INTEGRATING POSITIVE PSYCHOLOGY INTO SCHOOLS: IMPLICATIONS FOR PRACTICE

MARK D. TERJESEN, MATTHEW JACOFSKY, JEFFREY FROH, AND RAYMOND DIGIUSEPPE

St. John's University

Traditional approaches for working with children and families in the schools focus on problems and disturbance. The concept of positive psychology as a way to change this focus is offered through exploration of its integration within school psychology. Specifically, the application of positive psychology can form the basis of preventive practices within the school setting. Examples of this application are provided within common roles of the school psychologist (consultation, direct work, educational assessment and planning). © 2004 Wiley Periodicals, Inc.

School psychology has experienced many paradigm shifts (see Reschly & Ysselydke, 2002). However, one major change that has not yet had significant impact on school psychology practice is the field of positive psychology. Positive psychology contradicts the historical and traditional emphasis of assessment and intervention practices on pathology. Instead, positive psychology focuses on the unique positive characteristics of the individual and maximizes his/her potential. This paper proposes a paradigm shift in school psychology toward positive psychology, offering examples regarding its fit within traditional roles of the school psychologist.

POSITIVE PSYCHOLOGY OVERVIEW

The disease model of repairing mental illness has driven psychology for the past half-century. Psychology (including school psychology) has viewed the world though problem-focused or deficit lenses—but focusing strictly on pathology may not provide a complete understanding of all aspects of human functioning. That is, not everyone surrenders and raises the white flag when faced with life's misfortunes. Rather, most people persevere and succeed in the face of adversity. Such traits have accounted for the survival of the human race (Sheldon & King, 2001). However, if perseverance and human excellence are so important to the survival of our species, why have psychologists failed to attend to such aspects until recently? The three main goals of psychology before World War II were to (1) cure mental illness, (2) make the lives of all people more fulfilling, and (3) enhance and identify human excellence. Unfortunately, after the war, the goal to make the lives of all people better and more complete was abandoned (Seligman, 2002a; Seligman & Csik-szentmihalyi, 2000) in lieu of emphasis on curing mental illness.

This emphasis does not imply that the identification and treatment of pathology was harmful to psychology or school psychology. On the contrary, following the disease model advanced the field of psychology and made a great contribution to society. We now have a good understanding of the etiologies of many psychological disorders. Also, we have developed empirically based interventions for many disorders. Given these advances, it is good that psychologists receive training in the diagnosis and treatment of psychological disorders because many people fall prey to such problems (Sheldon & King, 2001), but such contributions are not without limitations. By focusing on people's weaknesses, psychology (including school psychology) has abandoned part of its original mission (Seligman & Csikszentmihalyi, 2000).

It is understandable that the positive aspects of original goals of psychology have not been fulfilled given the lack of evidence to support its effectiveness (Seligman & Csikszentmihalyi,

The authors would like to thank Dr. Mark Sciutto for many helpful comments regarding earlier drafts of the manuscript. Correspondence to: Mark D. Terjesen, PhD, Department of Psychology, Marillac Hall SB36, St. John's University, 8000 Utopia Parkway, Jamaica, NY 11439. E-mail: Terjesem@stjohns.edu

2000). For example, a search with no restrictions in PsycINFO for "positive psychology" resulted in only 52. Thus, if limited empirical support exists, why should school psychology expand its parameters and consider integrating positive psychology? Many areas of practice in school psychology focus on identifying the etiologies of problems experienced by children and their families. By expending our resources researching factors that lead to psychological distress rather than the preventive and protective factors that buffer against pathology, we may be shortsighted and hinder the advancement of the field. We may lack the knowledge necessary to teach students, parents, and teachers the skills required to maximize their potential and indirectly alter their psychological distress.

In summary, for psychology to work toward fulfillment of all of its original goals, (school) psychology needs to be more *proactive* rather than reactive. For example, school psychologists may benefit from following a prevention model that advanced public health. By following the disease model for the past 50 years, psychologists have developed many empirically based strategies to deal with many problems effectively that plague our nation's youth. However, by following the disease model, psychology has failed to gain an understanding of the prevention of such problems (Seligman & Peterson, 2000). Psychology has yet to fully learn about protective factors (optimism, hope, and resilience) that may buffer individuals against adversity and pain. Taking a positive approach and investigate such factors, we can expand our ability to promote more fulfilling development in all students, not just those considered being a problem. This requires a shift in the field, asking practitioners, trainers, and researchers to think outside the traditional service delivery models.

