Carr, A. & Finnegan, L. (2014). The Say Yes to Life (SYTL) program: A positive psychology group intervention for major depressive disorder. *Journal of Contemporary Psychotherapy, 45,* 109-118.

The Say Yes to Life (SYTL) program:

A Positive Psychology Group Intervention for Depression

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Paper submitted to in February 2014, revised and resubmitted in March 2014, and accepted in May 2014. James Overholser jxo5@case.edu, overholser@case.edu editor of the *Journal of Contemporary Psychotherapy*,

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Running head: Say Yes to Life

Key words: Positive psychology, positive psychotherapy, mindfulness, gratitude, forgiveness, savoring, depression, CBT

Abstract

Patients and referrers are increasingly seeking effective psychological treatments for depression as an alternative or adjunct to antidepressant medication. This paper describes a new group-based psychological intervention for major depressive disorder - the Say 'Yes' to Life (SYTL) program. This program integrates evidence-based interventions from cognitive behavior therapy (CBT) and positive psychology, spans 20 two-hour sessions, and is offered to groups of up to 14 participants.

Introduction

The aim of this paper is to describe the Say 'Yes' to Life (SYTL) program, a group-based intervention for major depressive disorder (MDD). The program is informed by research on cognitive behavior therapy (CBT), positive psychology, and group-based psychological interventions (Carr, 2011; Feng et al., 2012; Kleinberg, 2012).

The lifetime prevalence rate for MDD is 6-25% (Kessler & Wang, 2009). It is one of the most prevalent psychological problems for which outpatients seek treatment and entails a highly significant disease burden internationally (World Health Organization, 2008). Best practice guidelines recommend a stepped-care approach to the treatment of MDD, with less intense interventions preceding more intensive treatment (American Psychiatric Association, 2010; NICE, 2009). Within a stepped-care approach, it is recommended that when patients do not respond to brief interventions, antidepressant medication be combined with structured psychological interventions (notably CBT), since the combination of these two treatment modalities leads to a lower relapse rate than either alone (Khan et al., 2012). With these research findings in mind, the SYTL program was developed as a treatment that combines effective CBT practices, interventions grounded in positive psychology, and principles of effective group therapy. The SYTL program was designed to be offered alone or in combination with antidepressant medication as a second tier intervention within a stepped-care approach when clients have not responded to brief low-intensity interventions.

Cognitive behavior therapy

CBT for MDD is based on cognitive and behavioral theories of depression, which argue with considerable empirical support, that depressive mood states are maintained by behavioral and cognitive factors (Beck et al., 1979; Lewinsohn & Gotlib, 1995). CBT for MDD aims to reduce negative affectivity by increasing activity and reducing negative thoughts and related

cognitive processes. Cognitive behavior therapy for MDD includes two main components: behavioral activation in which clients are helped to increase their activity levels, and cognitive restructuring in which the focus is on accessing and challenging depression-maintaining thoughts and cognitive processes. Where clients have comorbid anxiety, anger control or interpersonal skills deficits, anxiety management training, anger control training and assertiveness skills training may be incorporated into CBT for MDD (Barlow et al., 2011). The effectiveness of CBT (alone and combined with antidepressant medication), offered on an individual therapy basis has been well established (Butler et al., 2006). There is also a growing body of evidence that group-based CBT (alone and combined with antidepressant medication) is more effective than routine care for MDD, although somewhat less effective than individual CBT (Huntley, Araya & Salisbury, 2012). With these research findings in mind, behavioral activation, cognitive restructuring, anxiety and anger management training, as well as assertiveness training were included in the SYTL program.

Mindfulness based Cognitive Therapy

One difficulty with CBT is that a significant proportion of clients relapse following effective treatment of a depressive episode. Mindfulness-Based Cognitive Therapy (MBCT, Segal et al., 2002) was developed to address this problem. MBCT integrates mindfulness meditation from Kabat Zinn's (1990) Mindfulness-Based Stress Reduction (MBSR) program for chronic pain with CBT for MDD. However, instead of helping clients challenge negative automatic thoughts, in MBCT patients are trained, though mindfulness meditation, to observe them in a disengaged manner. In MBCT over 8-sessions of group-based treatment, clients develop a conceptual understanding of mindfulness meditation and depression within the context of a CBT framework, practice meditation exercises, and use these to cope with negative mood states. In a meta-analysis of 6 randomized controlled trials, Piet and Hougaard (2011) found that

MBCT significantly reduced the risk of relapse among people with recurring major depression. These research findings provided the rationale for including mindfulness meditation in the SYTL program.

