Intentional Practice: A Positive Psychology Intervention Planning and Implementation Method

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Abstract

This paper supports an integrative operationalisation of positive clinical psychology, where intervention outcomes (e.g., flourishing) and methods (e.g., positive psychology interventions; PPI's), drawn from both the positive and clinical psychology literature, are collectively brought to focus within intervention planning. The case is made for the role of robust assessment, case formulation and treatment planning to underpin positive clinical psychology. This paper describes a case planning and implementation method (titled intentional practice) that has been developed with reference to the positive psychology literature. The approach and modelling, describes, as opposed to prescribes intervention conditions, and supports flexible and integrative intervention planning. The method enables clinicians, counsellors and coaches to draw upon a range of intervention components (e.g., PPIs, cognitive behavioural therapy) and bring creative flair to their work, but within a framework of intentionality, with evidence and high awareness of intent. A populated case example (intervention plan) is provided.

Key Words

PPIs, positive clinical psychology, intentional practice, case planning, implementation

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Positive psychology rejects a sole reliance of illness orientations to psychological functioning, and has brought renewed focus to mental health and wellness (Maddux, 2016). This has attracted increasing interest in the clinical literature and led to the emergence of "positive clinical psychology" and the viewpoint that "ineffective patterns of behaviors, cognitions, and emotions are constructed as problems in living, not as disorders or diseases" (Maddux, 2008, p. 66). Given the operationalisation of positive clinical psychology remains in its infancy, this paper brings a restricted lens to understanding positive clinical psychology through the case planning and implementation method of intentional practice. This focused methodology asks the practitioner to bring mindful awareness to the intent of an intervention, including the desired outcomes (what) and the processes or mechanisms (how) by which they are achieved (Raymond, 2018). This article briefly describes the methodology and how it can be applied within intervention planning and implementation to deliver multiple intervention components (e.g., PPI's and broader clinical interventions) within an intentional, evidence-informed and highly aware manner.

Integration of the "What" (Outcomes) and "How" (Intervention Components)

Wood and Tarrier (2010) have argued for an integrative operationalisation of positive clinical psychology. This viewpoint contends that both positive (e.g., wellbeing, courage, positive affect) and negative (e.g., depression, anxiety, aggression) aspects of functioning are considered equally within intervention planning and implementation (Held, 2016; Wood & Johnson, 2016). In other words, both positive and negatively framed intervention outcomes ("what" is the intervention focus) and processes ("how" they will be delivered) are valued. Positive psychology brings a content focus to outcomes such as wellness and positive affect,

while traditional clinical psychology interventions bring an outcome focus to reducing stress, anxiety or externalising behaviours (e.g., aggression). Positive psychology has also introduced a range of intervention components or positive psychology interventions (PPIs; see Parks & Titova, 2016), which can be delivered singularly or as part of multi-PPI interventions (e.g., Rashid & Howes, 2016). Table 1 summarises example outcomes and processes associated with positive and clinical psychology, as well as example intervention components associated with both positive (e.g., gratitude PPI) and clinical psychology (e.g., cognitive restructuring, exposure).

Table 1

Intervention Components and Outcomes Aligned with Positive and Clinical Psychology

Intervention Components (How)		**Outcomes (What)**	
Positive Psychology	Clinical Psychology	Positive Psychology	Clinical Psychology
Gratitude PPI	Cognitive restructuring	Flourishing/thriving	Reduced depression
Mindfulness training	Behavioural activation	Forgiveness	Lowered anxiety
Forgiveness PPI	Schema interventions	Courage	Reduced aggression
Kindness PPI	Graduated exposure	Positive affect	Reduced offending
Savouring PPI	CBT skills training	Wellness	Reduced distress

Table 1 highlights that there is significant overlap between clinical and positive psychology intervention components (e.g., they both operationalise skills training). Maddux (2008, p. 68) suggests that both disciplines draw upon similar "strategies and tactics for how to change behaviour," but there is a "different focus in vision and mission" of desired outcomes. Broader arguments have been made that the labelling of interventions and their desired outcomes as either "positive" and/or "negative" remains counterproductive (e.g., Feeney & Hayes, 2016; Held, 2016). For this reason, within this paper they are referred to as

"psychological interventions" and "outcomes." Positive clinical psychology is operationalised as the integration of outcomes (what) and methods (how) that are drawn from both the clinical and positive psychology literature.

