Self-Care for School Psychologists:
Using Methods from Positive Psychology,
Mindfulness Meditation, Relaxation Training and
Psychoneuroimmunology

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Summary

As school psychologists expand their roles to include the provision of full spectrum mental health services, the demands on their time, skills, and stamina are certain to increase. As such, it is imperative that practitioners have the skills needed to address both the additional stressors, physical and emotional, on themselves, as well possess the relational skills needed to work with emotionally disturbed children, adolescents, and their families.

Decades of research has shown that many of the most important factors related to client improvement are not only functions of technical skill, but include the personhood of the practitioner. From Carl Rogers we are all familiar with his famous trinity of qualities found in successful clinicians: empathy, genuineness, and unconditional positive regard. Other research has demonstrated the importance of belief, practitioner personality factors, and the quality of the therapeutic alliance as crucial factors in the successful outcome of counseling and psychotherapy.

But, how does one cultivate these personal skill sets and internal qualities? This experiential workshop will convey through practice how school psychologists can cultivate and continue to develop their skills for treating others by first learning to help themselves. We are all wounded healers in one sense, and being able to practice with authenticity demands that we become exemplars, models of the well-integrated persons we are attempting to create.

Skills for how to accomplish this have emerged from a variety of fields including positive psychology, mindfulness and similar meditative practices, traditional relaxation training, and from the new field of psychoneuroimmunology. What they all share in common is a respect for the relationship of the mind to the body, and the importance of using positive intention to influence therapeutic outcomes. This workshop will provide opportunities to learn by doing; to demonstrate the power of positive intention, positive affective expression, progressive relaxation strategies, mindful practices for being fully present moment by moment, and the use of guided imagery to produce beneficial physical and emotional outcomes in both ourselves and in the students we serve.

Objectives of this workshop are
1. To increase school psychologists awareness of the extra-therapeutic factors which influence successful outcomes within therapeutic relationships.
2. To teach school psychologists methods for self-care which help create the conditions for improved physical and emotional functioning for both psychologists and the clients with whom they work.
3. To review and practice methods which create the conditions for accurate empathy, genuineness, and unconditional positive regard as essential factors in the development of a positive therapeutic alliance.
4. To teach fundamental principles and practices from positive psychology, mindfulness meditation, relaxation training, and psychoneuroimmunology which
are useful for both practitioner self-care and as therapeutic strategies for use with children and adolescents.
5. To develop skills useful for treating sympathetic and parasympathetic nervous system imbalances when working with children and adolescents with depression and other internalizing disorders.

**Specific Skills taught include:**
1. The relaxation response and methods from progressive relaxation training.
2. Therapeutic strategies from positive psychology.
3. Principles and practices from mindfulness meditation.
4. Guided imagery practices from psychoneuroimmunology that promote favorable outcomes in physical and emotionally stressful conditions.
5. Routines school psychologists can use for self-care to promote resilience and prevent burnout.

**Expected Learning Outcomes include:**
1. Attendees will understand the relationships between psychological intentions and positive factors involved in physical and emotional well-being.
2. Attendees will understand the basic principles from positive psychology, mindfulness meditation, relaxation training, and psychoneuroimmunology as applied to school psychological practice.
3. Attendees will learn skills they can apply to self-care, resilience, and burnout prevention.
4. Attendees will learn how guided imagery can contribute to positive outcomes with both emotional and physical conditions, especially conditions which may have a psychosomatic component.
5. Attendees will learn skills which contribute to the maintenance of rapport and a positive therapeutic alliance with emotionally disturbed children and adolescents.
6. Attendees will learn how to take good care of themselves and others and have FUN!
Research pointing to a circuit linking the immune system and brain connects illness, stress, mood and thought in a whole new way.

By BETH AZAR

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Even though doctors have all but rejected the idea that going out in the winter with wet hair causes colds, many mothers still insist it's a recipe for illness. Those moms may soon have data on their side from some new research linking stress and the immune system.

The research indicates that stress--maybe even the stress of being cold--appears to tap into the same immune system/nervous system loop that triggers symptoms of the common cold, according to Steven Maier, PhD, who gave the Neal Miller Lecture at APA's 2001 Annual Convention.

For more than a decade, researchers have known that behavioral and psychological events can influence the immune system. But now new research shows that the immune system sends signals to the brain "that potently alter neural activity and thereby alter everything that flows from neural activity, mainly behavior, thought and mood," said Maier, professor of psychology at the University of Colorado.

"In a real, true sense, stress makes you physically sick," explained Maier. "In addition, many of the changes over time in mood and cognition from day to day are driven by events in the immune system of which we are unaware."

The immune-brain loop

When Maier talks about the immune system, he's not talking about the specific immune response of t-cells, b-cells and antibodies that most psychoneuroimmunologists study. He's more interested in what's called the "nonspecific immune response"--the body's rapid, first-line defense against infection or injury that's initiated an hour or two after infection.

This nonspecific immune response is often called the "sickness" response because it triggers a series of physiological and behavioral changes, including fever, changes in liver metabolism, reduced food and water intake, reduced sexual activity, reduced exploration and increased anxiety. It also activates a classic stress response, releasing stress hormones such as cortisol.
According to Maier, the sickness pattern is an orchestrated attempt to produce energy for fighting infection and to preserve energy through behavior changes. Knowing that signals from the brain—in particular the hypothalamus—trigger these sickness responses, Maier and his colleagues set out to tease apart the molecular machinery at work. The first step was to figure out how the brain knows there's an infection in the first place.