POSITIVE PSYCHOLOGY AND PREVENTION

Enhancing the strengths and virtues of children can accomplish effective prevention. Focusing on children's strengths can increase the chances that they will successfully manage difficulties they confront in the present and how they will cope with future battles. Seligman and Peterson (2000) suggested that psychologists become aware that the principles of positive psychology guide many services (e.g., school consultation) that they already provide. However, the "fix it" principle currently dominates those services. Instead, focusing on the strengths of the individual and of the school setting will not only foster the development of healthier relationships between the school psychologist and his/her clients, but also promote more successful outcomes. Moreover, amplifying the target individual's strengths rather than focusing on repairing their weaknesses may lead to more effective treatment. That is, nurturing human strengths such as optimism, courage, future mindedness, honesty, and perseverance serve as more efficacious buffers against mental illness as compared to medication or therapy (Seligman, 1998).

The concept of resilience holds great potential for work with children in a preventive manner. Masten and Reed (2002) proposed that the adversities that undermine the basic human systems (health, education, nutrition) for development are the greatest areas of risk for children. They concluded that, "efforts to promote competence and resilience in children at risk should focus on strategies that prevent damage to, restore, or compensate for threats to these basic systems" (p. 83). Masten and Reed offered examples such as prenatal and ongoing medical care, health/nutritional programs, and quality education as devices to "promote the protection of brain development, attention, thinking, and learning that appear to play a powerful role in the lives of children who successfully negotiate challenges to development" (p. 83). These strategies do not only reduce the risk likelihood but also seek to have an impact on the child's life through affecting the major processes that exist.

Through changing how we view working with children from a remediation/intervention philosophy to a process establishment one, Masten and Reed (2002) proposed that we can promote

long-time effects on children. They briefly describe a mastery motivation system that would enhance self-efficacy and student motivation through a series of graduated mastery experiences. This system could be applied to academics, athletics, and socialization activities, but a greater understanding of the system is essential.

Applications of Flow and Positive Affectivity to Schools

Among the core terms of positive psychology are those of "flow" and "positive affectivity." Nakamura and Csikszentmihalyi (2002) described life through the concept of flow, in which: "a good life is one that is characterized by complete absorption in what one does" (p. 89). It is in essence an intrinsically motivated activity. Athletes often describe experiences such as "being in the zone," which is similar to "flow." Kahn (2000) reported that the principles of "flow" already exist is some applied settings, such as the Montessori schools. Nakamura & Csikszentmihalyi (2002) described the Key school in Indianapolis in which the "goal is to foster flow by influencing both the environment and the individual." Teachers create a learning atmosphere that fosters flow through activity choice and has children engage in "serious play." (For a complete discussion of the Key school, see Whalen (1999) and Csikszentmihaly, Rathnude, & Whalen (1993).) Perhaps greater attention to the key characteristics of such applied examples will help us understand how to promote "flow" for all students.

Stable individual differences in the experience of positive emotions are described as positive affectivity (Watson, 2002). That is, people that are high on this dimension have frequent episodes of intense positive emotional experiences. Watson reported that life conditions do not control positive affectivity levels. That is, people do not require much to feel cheerful, enthusiastic, and interested in life. This suggests that anyone can experience high levels of positive affectivity. So, how does a school psychologist work to raise the level of positive affectivity of those with whom that they work? Watson (2000) suggested that inducing a state of high positive affect is easier through action (doing) rather than cognition (thinking). Watson describes research that suggests social behavior and physical activity/exercise can both be used to increase positive affectivity. Watson also posited that to strive toward, not necessarily achieving goals, is crucial for happiness and positive affectivity. The school psychologist can work with students to build high positive affect through attention to "doing." Although students may reflect back on experiences, the key may be to get them to be active: socially, academically, and athletically. That is, using the mastery-achievement strategies discussed earlier, school psychologists can make sure that students' current levels of proficiency are matched to tasks that they are going to attempt.