Positive Psychotherapy

While CBT aims to treat MDD by reducing negative affectivity, positive psychology interventions treat depression by increasing positive affectivity and building personal strengths. These strategies derive from broaden and build theory (Fredrickson, 2013) which argues, with considerable empirical support, that positive psychology interventions increase positive mood states. Positive affectivity broadens thought-action repertoires. This facilitates the development of personal resources. These enhanced personal resources may be used to induce further positive mood states. Meta-analyses of 25 studies by Sin and Lyubomirsky (2009) and 14 studies by Boiler et al. (2013) involving over 3000 individuals showed that a range of positive psychology interventions decreased depressive symptoms in clinical and non-clinical cases. Interventions evaluated in studies included in these meta-analysis included self-monitoring well-being, engaging in enjoyable activities, pursuing valued personal goals, using signature strengths, visualizing best possible selves, practicing forgiveness, engaging in or recalling acts of kindness, counting blessings or expressing gratitude, expressing hope or optimism, recalling or writing about positive life events, practicing meditation, cultivating sacred moments, engaging in physical exercise, and participating in programs that combine multiple positive psychology interventions. Longer multi-element programs involving extensive practice were more effective than shorter single element programs.

A number of multi-element clinical positive psychology intervention programs have been developed (Fordyce, 1977; Frisch, 2006; Fava & Ruini, 2013; Rashid, 2013). Rashid and Seligman's positive psychotherapy is a particularly significant application of findings from

contemporary positive psychology to psychotherapy practice, since Martin Seligman, the founder of contemporary positive psychology, is one of the authors (Rashid, 2013; Seligman, Rashid, & Parks, 2006). The 14-session program aims to promote, what Seligman refers to as the pleasant life, the engaged life, and the meaningful life through structured interventions and related homework assignments. The program includes interventions such as savoring that enhance pleasure and promote the pleasant life; interventions that encourage the use of signature strengths such as optimism, gratitude and forgiveness to foster the engaged life; and interventions that enhance relationships within families and institutions to promote the meaningful life.

Results of two small trials show that positive psychotherapy reduces depression and enhances well-being for people with mild to moderate depression and major depressive disorder (Seligman, Rashid & Parks, 2006). In a controlled trial involving 37 adults with mild to moderate depressive scores on the Beck Depression Inventory, Seligman, Rashid and Parks (2006) found that compared with a no-treatment control group, a six session version of the positive psychotherapy program led to a significant reduction in depressive symptoms and this improvement was maintained at 1 year follow-up. In a second controlled trial involving 35 adults with major depressive disorder, Seligman, Rashid and Parks (2006) found that a 14 session positive psychotherapy program led to significantly higher remission rates after treatment than routine psychotherapy or psychotherapy combined with antidepressant medication.

Drawing on the positive psychology literature, positive psychology interventions focusing on personal strengths, humor, forgiveness, gratitude, strengthening relationships, and savoring were incorporated into the SYTL program.

Group therapy

In a meta-analysis of 23 studies of the efficacy of group therapy for major depressive disorder Huntley, Araya and Salisbury (2012) found that at post-treatment and follow-up group

CBT was more effective than usual care. Individual CBT was more effective than group CBT at post-treatment, but at three months follow-up, both group and individual CBT were equally effective in decreasing depressive symptoms. The meta-analysis included two studies of dialectical behavior therapy, one study of interpersonal therapy and one trial which evaluated self-control therapy. In all of these trials, group therapy led to greater reductions in depressive symptoms than usual care.

Research on contemporary group therapy for a range of adult mental health problems provides evidence for the importance of a number of common factors which contribute to effective group interventions (Burlingame et al., 2013; Kleinberg, 2012). These include induction of group members into the group program prior to treatment and during early sessions, fostering group cohesion, flexible use of treatment manuals, managing conflict within sessions, facilitating appropriate emotional expression, and dealing with potential adverse outcomes or tensions in a timely and thoughtful way. All of these elements were incorporated into the SYTL program.

