving at school is understandably a primary goal of school mental health providers, from a public health perspective physical health may be among the most significant outcomes. Among adults, a large body of research indicates that people with higher subjective well-being live longer, leading Diener and Chan (2011) to conclude:

When one considers that the years lived of a happy person are more enjoyable and experienced with better health, the importance of the subjective well-being and health findings is even more compelling. It is perhaps time to add interventions to improve subjective well-being to the list of public health measures, and alert policy makers to the relevance of subjective well-being for health and longevity. (p. 32)

Physical health is one of the many outcomes that distinguished youth with different mental health statuses as indicated from a dual-factor model. As described in the prior section, students with complete mental health—defined by average to high subjective well-being along with minimal psychopathology—demonstrate superior functioning across key domains of development: academic, social, identity, and physical health. Furthermore, the adjustment advantages associated with a symptomatic but content status (in relation to their troubled peers), suggests that average to high subjective well-being may protect students with elevated psychopathology from manifesting the worst developmental outcomes.

The notion of subjective well-being as a protective factor is consistent with findings from earlier research that found a buffering effect of life satisfaction (Suldo & Huebner, 2004a). Specifically, middle and high school students who experienced more stressful life events displayed more externalizing behavior problems a year later, but only if they began the study with low life satisfaction. High life satisfaction protected students from developing increases in externalizing behaviors in the face of stress. Findings from other longitudinal research demonstrate that students’ levels of subjective well-being predict their later academic adjustment, above and beyond the influence of psychopathology and initial academic performance. These studies found that subjective well-being exerted a unique influence on later student engagement (Lyons et al., 2013) and grades earned in courses (Suldo et al., 2011). The additive value of information on student subjective well-being in explaining and predicting student adjustment has implications for assessment and intervention.

INCORPORATING POSITIVE PSYCHOLOGY IN SCHOOL MENTAL HEALTH SERVICES

Whether in a schoolwide or indicated manner, assessments of youth subjective well-being are recommended as supplemental to traditional indicators of psychopathology. Chapter 2 presents multiple options for how to assess life satisfaction through self-report measures of global and domain-specific satisfaction that are free in the public domain and psychometrically sound, as developed by Scott Huebner and colleagues. The small-group positive psychology interventions presented in Chapter 5 may be particularly indicated for students with low life satisfaction. Just as school mental health providers treating students with mental illness attempt to understand the risk factors that cause and maintain a particular student's symptoms, determinants of subjective well-being include promotive factors. Tools have been advanced recently that help school mental health providers assess these external and internal assets that contribute to students' global life satisfaction. Specifically, Chapter 2 presents the Social and Emotional Health Survey as developed by Michael Furlong and colleagues (Furlong, You, Renshaw, Smith, & O'Malley, 2014). The Social and Emotional Health Survey measures 12 positive psychological "building blocks" (variables such as gratitude, zest, emotion regulation, peer support, and self-efficacy) that comprise students' level of underlying "covitality." Furlong uses the term *covitality* in reference to a latent meta-construct that reflects "the synergistic effect of positive mental health resulting from the interplay among multiple positive psychological building blocks" (Furlong, You, et al., 2014, p. 1013). Covitality, in turn, is highly predictive of subjective well-being. For instance, within high school students, the correlation between latent covitality and subjective well-being constructs is .89 (Furlong, You, et al., 2014). The measures of life satisfaction and covitality will be useful during school mental health providers' efforts to improve subjective well-being through those positive psychology interventions (Chapter 5) that target its correlates (Chapter 3), including some of the building blocks captured on the Social and Emotional Health Survey. Whereas a plethora of evidence-based interventions exist for practitioners to use with students whose mental health status indicates elevated psychopathology (see Weisz & Kazdin, 2010, for examples), the 10-session positive psychology intervention program described in Chapter 5 represents a relatively new development in the field to improve youth subjective well-being through teaching students to purposefully increase thoughts and behaviors that are consistent with theory regarding the determinants of happiness (summarized in Chapter 4).