The key lay in molecules called pro-inflammatory cytokines, which include interleukin-1, interleukin-6 and tumor necrosis factor alpha. Immune cells called macrophages, which are the first on the scene of any infection, create these molecules and experiments showed that they act inside the brain to trigger the sickness response.

For example, when Maier and his colleagues inactivate these cytokines or block the receptors in the brain that bind them, animals show no sign of sickness after infection. And if they administer these cytokines to the brain, the animals show all the signs of infection even when no infection exists.

But, Maier and his colleagues found, it's not the cytokines produced in the blood by macrophages that tell the brain you're sick. They're too big to get past the blood-brain barrier. Instead, the message moves from the bloodstream to the vagus nerve, which delivers it to the brain.

"If I cut your vagus," said Maier, who has done such in rats, "your brain doesn't know you're sick."

How does the body translate a blood-borne signal into a neural signal? Sitting along the vagus are pockets of neurotransmitters, called paraganglia, which have on them receptors for interleukin-1—one of the cytokines released by macrophages.

"So, the way this all works is really clever," explained Maier. "Your macrophage chews on a bacteria, it releases interleukin-1 into the neighboring space, the interleukin-1 binds to receptors on the paraganglia, which send neurotransmitters to activate the vagus nerve," which sends a signal to the brain. This signal triggers the brain to make its own interleukin-1 and that sets off the sickness response and sends signals back to the immune system, further activating immune cells.

"We have a complete, bi-directional immune-to-brain circuit," said Maier.
Stress makes you sick

It turns out that stress taps into this very same circuit, but starting in the brain rather than the immune system. Maier and his colleagues find that if they stress animals--by socially isolating them or giving them electrical shock--they see massive increases in interleukin-1 in the hippocampus.

"Stress and infection activate overlapping neural circuits that critically involve interleukin-1 as a mediator," said Maier.

And, not only does stress produce the expected stress response, it also produces exactly the same behavioral changes--including decreased food and water intake and decreased exploration--and physiological changes, including fever, increased white blood cell count and activated macrophages seen in the "sickness response."

"These animals are physically sick after stress," said Maier. "You see everything you see with infection."

The implications of this shared neural loop are that stress and infection sensitize the body's reaction to the other. In other words, an infection primes the circuit so that it has an exaggerated response to later stress and vice versa.

"How you react to a stressor or an infectious agent depends critically on events of the other type in the past," said Maier. And, he added, the effect isn't short-lived. He's measured it out to 10 days.

And so it appears that stress enhances immunity--at least the nonspecific, first-line immunity, said Maier, which makes some evolutionary sense. If we're under stress-- about to be attacked by a wild animal, for example--we would want to prime our first-line immune response to be ready in case of injury.

"Stress is another form of infection," he said. "And the consequences of stress are mediated by the activation of circuits that actually evolved to defend against infection."

Depression and cognition

Understanding this dual-function circuitry may help psychologists better understand depression, said Maier. In fact, depressed mood produces all the same behavior changes as both the sickness and stress responses--changes that conserve energy and keep people out of harm's way. In some sense, it could be thought of as a highly efficient circuit for triggering these adaptive changes.
Evidence for connecting depression with the sickness/stress circuitry comes from studies in animals and humans. For example, studies of patients receiving interleukin-1 to fight cancer found that they developed severe depression and, vice versa, people with depression have elevated cytokine levels.

Clinical studies have also associated cytokines with cognitive impairments, said Maier, which led him to his most recent work attempting to link changes in the immune system with day-to-day variability in cognitive function.

Preliminary work finds that he can disrupt learning and memory in rats by injecting bacteria into rats' digestive tracts or by injecting interleukin-1 into their hippocampus. He and his colleagues are now trying to work out the molecular mechanisms that cause the disruptions in learning and memory.

"This is a really exciting time for psychoneuroimmunology," concluded Maier. "We're finding that products of the immune system alter neural activity and everything else that flows from neural activity. It's not very unusual anymore to think of hormones as regulating neural function, and I believe that in another few years it will be no less unusual to think of immune products regulating neural function."

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Psychoneuroimmunology

Psychoneuroimmunology

Definition

Psychoneuroimmunology (PNI), is a relatively recent branch of science that enforces beliefs that physicians have held for many centuries, perhaps well before the times of the ancient Greeks. The premise is that a patient's mental state influences diseases and healing. Specifically, PNI studies the connection between the brain and the immune system.

Origins

The term psychoneuroimmunology was coined by Robert Ader, a researcher in the Department of Psychiatry at the University of Rochester Medical Center in Rochester, New York. In the 1970s, studies by Ader and other researchers opened up new understandings of how experiences such as stress and anxiety can affect a person's immune system.

In the 1970s, Ader performed experiments on lab rats, which showed that environmental factors could impact the immune system. Ader's work went against accepted scientific knowledge, which held that the immune system was not related to other bodily systems, and had no way to physically interact with the nervous system. However, other studies confirmed Ader's findings. The field of PNI blossomed, and hundreds of studies explored various interactions between the immune system and other mental and physical processes.

