SPECIAL ISSUE

Ethical guidelines for
positive psychology practice

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Contents

Declaration: These guidelines are the result of a collaborative and independent working group led by Aaron Jarden, Tayyab Rashid, Annalise Roache and Tim Lomas. The guidelines are independent of any organisation or association; however, numerous parties have been involved in the development and refinement of this first iteration. It is the authors' intention to update the guidelines on a bi-annual cycle to further strengthen their depth and breadth of functionality, and we welcome feedback from the community to aaron.jarden@unimelb.edu.au

Introductory Notes

Preamble

Ethical perfection is, perhaps, a utopian ideal, since human beings, including positive psychology practitioners (PPPs), are fallible, vulnerable, and imperfect. The complexities of contemporary life, such as ever-expanding cyber-living, erratic climate change, refugee crises, evolving identities, and increasing economic polarisation, exacerbate human vulnerabilities. Psychological services, especially ones with an explicit aim of restoring or enhancing wellbeing, are not easily offered without competing priorities and ethical dilemmas. No single set of ethical guidelines, standards, or even statutes can fully encapsulate the range of human complexities. A set of broad-based values, personal strengths, and principles, nonetheless can guide us to more ethical decision making, especially when we use positive psychological interventions (PPIs), which generically aim to enhance wellbeing.

This guideline contains a) values, b) strengths, and c) principles for positive psychology practice. It is important to note that 'guidelines' usually sit within broader frameworks, which will vary by context and jurisdiction. For example, guidelines may sit at the bottom of a prescriptive hierarchy such as that depicted in Figure 1 below:

Figure 1. Guidelines and broader frameworks.

Thus, it is important to consider guidelines along with other relevant frameworks. In addition, whilst an individual or organisation may subscribe to and endorse these guidelines for "positive psychology practice," in some countries and jurisdictions it may be illegal to call yourself a "positive psychologist" – please be aware of the restrictions and requirements of your location.

Professional bodies and the ethical guidelines for positive psychology practice

Where a practitioner is a member of a relevant professional body (e.g., American Psychology Association, Australian Psychological Society, International Coach Federation), then first and foremost, their association's standards, code or guidelines will inform their practice. We expect that when practitioners are members of a licensing or credentialing body (e.g., College of Psychologists), with adequate education, training and experience in practising psychology or related fields, such practitioners are therefore familiar with the rules, standards, regulations, statues, and procedures of practising psychology within their jurisdiction.

The ethical guidelines for positive psychology practice introduced here are designed to augment, not replace, such existing jurisdictional/professional codes and guides. As such, these guidelines also provide a baseline for practitioners who are not associated with or affiliated to a professional body.

Guideline aspirations

Why have a set of ethical guidelines? These guidelines aim to enhance ethical practice by displaying a commitment to scientifically informed and evidence-based practice in the field of positive psychology (PP). They aim to infuse an aspiration to maintain (reasonable) fidelity to the science of wellbeing, and for practitioners to consider the corresponding guidelines for self-presentation and marketing of the potential benefits. The guidelines attempt to promote to PPPs and others a clearer understanding of what is ethically informed practice of positive psychology. With the assistance of such guidelines, PPPs are expected to display a commitment to aspects such as:[1]

a) closely studying the research, and building their practice from a science base;

b) continually updating their knowledge through ongoing learning and professional development;

c) carefully and accurately communicating the limits of knowledge related to PPIs, as well as potential benefits and pitfalls of specific PPIs and wellbeing programmes; and

d) monitoring the wellbeing, and positive and negative changes in wellbeing, of their clients during service provision.

Who are the guidelines for?

The purpose of these guidelines is to enable optimal ethical practice of PPPs, and in doing so to act beneficently (to do good to others) and non-maleficently (to avoid potential harm to others). As such, these guidelines are for professionals (e.g., psychologists) and others (e.g., students, or those with no affiliations) who are delivering PPIs or using knowledge from the field of positive psychology in their practice. This is not a guideline for how to use or deliver particular PPIs.

Provisional nature of guidelines

We note that the current guidelines (version 1.0, 19th July 2019) are provisional and subject to ongoing revision every two years through an iterative consultative process with key stakeholders. Such regularity is to ensure that the guidelines are responsive to contextual changes and reflect ever evolving local and global themes. In that respect, we welcome feedback on the guidelines outlined here at any time.

It is also important to note that only English speaking, mostly Western countries, have influenced the development of these guidelines, and, as such, the guidelines are limited to such boundaries. However, since this is a living growing document identified by version number, it is hoped that future versions will incorporate the influence of codes and guidelines from non-English speaking and non-Western countries.

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[1] We have chosen four examples here to demonstrate such commitments, however, note that this list could be lengthy.

Key terms

Client

Practitioners work with clients. "Client" is a generic term used to refer to the recipient of any services such as (however, not limited to) an individual, couple, family, group, organisation, sponsor, or other specifiable social unit.

Codes vs guidelines

A code usually has legal or other enforceable ramifications, whereas guidelines suggest best practice which is not usually "regulated" or "policed." Guidelines, by their nature, imply that circumstances are varied and complex, and that following the guidelines often requires practitioners to apply practical wisdom – a combination of experience and common sense.

PP

PP: Positive psychology. There are many ways of conceptualising and defining PP, but most operationalisations usually position it as the scientific study and promotion of overarching constructs such as "happiness," "wellbeing," "flourishing," and "thriving." For instance, Lomas, Hefferon and Ivtzan (2015, p. 1347) define PP as "the science and practice of improving wellbeing." Relatedly, there is the notion of "applied positive psychology," which can simply be read as the application of PP in real-world settings, including through PPIs.

PPI

PPI: Positive psychological intervention. There is within the literature a demarcation made between a "positive *psychology* intervention" and a "positive *psychological* intervention" – for an outline and explanation, see Hone, Jarden, and Schofield (2015). Here we incorporate the wider notion of positive psychological intervention that covers all activities across many disciplines (i.e., from other sub-fields of psychology in addition to PP) aimed towards increasing psychological wellbeing. One popular definition of a positive psychological intervention is: "A positive psychological intervention promotes positive emotions, behaviours, and/or thoughts, thereby increasing the wellbeing of an individual or group" (Schueller, Kashdan, & Parks, 2014, p. 92).