The Say 'Yes' to Life (SYTL) program

The SYTL program spans 20 two-hour sessions, with each session focusing on a core theme or 'pathway' to well-being as shown in Table 1 and detailed in later sections of this paper. The SYTL program contains four carefully sequenced stages. In the first there is a focus on developing a positive perspective. In the second clients learn CBT skills for challenging a negative, dysphoric perspective. In the third, the focus is on skills for coping with life challenges. Skills for enhancing well-being are facilitated in the final stage of the program. Sessions are thematically sequenced in this way to facilitate the generation of a strengths-based, optimistic, goal-directed perspective and positive emotions as early as possible in the program, and to avoid initial sessions being dominated by pessimistic discourse and negative affectivity. This sequence is informed by broaden and build theory mentioned above (Fredrickson, 2013). Central to CBT

for depression is the practice of identifying and challenging negative cognitions which induce negative mood states (Beck et al., 1979), so the development of these skills is facilitated in sessions four through six once a positive perspective has been established during the first three sessions. The remaining two skills sets of the program – coping with life challenges and enhancing well-being - rest on this bedrock of skills for developing a positive perspective and challenging a negative perspective. In sessions seven through fourteen, clients develop coping strategies for regulating anxiety, anger and grief and for communicating effectively in a range of different types of relationships. These elements of the program are drawn from both CBT and positive psychology. The final six sessions are concerned with forgiveness, gratitude, savoring and social network strengthening, all of which are positive psychology interventions designed not only to alleviate depression but also to enhance quality of life (Carr, 2011).

In the SYTL program skills are learned within sessions and then practiced between sessions as homework assignments. For example, from the first session onwards participants learn and practice mindfulness mediation skills. The number of skills to be practiced between sessions gradually increases as the program progresses, so that homework supports lifestyle change. Participants receive supportive weekly phonecalls to inquire about between-session-practice, which is reviewed at the start of each session. Group members keep a record of their progress over the course of the program in a journal and after each session read specific pathways, listed in Table 1, from the SYTL self-help book (Finnegan and Kenneally, 2013). Homework assignments, phone-call reminders, homework review, and reading the self-help book facilitate mastery of the program curriculum.

The SYTL program may be offered to groups with 6 to 14 members, although the optimal group size is 12. It is offered as a closed group with participants committing to attending all 20 sessions. The SYTL program is a psychoeducational therapeutic group intervention. It is

psychoeducational insofar as clients learn a range of positive psychology and CBT skills. However, it is also a therapy group in which relationships among group members and facilitators provide a therapeutic context for recovery.

Therapists have the dual role of both coaching participants in skills development, and optimizing the group's social climate so that it is a supportive context for skills development. In coaching clients in skills development, therapists explain skills, model them, invite clients to practice skills in pairs, observe this practice, give constructive feedback, facilitate a group discussion of these exercises, and invite clients to practice skills between sessions. In optimizing the social climate of the group, therapists facilitate gradual self-disclosure of clients, alliance building, resolution of conflicts and tensions between group members, and addressing issues of loss as the program draws to a close or members drop out (Kleinberg, 2012).

Over the 20 sessions of the SYTL program, clients gradually build up a repertoire of positive psychology and CBT skills. They also form significant relationships within the therapeutic group. Through conducting skills development exercises, and reflecting on their experiences of these in plenary group discussions, clients gradually let other group members know about their depressive disorders, the challenges they have faced in their lives and how they have tried to cope with these. They also unconsciously engage in their habitual, and typically maladaptive coping strategies or defenses within the group context. The therapist helps group members learn to recognize these maladaptive coping strategies and defenses, and consider adaptive alternatives. In early sessions this process is predominantly 'therapist-led'. However, in later sessions as group cohesion strengthens, group members are encouraged to give each other feedback on the use of maladaptive and adaptive coping strategies.

The SYTL program was developed primarily by LF, a clinical psychologist and integrative and humanistic psychotherapist who has worked for many years treating people with

MDD both individually and in groups, in consultation with a number of clinical and academic colleagues. Therapists delivering the program follow a structured treatment manual (Finnegan and Kenneally, 2014). Because of the complex demands that the program places on therapists, it was designed to be facilitated by clinical psychologists with training in psychopathology, psychotherapy (especially CBT), and group therapy. It is helpful if other staff in the setting where the SYTL program is delivered understand and are supportive of the program.