Many PNI studies have focused on how stress, hostility, and depression impact the immune system. Many conditions such as heart disease, osteoporosis, arthritis, delayed wound healing, and premature aging, are related to stress and negative emotions. Fewer studies have been aimed at showing the benefits of happiness, or positive emotions, on health (perhaps because this is more difficult to test).

Many doctors have noted that a patient's desire to get well is related to the outcome of a disease. Clinical anecdotes recount cases of miraculous healing for no demonstrable reason, or cases where a terminally ill patient held on for months longer than expected to make it to a daughter's wedding or other important occasion. Faith in the physician (or shaman or other healer) has also long been thought to influence healing. The ancient Greek physician Galen wrote, "He cures most successfully in whom the people have the most confidence."
The placebo effect is also a curious aspect of healing. A placebo is a sugar pill or other non-active prescription, which might be given so that the patient thinks he or she is being treated medically. The actual incidence of the placebo effect is difficult to measure, but some researchers believe that as many as one-third of all patients will improve on a placebo.

Benefits

More than a particular therapy, PNI is a field of research. However, PNI has explored the benefits of many nontraditional or holistic approaches to healing. These include psychotherapy and counseling for people with cancer, and biofeedback and relaxation therapies to reduce stress. It is possible that PNI studies will lead to the discovery of new ways to enhance the immune system, just as it has already shown new ways the immune system can be suppressed. PNI gives credibility to many long-held folk beliefs about the effect of the mind on disease and healing. By demonstrating the physical means by which the mind influences the body, and vice versa, PNI provides a measure of validity to holistic approaches to healing.

Description

Psychoneuroimmunology provides a scientific framework for researchers to investigate the aspects of healing that go beyond standard clinical therapy. PNI researchers look for the physical links that allow the immune system to respond to psychological factors, such as the will to live to a certain date. They look at the ways that mental states, such as hopelessness, can signal the immune system to lower the body's defenses.

Research & general acceptance

Though many scientists were at first skeptical of the findings of PNI, by the start of the twenty-first century the field gained wider credibility. A great deal of new research is being carried out, and there are several academic journals devoted to PNI. Researchers emphasize that they are not simply providing scientific backing for beliefs that happy people live longer, or that people who hold in their anger give themselves cancer. Instead, they are discovering how the immune system communicates with the neurological and endocrine systems.

Some studies focus on the function of cytokines, which are substances secreted by cells of the immune system. The two main classes of cytokines are pro-inflammatory (producing inflammation) and anti-inflammatory (fighting inflammation). Studies of cytokines show that psychological factors such as stress depress the immune system, but that deviations in the immune system can also trigger psychological and behavioral changes. The communication goes both ways. A person, who is fighting infection, perhaps from a cold, undergoes behavioral changes like fatigue, irritability, and loss of appetite. PNI maps complex interactions among the
body’s systems. Factors studied include mood, illness, immune response, susceptibility to disease, and maintenance of health.

In the early years of the twenty-first century, the United States Public Health Service funded hundreds of research grants in the field of PNI. PNI has been particularly enlightening for researchers and caregivers who deal with people who have cancer, as well as depression.

Resources

PERIODICALS


ORGANIZATIONS


OTHER


A. Woodward Chicago

Positive Education: An Overview

What is positive education?

“Positive education is defined as education for both traditional skills and for happiness. The high prevalence worldwide of depression among young people, the small rise in life satisfaction, and the synergy between learning and positive emotion all argue that the skills for happiness should be taught in school. There is substantial evidence from well controlled studies that skills that increase resilience, positive emotion, engagement and meaning can be taught to schoolchildren.” From Positive education: Positive psychology and classroom interventions by Martin E.P. Seligman, Randal M. Ernst, Jane Gillham, Karen Reivich, and Mark Linkins

Teaching Well-Being in Schools
The following is an excerpt from Flourish: A Visionary New Understanding of Happiness and Well-Being

First, a quiz:

Question one: in one or two words, what do you most want for your children?


Question two: in one or two words, what do schools teach?

If you are like other parents, you responded, “Achievement,” “Thinking skills,” “Success,” “Conformity,” “Literacy,” “Math,” “Work,” “Test taking,” “Discipline,” and the like. In short, what schools teach is how to succeed in the workplace.

Notice that there is almost no overlap between the two lists.

The schooling of children has, for more than a century, paved the boulevard toward adult work. I am all for success, literacy, perseverance, and discipline, but I want you to imagine that schools could, without compromising either, teach both the skills of well-being and the skills of achievement. I want you to imagine positive education.

Should well-being be taught in schools?

The prevalence of depression among young people is shockingly high worldwide. By some estimates, depression is about ten times more common now than it was fifty years ago. This is not an artifact of
greater awareness of depression as a mental illness, since much of the data arises from door to door surveys which ask tens of thousands of people “did you ever try to kill yourself?,” “did you ever cry every day for two weeks?,” and the like without ever mentioning depression. Depression now ravages teenagers: fifty years ago, the average age of first onset was about thirty. Now the first onset is below age fifteen.

There is much more depression, affecting those much younger, and average national happiness—which has been measured competently for a half century—has not remotely kept up with how much better the objective world has become. Happiness has gone up only spottily, if at all. The average Dane, Italian, and Mexican is somewhat more satisfied with life than fifty years ago, but the average American, Japanese, and Australian is no more satisfied with life than fifty years ago, and the average Brit and German is less satisfied. The average Russian is much unhappier.