PPP

PPP: Positive psychology practitioner. A practitioner who has completed requisite training to practise (e.g., psychotherapy, counselling, coaching), and undertaken PP specific training with a reputable training provider, thereby allowing an understanding of the scientific research process and its application in the delivery of applied positive psychology (e.g., PPIs).[2]

Strengths

Generally, ethical guidelines and codes espouse specific desired personal characteristics, arbitrarily selected by thought leaders of the specific field. For these guidelines, we used Character Strengths and Virtues (CSV: Peterson & Seligman, 2004), which is a model of empirically validated and cross-culturally endorsed character strengths (McGrath, 2014).

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[2] Who can call themselves a PPP? There is, as yet, no clear demarcation as to the amount and level of training or qualification needed. For example, could one consider oneself a PPP based on a 2-day course, 6-month accredited certificate, or a 2-year Masters in Applied Positive Psychology Programme? In addition, supervised practice (e.g. peer and one-to-one supervision) and online consultation is ideal. Further guidance regarding appropriate training and supervision is needed from the professional bodies in this field (and indeed, such issues are already being considered and addressed by relevant parties).

According to CSV, character strengths are defined as universal traits that are valued in their own right and do not necessarily lead to instrumental outcomes. Rather, as behavioural traits, they facilitate and guide a person to behave in responsible and ethical ways for their own and others' welfare. Character strengths, broadly speaking, reflect *who a person is* (i.e., their character), and values reflect *what a person is committed to* (i.e., their principles and actions).

Practitioner

The term "practitioner" is used generically to refer to anyone with responsibility for the provision of PP related services. "Practitioner" includes anyone undertaking role(s) such as (though not limited to) counsellor, psychotherapist, mental health professional, coach, trainer, mentor, or educator.[3]

Principles

Principles direct attention to important ethical responsibilities. Actions follow from certain principles.

Values

Values are beliefs held by individuals and shared by groups about desirable ends (i.e., broader ideologies about the world and how it should be). Values transcend specific situations, guide how we select actions and evaluate others and ourselves, and are ordered by their relative importance (Schwartz, 2006). Values can represent an important way of expressing a general ethical commitment that becomes more precisely defined and action-orientated when expressed as a principle. In other words, values inform principles. In that communal sense, the values outlined in these guidelines are those the authors have identified as being broadly shared within the PP community.

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[3] The ethos and principles contained in these guidelines could equally apply to wellbeing researchers, where researchers could be considered practitioners in one sense, working with subjects who could be considered similar to clients.

Section One: Values, Strengths, and Principles

The ethical guidelines for positive psychology practice incorporate the following values, strengths and principles. Both values and strengths support the enactment of ethical principles, as displayed in Table 1.

Table 1

Values, Strengths and Principles of Positive Psychology Practice

Values[4]	*Strengths[5]*	*Principles*
1. Protecting the safety of clients and others.	1. Honesty.	1. Beneficence/non-maleficence.
2. Alleviating personal distress and suffering.	2. Fairness.	2. Responsible caring.
3. Ensuring the integrity of practitioner-client relationships.	3. Social intelligence.	3. Respect for people's rights and dignity.
4. Appreciating the diversity of human experience and culture.	4. Teamwork.	4. Trustworthiness.
5. Fostering a sense of self that is meaningful to the person(s) concerned.	5. Kindness.	5. Justice.
6. Enhancing the quality of professional knowledge and its application.	6. Prudence.	6. Autonomy.
7. Enhancing the quality of relationships between people.	7. Perspective.	
8. Increasing personal effectiveness.	8. Judgement.	
9. Striving for the fair and adequate provision of counselling, psychotherapy and coaching services.	9. Self-regulation.	
	10. Perseverance.	
	11. Bravery.	

In addition:

- Almost all codes stipulate a range of personal traits and qualities, whereas this code focuses on strengths and observable behaviours.

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[4] Our values have been selected based on other similar guidelines, and, as such, many of the values can fit in different categories. For example, justice could be perceived as a value, or as a principle. Trustworthiness could be perceived as a strength (honesty), a value, or as a principle. Many of these constructs are debatable in this way. Values have also been ranked by perceived importance, according to the guideline authors.

[5] Strengths 1-7 are ranked by how often they were mentioned and emphasised across 10 similar codes of ethics (e.g., British Association for Counselling and Psychotherapy's *ethical framework for good practice in counselling and psychotherapy*). Strengths 8-11, the authors have deemed important in upholding the six principles.

- The lists of values, strengths, and principles are not in any way exhaustive, but, rather, an initial attempt at what is currently perceived most pertinent to practice. As the guidelines adapt iteratively over time, and debate is had amongst the PP community, it is anticipated that these elements will evolve.
- The lists of values, strengths and principles is also not prescriptive.
- A model of strengths (the Values in Action framework) was chosen, being the most evident in the literature and based on sound science.

Values of positive psychology practitioners

The fundamental values of PPPs include a commitment to:

- Protecting the safety of clients and others. This includes maintaining an ever-vigilant awareness of how a client is responding to one's services, and, moreover, recognising the limits of one's capacity and expertise (and, as such, recognising when a client may need professional help from other sectors, or if the public are in danger).
- Alleviating personal distress and suffering (when within one's boundaries of expertise). This means deploying PPIs in contextually relevant ways to decrease the distress of individuals who seek services in various professional contexts (e.g., therapy, coaching, health).
- Ensuring the integrity of practitioner-client relationships. This includes respecting personal boundaries, and maintaining a commitment to professional practices such as privacy and confidentiality.
- Appreciating the diversity of human experience and cultures. This means not applying a "one-size-fits-all" framework to one's clients, but, rather, respecting and indeed celebrating the variety of people's unique developmental paths, and contextual and cultural backgrounds.
- Fostering a sense of self that is meaningful to the person(s) concerned. This means that the individual develops and pursues goals that are not only fulfilling for the self, but also contribute to the greater good.
- Enhancing the quality of professional knowledge and its application. This means doing one's best to stay abreast of developments in the literature and maintaining an up-to-date knowledge of advances in the field.
- Enhancing the quality of relationships between people. This means recognising that people are inevitably situated within social relationships and networks, and striving to help the person enhance these bonds as far as possible.
- Increasing personal effectiveness. This means striving to help the client operate more effectively in the world and in the unique situations they find themselves.
- Striving for the fair and adequate provision of PP services. This might include advocating for services for hard-to-reach populations, or, where possible, advocating a pricing structure whereby people with less means are still able to benefit from services.