Chapter 10 calls attention to multi-tiered systems of support (MTSS), tied to a public health approach to prevention and wellness promotion through systematic and coordinated services and practices (Doll, Cummings, & Chapla, 2014; Eber, Weist, & Barrett, 2013). Positive psychology interventions, as described throughout this book, systematically build competence and capitalize on the protective processes within students and their environments to increase subjective well-being, as well as buffer against mental health problems (Nelson, Schnorr, Powell, & Huebner, 2013; Seligman & Csikszentmihalyi, 2000). Practices to promote subjective well-being are thus essential in a prevention framework, as illustrated by research that finds diminished life satisfaction predicts the later onset of mental health problems like depression (Lewinsohn, Redner, & Seeley, 1991). This may be because the positive thoughts and activities common to happy people effectively reduce and disrupt common risk factors, such as loneliness and tendencies to ruminate on negative experiences (Layous, Chancellor, & Lyubomirsky, 2014). Empirical support for such an influence of subjective well-being on psychopathology comes from repeated

assessments of youth mental health, which suggest that life satisfaction predicts later extent of psychopathology, rather than the reverse directionality. Specifically, whereas neither externalizing nor internalizing symptoms predicted later life satisfaction, middle school students with lower life satisfaction later reported higher levels of externalizing behaviors and, for boys but not girls, more internalizing symptoms (Lyons, Otis, Huebner, & Hills, 2014).

Universal strategies to promote life satisfaction may skirt issues of access and stigma associated with targeted interventions that may be indicated, as signs of problems follow diminished subjective well-being. Schoolwide efforts to promote students' subjective well-being can target the factors that correlate with life satisfaction (summarized in Chapter 3), such as the dimensions of school climate that co-occur with optimal mental health. As described in Chapter 7, universal strategies that include teacher and/or peer components may be particularly plausible in school-based applications of positive psychology given school mental health providers' proximity to these sources during the school day. Students often learn in partnership with peers, teachers, and other school support staff within an environment that can naturally reinforce a system of support and care.

APPROACHES SIMILAR TO POSITIVE PSYCHOLOGY

Researchers who identify with positive psychology are certainly not the first to focus on goals like psychopathology prevention, competence promotion and skill development, cultivation of youth strengths, or optimal functioning. Some earlier such theoretical frameworks and initiatives with compatible goals are described next.

Humanistic Therapy

Carl Rogers's person-centered approach to mental health treatment emphasizes his theory of individuals' actualizing tendency—the innate desire to maximize experience and achieve one's full potential (Joseph & Murphy, 2013). Other similarities between the person-centered approach and positive psychology include rejection of the medical model of mental health practice and an emphasis on strengths (Raskin, Rogers, & Witty, 2014). As noted by O'Grady (2013), Carl Rogers deserves credit for noting that happiness follows from purposeful efforts to live life fully and strive to reach one's potential.

Social and Emotional Learning

Developing youth into responsible, socially skilled citizens who care for one another and contribute to a strong society requires more than direct instruction in academic skills. Schoolwide curricula geared toward fostering social and emotional health fall under the umbrella of social-emotional learning (SEL). Such universal efforts to promote mental health predate positive psychology interventions, but are likewise grounded in a primary prevention framework that emphasizes positive development (Weisz et al., 2005). As described by Greenberg and colleagues (2003), in the mid-1990s, key players in educational efforts intended to prevent a host of negative outcomes, such as drug use and violence, or promote social-emotional development of good character, emotional intelligence, and civic engagement, coalesced to establish the Collaborative for Academic, Social, and Emotional Learning (CASEL). Resources disseminated on

www.casel.org include summaries of the key features and empirical support for a growing number of schoolwide programs intended to build students' skills for managing emotions, conveying empathy and care for others, making responsible decisions, and forming positive relationships.

Positive Youth Development

Research largely from developmental psychology has identified a core set of internal factors (including social–emotional competencies), as well as external factors that shape a positive trajectory of growth into a productive adult. Core principles from the line of inquiry emphasize the powerful impact of caring relationships and communities, including informal support in a neighborhood as well as organized after-school programs, which facilitate and reinforce youth growth of internal assets. For example, purpose is one of the 20 internal assets, which complement the 20 external assets, advanced in the developmental assets framework (*www.search-institute.org*). Damon, Menon, and Bronk (2003) conceptualize the search for purpose as “key to achieving the fortuitous ends envisioned by the positive psychology movement, such as authentic happiness” (p. 120). Purpose reflects individuals' goal-directed strivings for accomplishments that are both personally meaningful and help a cause beyond oneself, such as matters important to the larger family, community, faith, or country. Asset-rich environments provide, for instance, opportunities to make a difference through helping others (e.g., adults or peers provide models of volunteerism; parents commonly discuss current events) and a safe and constructive use of time (e.g., regular participation in high-quality structured activities). Youth with such external assets have greater well-being as reflected in reduced risk-taking behavior and emotional distress (depression), and substantially higher life satisfaction (Scales et al., 2008).