Two good reasons that well-being should be taught in schools are the current flood of depression and the nominal increase in happiness over the last two generations. A third good reason is that greater well-being enhances learning, the traditional goal of education. Positive mood produces broader attention, more creative thinking, and more holistic thinking. This, in contrast to negative mood, which produces narrowed attention, more critical thinking, and more analytic thinking. When you’re in a bad mood, you’re better at “what’s wrong here?” When you’re in a good mood, you’re better at “what’s right here?” Even worse: when you are in a bad mood, you fall back defensively on what you already know, and you follow orders well. Both positive and negative ways of thinking are important in the right situation, but all too often schools emphasize critical thinking and following orders rather than creative thinking and learning new stuff. The result is that children rank the appeal of going to school just slightly above going to the dentist. In the modern world, I believe we have finally arrived at an era in which more creative thinking, less rote following of orders—and yes, even more enjoyment—will succeed better.

I conclude that, were it possible, well-being should be taught in school because it would be an antidote to the runaway incidence of depression, a way to increase life satisfaction, and an aid to better learning and more creative thinking.

Can well-being be taught in schools?

My research team, led by Karen Reivich and Jane Gillham, has devoted much of the last twenty years to finding out, using rigorous methods, whether well-being can be taught to school children. We believe that well-being programs, like any medical intervention, must be evidence based, so we have tested two different programs for schools: the Penn Resiliency Program (PRP), and the Strath Haven Positive Psychology Curriculum. Here are our findings.

The Penn Resiliency Program

First, let me tell you about the Penn Resiliency Program: its major goal is to increase students’ ability to handle day-to-day problems that are common during adolescence. PRP promotes optimism by teaching students to think more realistically and flexibly about the problems they encounter. PRP also teaches assertiveness, creative brainstorming, decision making, relaxation, and several other coping skills. PRP is the most widely researched depression-prevention program in the world. During the past two decades, twenty-one studies have evaluated PRP in comparison to control groups. Many of these studies used randomized controlled designs. Together these studies include more than three thousand children and adolescents between the ages of eight and twenty-two. Here are the basic findings:
• Penn Resiliency Program reduces and prevents symptoms of depression.

• Penn Resiliency Program reduces hopelessness. The meta-analysis also found that PRP significantly reduced hopelessness, increased optimism, and increased well-being.

• Penn Resiliency Program prevents clinical levels of depression and anxiety.

• Penn Resiliency Program reduces and prevents anxiety.

• Penn Resiliency Program reduces conduct problems.

• PRP works equally well for children of different racial/ethnic backgrounds.

• Penn Resiliency Program improves health-related behaviors, with young adults who complete the program having fewer symptoms of physical illness, fewer illness doctor visits, better diet and more exercise.

• Training and supervision of group leaders is critical.

• The fidelity of curriculum delivery is critical.

The Strath Haven Positive Psychology Curriculum

So the Penn Resiliency Program reliably prevents depression, anxiety, and conduct problems in young people. Resilience, however, is only one aspect of positive psychology; the emotional aspect. We designed a more comprehensive curriculum that builds character strengths, relationships, and meaning, as well as raises positive emotion and reduces negative emotion. With a $2.8 million grant from the U.S. Department of Education, we carried out a large randomized, controlled evaluation of this high school positive psychology curriculum. At Strath Haven High School, outside of Philadelphia, we randomly assigned 347 ninth-grade students (fourteen- to fifteen-year-olds) to language arts classes. Half the classes incorporated the positive psychology curriculum; the other half did not. Students, their parents, and teachers completed standard questionnaires before the program, after the program, and over two years of follow-up. We tested students’ strengths (for instance, love of learning, kindness), social skills, behavioral problems, and how much they enjoyed school. In addition, we looked at their grades.

The major goals of this global program are (1) to help students identify their signature character strengths and (2) to increase their using these strengths in their daily lives. In addition to these goals, the intervention strives to promote resilience, positive emotion, meaning and purpose, and positive social relationships. The curriculum consists of more than twenty eighty-minute sessions delivered over the ninth-grade year. These involve discussing character strengths and the other positive psychology concepts and skills, a weekly in-class activity, real-world homework in which students apply these skills in their own lives, and journal reflections.

Here are two examples of the exercises we use in the curriculum:
**Three-Good-Things Exercise**

We instruct the students to write down daily three good things that happened each day for a week. The three things can be small in importance ("I answered a really hard question right in language arts today") or big ("The guy I’ve liked for months asked me out!!!"). Next to each positive event, they write about one of the following: “Why did this good thing happen?” “What does this mean to you?” “How can you have more of this good thing in the future?”

**Using Signature Strengths in New Ways**

Honesty. Loyalty. Perseverance. Creativity. Kindness. Wisdom. Courage. Fairness. These and sixteen other character strengths are valued in every culture in the world. We believe that you can get more satisfaction out of life if you identify which of these character strengths you have in abundance and then use them as much as possible in school, in hobbies, and with friends and family.

Students take the Values in Action Signature Strengths test (www.authentichappiness.org) and use their highest strength in a new way at school in the next week. Several sessions in the curriculum focus on identifying character strengths in themselves, their friends, and the literary figures they read about, and using those strengths to overcome challenges.