Intervention Planning and Implementation Methodology

Within positive psychology, increased emphasis is being placed on person-activity fit (Parks & Titova, 2016), or a movement away from a "what works" to a "what works for whom" (Schueller, 2014). In other words, the implementation of psychological interventions is underpinned by individualised assessment, case formulation and intervention planning. Such processes have been well developed in the clinical psychology literature and offer particular utility for the implementation of PPI's (Lopez, Snyder, & Rasmussen, 2003; Wood & Tarrier, 2010). A number of these planning methods (e.g., functional analysis: Hanley, Iwata, & McCord, 2003) bring focus to understanding "problematic behaviours" and are drawn from illness orientations. This paper proposes that individualised assessment, case formulation and intervention planning should be core components underpinning the delivery of positive clinical psychology interventions. Intentional practice is proposed as a robust intervention planning and implementation method to support this endeavour.

Intentional Practice: Case Planning and Implementation Method

Intentional Practice was developed with reference to the positive psychology, implementation and trauma-informed science literature (see Raymond, 2018; Raymond, accepted). It asks individuals, programs and institutions to bring mindful awareness to the intent of an intervention, including the desired outcomes (what) and the processes or mechanisms (how) by which they are achieved (Raymond, 2018). The method is supported by the skill of mindfulness (Siegel, 2009), and asks the individual, program or institution to bring awareness to key questions:

- What is the intent, energy or *philosophy* driving the intervention (or supporting role)?
- What *outcome* is at the focus of the intervention?
- How, or by which method or *process*, is this outcome being achieved?

These questions can be operationalised at multiple levels, including institutional (e.g., strategic intent), program design, and within moment-to-moment supporting adults roles (e.g., clinical, counselling, coaching, teaching). Across the positive psychology discipline, the method has operationalised multi-site implementation of wellbeing and resilience programming (Raymond, Iasiello, Jarden, & Kelly, 2018), therapeutic program design and implementation (Raymond, accepted; Raymond & Lappin, 2017) and trauma-informed practice for non-clinically trained staff (Raymond, accepted). To support this translation, a model of intentional practice (Life Buoyancy Model; LBM) has been developed (Raymond, 2018). This model operationalises evidence-based intervention design and implementation. It is comprised of two primary categories (a) outcomes and (b) processes, which are further delineated through secondary categories. It is underpinned by a growth-focused practice philosophy. The primary and secondary categories of the LBM are populated with client and context specific content. Each feature is briefly considered in turn, with detailed information available elsewhere (Raymond, 2018).

Outcomes. "Outcomes" articulate the intent or purpose of the intervention, or *what* the intervention is designed to achieve. In the model, the primary category is further delineated into a hierarchy of short-, medium- and long-term outcomes. The long-term outcome (or impact) represents the vision or desired intervention impact, with the medium-term outcomes representing an intermediate goal that has a conceptual or evidence-informed relationship with the long-term outcome. The LBM brings strongest attention to the immediate intent of the intervention (short-term outcomes). These have an evidence-informed

relationship with the medium-term outcome and are delineated under the organising categories of (a) awareness, (b) skills and (c) mindsets. These represent outcomes that can be brought to attention within moment-to-moment practice, and they provide a method to deconstruct wellbeing and resilience skills (e.g., growth mindset, gratitude) to support both implicit and explicit teaching methods (see Raymond et al., 2018).