Session 1. Program introduction

In the first session participants make a therapeutic contract which includes elements such as regular attendance, active participation, group safety, and completion of between-session assignments. The positive psychology conceptual framework of the program is outlined. Participants are provided with a copy of the self-help book: *Say Yes to Life*. Key elements of the weekly program are introduced such as journaling, physical exercise, meditation, and music. They are also invited to engage in five minutes of physical exercise and five minutes of meditation per day until the next session and to record their experience of doing this and of the first session in their journal. A volunteer is selected to bring in a piece of music to share with the group at the next session. To close the session participants are invited to say one word which expresses how they feel as the meeting ends.

Session 2. Recognize your Resilience

The second and subsequent sessions begin with a routine format. Sessions start with participants each saying one-word to describe how they are feeling as the session begins. This is followed by a guided 10-minute meditation, and listening to music selected by a volunteer at the end of the previous session. Volunteers briefly explain why the musical piece was selected. There is also a review of homework assignments. The central theme of the session is then

introduced by reading aloud an anecdote, poem or passage from the relevant pathway of the SYTL self-help book. Participants are invited to share their responses to this opening reading.

The goal of the second session is to help participants identify overlooked personal strengths. Participants are asked to rate their resilience on a scale of 0-10 before and after completing the following exercise in which the characteristics of resilient people, and their own personal strengths are explored. The exercise, like many in the program involves participants working in pairs initially, and then sharing their reflections on the exercise in a plenary group discussion. Participants select an inspiring resilient character from a movie, book or TV show; describe the challenges the character faced; and how they demonstrated their resilience. This process is then repeated twice, with the focus being first on a real person from participants' lives, and then on themselves. Participants identify challenges which they have faced and personal strengths that they have used to overcome these challenges. During the plenary group discussion which follows this exercise, input is provided on key aspects of resilience, i.e. external supports and resources, social and interpersonal skills and personal qualities and strengths. Participants are guided through a process of identifying and reconnecting with their unique, and often overlooked core strengths.

At the conclusion of the second session participants are invited to each day write down strengths that they have used to overcome challenges which they have faced that day. They are also invited to ask a trusted member of their family or social network to list the participant's strengths, and compare this list of strengths to the list of strengths that they believe they have.

At the conclusion of the second and subsequent sessions, a standard closing routine is followed. Participants are invited to complete a five-minute daily meditation and a daily five-minute period of physical exercise. However, the duration of these exercises is gradually increased over the course of the program. For example, the duration of both exercises is increased

to 15 minutes in session six, 20 minutes in session 12, and the physical exercise assignment is increased to 30 minutes per day in session 16. A volunteer is identified to select a piece of music to be played at the next session. Where appropriate, there is a brief reading of a poem or piece of prose relevant to the core theme of the session. This is followed by a one word closing round where participants are invited to say one word that best expresses how they feel as the group ends.

Session 3. Reach Beyond

The theme of the third session is setting life goals and anticipating obstacles to achieving these. Working in pairs, participants are guided through a process where they explore their experience over the course of their lives of being encouraged to, or discouraged from pursuing their hopes and dreams. They also reflect on ways in which the encouraging and discouraging messages from parents and others have been internalized, and continue to help or hinder them in pursuing their life goals.

To introduce the theme of goal achievement and making the impossible possible, an excerpt about Christopher Columbus from pathway 13 of the SYTL self-help book is read aloud. Working in pairs, participants are invited to reflect on instances where they were successful and unsuccessful in setting and achieving goals. In the plenary discussion following this exercise, the value of setting **s**pecific, **m**easurable, **a**ttainable, **r**ealistic, and **t**imely (SMART) goals is outlined. The following issues are also considered. Goals may be set in different areas of life such as work, fitness, relationships and so forth. Distinctions are made between short, medium an long-term goals. The chances of achieving goals is increased if big goals are broken down into a number smaller goals; if personal strengths are identified to help achieve goals; if obstacles are anticipated and supports required to overcome these are put in place; if the process of goal achievement is visualized; and if success is celebrated. As part of homework, participants are

invited to identify and record personal goals. Reviewing movement towards personal goals is incorporated into the opening routine from the fourth session onwards.