Here are the basic findings of the positive psychology program U.S. Department of Education program at Strath Haven:

**Engagement in learning, enjoyment of school, and achievement**

The positive psychology program improved the strengths of curiosity, love of learning, and creativity, by the reports of teachers who did not know whether the students were in the positive psychology group or the control group. (That’s what is called a “blind” study because the raters do not know the status of the students they are rating.) The program also increased students’ enjoyment and engagement in school. This was particularly strong for regular (nonhonors) classes, in which positive psychology increased students’ language arts grades and writing skills through eleventh grade. In the honors classes, grade inflation prevails and almost all students get As, so there is too little room for improvement. Importantly, increasing well-being did not undermine the traditional goals of classroom learning; rather it enhanced them.

**Social skills and conduct problems**

The positive psychology program improved social skills (empathy, cooperation, assertiveness, self-control), according to both mothers’ and “blind” teachers’ reports. The program reduced bad conduct, according to mothers’ reports.

**The Geelong Grammar School Project**

Is it possible that an entire school can be imbued with positive psychology?

In January 2008, Karen and I and fifteen of our Penn trainers (mostly MAPP graduates) flew to Australia to teach one hundred members of the Geelong Grammar faculty. In a nine-day course, we first taught the teachers to use the skills in their own lives—personally and professionally—and then we gave examples and detailed curricula of how to teach them to children. The principles and skills
were taught in plenary sessions, and reinforced through exercises and applications in groups of thirty, as well as in pairs and small groups.

Following the training, several of us were in residence for the entire year, and about a dozen visiting scholars came, each for a week or more, to instruct faculty in their positive psychology specialties. Here’s what we devised, which essentially divides into “Teaching it,” “Embedding it,” and “Living it.”

Teaching It: Stand-alone courses and course units are now taught in several grades to teach the elements of positive psychology: resilience, gratitude, strengths, meaning, flow, positive relationships, and positive emotion.

Embedding It: Geelong Grammar teachers embed positive education into academic courses, on the sports field, in pastoral counseling, in music, and in the chapel. For example: English teachers use signature strengths and resiliency to discuss novels; Religion teachers ask students about the relationship between ethics and pleasure; Music teachers use resilience skills to build optimism from performances that did not go well. Athletic coaches teach the skill of “letting go of grudges” against teammates who perform poorly. Chapel is another locus of positive education. Scriptural passages on courage, forgiveness, persistence, and nearly every other strength are referenced during the daily services, reinforcing current classroom discussions.

Living It: Like all Geelong Grammar six-year-olds, Kevin starts his day in a semicircle with his uniformed first-grade classmates. Facing his teacher, Kevin’s hand shoots up when the class is asked, “Children, what went well last night?” Eager to answer, several first graders share brief anecdotes such as “We had my favorite last night: spaghetti” and “I played checkers with my older brother, and I won.” Kevin says, “My sister and I cleaned the patio after dinner, and Mum hugged us after we finished.” The teacher follows up with Kevin. “Why is it important to share what went well?” He doesn’t hesitate: “It makes me feel good.” “Anything more, Kevin?” “Oh, yes, my mum asks me what went well when I get home every day, and it makes her happy when I tell her. And when Mum’s happy, everybody’s happy.”

Positive education at Geelong Grammar School is a work in progress and is not a controlled experiment. Melbourne Grammar School up the road did not volunteer to be a control group. So I cannot do better than relate before-and-after stories. But the change is palpable, and it transcends statistics. The school is not frowny anymore. I was back again for a month in 2009, and I have never been in a school with such high morale. I hated to leave and return to my own frowny university. Not one of the two hundred faculty members left Geelong Grammar at the end of the school year. Admissions, applications, and donations are way up.

A New Prosperity

Prosperity-as-usual has been equated with wealth. Based on this formulation, it is commonly said in the rich nations that this may be the last generation to do better than its parents. That may be true of money, but is it more money that every parent wants his children to have? I don’t believe so. I believe that what every parent wants for their children is more well-being than they themselves had. By this measure, there is every hope that our children will do better than their parents.

The time has come for a new prosperity, one that takes flourishing seriously as the goal of education and of parenting. Learning to value and to attain flourishing must start early—in the formative years of schooling—and it is this new prosperity, kindled by positive education that the world can now choose.
Learn More About Positive Education
The information in this article has been excerpted from the resources below. For more detailed information about positive education, please consult each of these sources.

Flourish: A Visionary New Understanding of Happiness and Well-Being


Research on Resilience/Positive Education

Positive Health: An Overview

What is positive health?
“The definition of positive health is empirical, and we are investigating the extent to which these three classes of assets actually improve the following health and illness targets:

- Does positive health extend lifespan?
- Does positive health lower morbidity?
- Is health care expenditure lower for people with positive health?
- Is there better mental health and less mental illness?
- Do people in positive health not only live longer but have more years in good health?
- Do people in positive health have a better prognosis when illness finally strikes?

So the definition of positive health is the group of subjective, biological, and functional assets that actually increase health and illness targets.”

- Martin E.P. Seligman, from Flourish: A Visionary New Understanding of Happiness and Well-Being

The Positive Health Initiative
The positive health initiative is supported by a $2.8 million grant from the Robert Wood Johnson Foundation.