Fredrickson (2002) posited that positive emotions signal optimal functioning for both short and long term benefits. School psychologists should work with clients to develop positive emotions for achieving growth and improved functioning. However, Fredrickson carefully pointed out that people (or a psychologist for that matter) cannot simply will themselves to experience a specific emotion. Therefore, any emotional induction techniques are indirect by nature. Fredrickson highlighted the importance of the idea of contentment and how it might cause greater cognitive changes. Contentment "calls forth the urge to savor the present moment and integrate those momentary experiences into an enriched appreciation of one's place in the world" (p. 129). The school psychologist could develop a program that works on increasing students' pleasant events (socializing, exercising, creating) and allows them to experience these events. The contentment that they experience might increase their optimism and overall motivation to pursue additional positive experiences, possibly in previously avoided arenas

Many concepts in positive psychology might receive acknowledgment of their importance, but putting positive psychology into practice in the schools can be difficult. School psychologists need to be part B.F. Skinner and part P.T. Barnum. That is, they need to demonstrate empirically the effectiveness of positive psychology in the schools while also "selling" this approach to the community. Below we address the applications of positive psychology to the roles of the school psychologist in consultation, direct work, and educational assessment and planning.

Positive Psychology and Consultation

School psychologists often use the concept of reinforcing the positive in school settings. Conducting consultations with parents and teachers often relies heavily on this concept. However, as often happens with "traditional" school consultation, reinforcing students' strengths is utilized as a buffer to soften the blow of the negative news that is to follow or is suggested as a potential adjunct remedy for decreasing already existing negative behaviors. That is, we often discuss the positive so that no one views us as only discussing the negative. However, reinforcing students' strengths does not have to settle on the role of buffer. Instead, once school psychologists have a more comprehensive understanding of positive psychology, they will incorporate this mentality into their consultation with parents and teachers. This in turn will increase parents and teachers' abilities to reinforce the positive in students, and come up with not interventions, but activities that will enhance and nurture students' lives.

A beginning step in the potential use of positive psychology is to show how these concepts can be used to prevent future problems from occurring. For example, one may argue that current school-based consultation practices are analogous to those in clinical psychology in that they follow the disease model (Seligman & Csikszentmihalyi, 2000). Teachers and parents often solicit consultation services only as problems with students arise. Unfortunately, this process again only reinforces the remediation philosophy of service delivery. Sadly, far less attention is placed on reinforcing positive behavior or fostering the positive qualities of both problem and non-problem children simply for the sake of promoting maximum well-being. Rarely are students referred to a school psychologist because they potentially could have a problem.

Nonetheless, prevention represents a step in the right direction as one is concerned with discovering the fullest potentialities of the individual. The beauty of prevention is that to a certain extent its practice already exists within the schools. More specifically, because of increasing government mandates stemming from heightened parent advocacy and awareness from extensive media coverage of issues affecting today's youth (e.g., school violence, academic accountability) school psychology has begun to place greater emphasis on prevention programs, which has led to a shift in thinking from remediation to prevention. What better way to demonstrate the practicality of positive psychology then by incorporating its ideas into prevention efforts that may decrease the number of referrals generated. Fostering a system wide program toward reinforcing positive aspects of child development may help in the long-term reduction in referrals for academic and behavioral difficulties.

We understand that a change from a corrective to a preventive stance does not simply occur overnight. However, if practitioners are shown the potential benefits and practical utility of positive psychology through the means described above then this should lead to the third and final step in the process of rediscovering and introducing positive psychology within the school setting. This step refers to the actual accomplishment of some goals of positive psychology, which include identifying, examining, and fostering the already existing "strengths and virtues" (Sheldon & King, 2001) of human beings. Consultation with parents and teachers represents an optimal opportunity within the school to achieve these goals. Although the process of consultation would remain the same, the content would now be different. More specifically, instead of focusing on remediation as in the past, school psychologists could now devote efforts to consulting with teachers and parents about students' potentials and already existing strengths. This in turn will lead to the increased potential of these students experiencing what has been called "positive emotions" (e.g., joy, interest, pride, etc.) (Fredrickson, 2001). "By building people's personal and social resources, positive emotions transform people for the better, giving them better lives in the future" (Fredrickson, 2001, p. 224).