Strengths of positive psychology practitioners

The practitioner's personal strengths are important because they have an impact on the practitioner/client relationship. Many of the strengths considered vital in the provision of services are considered as good personal qualities. It is inappropriate to prescribe that all practitioners possess these strengths, since it is fundamental that these personal strengths are deeply rooted in the person concerned and develop out of personal commitment rather than the requirements of an external authority. A thematic analysis of principles and values

espoused by major guidelines (see Relevant Guidelines section) showed that the following character strengths are presumed to facilitate ethical practice and decision making:

- Honesty: Speaking the truth; presenting oneself in a genuine way and acting in a sincere way; being without pretence; taking responsibility for one's feelings and actions.
- Fairness: Treating all people the same according to notions of fairness and justice; not letting personal feelings bias decisions about others; giving everyone a fair chance.
- Social Intelligence: Being aware of the motives and feelings of other people; knowing what to do to fit into different social situations; knowing what to do to put others at ease.
- Teamwork: Working well as a member of a group or team; being loyal to the group; doing one's share.
- Kindness: Doing favours and good deeds for others; helping them; taking care of them.
- Prudence: Being careful about one's choices; not taking undue risks; not saying or doing things that might later be regretted.
- Perspective: Being able to provide wise counsel to others; having ways of looking at the world that make sense to oneself and to other people.
- Judgement: Thinking things through and examining them from all sides; not jumping to conclusions; relying only on solid evidence to make decisions; having the ability to change one's mind.
- Self-regulation: Regulating what one feels and does; being disciplined; controlling one's appetites and emotions.
- Perseverance: Working hard to finish what one starts, no matter the project: "getting it out the door" in timely fashion; not getting distracted when working; taking satisfaction in completing tasks.
- Bravery: Being a courageous person who does not shrink from threat, challenge, difficulty, or pain; speaking up for what is right even if there is opposition; acting on one's convictions.

Ethical principles for positive psychology practice

Each of the six ethical principles described below is accompanied by examples of good practice that have been developed in response to that principle. Ethical decisions that are strongly supported by one or more of these principles, without any contradiction from others, may be regarded as having a strong moral rationale. However, practitioners will likely encounter circumstances in which it is impossible to reconcile all the applicable principles, and choosing between principles may be required. A decision or course of action does not necessarily become unethical merely because it is contentious or other practitioners would have reached different conclusions in similar circumstances. A practitioner's obligation is to consider all the relevant circumstances with as much care as is reasonably possible and to be appropriately accountable for decisions made.

<u>Beneficence/non-maleficence</u>

Beneficence involves a commitment to promoting the client's and practitioner's wellbeing. The principle of beneficence means acting in the best interests of the client, based on professional assessment. It directs attention to working strictly within one's limits of competence and providing services on the basis of adequate training or experience. Ensuring that the client's best interests are achieved requires systematic monitoring of practice and outcomes (e.g., wellbeing) by the best available means. It is considered important that scientific research and

systematic reflection inform practice. Depending on role and context, there is usually an obligation to take steps to enhance the quality of the services provided, and to commit to updating practice by continuing professional development. An obligation to act in the best interests of a client may become paramount when working with clients whose capacity for autonomy is diminished because of age, immaturity, lack of understanding, distress, or other significant personal constraints.

Non-maleficence, on the other hand, involves a commitment to avoiding harm to the client. Practitioners who adopt this principle:

- avoid sexual, financial, emotional or any other form of client exploitation;
- avoid incompetence (i.e., appropriate application of PPIs, e.g., knowing what works for whom) and malpractice;
- do not provide services when unfit to do so due to illness, personal circumstances or intoxication.

The practitioner has an ethical responsibility to strive to mitigate any harm caused to a client even when the harm is unavoidable or unintended. Practitioners have personal and professional responsibilities to challenge, where appropriate, the incompetence or malpractice of others. They also have a responsibility to contribute to any investigation, and/or adjudication by an appropriately recognised body/authority, concerning professional practice which falls below that of a reasonably competent practitioner and/or risks bringing discredit upon their profession or PP.

Responsible caring

The practice of PP promotes wellbeing. In pursuing this goal, PPPs who adopt this principle demonstrate an active concern for the welfare of those with whom they work, and acknowledge the social and institutional power that structures their role as PPPs. They have a primary responsibility to protect the welfare of those with whom they work. They recognise that individuals, families, groups, or communities may be in a vulnerable position. They also recognise their boundaries of expertise (including the absence of knowledge) and refer to other specialists when needed, and they accept responsibility and correct any harm that occurs as a result of their service provision. PPPs are also expected to take an active and ongoing interest in empirical and theoretical developments in their field, ensuring that they maintain up-to-date knowledge of the evidence base regarding the PPIs they are implementing.

Respect for people's rights and dignity

In accordance with the United Nations Universal Declaration of Human Rights, respect for the dignity of persons and their rights requires that: each person and all peoples are positively valued in their own right, their rights are acknowledged and respected, and they are shown respect and granted dignity as part of their common humanity. Practitioners who adopt this principle show respect which requires sensitivity to cultural and social diversity. This includes a recognition of differences among persons associated with their culture, nationality, ethnicity, colour, race, religion, gender, marital status, sexual orientation, physical or mental abilities, age, socio-economic status, and/or any other personal characteristic, condition, or status. Such differences are an integral part of the person, and should be respected as such.

Trustworthiness

Being trustworthy (fidelity) involves honouring the trust placed in the practitioner. Trustworthiness is regarded as fundamental to understanding and resolving ethical issues. Practitioners who adopt this principle:

- act in accordance with the trust placed in them;
- strive to ensure that clients' expectations are ones that have reasonable prospects of being met;
- honour their agreements and promises;
- regard confidentiality as an obligation arising from the client's trust;
- restrict any disclosure of confidential information about clients to furthering the purposes for which it was originally disclosed – with the exception of mandated disclosure (e.g., a law in one's jurisdiction requires such disclosure).

Justice

Justice involves the fair and impartial treatment of all clients and the provision of adequate services. The principle of justice requires that practitioners who adopt this principle are just and fair to all clients and respect their human rights and dignity. It directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations. Justice in the distribution of services requires the ability to determine impartially the provision of services for clients and the allocation of services between clients. A commitment to fairness requires the ability to appreciate differences between people and to be committed to equality of opportunity and outcome, and avoid discrimination against people or groups based on their personal or social characteristics. In other words, justice entails that unfair discrimination based on certain characteristics (e.g., gender or age) does not happen. Practitioners have a duty to strive to ensure a fair provision of services that are accessible and appropriate to the needs of potential clients.