Re-analysis of Existing Longitudinal Studies

The definition of positive health will thus emerge empirically, and we have started by reanalyzing six large long term studies of predictors of illness—studies that originally focused on risk factors, not on health assets. Under the leadership of Chris Peterson, the leading scholar of strengths, and Laura Kubzansky, a young Harvard professor who reanalyzes cardiovascular disease risk for its psychological underpinnings, we are asking if these studies, reanalyzed for assets, predict the health targets above. While the existing data sets concentrate on the negative, these six contain more than a few snippets of the positive, which until now have been largely ignored. So, for example, some of the tests ask about levels of happiness, exemplary blood pressure, and marital satisfaction. We will see what configuration of positive subjective, biological, and functional measures emerge as health assets.

Global Assessment Tool: A National Treasure

The Global Assessment Tool of the U.S. Army will, we expect, become the mother of all future longitudinal studies. Roughly 1.1 million soldiers are taking the Global Assessment Tool, measuring all the positive dimensions and health assets together with the usual risk factors.
over their entire careers. We expect to join their performance records and their lifetime medical records to the GAT.

We are under way, as I write, in reanalyzing the six promising data sets and marrying our Robert Wood Johnson efforts to the U.S. Army’s Comprehensive Soldier Fitness initiative. Stay tuned.

Cardiovascular Disease (CVD)

In the mid-1980s, 120 men from San Francisco had their first heart attacks, and they served as the untreated control group in the massive Multiple Risk Factor Intervention Trial (acronymic MR FIT) study. This study disappointed many psychologists and cardiologists by ultimately finding no effect on CVD by training to change these men’s personalities from type A (aggressive, time urgent and hostile) to type B (easygoing). The 120 untreated controls, however, were of great interest to Gregory Buchanan, then a graduate student at Penn, and to me because so much was known about their first heart attacks: extent of damage to the heart, blood pressure, cholesterol, body mass, and lifestyle—all the traditional risk factors for cardiovascular disease. In addition, the men were all interviewed about their lives: family, job, and hobbies. We took every single “because” statement from each of their videotaped interviews and coded it for optimism and pessimism.

Within eight and a half years, half the men had died of a second heart attack, and we opened the sealed envelope. Could we predict who would have a second heart attack? None of the usual risk factors predicted death: not blood pressure, not cholesterol, not even how extensive the damage from the first heart attack. Only optimism, eight and a half years earlier, predicted a second heart attack: of the sixteen most pessimistic men, fifteen died. Of the sixteen most optimistic men, only five died.

All studies of optimism and CVD converge on the conclusion that optimism is strongly related to protection from cardiovascular disease. This holds even correcting for all the traditional risk factors such as obesity, smoking, excessive alcohol use, high cholesterol, and hypertension. It even holds correcting for depression, correcting for perceived stress, and correcting for momentary positive emotions. It holds over different ways of measuring optimism. Most importantly, the effect is bipolar, with high optimism protecting people compared to the average level of optimism and pessimism, and pessimism hurting people compared to the average.

Cardiovascular Health Assets

Is there a set of subjective, biological, and functional assets that will boost your resistance to cardiovascular disease beyond average? Is there a set of subjective, biological, and functional assets that will improve your prognosis beyond average if you should have a heart attack? This vital question is largely ignored in CVD research, which focuses on the toxic weaknesses that decrease resistance or undermine prognosis once a first heart attack occurs. The beneficial effect of optimism as a health asset on CVD is a good start, and the aim of our Cardiovascular Health Committee is to broaden our knowledge of health assets. The committee, at work as I write, is headed by Dr. Darwin Labarthe, director of cardiovascular epidemiology at the U.S. Centers for Disease Control (CDC).
Exercise as a Health Asset

Just as optimism is a subjective health asset for cardiovascular disease, it is clear that exercise is a functional health asset: people who exercise a moderate amount have increased health and low mortality, while couch potatoes have poor health and high mortality. The beneficial effects of exercise on health and illness are finally well accepted even within the most reductionist part of the medical community, a guild very resistant to any treatment that is not a pill or a cut. The surgeon general’s 2008 report enshrines the need for adults to do the equivalent of walking 10,000 steps per day. (The real danger point is fewer than 5,000 steps a day, and if this describes you, I want to emphasize that the findings that you are at undue risk for death are—there is no other word for it—compelling.) To take the equivalent of 10,000 steps a day can be done by swimming, running, dancing, and weight lifting; even yoga and a host of other ways of moving vigorously.

Fitness Versus Fatness

The United States has a great deal of obesity, enough so that many call it an epidemic, and huge resources are expended by the government and by private foundations, Robert Wood Johnson included, to curtail this epidemic. Obesity is undeniably a cause of diabetes, and on that ground alone, measures to make Americans less fat are warranted. Steve Blair believes, however, that the real epidemic, the worst killer, is the epidemic of inactivity, and his argument is not lightweight. Here is the argument:

Poor physical fitness correlates strongly with all-cause mortality, and particularly with cardiovascular disease. Lack of exercise and obesity go hand in hand. Fat people don’t move around much, whereas thin people are usually on the go. So which of these two—obesity or inactivity—is the real killer?

There is a huge literature that shows that fat people die of cardiovascular disease more than thin people, and this literature is careful, adjusting for smoking, alcohol, blood pressure, cholesterol, and the like. Very little of it, unfortunately, adjusts for exercise. But Steve’s many studies do. These data show the risk for death in normal-weight versus obese people who are fit or unfit. In the unfit groups, normal and obese people both have a high risk for death, and it does not seem to matter if you are fat or thin. In the fit groups, both fat and thin people have a much lower risk of death than their counterparts in the unfit groups, with fat, but fit people at only slightly more risk than thin fit people. But what I now emphasize is that fat people who are fit have a low risk of death.