To achieve this goal, school psychologists must begin to fine-tune the most valuable asset they possess when conducting school consultation: their knowledge. Specifically, school psychologists must now expand their already existing knowledge base to include current research examining advancements in positive psychology. Efforts should begin by incorporating into the knowledge base a user-friendly definition of positive psychology, and information concerning the types of constructs studied within the area (e.g., optimism, well being, virtues).

As previously stated, while the principles of positive psychology are somewhat already in place during consultation, greater opportunity still exists for expansion of its involvement. And, consultation represents a good starting point for incorporating a positive mentality into school. Positive psychology's developmental orientation represents a means of improving on some of the possible existing pitfalls of consultation. The first amongst these is failure to produce results across times and settings (e.g., traditional methods usually focus on immediate quick fix alterations of the classroom environment, which produce short-lived results). Positive psychology will redirect school psychologists' focus from specific target negative behaviors to specific positive strengths or attributes (Hughes, 2000). We are so concerned with correcting problem behavior that we are forced to take time and resources away from children who are doing well. However, why should these children be denied the opportunity to develop to their fullest potential? Regrettably, sometimes the needs of the one outweigh the needs of the many in the classroom. While still working to develop the positive qualities in the students who demonstrate more problematic behavior, the school psychologist might do the greatest amount of good through larger-scale consultation.

Positive Psychology and Direct Work

Did you ever scratch your head, while talking to a child, and ask yourself, "I do not get it. How does he do it? Given all that has occurred to him, how can he maintain the approach that he has taken?" School psychologists probably don't do this often as they do not often interact with students who are functioning well in adverse situations, instead spending more time with those who are not functioning well. Interactions with students who function well under adverse circumstances may reveal that that do not ignore the positive. If positive things are not dismissed ("I should be able to handle that problem well. No big deal"), then people may continue to operate under the paradigm of looking for problems and remediating those rather than focusing on effective helpful cognitions and behaviors (Terjesen, 2000). Reinforcing their ability to focus on how well they handled/approached specific aspects of the problem and looking at their own data can be helpful: "In the past, you might have avoided the situation; this time you didn't avoid it. Let us look at what you told yourself to let you handle these problems and you did."

The cognitive therapy model has focused on identifying faulty/harmful thinking patterns and developing effective coping strategies and behaviors. While research has demonstrated effectiveness of these models (Lewinsohn, & Clarke, 1999; Bennett, & Gibbons, 2000) long-term maintenance of gains are not as strong as would be desired. This may occur because the individual (child, parent, teacher) may revert to their familiar (yet self-defeating) pattern of thinking. As such, more of a philosophical change needs to occur, fostering more optimistic and hopeful ways of thinking. This is not just adopting a "glass half-full" perspective, but making a major philosophical change. Seligman (2002b) describes how "learned optimism" training programs involve teaching the individual to "recognize their own catastrophic thinking and to become skilled disputers" (p. 5) (Peterson, 2000; Seligman et al., 1995, 1999). *Direct work with children.* Research has shown that teaching optimism (Jaycox et al., 1994; Seligman et al., 1995) can be effective in preventing at-risk children from developing depressive symptomology. By using cognitive training and social problem solving, elementary school aged children at risk for depression were taught optimistic ways to view events. Following the training, a significant difference was noted with the treatment groups reporting less depression than the control group with this effect increasing over a two-year follow-up. Roberts, Brown, Johnson, and Reinke (2002) described work by Snyder and colleagues that demonstrated modest positive changes in children who were taught cognitive beliefs in one's own ability to produce workable paths to goals. More controlled studies that compare a cognitive restructuring approach with one that integrates core tenets of positive psychology would be helpful in determining if positive psychology prevented problems, and led to more positive affect and achievements beyond the gains experienced through traditional cognitive therapies.