Autonomy

Autonomy involves respecting the client's right to be self-governing. This principle emphasises the importance of developing a client's ability to be self-directing within the provision of services and all aspects of life. The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social ends. Practitioners who respect their clients' autonomy:

- ensure accuracy in any advertising or information given in advance of services offered;
- seek freely given and adequately informed consent throughout the relationship;
- emphasise the value of voluntary participation in the services being offered;
- engage in explicit contracting in advance of any commitment by the client and revisit/review the terms of that contract throughout the relationship;
- protect privacy;
- protect confidentiality;
- customarily make any disclosures of confidential information conditional on the consent of the person concerned;
- inform the client in advance of foreseeable conflicts of interest, or as soon as possible after such conflicts become apparent.

Section Two: Applications of the Ethical Guidelines in Practice

This section contains several guides and examples for the contextual application of these ethical guidelines. The content is designed to deepen thinking while also providing useful tools and a self-evaluation guide for resolving and supporting ethical decision making in practice.

Three important considerations

Before applying any specific PPIs, one should assess and appraise the following three important factors, which are the cornerstone of best practice (Barlow, Allen & Choate, 2004):

1. Is the PPI an appropriate match for the situation? This can be ascertained by reviewing the relevant literature and published evidence from reliable sources. For example, before a specific PPI is applied for gratitude, check to see if there is existing published evidence that shows that this specific PPI is a promising technique for the particular client.
2. Does the PPI match with client's presenting needs?
3. How will the effectiveness of a PPI be evaluated? In other words, what specific outcome can be identified and validly assessed to determine the effectiveness of the PPI?

Ethical decision making

Ethical decision making can be assisted by: having adequate knowledge of these ethical guidelines and the guidelines of an associated profession, being aware of the virtuous ethical behaviour of others, and the use of personal strengths in decision making.

Knowledge: We expect that the primary users of these guidelines – namely, PPPs with adequate education, training, and experience in practicing psychology or related fields – are familiar with and can describe these ethical guidelines and any ethical guidelines that pertain to their profession and professional standing. Most jurisdictions emphasise that practitioners need to be familiar with relevant rules, standards, regulations, statues, and procedures.

Behaviour: Ethical behaviour, especially while delivering PPIs, cannot simply come from cognitive knowledge. Ethical behaviour ought to be closely tied with collective behaviours and practices. Can you identify in your professional circles those individuals who model ethical practices? Although your colleagues may not explicitly highlight such practices, due to their modesty, you are encouraged to explicitly ask your peers or wider professional community (regional or international organisation) how they adhere to the ethical standards of your field. Collecting a case repository of good practices will be useful for reflexivity with respect to one's own behaviour. With sufficient accumulation of cases, illustrations of excellence will likely appear. Ideally, practitioners will create an accessible hub where other practitioners have an opportunity to enrich this repository.

Using strengths towards ethical decision making: Strengths can be helpful in several ways in ethical decision making. For example, identifying strengths exemplars can help with present ethical decision making. Find a colleague who presents as a role model as an exemplar of ethical behaviour. Reflect how they handled a specific ethical dilemma or situation, or, more generally, which specific strengths they embody in day-to-day interactions with colleagues and clients that is worth modelling and will help with decision making.

Working considerations

There are a variety of considerations to be mindful of in working with clients that can have immediate and important ethical implications. In particular, it is pertinent to consider: changes in clients, changes in the environments in which PPPs and clients find themselves, the current emotional state and level of wellbeing of clients and PPPs, clients' tendency towards avoidance, relationship power differentials, overuse of strengths, practical wisdom, a declaration of education and competence, and the importance of varying cultural contexts. Consideration of these aspects can help mitigate, anticipate, or prevent some inadvertent and unpleasant consequences.

Changes in clients

While delivering any psychological services, it is important to monitor the psychological wellbeing of clients throughout the course of treatment or intervention. Some clients deteriorate, despite the demonstrated effectiveness of the PPI. Symptoms can deteriorate for any number of reasons, making clients vulnerable. The client may not necessarily share this information with the practitioner, perhaps because they may feel ashamed, afraid, or hesitant to disappoint the practitioner who is working towards increasing their wellbeing. Most often, the explicit focus of PPIs is not the amelioration of symptoms, but, rather, the promotion of wellbeing. Monitoring changing circumstances in the clients' lives is important, as is calibrating the PPIs to these changes. For example, if the client experiences a break-up or loses their job, it is important that the practitioner can address these changes and evaluate their impact. Practitioners should be prepared to suspend an ongoing PPI and adjust the approach accordingly to presenting and ongoing needs, or refer on to another helping professional if appropriate. Failure to do so can negatively impact the alliance, which may not be repairable.

Changes in embedded environments

In addition to accounting for changes within clients, it is important to take into consideration the environment in which both clients and practitioners are embedded. Take a PPP who is also a clinician, as an example. Contemporary clinicians work in highly complex, fast-paced, and pressured environments which are marked by challenges such as a dearth of evidence-based treatment programmes, lack of cultural competence, and chronic and complex needs of clients that impact on multiple domains of their life. Given these challenges, consider clients who:

- may have lost their job or important contracts, or are being overlooked for a deserving promotion only because they do not fit the team;
- may have been recently diagnosed with a serious medical condition;
- are dealing with betrayal or other forms of mistreatment by their partner;
- are experiencing an incident of discrimination;
- are subject to destructive environmental events such as flooding or wildfire, or global problems such as famine.

Consider how these challenges might affect clients and shape their treatments. These cases present a variety of different issues that need to be considered and addressed in different ways, all while considering the regulations and standards of the profession with which the person is aligned. Therefore, it is important that when PPPs offer PPIs, they learn about their clients and also about their environments and recent or current changes to their circumstances. Practitioners also need to be cognisant of the challenges within their own work environment. This may include changes in administration which may bring changes in service modalities –

for example, a new director may endorse or oppose certain PPIs or may prefer another treatment approach (e.g., Neuro-Linguistic Programming, mindfulness-based therapies, Acceptance Commitment Therapy). The changes may have direct or indirect impacts on the practice of PPIs, including from an ethical perspective.