Steve concludes that a major part of the obesity epidemic is really a couch potato epidemic. Fatness contributes to mortality, but so does lack of exercise. There are not enough data to say which contributes more, but they are compelling enough to require that all future studies of obesity and death adjust carefully for exercise.

Measurement of Well-Being

The primary goal of the Psychological Well-Being Measurement Committee is to devise measures of psychological well-being that can be used in health and medicine. Although measures of psychological problems are used in medicine, for example symptom inventories that measure depression, the goal of the Psychological Well-Being Measurement Committee is to broaden the psychological measures to include positive psychological well-being factors
such as life satisfaction, positive feelings, social support, and purpose in life. We will include psychological variables in our measures that have been shown in existing research to be associated with physical and mental health. We envision creating several measures of psychological well-being, both brief and longer, that could be used by medical practitioners for screening, as well as measures that would be more detailed and could be used in research settings and when more depth is needed, for example in health-counseling settings. A secondary goal of the committee is to create a core of measures that can be used in national samples for policy purposes. The committee is chaired by Ed Diener and includes: John Helliwell, Richard Lucas, Chris Peterson, and ex-officio members Darwin Labarthe, Martin E.P. Seligman, and Kathleen Hall Jamieson.

**Current Work**

Our committee currently has several projects underway as preparatory work to creating the psychological well-being measures, involving reviews of the literature and existing measures. The reviews we are currently carrying out are:

1. Social Relationships -- What is the evidence linking social support and other social variables to health and longevity?  
2. Purpose and Meaning -- What is the evidence linking purpose and meaning in life to health and longevity?  
3. Mastery, Achievement, Accomplishment, and Engagement -- What is the evidence linking mastery-related variables to health and longevity?  
4. Measures -- What measures exist to assess the above concepts, as well as Subjective Well-Being? How good are the psychometric properties of these measures? Are there good items which will help us to develop our own item-set?

In each of the above areas there is evidence linking facets of these factors with health and longevity. The committee will also determine whether there are other major variables of psychological well-being that we should include.

**Adolescent Positive Health**

Among social and behavioral scientists who study adolescence - roughly defined as the second decade of life - it is widely agreed that positive health during adolescence entails more than the mere absence of illness or behavioral problems. Although as parents, educators, and health practitioners we certainly hope that young people emerge from adolescence completing high school and being free from illness, disability, substance abuse problems, criminal activity, or premature parenthood, we want and expect more than this minimum. We want our teenagers to be healthy and vibrant, not merely free of disease; optimistic and exuberant, not simply "non-depressed"; intimately connected to others, not just part of the crowd; intellectually curious and determined to succeed in academic and extracurricular pursuits, not simply content to do just what it takes to avoid failing; and passionately engaged in activities that excite them, not just "occupied." What does it mean to "flourish" during adolescence? Our intent is to define it, understand it, measure it, and see how well it predicts future psychological and physical well-being. The committee is chaired by Laurence Steinberg and includes: Katherine Bevans, Chris Forrest, Margaret Kern, and Elizabeth Steinberg.

*Note:* The descriptions above are excerpted from *Flourish: A Visionary Understanding of Happiness and Well-Being* and from positive health committee memos.
Learn More About Positive Health
The information in this article has been excerpted from the resources below. For more detailed information about positive health, please consult each of these sources.
Flourish: A Visionary New Understanding of Happiness and Well-Being

Read chapter 9 (“Positive Physical Health: The Biology of Optimism”).

Robert Wood Johnson Foundation – Grant Page

You can read more about the grant from the Robert Wood Johnson Foundation for the positive health initiative here.

Positive Health in Applied Psychology

Read Dr. Seligman's article on positive health in Applied Psychology: An International Review
What is Mindfulness-Based Stress Reduction?

Dr. Jon Kabat-Zinn developed the Mindfulness Based Stress Reduction (MBSR) program at the University of Massachusetts Medical Center. Since its inception, MBSR has evolved into a common form of complementary medicine addressing a variety of health problems. The National Institutes of Health's National Center for Complementary and Alternative Medicine has provided a number of grants to research the efficacy of the MBSR program in promoting healing (see "Studies" below for information on this research). Completed studies have found that pain-related drug utilization was decreased, and activity levels and feelings of self-esteem increased, for a majority of participants.

Mindfulness Based Stress Reduction brings together mindfulness meditation and yoga. Although MBSR is a training with potential benefits for all types of participants, historically, students have suffered from a wide range of chronic disorders and diseases. MBSR is an 8-week intensive training in mindfulness meditation, based on ancient healing practices, which meets on a weekly basis. Mindfulness practice is ideal for cultivating greater awareness of the unity of mind and body, as well as of the ways the unconscious thoughts, feelings, and behaviors can undermine emotional, physical, and spiritual health. The mind is known to be a factor in stress and stress-related disorders, and meditation has been shown to positively affect a range of autonomic physiological processes, such as lowering blood pressure and reducing overall arousal and emotional reactivity. In addition to mindfulness practices, MBSR uses martial arts to help reverse the prevalence of disuse atrophy from our culture's largely sedentary lifestyle, especially for those with pain and chronic illnesses. The program brings meditation and yoga together so that the virtues of both can be experienced simultaneously.