An important consideration when counseling is to consider and evaluate the mindset that the student brings to the therapy process. Specifically, what are their expectations and attitudes toward counseling? It is interesting to consider some sources of belief formation for these students, with many of them developing false ideas about what psychotherapy is by inaccurate portrayal in the media or from their peers. Therapists would benefit from addressing this point at onset, asking the student "what do they think happens in therapy?" Many students falsely believe that being in therapy means they are crazy. Education about counseling and a discussion about what crazy means can help in modifying these thoughts.

School psychologists should also recognize that problem students present with different attitudes toward change, and understand that wanting to change is an area in which positive psychology may be used. For example, Prochaska and DiClemente (1982) developed a model for examining how people think about change. The first stage of change, the *precontemplative stage*, reflects that the individual has no desire to change. Because many students are referred by others, their motivation to change may be small. With many students attempting to establish independence, being told what to do by another adult may further entrench them their resistance. The school psychologist would be better served to consider the stage of change of the student before presenting positive approaches to change. Presenting interventions before the student recognizes a problem and understands the core ideas of positive psychology may only further elicit resistance. The second stage is the *contemplative stage*, where people are willing to explore whether change is desirable. Self-evaluation is more difficult for younger students and may increase in accuracy as students get older. Using the concepts of hope and optimism can be crucial here at getting a commitment to change. In the action stage, the individual takes steps toward change. Regrettably, not all action will be met with success. The continued belief in the core concepts of hope and optimism will further buffer against nonsuccess. Finally, in the maintenance stage, students attempt to consolidate the changes that they have made. This stage can be used for further evaluation of goals for the future, building on previous successes.

Another important point for school psychologists to consider in direct work with students is that most students do not come to therapy to receive help with a problem. They come because someone else (parent, teacher) perceives them to be a problem. Asking a student "why they are here?" may be a good question to assess the students' own ability to identify problematic behaviors, but most students may know that you are already aware why they were referred. Perhaps, a better question may be "I was already given some information about you, but I am curious why you think you are here." However, this type of question may further reinforce the notion that we are there to "correct" the child. Thus, an even better question might be: "Tell me about some things that you do well and some things that you would like to do more." This may be foreign to them because they are now given the option of setting goals and someone is asking/listening to them about their strengths as a person. If students have difficulty with this question, the school psychologist may assist them by offering examples of their own strengths or those of other children.

A final note concerning attitudes and expectations involves those of the referral sources. Very often parents and teachers have their own set of beliefs about what therapy is supposed to be like and what their role/involvement in therapy should be. They may have concerns about their "dirty laundry" being aired or fear that the therapist will side with the child and blame the parent or teacher. In addition, some way wish to have no/minimal involvement in the therapeutic process and just want "their child fixed." Others may want to be educated about certain parenting/teaching approaches, but may want to keep their direct involvement to a minimum. Still others may acknowledge that they may play a role in maintaining and reinforcing behaviors, and may be willing to modify their behaviors and/or beliefs. A "positive" school psychologist could utilize some of the previously outlined points about positive psychology to work effectively with referral sources that have different beliefs.

Direct Work with Parents and Staff. Occupational stress among school personnel (Guglielmi & Tatrow, 1998; Maybery & Reupert, 1998; Yagil, 1998) is another area that school psychologists may be involved with, and thus, may provide another opportunity to integrate positive psychology into practice through use of stress reduction approaches. For example, looking at the explanatory style of the child's behavior by a teacher and how they might internalize some of these behaviors can be a major factor in predicting stress. Additional perceptions of a lack of support by colleagues, administration, and parents may further contribute to the process and occupation of teaching as less than enjoyable. Looking for what they had previously found enjoyable about the teaching experience and fostering additional opportunities to experience these positive aspects along with traditional stress reduction methods may help buffer teachers from stress.

The active role that parents play in children's educational decisions can further be an area that we can use positive psychology. Getting parents to view their child's strengths and not focusing on his or her weakness might allow for reinforcement of the child's capabilities from multiple dimensions of his/her life, which might lead to greater carry-over. Also, taking a family-centered approach to provision of services may also assist in reinforcing and enhancing many good skills that the parent has already rather than focusing solely on where they are lacking.