Current emotional state and level of wellbeing

While offering PPIs, it is important to assess changes in clients and their current emotional state and level of wellbeing. It is important that PPPs practice within their scope of expertise and training. For clients that present with issues related to psychopathology (i.e., depression, anxiety, trauma), then the PPP should refer on to a suitably qualified and experienced helping professional. If such issues are not present at the beginning of the working relationships, the PPP needs to be vigilant that such issues may surface while the client is engaged in a PPI and be ready to refer to a sufficiently qualified helping professional. Ideally, the practitioner would discuss with the client and consult with colleagues and relevant experts to ascertain what might be an appropriate timing for persisting with PPIs in such a case.

Avoidance

Avoidance is one of the most common mechanisms people use to cope with negative emotions. A healthy psychological life entails being aware and adaptively using the full emotional spectrum. Some clients seeking PPIs may avoid deeper negative emotions due to their discomfort, and may seek PPIs with hopes that they will dissipate their negative emotions or keep them at bay. Examples of sources of negative emotions include memories of a bitter breakup or divorce, betrayal by a trusted friend, resentment for being the victim of discrimination, and being treated unfairly or in a biased manner by an individual or institution. One way to assess avoidance is by paying attention to negative emotions which find their way back in conversations despite not being discussed explicitly (i.e., emotions which persistently disturb clients and yet are deliberately not discussed).

Although PPIs are breaking new ground with increasing evidence that positive emotions and character strengths can ameliorate and repair negative states (Rashid & Seligman, 2018), this is only the case if the negative states are meaningfully integrated in treatment. If strong negative emotions are avoided by clients or practitioners, the effectiveness of treatment may be compromised.

Power differentials

One of the quintessential features of any psychological interaction involving a practitioner and a client is the power dynamics inherent in the relationship, and especially the power differential. Therapists, counsellors, social workers, and other such professionals are usually aware of this differential. Therefore, they strive to create a safe, non-judgmental, confidential and welcoming space where clients do not feel like the mere passive recipients of prescribed services. Nonetheless, the nature of the transaction is such between the practitioner and the client that the practitioner is, inevitably, perceived as an expert. Clients tend to look up to them as equipped with state-of-the-art knowledge, training, and experience in delivering PPIs. Therefore, the power differential is always there. The practitioner must be cognisant of this differential and should avoid any situations where the client or practitioner may have to make a decision that might be influenced by the power differential.

Overuse of strengths

Under or over use of some strength-based practices can exacerbate existing challenges. For example, in various coaching contexts, suggesting clients be more prudent can cause some to become more anxious or indecisive. Clients exercising forgiveness without deliberating around when and whom to forgive may overlook offences, which, if unchecked or unaccounted, can hurt others. Clients overusing creativity can find it challenging to adhere to norms or rules that foster equity and equal opportunity. Clients committed to making fair decisions in their workplace can find it hard to reconcile opposing realities existing in the same sphere (e.g., coming to terms with how a well-educated and well-informed person can make unwise decisions).

Practical wisdom

Practitioners need what the philosopher Aristotle called "phronesis," i.e., practical wisdom to apply these guidelines. For example, consider a practitioner working with a high-level executive with whom they have established an excellent relationship and who has also made very good progress in their work. However, it comes to the practitioner's notice that the executive is involved in unethical behaviour. Should the practitioner preserve the solid relationship, or confront the person, risking the relationship? A single set of guidelines may not be sufficient. The practitioner needs to interpret the situation and balance competing motives. In such cases, practical wisdom is built from both cumulative experience and good relational bonds with colleagues who can advise and assist with ethical reasoning.

Maintaining resilience and buffering against burnout

A number of PP constructs can buffer against practitioner burnout. Positive emotions (e.g., hope, serenity, joy, interest, and awe) can broaden a practitioner's attentional, cognitive, and behavioural resources, which can act as a buffer against vulnerabilities, such as symptoms of burnout (e.g., emotional exhaustion). Personal practices such as mindfulness can also help in that regard. Interpersonal strengths (e.g., social intelligence, kindness, love, humour, sense of purpose and meaning, and teamwork) can help cope with challenges such as depersonalisation (a state in which one's thoughts and feelings seem unreal or not to belong to oneself). Likewise, a sense of purpose and meaning can restore a personal sense of depersonalisation.

Declaration of education and competence

Practitioners should declare the limits of their competence regarding specific psychological conditions, specific groups (e.g., working with children, other cultures, group work), and specific PPIs. For example, a practitioner may have experience in assessing strengths in adults, yet not with assessing children's or adolescents' strengths. Moreover, as the provision of service continues, it may move into areas in which the practitioner is more superficially experienced or qualified. For example, whilst a practitioner may be experienced and qualified to provide services to children, adolescents, and adults, they may not be experienced or qualified to deliver such services in the context of a family setting, in which case a referral or further support structures may be needed.

In addition, practitioners should declare the educational training and relevant experience upon which their provision of practice is based. For example, a practitioner completes a six-month certificate which included a one-week face-to-face interaction, with the remaining course completed online. The certificate is not recognised by a municipal, regional or provincial license granting authority. The practitioner's website states that they are a "certified positive

psychology practitioner." They have no other professional practicing credentials. Is this ethical? It is important to explicitly inform your clients of the nature, scope and limits of your professional education, practice, and credentials beyond your working title.

Appreciating the importance of cultural context

Ethical decision making should not be based only on awareness, knowledge, or cognitive understanding. Decisions should also reflect the best available and relevant evidence and the circumstances of the cultural context. Cultural context is critical in the delivery of PPIs, because conceptualisation of what is normal, good, or adaptive is shaped by the values espoused as desirable by the culture and social context in which the concern or dilemma presents itself.

Additionally, cultures and social norms differ in how specific emotions are acknowledged, expressed, or amplified. Therefore, it is important that guidelines for an ethical practice of PPIs be rooted in such evidence. The ethical guidelines presented here are broad enough to accommodate cultural context, yet are sufficiently fine-grained to accommodate individual differences and needs. This integration of evidence, including cultural and individual factors, may be easy or readily available. Though such an integration may not yield an ethically perfect path, process or outcome, when individuals strive towards ethical excellence, the collective wisdom helps them to navigate cases as they are encountered. New ground is broken, new paths are paved, and eventually excellence can be achieved. Having the structure of these guidelines is, therefore, crucial to anchor a person's thinking and actions. These guidelines also serve the purpose of evaluating the extent to which one's actions are proximal or distant from ethical excellence.