Mindfulness-Based Cognitive Therapy (MBCT) is a form of MBSR that includes information about depression as well as cognitive therapy-based exercises linking thinking and its resulting impact on feeling. MBCT demonstrates how participants can best work with these thoughts and feelings when depression threatens to overwhelm them and how to recognize depressive moods that can bring on negative thought patterns. Mindfulness is a lifetime engagement--not to get somewhere else, but to be where and as we actually are in this very moment, whether the experience is pleasant, unpleasant, or neutral.
About Dr. Carl Totton

Dr. Carl Totton, PsyD, is licensed as a clinical and educational psychologist. He is currently chair and professor of school psychology at Phillips Graduate Institute in Chatsworth, California. He has taught in five colleges and universities, and is on the advisory boards of several non-profit organizations, including Rancho San Antonio Home for Boys and Be Strong Families.

Dr. Totton has a long background in both psychology and education, having worked for nearly 25 years as a school psychologist and school counselor in K-12 schools. He has experience in a wide variety of clinical settings including psychiatric inpatient and general medical hospitals, community mental health clinics, rehabilitation and substance abuse agencies, a state diagnostic center, and in private practice. He has specialized in the provision of services for physically and psychiatrically disabled adults, adolescents, and children.

Dr. Totton received his BS and MS degrees in rehabilitation counseling from California State University, Los Angeles, and a Doctor of Psychology (PsyD) degree from Pepperdine University in clinical psychology. He holds pupil personnel services credentials in both school psychology and school counseling, and licenses in clinical and educational psychology. He is board certified in school neuropsychology and is a nationally certified school psychologist. He has taught seminars in a wide variety of topics including assessment and treatment of emotionally disturbed children and adolescents, stress management and relaxation training with children, self-care for psychologists, crisis intervention with college students, psychological first aid in the workplace, and depression and suicide prevention. He is a frequent keynote speaker and workshop presenter for several organizations.

Dr. Totton is the director of the Taoist Institute of Los Angeles where he teaches programs in Chinese-based health care and education, martial arts, and mindfulness meditation. He is a Board Certified Holistic Health Practitioner (HHP) and Reiki Master. Dr. Totton’s doctoral dissertation in clinical psychology examined meditation as an altered state of consciousness.

Dr. Totton maintains affiliations with several professional organizations including the American Psychological Association, American Psychoanalytic Association, California Association of Marriage and Family Therapists, and the National, California, and Ventura County Associations of School Psychologists.
He has won numerous awards and honors including Outstanding School Psychologist, Educational Psychologist of the Year, Who’s Who in America, Who’s Who in the World, Most Valuable Professor Award, and has been inducted into the Martial Arts Hall of Fame. He is listed in the National Distinguished Service Registry in Medical and Vocational Rehabilitation.

Presently, Dr. Totton is involved in networking with organizations engaged in prevention and education for innovative anti-bullying programs, leading to the establishment of “Safe Zones” for children. He has published several manuals for professionals and graduate students in psychology, and assessment and test selection manuals for school psychologists. He is currently completing two books of poetry and applies poetry and active imagination to the therapeutic process.
Self-Care for School Psychologists & Mental Health Professionals

Useful Exercises from Dr. Carl Totton, PsyD, ABSNP

1. **The Yes Set**: Just say yes! Yes, yes, yes, yes, yes, yes, yes, yes, yes, yes, yes!!!
2. **Bubble**: Take annoying thoughts or physical sensations, imagine you can place them in a bubble, and let them float into the air and *POP!* Let the bubble burst and watch these thoughts just go into the air and disappear.
3. **Thought Stopping**: When having a chronic negative thought, simply say to yourself as loud as you can (in your mind, silently), *STOP*! The thought will momentarily cease and you can then use cognitive reframing, thought substitution, rational disputation, etc. to alter the direction of your self-talk.
4. **Ambience and Mindfulness Meditation**: Ambience is the feeling tone or quality of any room or environment. As you enter any room, simply notice without any interpretation how the room *feels* to use. Don’t even label the feeling, just notice it. Then, as you leave that room or environment, notice the *change* in the next room. That’s it, it will help you remain physically, mentally, and emotionally present at all times, during your daily life, when establishing rapport and the therapeutic relationship with clients, when in stressful situations, etc.
5. **Imagine** you can see inside your body with x-ray eyes. Watch a soothing sensation of total relaxation move from your feet all the way up to your head and down both limbs. Just let go and relax feeling every muscle just melting.
6. **Nature Scene**: Move your awareness to the most beautiful place in nature you can imagine. See it, feel it, smell it, touch it, allow the wonderful calming sensations to completely permeate your body, mind, and breath.
7. **Inner Smile**: Visualize all of your internal organs with a smiley face on them. Then just let those smiles go anywhere you need them, bones, muscles, nerves, blood vessels, tendons, joints, ligaments, every cell on your body. *SMILE*!
8. **Acceptance**: Finally, you are not perfect and don’t have to be! Relax, let go, and just accept yourself and others exactly as you and they are. Be – Here - Now....
9. **Breathe**: Slowly and deeply, just watching and noticing your breath. That’s it!

**Recommended Resources**

7. [www.authentichappiness.sas.upenn.edu](http://www.authentichappiness.sas.upenn.edu). This is Dr. Martin Seligman’s site. See the VIA 24 Character Strengths Inventory which you may take for free here.