Sessions 4 and 5. Challenge your Thinking

The theme of sessions 4 and 5, and a central theoretical proposition of CBT, is that negative mood states may be ameliorated by challenging the negative thoughts from which they arise. In these sessions a number of ideas from CBT are explained and illustrated with examples. These include negative automatic thoughts, assumptions, core beliefs, and cognitive distortions. A guided discovery exercise is used to help participants identify the impact of cognitive distortions on mood and behavior. As part of homework at the conclusion of session 4, participants are invited to identify and record cognitive distortions.

The cognitive distortions homework assignment is reviewed in the opening phase of session five. Participants are introduced to a six-step guide for challenging these distortions. Working in pairs, participants use this method to review and challenge their own particular distortions, and continue this process as homework. Participants are also introduced to ways of recognizing negative assumptions, the downward arrow technique for accessing negative core beliefs, and procedures for challenging these.

Session 6. Talk Back to Negative Self Talk

Identifying common negative self-statements and countering these with positive affirmations is the theme of the sixth session. Working in pairs, participants identify their top three negative self-statements and explore the negative impact of these on their mood and personal adjustment. In a plenary group discussion participants are guided through a three-step process to undermine the power of negative self-talk. This involves becoming more aware of negative self-talk, challenging negative self-statements by looking for evidence that does not support them, and countering negative self-statements with positive affirmations. Participants are

invited to use this procedure as homework. To support the use of this three-step process, participants are invited to compile and share with the group a list of fifteen positive statements which they *believe* about themselves.

Session 7. Let Laughter In

An audio recording of laughter is played to introduce the theme of the seventh session which is 'Let Laughter In' and this is also played at the conclusion of the session. Key points are presented about the positive effects of constructive humor. Constructive humor and laughter improve mood, reduce tension and create solidarity among people facing adversity. Constructive humor may be distinguished from destructive or defensive humor such as put-downs, sarcasm and satire which can hurt others. Participants are guided through a process to help them explore how to let more laughter into their lives. This involves remembering movies, TV shows, comedians, novels, funny recent personal experiences and early childhood experiences of playfulness. Participants are then invited to imagine what it would be like if they allowed themselves to be humorous, to laugh and to be more playful. As homework, participants are invited to consider various strategies for reconnecting with laughter including: making a collection of DVDs and CDs of favorite comedy shows and setting aside some time to watch these regularly; keeping a written collection of jokes and funny stories and regularly adding to this collection; keeping a list of things that make them smile and regularly updating this list; when feeling stressed stepping back mentally and trying to see the funny side of the situation; and taking a risk and being humorous or playful in relationships with partners or friends.

Session 8. Speak from the Heart

The theme of the eighth session - speak from the heart – focuses on giving and receiving compliments. Key points about these processes are presented. Giving and receiving complement enhances wellbeing and strengthens relationships. Beliefs about the negative consequences of

giving and receiving complements may inhibit these activities. Such beliefs include the idea that complementing others induces and inflated sense of self-importance, and accepting a complement is a sign of selfish grandiosity. Working in pairs, participants are invited to engage in an exercise in which they give and receive compliments, and in a plenary group discussion reflect on their responses to these processes. The exercise is designed to increase awareness of beliefs that inhibit the capacity to give and receive complements. As homework participants are invited to give two compliments a day – one to themselves and one to another – and to record their reflections on this process.

Session 9. Worry your Worries

Worry and anxiety management are addressed in the ninth session. Participants are invited to share their most common worries. These examples are used to illustrate the downward spiral of anxiety and its effects. Future unsubstantiated threats to safety and well-being are anticipated and vividly imagined. This gives rise to bodily tension and other somatic symptoms of anxiety such as tachycardia, hyperventilation, perspiration and so forth. These somatic sensations, and the accompanying feelings of anxiety are interpreted as proof that one's safety and well-being are threatened. This downward spiral of anxiety leads to avoidance of many potentially enriching life-opportunities. Participants are guided through a CBT process for managing anxiety and invited to practice this as homework. It involves identifying and challenging anxiety-related negative automatic thoughts and cognitive distortions, such as catastrophizing (discussed in session 4); confining worrying to set periods of the day; and practicing breathing exercises and progressive muscle relaxation.