Resilience Research

In general, resilience refers to “patterns of positive adaptation during or following significant adversity” (Masten, Cutuli, Herbers, & Reed, 2009, p. 118). Whereas positive youth development emphasizes contexts that engender optimal outcomes for all individuals regardless of risk level, resilience research focuses on predictors of adequate outcomes for youth who may otherwise appear on a path for developing psychopathology due to their stressors and adverse situations. Although discovered in studies of youth who experience enormous challenges, the resulting list of promotive or protective factors that distinguished those youth who did not succumb to their high risk status has substantial overlap with the assets identified within positive youth development (Masten, 2014). Commonalities include features within the child (e.g., faith and meaning/purpose; self-esteem; positive view of one's future, expressed as hope or optimism), within the family (e.g., parent involvement in schooling; authoritative parenting/support), and within the community (e.g., high levels of safety; involvement in prosocial organizations). These person-focused findings have informed the theory behind clinical applications that target the child-level correlates of superior adaptation. For example, the Penn Resiliency Program (Gillham, Jaycox, Reivich, Seligman, & Silver, 1990) referenced in Chapters 4 and 5 targets optimistic thinking and positive social relationships, protective factors implicated in the prevention of depression.

Clearly, the goals and intervention targets of positive psychology have deep roots in efforts within clinical and educational psychology, as well as in educational practices that perpetuate youth compliance with societal norms through character education approaches. Positive psy-

chology is distinguished in part by emphasis on personal emotional growth, indexed by subjective well-being, among all youth. Even those currently satisfied students should be afforded the opportunity to become delighted, in recognition of the upward spiral caused by positive emotions that engender grander social and educational experiences (Fredrickson, 2001; Stiglbauer et al., 2013). A primary means of facilitating subjective well-being is to maximize student awareness and use of his or her character strengths, some of which are indeed synonymous with the “positive values” reflecting honesty, moral bravery, and fairness within the internal developmental assets framework. Differences include the *prescriptive* nature of many earlier character education programs that focus on building a specific set of internal assets (including those from a developmental assets or social–emotional competencies framework) within all students. This contrasts with the *descriptive* nature of many positive psychology interventions that guide students to discover their signature character strengths and nurture those strengths through intentional increased use in multiple contexts within their daily lives (Linkins, Niemiec, Gillham, & Mayerson, 2015). The latter approach is more individualized, and involves exploration of the 24 strengths captured in the Values in Action Inventory of Strengths (VIA-IS-Youth; Park & Peterson, 2006). The VIA-IS-Youth is commonly used to develop an individual profile of ranked character strengths, as described in Chapter 5.

Other interventions advanced from positive psychology to increase happiness entail strategies designed to mimic the thoughts and actions of naturally happy people (Layous & Lyubomirsky, 2014). Whereas the protective factors within resiliency research arose from a focus on people at heightened risk for adverse outcomes, the theoretical basis for targets of positive psychology interventions arose from a focus on people extreme in terms of their high subjective well-being. Of note, in contrast to the aforementioned disciplines most strongly tied to positive youth development and resilience research, advancements in positive psychology pertinent to child and adolescent populations have been led by many school psychologists who have made numerous conceptual and empirical contributions to measurement, theory, and applications in the school setting (Donaldson et al., 2015).

THE INTENDED AUDIENCE FOR THIS BOOK

Ideally, future growth in the relatively young positive psychology movement will build on key findings and lessons learned from compatible predecessor efforts. Cross-disciplinary research collaboration and dissemination efforts are also vital to preventing redundancy and fragmentation, as well as extending the reach of research developments to all those who serve youth regardless of the primary setting. In that vein, although much of the applied efforts done to date that are described in subsequent chapters have been conducted by school psychologists serving youth at school, mental health professionals from a variety of disciplines—including social work, counseling, and child clinical psychology will likely find the intervention strategies applicable to their efforts to promote children’s and adolescents’ happiness. Therefore, in this book the term *practitioner* is purposefully used in reference to any school mental health provider or trained clinician who is serving youth in a pediatric, outpatient, or alternative setting.