School psychologists can play an active role in parent training. Parent training typically involves working with families of children who are "exhibiting problematic behaviors," probably more externalizing behaviors. School psychologists may operate under two approaches when working with families: (1) that there is a skill deficit and that they do not know how to most effectively handle the children's behavior; or (2) that there is a skill performance problem in that they know what to do but just have great difficulty in performing it. Positive psychology can be used with both treatment approaches through looking at what the parent's strengths are and reinforcing those strengths. Strengths can involve both behavioral strengths and cognitive assets (e.g., hope and optimism for change).

Parents experience a range of emotions as well (Terjesen, 2000). Stanton, Parsa, and Austenfeld (2002) proposed that a vital objective of psychotherapy is a stable expression of emotions. They discuss emotionally focused therapy (EFT) "which seeks to help clients achieve more adaptive functioning through evoking and exploring emotions and restructuring maladaptive emotional schemes" (p. 154). Stanton et al. described research on EFT with couples demonstrating the efficacy of this approach in reducing martial distress. However, a review of the literature regarding parent training lends to limited, inconclusive results. By discussing emotional experiences that parents may have about their children's behavior, one might work toward experiencing of more healthy, positive emotions when they are with their children. The goal is not for parents to be happy about their children's misbehavior, but for parents to be more appropriately upset, which would allow them to make effective parenting decisions. They could think about times that they were experiencing positive emotions with their children and work on increasing the opportunity for those experiences to occur.

School Refusal and Positive Psychology: An Illustrative Example. So exactly how might positive psychology suggest a different approach to dealing with specific problems of childhood? Again, it all comes back to how we understand the "problem," placing a greater focus on why other students may not develop "problems." School refusal will be used to show how a conceptualization of the problem using positive psychology could lead to developing effective alternatives approaches.

School refusal behavior (SRB) is defined as having difficulty attending school or remaining in school for the entire day (Kearney & Silverman, 1990). Approximately 5% of students are reported to engage in SRB (King & Bernstein, 2001). The onset of school refusal behavior can occur over a time or as an immediate response to a stressful life event. However, no one refers the child until the behavior has become problematic. Therefore, treating this boy or girl appropriately and efficiently is imperative. Essentially, early assessment aids in treating school refusal behavior. Here, considerations should be given to the child's affective, cognitive, and behavioral functioning, both generally and in relation to the specific circumstances of the refusal (Elliot, 1999).

So while looking at the factors that contribute to school refusal behavior can greatly assist in remediating the problems that these students experience, we might want to consider what factors lead the approximately other 95% of students to attend school. They may experience many of the same stressors as those that do not attend and the same external reinforcers may exist for these students as well, yet they continue to attend school regularly. Identifying what factors influence *their* behaviors can be used to help those who are not attending. What is it about school and learning that allows these students to be optimistic and effectively manage and how can this be used toward working with those that are not attending? How can we instill a similar pattern of hope in all students may be a challenge to the school psychologists.

We could use positive psychology in two ways to address school refusal. First, the student may present with a problematic behavior (school absenteeism) that can be addressed through traditional interventions (e.g., home-school collaboration/communication, stress reduction, removal of external reinforcers) while also teaching students some core concepts of positive psychology (e.g., hope, optimism). Second, as the frequency of the problem decreases, positive psychology can be used again to increase strengths and assist the student in working toward their maximum potential.

Positive Psychology and Educational Assessment and Planning

The assessment of child and adolescent personality is a frequent activity of school psychologists as it helps us understand more clearly the problems that students may face. Knoff (2002) describes how....

personality assessment is a process, not a product. It is simply not enough to describe or even understand a child's behavioral or social-emotional problems. School psychologists must move from problem analysis to interventions that resolve these problems and that facilitate children's normal development and positive mental health (p. 1300).

Assessment practices using this perspective provide an ideal place for positive psychology. Through personality assessment, one might identify strengths of the student and use this data to develop a program geared toward building on these strengths. For example, Snyder et al. (1997) developed the Children's Hope scale (CHS) which identifies children who exhibit hope at high levels who can serve as models for other children and identifying children who might benefit from

improvement in hopeful thinking. Additional measures that we could introduce into personality assessments include the Children's Attributional Style Questionnaire (CASQ; Seligman et al., 1995) and the Life Orientation Test (Scheier & Carver, 1985).