Session 10. Face your Anger

Anger management is addressed in the tenth sessions. Key points about this theme are presented. Anger may be constructively used to address injustice and improve society, or

destructively used to hurt others. Cognitive distortions can lead to inappropriate anger. For example, we can become angry because we misinterpret the actions of other people as being directed against us. Anger may be used as a defense. That is, when we have been hurt, rather than allowing ourselves to feel sad and vulnerable, we feel angry. Unfortunately expressing this anger can alienate people who could support us by empathizing with our pain. Processing these vulnerable feelings is essential for 'moving on' from defensive anger. We are all prone to irritation when we are tired, stressed, hungry or when we have previously suppressed anger. We can avoid inappropriate angry outbursts by paying attention to these processes.

Participants are guided through a process to help them explore the impact of anger on their relationships and changes they would like to make in the way they deal with anger. This is followed by coaching in anger management where participants learn to recognize early warning signals for anger, breathing and relaxation exercises for reducing physiological arousal, cognitive techniques for reappraising situations in less threating ways, constructive responses to anger provoking situations, and positive ways that anger can be channeled.

Participants are invited to practice anger management as homework. They are also invited to write (but not send) a letter to the person who hurt them, to help them process unresolved anger. In this letter participants describe vividly how the other person's actions affected them, state what they needed from the other person at the time, and ask questions about issues that remain unclear.

Session 11. Accept Yourself

Self-acceptance and breaking the vicious cycle of perfectionism and is the central theme of the eleventh session. Key points about perfectionism are presented. Perfectionism is based on the belief that happiness will come from achieving perfection through hard work. This belief fuels a vicious cycle in which people work hard to attain perfection (and happiness), repeatedly

fail to achieve this, and consistently engage in severe self-criticism which leads to unhappiness. Working in pairs, participants are invited to review the emotional, social and physical costs of perfectionism in their lives, and talk about their views in a plenary discussion. They are then guided through a process for freeing themselves from the paralysis of perfectionism using CBT techniques. These include challenging perfectionism-related negative automatic thoughts and cognitive distortions; separating self-worth from work performance; practicing making mistakes to overcome fear of failure; valuing mistakes as learning opportunities; and setting realistic obtainable goals.

Session 12. Learn to Live Well with Loss

Living well with loss is the core theme of the twelfth session. Participants are invited to identify significant losses that they have endured and state what has helped them to deal with these. There is also an invitation to consider what they have they learned from grieving. Key points about the nature of the grief process are presented. Various losses are considered including bereavements, illnesses, injuries, miscarriages, unemployment, break-up of relationships, leaving home, etc. A range of grief reactions are described including anticipatory grief, shock, numbness, denial, anger, guilt, regret, sadness, longing and acceptance. An exploration of loss and grief is facilitated and participants are guided through a process designed to support healthy grieving.

Session 13. Nourish Your Relationships

The theme of session thirteen is nourishing relationships. Working in pairs, participants complete a relationship diagram in which they identify people who are very close, somewhat close, supportive but not close, and distant. They are then invited to identify people in their diagram with whom they would like a closer relationship; to define the qualities that make a good

friend; and things that they could do to make themselves a better friend (or partner in the case of romantic relationships) to people to whom they wish to be closer.

Session 14. Assert Yourself

Using assertiveness for getting needs met is the central theme of the fourteenth session. Working in pairs, participants are invited to explore the effects of getting their needs met though aggression or non-assertive strategies such as passive-aggression, sulking and guilt induction. In the plenary discussion which follows this exercise it is highlighted that the short-term benefits of these strategies are outweighed by the long-term problems they create. Passive-aggression, sulking and guilt induction allow immediate conflict to be avoided, but in the long-term foster low self-esteem and relationship problems. Aggression may allow short-term goals to be achieved, but in the long-term may lead to guilt, shame and social isolation. These problematic aggressive and non-assertive ways of having needs met may have been adaptive in childhood, but are not useful in adulthood. Assertiveness is proposed as a more adaptive style for communicating needs in adulthood, in a way that promotes good relationships by respecting the rights of the self and others. Working in pairs participants role-play assertiveness skills including identifying their rights, saying ‘no’ respectfully, requesting other to change their behavior in a non-aggressive way, and making ‘I-statements’. Reflections on this exercise are considered in a plenary group discussion, and participants are invited to practice assertiveness skills as homework.