Processes. "Processes" bring attention to *how* the intervention delivers its stated outcomes and are divided into secondary categories of "intervention components" and "activating experiences." Intervention components includes the activities, learning experiences, training sessions, program deliverables or core communication patterns that are delivered within the intervention (Raymond, 2018). The LBM (and intentional practice method) does not prescribe intervention components, but instead, values creativity, innovation and the use of a wide range of psychological interventions (or components) that are delivered in an intentional, evidence-informed and highly aware manner. Components were conceptualised from the viewpoint that interventions can be sub-divided into meaningful bits or 'modules,' which can be implemented collectively or independently (Chorpita, Daleiden, & Weisz, 2005). Under this definition, a PPI represents an individual intervention component or module of intervention.

"Activating experiences" brings attention to three process factors (validation, curiosity and coaching) that engage, positively challenge, motivate, and stimulate (or activate) growth outcomes (Raymond, 2018). These factors were drawn from the therapeutic, educational and positive psychology literature, and bring focus to key common drivers or elements that "activate" the potential of the intervention components or modules. These process elements support the nuancing of the LBM and intentional method to specific client needs and context.

Practice Philosophy (Growth Intent). The LBM was designed to be applied across multi-disciplinary settings. To deliver this aim, the model was framed and organised through positive psychology principles and constructs. Importantly, the model isolates "growth" as the core category of intent to be brought to focus within intervention design and implementation. That is, the intent or purpose of interventions are to "grow" (or build) the capacity of individuals for improved wellbeing and behavioural outcomes. This growth-focused orientation is operationalised as practitioners adopting a "growth intent" (Raymond, 2018); a construct drawn from the self-determination (Deci & Ryan, 2000) and growth mindset literature (Dweck, 2012).

Summary. Intentional practice is an awareness raising methodology designed to support the delivery of higher impact intervention outcomes (Raymond, 2018). By describing, as opposed to prescribing intervention conditions, it provides a flexible and integrative case planning methodology that supports clinicians, counsellors and coaches to draw upon a range of intervention components and bring creative flair to their work, but within a framework of intentionality and high awareness of intent, desired outcomes (what) and method (how).

Case Example

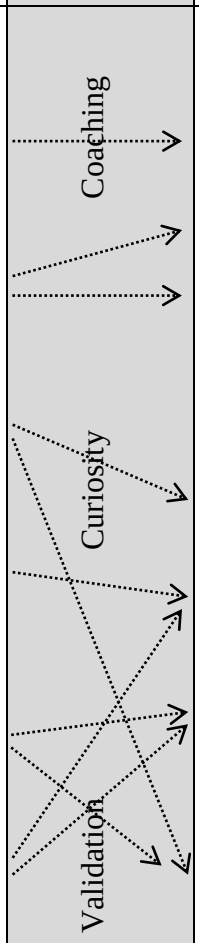
Table 2 provides a populated intervention plan for an adult client presenting with moderate depressive symptoms. Following a detailed assessment process, including drawing upon positive psychology assessment tools (Joseph & Patterson, 2016), the practitioner worked side-by-side with the client to formulate the intervention vision (or impact) of flourishing. This was further broken down into medium-term outcomes: (a) increased positive affective states, (b) increased engagement with meaningful and personally rewarding activities and relationships and (c) a reduction in depressive symptoms. These outcomes were further broken down into "building blocks" of growth intent, as mapped to the categories of

awareness (e.g., awareness of triggers, PERMA model), skills (e.g., diffusing from difficult thoughts, savoring positive affect) and mindsets (e.g., grateful).

Drawing upon their previous training and experiences, the practitioner mapped psychological interventions (components, modules or PPIs) to each domain of growth intent. These included: (a) reflective conversations, (b) psycho-education or explicit teaching, (c) the 'Three Good Things' PPI, (d) cognitive diffusion techniques drawn from Acceptance and Commitment Therapy, (e) 'Savoring' PPI and (f) mindfulness skills training. Intentional practice asked the practitioner to bring mindful awareness to the growth intent or purpose behind each component (denoted by arrows). For example, reflective conversations brought an intent to grow awareness of triggers of positive and negative affective states. In more detailed applications of the modelling (see Raymond, 2018), the practitioner brings awareness to whether or not each intervention component is having an activating effect. This asks the practitioner to reflect upon the degree the intervention is experienced as validating (e.g., client feels understood, heard and validated), evokes the client's curiosity (or interest or 'wonder') and includes coaching elements that supports the client to translate the growth content to their setting and context.