Resolving Ethical Dilemmas – A Step-By-Step Guide

Though it is impossible to be completely immune from being entangled in ethical dilemmas, the following steps, largely adapted from *Ethics in Psychology* (Koocher & Keith-Spiegel, 1998), amongst other sources, will help a practitioner make sound ethical decisions:

- Practise in accordance with all statutes, regulations, and standards of professional practice, conduct, and guidelines, as stipulated by the respective license granting agency of your jurisdiction. Such information will help a practitioner navigate ethical dilemmas.
- Develop an accurate perception of how the same event may differ from person to person. Consult, with someone trusted and unbiased, as to whether the issue presents ethical dilemmas with serious consequences. Discuss with peers to see if what you are perceiving is an ethical infraction, merely poor professional etiquette, or a situation which poses harm to self or the public.
- Review already-published relevant guidelines, rules, and standards. Make sure you are interpreting these accurately and seek counsel if needed. Written guidelines are sometimes abstract and not clear, with ample room for subjective interpretation.
- Collect all relevant and the best information that you can. Identify existing gaps in information, and document facts and concerns.
- Integrate all the information in your process of reflection, and consult with someone who is well informed, open-minded, and not afraid to point out a practitioner's potential shortcomings.
- Evaluate how the six ethical principles of these guidelines apply (i.e., beneficence/non-maleficence, responsible caring, respect for people's rights and dignity, trustworthiness, justice, autonomy). For example, evaluate the rights, responsibilities, and vulnerabilities of all involved.
- Brainstorm several solutions and appraise each as objectively as possible.
- Consider which character strengths might help you in making the soundest ethical decision. Might you turn to your deeper sense of fairness, honesty, or kindness? Perhaps your bravery is needed to motivate you to "do the right thing"? Remember that ethical decisions require the use of multiple character strengths used optimally and in combination, not just one strength in isolation or one strength "used a lot" (Niemiec, 2018).
- Visualise the outcome of your action or inaction.
- Reflect before making a decision on what impact it will have on you, all others involved, and what might be systematic implications. Also reflect on what kinds of support you may need to adhere to your decision.
- Translate the decision into concrete actions that truly reflect the spirit of your decision. A number of actions may express your decision. Select actions that express your decision accurately and validly, are measurable, connected to desired outcomes, and cause the least inconvenience or damage to those not directly involved.

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Self-Evaluation Guide

The following section outlines questions for practitioners to reflect on that will assist in avoiding ethical dilemmas to support best practice.

PPI Fit: First and foremost, based on the best evidence available, decide if a specific PPI (e.g., gratitude journal, using specific strengths, forgiveness exercise) is an appropriate fit for the client, given their presenting problems, circumstances, and motivation for treatment.

PPI Timing: What steps will you undertake to decide when the PPI is appropriate: 1) at the onset of the services, 2) while the PPI has already commenced? Under what conditions would you consider a concurrent or alternative service or treatment?

Awareness of one's own mental health: How aware are you about your own mental health? Being a practitioner does not make you immune from experiencing symptoms of mental illness that may move towards a clinical range. What steps or actions do you routinely engage in to take care of your own mental health so that you can serve your clients optimally? What barriers do you face in taking care of yourself, such as lack of time and resources, feeling or believing you are just fine, and access to appropriate and relevant professionals who can take care of your mental health?

Mandatory reporting: How comfortable do you feel taking action against a client who might be responding well to PPIs, yet wishes for confidentiality when they inadvertently report an incident (recent or in the past) or ongoing situation which may involve, for example, child or elderly abuse, sexual abuse, or imminent threat to the safety of someone? If you are not practicing under the code or guidelines of a professional body, do you have a legal requirement to report?

Exaggeration and generalisation: You meet someone at a conference who appears passionate about PPIs and invites you to attend a workshop they are offering. You attend the workshop, which is built on a few studies with which you are quite familiar. The results, applications, and generalisability of studies are presented in an exaggerated manner. Most participants find the presentation "transformative" and appear to believe the findings. What would you do? Can you use the steps in the "resolving ethical dilemmas" section to guide your behaviour in such a situation?

Section Three: Case Examples of Ethical Practice

The following cases are examples that may present in practice and have an ethical component relevant to the principles in these ethical guidelines.[6]

Case example 1: Cultural – applying PPIs with cultural sensitivity

Ethical decisions should reflect the best available evidence in the circumstances of the cultural context. Consider the following vignette.

> *Suzanne is an Australian practitioner who is working with a female client of an East Asian cultural background. The client wants self-improvement and to preserve her family relationships. Suzanne opts to use the Best Possible Self Exercise. Suzanne follows all the steps to guide the client through the exercise. Somehow, despite making significant self-improvements, the client reports that her relationships with her family have become sour. Hence, no significant improvement in the client's wellbeing is detected on repeated online measures.*

An important implication in this vignette is consideration of the concept of the *self*, which varies from culture to culture. Suzanne follows a concept of self-development often associated with the West, which encompasses personal growth, and taking new and largely individual initiatives. By contract, self-development in Eastern (and in most non-Western) cultures is thought to place more relative emphasis on investing in relationships, improving social interaction, and contributing to preserving family, group, and tribal traditions. Despite increasing cultural diversity in most urban metropolises, quintessential cultural differences frequently still hold. An important implication of these differences is that the client in this vignette may benefit from understanding how she can use her character strengths to bring benefit to her family or to connect with them more deeply. Suzanne may use the character strengths interventions of Turn Your Strengths Other-Oriented or Character Strengths Appreciation (Niemiec, 2018) in which her client learns to turn her best inner qualities into mechanisms of relationship building that benefits the other and prioritises a way of recognizing and valuing family members for their own best qualities. It could also be the case that self-development supported by significant others can bring deep and sustained increases in wellbeing. However, in an interdependent culture, self-development, which likely involves close family members, also requires managing more complex interactions over a longer period of time. By contrast, the Best Version of Me activity, which focuses on improving individual strengths or taking a new initiative, may require a relatively shorter amount of time. Therefore, it is imperative that PPPs should consider how best their exercises can be culturally adapted.

The following ethical aspects are examples relevant to the above case:

- Responsible caring – The PPP needs to try to care for the client in a way that takes into account the specifics of that client's situation and background.
- Beneficence/non-maleficence – The PPP has a duty to do no harm.
- Respect for people's rights and dignity – The PPP has a responsibility to be sensitive to cross-cultural dynamics, and to respect the client's situated perspective and needs.