In addition, developing Individual Education Plan (IEP) goals is another area that school psychologists might use positive psychology. As research has shown, the more clear the goals, the more likely participants are to meet them (Melton, 1978). This may hold implications for school psychologists as they focus on developing IEP goals. By developing goals directed toward the students strengths and increasing them, it will force the clinician to "think outside the box." When writing goals that directly assess remediation of areas of deficiency, school psychologists can think of addressing and reinforcing the student's strengths so that they may indirectly affect the areas of deficiency.

In summary, instead of a traditional assessment question that asks, "Why might some students experience greater difficulty than others?", perhaps a better question is, "Why might some students succeed in spite of their difficulties?". That is, although a myriad of factors affect learning, one of those factors could be the coping strategies and cognitive approach that a student takes. In our educational assessment and planning, perhaps we should be writing about a student's strengths along with goals that reinforce and enhance those strengths rather than solely remediate weaknesses.

CONCLUSION

The opportunity for individuals within the education field to actually achieve the goal that every child to succeed to the fullest potential may exist within positive psychology. As a profession, we must promote an optimistic, yet realistic (Peterson, 2000) future for positive psychology to be recognized and given an opportunity to thrive. Although school psychologists may be initially resistant to adopting positive psychology given current preoccupation with focusing on the negative rather than positive, its tenets should not be easily dismissed. As evidence in support of positive psychology grows, it may become more apparent that fostering positive qualities will be more effective than remediation of problem behavior.

References

- Bennett, D.S., & Gibbons, T.A. (2000). Efficacy of child cognitive-behavioral interventions for antisocial behavior: A meta-analysis. Child & Family Behavior Therapy, 22(1), 1–15.
- Csikszentmihaly, M., Rathnude, K., & Whalen, S. (1993). Talented teenagers. Cambridge, England: Cambridge University Press.
- Elliot, J.G. (1999). Practitioner Review: School Refusal: Issues of conceptualization, assessment, and treatment. Journal of Child Psychology and Psychiatry, 40, 1001–1012.
- Fredrickson, B.L. (2001). The role of positive emotions in positive psychology: The broaden-and-built theory of positive emotions. American Psychologist, 56, 218–226.
- Fredrickson, B.L. (2002). Positive emotions. In C.R. Synder & S.J. Lopez (Eds.), Handbook of positive psychology (pp. 120–134). New York: Oxford University Press.
- Guglielmi, R.S., & Tatrow, K. (1998). Occupational stress, burnout, and health in teachers: A methodological and theoretical analysis. Review of Educational Research, 68(1), 61–99.
- Hughes, J.N. (2000). The essential role of theory in the science of treating children beyond empirically supported treatments. Journal of School Psychology, 38, 301–330.
- Jaycox, L.H., Reivich, K.J., Gillham, J., & Seligman, M.E.P. (1994). Prevention of depressive symptoms in school children. Behaviour Research and Therapy, 32, 801–816.
- Kahn, D. (2000). Montessori's positive psychology: A lasting imprint. NAMTA Journal, 25, 1–5.
- Kearney, C.A., & Silverman, W.K. (1990). A preliminary analysis of a functional model of assessment and treatment for school refusal behavior. Behavior Modification, 14(3), 340–366.
- King, N.J., & Bernstein, G.A. (2001). School refusal in children and adolescents: A review of the past 10 years. Journal of the American Academy of Child & Adolescent Psychiatry, 40(2), 197–205.