Table 2

Case Example: Intervention Plan for Moderate Depressive Symptoms

Process ("How")		**"Hierarchy of Outcomes" ("What")**		
Intervention Components[a]	**Activating Processes[b]**	**Growth Intent (Short-Term Outcomes)**	**Medium-Term Expression**	**Long-Term Impact**
Reflective conversations Psycho-education 'Three Good Things' PPI Cognitive diffusion (based upon ACT) Savoring PPI Mindfulness skills training (with homework)		**Awareness** Triggers of positive and negative affective states PERMA and its expression What is gratitude, cognitive diffusion, mindfulness and how they can be applied **Skills** Activate grateful thinking in day-to-day situations Diffuse from difficult or unhelpful thoughts Notice and savor positive feelings in the moment **Mindsets** Grateful mindset	Increased positive affective states Increased engagement with meaningful and personally rewarding activities and relationships Reduced depressive symptoms	Flourishing

Note: [a]In this case example, the intervention components were drawn from the practitioner's previous training and experience. Intentional practice does not prescribe intervention components, but instead, asks the practitioner to bring high awareness to their interventions and intent. [b]The arrows represent the points where the practitioner brings mindful awareness to the intent underpinning each intervention component. This mindful reflection seeks to evoke evidence and knowledge gained through the practitioner's historical training and experiences. In deeper applications, the modelling seeks to brings the practitioner's awareness to the "activating" properties of the component (e.g., is it experienced as validating, does it evoke curiosity, and are coaching or learning opportunities provided to support the client translate the content to their setting and context). Each arrow signifies where the intervention component has been mapped to a specific area of growth intent within the broader intervention.

Conclusion

As an emergent discipline, further work is required to operationalise positive clinical psychology. This paper suggests this should include stronger consideration to the processes of intervention planning and implementation, and integrating both positive and negative features of human functioning. The LBM and intentional practice method is presented as one method to operationalise this process, and bring attention to positive psychology implementation underpinned by high awareness (mindfulness), evidence and intentionality. Specifically, the article demonstrates how different intervention components (e.g., PPI's and broader clinical interventions) can be integrated and applied alongside each other in an intentional and highly aware manner. Intentional practice represents a process focused and awareness raising methodology that can underpin the design and implementation of many interventions. Therefore, it is possible this methodology has cross-cultural utility; however, determining this requires broader empirical and theoretical testing. It is hoped this paper has sparked practitioner and researcher interest to understand the methods that underpin the design and implementation of positive psychology interventions.

References

Chorpita, B. F., Daleiden, E. L., & Weisz, J. R. (2005). Modularity in the design and application of therapeutic interventions. *Applied and Preventive Psychology, 11*(3), 141-156. doi:10.1016/j.appsy.2005.05.002

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*(4), 227-268.

Dweck, C. (2012). *Mindset: How you can fulfil your potential*. London: Constable & Robinson.

Feeney, T. K., & Hayes, S. C. (2016). Acceptance and commitment therapy. In A. M. Wood & J. Johnson (Eds.), *The Wiley Handbook of Positive Clinical Psychology* (pp. 445-459). Chichester, UK: John Wiley & Sons. doi:10.1002/9781118468197.ch29

Hanley, G. P., Iwata, B. A., & McCord, B. E. (2003). Functional analysis of problem behavior: A review. *Journal of Applied Behavior Analysis, 36*(2), 147-185. doi:10.1901/jaba.2003.36-147

Held, B. S. (2016). Why clinical psychology should not go “positive” – and/or “negative”. In A. M. Wood & J. Johnson (Eds.), *The Wiley Handbook of Positive Clinical Psychology* (pp. 31-45). Chichester, UK: John Wiley & Sons. doi:10.1002/9781118468197.ch3