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[6] We are grateful to the following individuals who provided these cases: Cases 1 & 3 - Tayyab Rashid, Case 2 - Annalise Roache, Case 4 - Stewart Donaldson, Case 5 - Matthew Iasiello, and Case 6 - Denise Quinlan.

Case example 2: Coaching – coaching clients in changing circumstances

Ethical dilemmas can appear unexpectedly and require an adjustment in service provision. Consider the following vignette.

> *Amanda came to coaching because she was feeling a lack of direction and meaning in life. Previously she had placed a lot of importance on career advancement, but now felt she needed to look for a more balanced approach to life, and moreover, was feeling sad and deflated that she had not accomplished more in life (outside of career enhancement). During the initial intake session, she identified several domains she would like to focus on, which included finance management (to support buying a home), personal development, and increasing fun and social time. She mentioned that her current job was challenging and that she would be looking to make a change in the future, yet this was not a current focus for coaching. In the first two sessions, in which goals were crafted and actions steps clarified, progress was being made in the direction she had indicated as important, and coaching was progressing well. However, at the beginning of the fourth session Amanda declared that her work situation had deteriorated abruptly and she had resigned, having found a new job already. The resignation had not been received well and Amanda was feeling unsettled and highly emotional in her workplace, where she still had four weeks to work out her notice. She indicates feeling triggered by her manager's reaction to her resignation, which is bringing up memories of similar emotional confrontations from her adolescence.*

At this stage it was imperative for the coach to maintain their self-regulation strength and not make an impulsive suggestion due to the rise of Amanda's stressors. From there, the coach could then turn to using the strength of curiosity to check in on how Amanda would like to proceed in the immediate future, and be open to shifting focus within the session/s. It may also be important to understand the nature of Amanda's emotional reaction to determine if coaching is a safe and appropriate mechanism for her current needs. While the coach may have contracted Amanda for a set amount of sessions, the changes in the client's situation must inform the appropriate way forward.

The following ethical aspects are examples relevant to the above case:

- Responsible caring – The coach has a primary responsibility to use kindness and fairness to protect the welfare of Amanda and recognise the boundaries of their expertise.
- Autonomy – Here the coach could focus on developing Amanda's ability to be self-directing within the provision of services and all aspects of life, and to revisit/review the terms of their contract throughout the relationship.
- Beneficence/non-maleficence – The coach, acting in the best interests of Amanda and based on professional assessment, should be aware of working strictly within their limits of competence, and to provide services on the basis of adequate training and experience.

Case example 3: Clinical - working with trauma

Most individuals who experience trauma become overwhelmed in many culturally nuanced ways, especially if they are working on a PPI. They may develop extensive mechanisms to avoid thinking, recalling, or behaving in ways that may be related to their trauma. While

offering PPIs, it is important to appraise and assess such trauma (whether historical and/or current). Without minimising or dismissing it, the practitioner ought to intervene if they have expertise, or, if not, to make a timely referral. The practitioner also needs to be vigilant in case trauma may surface while the client is engaged in a PPI. The practitioner must discuss with the client and consult with colleagues and relevant experts to ascertain what an appropriate timing might be for persisting with PPIs in such a case. Consider the following vignette.

> *Salma, 21, has a long history of experiencing physical, emotional, and sexual abuse. She seeks services for her persistent feelings of depression. She is expecting that the therapist would explicitly ask about the traumatic events in her life. Instead, she is given a short questionnaire which does not include any questions about current or past trauma. In the counselling sessions themselves, Salma finds she does not like the counsellor and chooses not to reveal the details of her trauma. Thus, the treatment remains superficially effective and she is prescribed a fresh round of treatment within six months.*

As the above case demonstrates, it is important to explicitly ask about trauma (although doing so requires great sensitivity, and possibly also clinical training). Depending on the rapport, some clients will explicitly ask related questions, and seek advice, suggestions, coping strategies, or culturally appropriate resources. It is important that, while the PPI is in process and details of a recent or remote trauma surface, the practitioner responds in a way that meets the needs of the client. First and foremost, the practitioner should be sufficiently qualified, trained, and experienced in dealing with the situation. Practitioners should regularly tap their strengths of humility and prudence/caution by periodically checking if they should continue to provide services, or conversely, if the client would be better off with someone with more specific expertise in providing the suggestions, skills, and strategies that some clients need or ask for.

The following ethical aspects are examples relevant to the above case:

- Responsible caring - The PPP has a responsibility to care for Salma in a way that considers the specifics of her situation and background.
- Beneficence/non-maleficence – The PPP has both a responsibility not to create further harm to Salma, and to promote her wellbeing.

Case example 4: Organisational - pressure to misrepresent data

Many positive work and organisations interventions are evaluated to determine their effectiveness. Ethical dilemmas can appear unexpectedly when clients do not accept findings and pressure practitioners to omit or misrepresent evaluation data. Consider the following vignette and notice how a number of character strengths are underused, including honesty/integrity, perspective/wisdom, leadership, and humility.

> *Company XYZ hired a PP practitioner to improve employee morale and performance. In consultation with company leadership, she decided to provide a training programme to increase employee psychological capital (hope, efficacy, resilience, and optimism). Evaluation data showed the employees loved the training and wanted more positive psychological training in the future. However, the evaluation data showed there were not significant differences in levels of hope, efficacy, resilience, optimism, morale, or performance between employees who were randomly selected to participate in the training, and those in the comparison group. The leaders of Company XYZ were so*

pleased their employees enjoyed the training that they did not want them to see the discouraging evaluation results. Instead, they asked the practitioner to report that the training was a big success, and that more training along the same lines would be provided for the employees in the future.

The following ethical aspects are examples relevant to the above case:

- Autonomy – Here the practitioner's autonomy to act is being taken away.
- Beneficence/non-maleficence - Beneficence involves a commitment to promoting the client's wellbeing, and this level of deception advocated by the company's leaders is not in the best interests of the employees. Additionally, acting beneficently requires providing services based on adequate training or experience.
- Trustworthiness – Here the practitioner is being asked to exaggerate and generalise the effectiveness of the PPI, which does not honour the trust placed in the practitioner by the employees.

Case example 5: Mentoring – motivating "unwilling" participants in an imbalanced relationship

Often, those who are most resistant to an intervention are those who may benefit most. PPPs encounter a difficult situation when trying to motivate or persuade a client to participate in an intervention for their benefit, without manipulation. Consider the following vignette.