Sessions 15 and 16. Decide to Forgive

Forgiveness in the central theme of sessions 15 and 16. Over the course of these two sessions participants are guided through a structured forgiveness process. Participants are invited to engage in individual, dyadic and whole group experiential exercises, and to engage in forgiveness-related exercises as homework. The process involves understanding that the decision

to forgive is an internal series of events (and not external reconciliation), considering the pros and cons of forgiveness, making a decision to forgive, understanding the life circumstances of the transgressor, developing empathy and compassion for that person, letting go of the possibility of revenge, and writing (but not sending) a forgiveness letter.

Session 17. Be Thankful

Thankfulness is the theme of the seventeenth session. Key points on gratitude and positive emotions are presented. Giving and receiving thanks, and counting blessings for which we are thankful at the end of each day enhance our well-being and health. Unfortunately low mood inhibits the expression and reception of gratitude. Working in pairs, participants explore the effects of giving and receiving thanks in an open and mindful way, and discuss their reflections in a plenary session. Participants are invited to write a letter of thanks in a heartfelt and emotional way to a person who helped them, and whom the have never properly thanked. Working in pairs, participants are invited to read the letter aloud, notice the effect of this on them, and think about whether or not they should send this letter. The effects of writing these letters is discussed in a plenary session. As homework participants are invited to each day write down and reflect on three things for which they are thankful, and to practice giving and receiving thanks in an open and mindful way.

Session 18. Connect with your Community

Connecting with community is the theme of the eighteenth session. Key points on community involvement are presented. Living in a community fosters a sense of belonging. Extended family, friends, neighbors, and acquaintances constitute a social network that provide practical and social support. These forms of support increase well-being. Well-being is also enhanced by giving back to the community though volunteering in community organizations. Working in pairs, participants explore their experience of living in a community and ways of

increasing community involvement. As part of homework participants are invited to gather information about the range of social, sporting, musical, educational and voluntary groups and organizations in their local community and to take steps towards increasing their connections with their community by joining or volunteering with one of these groups.

Session 19. Rediscover Nature

Rediscovering nature and savoring sensory experiences is the theme of the nineteenth session. Key points about enjoying nature and the value of savoring sensory experiences are explored. Awareness of the beauty of nature may be overshadowed by preoccupations with other aspects of busy lives. 'Doing' may distract us from 'being'. Either the seasons of life exercise and the sensory walk exercise, both of which facilitate savoring and are described in pathway 20 of the SYTL self-help book, are completed in this session.

There are four parts to the seasons of life exercise, one for each of the seasons. Each part opens with a poem being read aloud which depicts vivid images of the season in question. Participants are invited to visualize favorite images of the season. Then for each season they are invited, while holding vivid images of the season in mind, to reflect on a life process metaphorically related to the season. For spring, they reflect on areas of their lives in which they are experiencing signs of new growth. For summer they reflect on ways in which they can express more of the vitality of summer in their lives. For autumn they reflect on aspects of their lives that have reached fruition and can be celebrated. For winter they identify aspects of themselves that need to slow down and be protected.

The sensory walk meditative exercise opens by noting that when we are depressed, stressed or very busy we engage with the world in a limited way through our dominant sense, and pay minimal attention to sensations from our other four senses. Participants are invited to identify their dominant sense and to engage in a meditative walk in which they become aware of

sensations from all five senses. In the plenary discussion which follows this exercise, participants reflect on how savoring sensations from all five senses affected their well-being. As homework participants are invited to increase their sensory engagement with nature, and to prepare a short presentation for the closing session.

Session 20. Closing Session

Participants' journey through the program and graduation from it is the main theme of the final session. Participants make short presentations to the group outlining their personal journeys and reflections on it as the program comes to an end. Ways of maintaining gains achieved during the program are explored.