Joseph, S., & Patterson, T. G. (2016). A practical guide to positive functioning assessment in clinical psychology. In A. M. Wood & J. Johnson (Eds.), *The Wiley Handbook of Positive Clinical Psychology* (pp. 47-56). Chichester, UK: John Wiley & Sons. doi:10.1002/9781118468197.ch4

Lopez, S. J., Snyder, C., & Rasmussen, H. N. (2003). Striking a vital balance: Developing a complementary focus on human weakness and strength through positive psychological assessment. In S. J. Lopez & C. R. Snyder (Eds.), *Positive*

psychological assessment: A handbook of models and measures (pp. 3-20). Washington, DC: American Psychological Association. doi:10.1037/10612-001

Maddux, J. E. (2008). Positive psychology and the illness ideology: Toward a positive clinical psychology. *Applied Psychology, 57*, 54-70. doi:10.1111/j.1464-0597.2008.00354.x

Maddux, J. E. (2016). Toward a more positive clinical psychology. In A. M. Wood & J. Johnson (Eds.), *The Wiley Handbook of Positive Clinical Psychology* (pp. 19-29). Chichester, UK: John Wiley & Sons. doi:10.1002/9781118468197.ch2

Parks, A. C., & Titova, L. (2016). Positive psychological interventions. In A. M. Wood & J. Johnson (Eds.), *The Wiley Handbook of Positive Clinical Psychology* (pp. 305-320). Chichester, UK: John Wiley & Sons. doi:10.1002/9781118468197.ch21

Rashid, T., & Howes, R. N. (2016). Positive psychotherapy. In A. M. Wood & J. Johnson (Eds.), *The Wiley Handbook of Positive Clinical Psychology* (pp. 321-347). Chichester, UK: John Wiley & Sons. doi:10.1002/9781118468197.ch22

Raymond, I., Iasiello, M., Jarden, A., & Kelly, D. (2018). Resilient Futures: An individual and system-level approach to improve the wellbeing and resilience of disadvantaged young Australians. *Translational Issues in Psychological Science*. *4*(3), 228-244. doi: 10.1037/tps0000169

Raymond, I. J. (2018). A programme logic framework designed to strengthen the impact and fidelity of wellbeing and behavioural interventions. In P. Slee, G. Skrzypiec & C. Cefai (Eds.), *Child and adolescent well-being and violence prevention in schools.* London: Routledge.

Raymond, I. J. (accepted). Trauma-informed residential programming: We know ‘what’ we need to focus on….but ‘how’ do we implement this? A case for intentional practice. *(submitted to Residential Treatment for Children and Youth).*

Raymond, I. J., & Lappin, S. (2017). *EIYBC Program implementation review (2013-2016) and future directions.* Adelaide: Connected Self Pty Ltd. Retrieved from https://nt.gov.au/__data/assets/pdf_file/0008/363185/nt-early-intervention-youth-boot-camp-program.pdf.

Schueller, S. M. (2014). Person–activity fit in positive psychological interventions. In A. C. Parks & S. Schueller (Eds.), *The Wiley Blackwell Handbook of Positive Psychological Interventions* (pp. 385-402): John Wiley & Sons. doi:10.1002/9781118315927.ch22

Siegel, D. J. (2009). Mindful awareness, mindsight, and neural integration. *The Humanistic Psychologist, 37*(2), 137-158. doi:10.1080/08873260902892220

Wood, A. M., & Johnson, J. (2016). Positive clinical psychology. In A. M. Wood & J. Johnson (Eds.), *The Wiley Handbook of Positive Clinical Psychology* (pp. 1-17). Chichester, UK: John Wiley & Sons. doi:10.1002/9781118468197.ch1

Wood, A. M., & Tarrier, N. (2010). Positive clinical psychology: A new vision and strategy for integrated research and practice. *Clinical Psychology Review, 30*(7), 819-829. doi:10.1016/j.cpr.2010.06.003