Abbie, a case manager at a youth agency, has a client who refuses to participate in the exercises of a PP group intervention. The facilitator of the intervention has asked Abbie to motivate her client to participate in the exercises, and convince them of the benefits of the intervention. Abbie agrees with her colleague that the intervention would be greatly beneficial for her client. Abbie is conscious that her client's attitudes and behaviour often cause the client to be excluded from interventions that are likely to be helpful, and decides to challenge her client's attitudes towards participation. Abbie has developed a trusting, mentor relationship with the client, and is unwilling to compromise her integrity and betray the client's trust by blindly "selling" the intervention to the participant or making promises that won't be realised. Rather, she modestly describes the evidence that supports the intervention, and works with her client to weigh up the costs and benefits of participation. She curiously poses questions to her client about the pros and cons of participating in the intervention and how her client's signature strengths could be used in the group setting. Abbie then supports her client to identify strategies to minimise the costs of participation, and they practice low-intensity versions of the intervention itself and her client's strengths use prior to the group setting.

Abbie is certain that her client will benefit from participating in the intervention, and doesn't want her client to be excluded from participation once again. Equally, she does not want to betray her client's trust or autonomy. Abbie wants to challenge her client, and help expose her to new experiences, but fears that unethical manipulation could result in negative outcomes for her participant, and ultimately damage the quality of their hard-won relationship. Rather than over-selling or exaggerating the benefits of participation, Abbie works to understand the client's attitude toward the intervention, challenges cognitive biases, and creates opportunities to demonstrate the benefits of the training in the safety of the case management session.

The following ethical aspects are examples relevant to the above case:

- Justice – The PPP has a responsibility to ensure that clients are not excluded from interventions based on a particular characteristic.
- Trustworthiness – The PPP uses the trusting relationship with the client to encourage the client to evaluate their attitudes and beliefs, but does not betray this trust.
- Autonomy – The PPP respects the will of their client, and is hesitant to manipulate it.

Case example 6: Education - implementing wellbeing programmes where aspirations are hindered by existing practice

Many schools want to adopt wellbeing programmes. However, they may do so for a range of reasons, from concern for student wellbeing, through addressing challenges like bullying within the school, to enhancing already strong practices. In addition, having a school wellbeing programme can also be viewed as a marketing opportunity and point of difference for some schools. Consider the following vignette.

> *A school staff member was requested by the principal to develop a wellbeing strategy and plan for adoption by the board, and then to organise a fast rollout of the key elements. The principal wanted to tell prospective parents that their children would benefit from explicit wellbeing teaching in the curriculum. Teachers were all assigned responsibilities for teaching wellbeing, even though there had been very little professional development for staff in this area. Many staff were stressed and felt unprepared for this teaching, as well as the additional workload it represented. A consultant was brought in to deliver a half-day professional development session in wellbeing for staff. Some staff expressed concern to the consultant that they were anxious that they might cause harm to their students because they were ill-equipped and had no grounding in this area. In addition, the consultant has seen the school's marketing which promotes its work on wellbeing (e.g., describing the school as supporting holistic wellbeing for staff and students, and building wellbeing at every encounter). The consultant is aware that the school continues to use a punitive discipline policy that undermines relationships between students and staff, and ignores scientific evidence for the wellbeing benefits of restorative practice and forgiveness. The mid-level teacher who has been made responsible for wellbeing programme implementation has briefed the consultant on these issues. The teacher is reluctant to raise the issues with the school leadership as this teacher has previously been intimidated by this group when raising similar concerns. At that time, their loyalty to the school was called into question, and their suitability to continue on as a teacher was challenged.*

The following ethical aspects are examples relevant to the above case:

- Beneficence/non-maleficence – The PPP has a responsibility not to unequivocally or uncritically endorse a school as being a "wellbeing school" if they are aware of school practices that undermine wellbeing.
- Autonomy – The teacher should not feel coerced into adopting a perspective or position that conflicts with their own judgement or values.

Relevant Guidelines

The following guidelines (organised by specific field and alphabetised within the field) were drawn upon and helped inform the development of these practice guidelines:

Psychological:

- Australia – Psychology – Australian Psychological Society (APS), *Code of Ethics* (2017).
- Australia – Counselling and Psychotherapy – Psychotherapy & Counselling Federation of Australia (PACFA), *Interim Code of Ethics* (2015).
- Canada – Psychology – Canadian Psychology Association (CPA), *Canadian Code of Ethics for Psychologists* (2017).
- New Zealand – Psychology – New Zealand Psychological Society (NZPS), *Code of Ethics for Psychologists* (2012, 4th Ed).
- United Kingdom – Counselling and Psychotherapy – British Association for Counselling and Psychotherapy (BACP), *Ethical Framework for Good Practice in Counselling and Psychotherapy* (2010).
- United States of America – Psychology – American Psychological Association (APA), *Ethical Principles of Psychologists and Code of Conduct* (2017).
- United States of America – Counselling – American Counselling Association (ACA), *Code of Ethics* (2014).

Nursing:

- Australia – Nursing – Nursing and Midwifery Board of Australia: *Code of Ethics for Nurses* (2008).
- New Zealand – Nursing – Nursing Council of New Zealand (NCNZ), *Code of Conduct for Nursing* (2012).
  United Kingdom – Nursing – Nursing and Midwifery Council (NMC), *The Code for Nurses and Midwives* (2015).

Coaching:

- International – Coaching – The International Coach Federation (ICF): *Core Competencies and Code of Ethics* (2015).

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Initial Signatories to the Ethical Guidelines for Positive Psychology Practice

Date of first signing the Guidelines	Version signed	Name and website of association or body	Logo
19 / July / 2019	1.0	• VIA Institute on Character • http://www.viacharacter.org/www/	
19 / July / 2019	1.0	• Centre for Positive Psychology, University of Melbourne • https://education.unimelb.edu.au/cpp	
19 / July / 2019	1.0	• Centre for Positive Psychology, University of East London • https://www.uel.ac.uk/postgraduate/msc-applied-positive-psychology-and-coaching-psychology	
19 / July / 2019	1.0	• Centre for Positive Psychology, Central Queensland University • https://www.cqu.edu.au/courses/study-areas/psychology,-social-work-and-community-services/postgraduate/master-of-applied-positive-psychology	
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Further Reading

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