- Knoff, H.M. (2002). Best practices in personality assessment. In A. Thomas & J. Grimes (Eds.), Best practices in school psychology IV (pp. 1281–1302). Bethesda, MD: National Association of School Psychologists.
- Lewinsohn, P.M., & Clarke, G.N. (1999). Psychosocial treatments for adolescent depression. Clinical Psychology Review, 19(3), 329–342.
- Masten, A.S., & Reed, M.-G.J. (2002). Resilience in development. In C.R. Synder & S.J. Lopez (Eds.), Handbook of positive psychology (pp. 74–88). New York: Oxford University Press.
- Maybery, D., & Reupert, A. (1998). Beginning teacher stressors and supports: Gender and location differences. Journal of Applied Social Behaviour, 4(2), 12–26.
- Melton, A.L. (1978). Student progress in self-paced, competency-based individualized science classes in an alternative Philadelphia school. Education, 98(4) 440–443.
- Nakamura, J., & Csikszentmihalyi, M. (2002). The concept of flow. In C.R. Synder & S.J. Lopez (Eds.), Handbook of positive psychology (pp. 89–105). New York: Oxford University Press.
- Peterson, C. (2000). The future of optimism. American Psychologist, 55, 44-55.
- Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. Psychotherapy: Theory, Research & Practice, 19(3), 276–288.
- Reschly, D.J. (2000). The present and future status of school psychology in the United States. School Psychology Review, 29, 507–522.
- Reschly, D.J., & Ysseldyke, J.E. (2002). Paradigm shift: The past is not the future. In A. Thomas & J. Grimes (Eds.), Best practices in school psychology IV (pp. 3–20). Bethesda, MD: National Association of School Psychologists.
- Roberts, M.C., Brown, K.J., Johnson, R.J., & Reinke, J. (2002). Positive psychology for children: Development, prevention, and promotion. In C.R. Synder & S.J. Lopez (Eds.), Handbook of positive psychology (pp. 663–675). New York: Oxford University Press.
- Scheier, M.F., & Carver, C.S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. Health Psychology, 4, 219–247.
- Seligman, M. (1998b). The president's address. Retrieved April 4, 2002, http://www.psych.upenn.edu/seligman/ aparep98.html
- Seligman, M. (2002a). Authentic happiness: Using the new positive psychology to realize your potential your potential for lasting fulfillment. New York, NY: Free Press.
- Seligman, M.E.P. (2002b). Positive psychology, positive prevention, and positive therapy. In C.R. Synder & S.J. Lopez (Eds.), Handbook of positive psychology (pp. 3–9). New York: Oxford University Press.
- Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. American Psychologist, 55, 5–14.
- Seligman, M., & Peterson, C. (2000). Positive clinical psychology. Retrieved April 4, 2002, http://www.psych.upenn.edu/ seligman/posclinpsychchap.html
- Seligman, M.E.P., Reivich, K., Jaycox, L., & Gillham, J. (1995). The optimistic child. New York: Houghton Mifflin.
- Seligman, M.E.P., Schulman, P., DeRubeis, R.J., & Hollon, S.D. (1999). The prevention of depression and anxiety. Prevention and treatment, np2, http://journals.apa.org/prevention/
- Sheldon, K.M., & King, L. (2001). Why positive psychology is necessary. American Psychologist, 56, 216–217.
- Snyder, C.R., Hoza, B., Pelham, W.E., Rapoff, M., Ware, L., Danovsky, M., Highberger, L., Rubinstein, H., & Stahl, K.J. (1997). The development and validation of the Children's Hope Scale. Journal of Pediatric Psychology, 22, 399–421.
- Stanton, A.L., Parsa, A., & Austenfeld, J.L. (2002). The adaptive potential of coping through emotional approach. In C.R. Synder & S.J. Lopez (Eds.), Handbook of positive psychology (pp. 148–158). New York: Oxford University Press.
- Terjesen, M.D. (2000, August). Utility of REBT with parents of special education preschoolers. Paper presented at the annual meeting of the American Psychological Association, Washington, D.C.
- Watson, D. (2000). Mood and temperament. New York: Guild.
- Watson, D. (2002). Positive affectivity: The disposition to experience pleasurable emotional states. In C.R. Synder & S.J. Lopez (Eds.), Handbook of positive psychology (pp. 106–119). New York: Oxford University Press.
- Whalen, S. (1999). Challenging play and the cultivation of talent: Lessons from the Key School's flow activities room. In N. Colangelo & S. Assouline (Eds.), Talent development III (pp. 409–411). Scottsdale, AZ: Gifted Psychology Press.
- Yagil, D. (1998). If anything can go wrong it will: Occupational stress among inexperienced teachers. International Journal of Stress Management, 5(3), 179–188.