Discussion and Conclusions

The principal limitation of the SYTL program is that it is suitable for some, but not all depressed clients. It was designed to be offered to literate clients with major depressive disorder on an outpatient basis. Clients must be literate so that they can read the self-help manual and conduct written homework assignments. They must also be outpatients so that they can use the homework assignments to gradually change their lifestyle. Lifestyle change is the mechanism by which gains made during the program are maintained after the program concludes. In view of this, the SYTL program, as it is currently designed, is not suitable for inpatients with literacy problems. It is also not suitable for depressed clients with comorbid conditions that would significantly interfere with engaging in the program. These comorbid conditions include psychosis, severe substance use disorders, and neurocognitive disorders involving significant memory impairment.

The SYTL psychoeducational approach to group-based skills development, using dyadic exercises followed by plenary group discussions, has the advantage of providing up to 14 participants with opportunities to learn and practice skills in dyadic exercises, and also to engage

in group discussions about their experiences of this. However, this format has the disadvantage of limiting opportunities for clients display's of maladaptive coping strategies and defense mechanisms within the group context becoming the principal focus of group discourse, as commonly occurs in other forms of group therapy. This is because only about half of each session involves whole group discussion and because there are usually a relatively large number of clients (12 – 14) in a SYTL therapy group.

The SYTL program shares much in common with other approaches based on an integration of CBT and positive psychology (e.g. Bannink, 2013; Karwoski, Garratt & Ilardi, 2006). In the SYTL program there is a focus in early sessions on strengths, resilience and the establishment of positive goals, and throughout the program the therapeutic process involves both developing skills for coping with challenges and building strengths. The principal differences between the SYTL program and other similar programs is the range of theoretical influences and session content. For example, in Bannink's (2013) positive CBT, there is a strong emphasis on translating negative problems into positive goals, identifying and building on exceptions to problems and other solution focused therapy techniques. In Karwoski, Garratt and Ilardi's (2006) integration of CBT and positive psychology both frameworks are drawn on in helping clients to identify strengths, develop hope and optimism, endow life events with meaning, and use humor as a coping strategy. CBT pleasant event scheduling is integrated with the positive psychology intervention of finding flow. Mindfulness is used to help clients accept unsolvable problems. Both Bannink's (2013) and Karwoski, Garratt and Ilardi's (2006) approaches are presented as a basis for conducting individual psychotherapy, whereas the SYTL program is a group psychoeducational intervention.

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Table 1. Say Yes to Life (SYTL) program.

Session title	Theory	Skills	Assigned reading from SYTL
		Skills For Developing A Positive Perspective	
1. Introduction	CBT & PP	Forming a therapeutic contract	
2. Recognise your resilience	PP	Identifying personal strengths	Pathway 1
3. Reach beyond	PP & CBT	Identifying possibilities, potential and goals	Pathways 2 & 13
		Skills For Challenging A Negative Perspective	
4. Challenge your thinking (1)	CBT	Cognitive restructuring	Pathway 3
5. Challenge your thinking (2)	CBT	Cognitive restructuring	Pathway 3
6. Talk back to negative self-talk	CBT	Self-talk	Pathway 4
		Skills For Coping With Life Challenges	
7. Let laughter in	PP	Constructive use of humor	Pathway 5
8. Speak from the heart	PP	Communication & giving compliments	Pathway 6
9. Worry your worries	CBT	Anxiety management	Pathway 7
10. Face your anger	CBT	Anger management	Pathway 10
11. Accept yourself	CBT	Dealing with perfectionistic beliefs	Pathway 11
12. Learn to live well with loss	PP	Facilitating healthy grieving	Pathway 12
13. Nourish your relationships	PP	Strengthening adult attachments	Pathway 17
14. Assert yourself	CBT	Assertiveness training	Pathway 14
		Skills For Enhancing Well-Being	
15. Decide to forgive (1)	PP	Forgiveness facilitation	Pathway 15
16. Decide to forgive (2)	PP	Forgiveness facilitation	Pathway 15
17. Be thankful	PP	Thankfulness facilitation	Pathway 16
18. Connect with your community	PP	Strengthening social networks	Pathway 18
19. Rediscover nature	PP	Savoring positive experience	Pathway 20
20. Closing session	PP & CBT	Reviewing lessons learned	

Note: CBT = Cognitive behavior therapy. PP = Positive psychology. SYTL = Say Yes to Life self-help book by Finnegan & Kenneally (2013).