“... feel unmoored. . . . Like I am floating in space,” Linda told me on our first meeting. Her feeling was understandable. After working as a regional sales manager for a national construction firm for six and a half years, Linda had been laid off due to economic trends outside her direct control. A 36-year-old high school graduate, Linda initially came to see me because she wanted help “planning the next steps.” She was divorced with no children and not currently in a romantic relationship. In our initial meeting, Linda expressed an urgent need to find a job and reported feeling “stressed out” but did not present with symptoms of clinically significant mood or anxiety disorders. She appeared intelligent,
articulate, and highly motivated. Linda established her desired outcome from our relationship: She wanted to “explore” her sense of mission and values so that she could use the period without work to plan her “dream life.” Although she had a positive attitude toward her future, the economic and work pressures she experienced often interfered with her ability to maintain a positive focus. Her case presents an interesting challenge: What do you do when you take a positive, strengths-based approach and your client does not respond as positively as anticipated, deflecting or even rejecting it?

It is an exciting time to be in the helping professions. As therapists, coaches, psychologists, psychiatrists, and others who deliver counseling related services, we live in a period where we have more professional tools available to us than at any time in history. Advances in psychopharmacology have translated to more effective drug-based interventions for mental disorders. Advances in technology have resulted in a variety of new delivery methods for counseling, such as online and telecounseling (Jerome et al., 2000). A trend toward more eclectic psychotherapy orientations has largely meant the death of old feuds over professional turf and led to more flexibility and creativity in treating mental illness (Norcross & Goldfried, 2005). While time and empirical study ultimately will decide whether these changes are substantive improvements, there can be little question that, as professionals, we are in a period of enormous transition. This can be seen especially well in the example of positive psychology. The advent of new theories, research, assessment, and intervention in positive psychology is a paradigm shift for the field of psychology.

Positive psychology is the scientific study of human flourishing as opposed to mental illness (Snyder & Lopez, 2007). In its earliest incarnation, positive psychology was cobbled together from a group of social and clinical psychologists conducting research on positive topics such as genius, happiness, and hope. The early emphasis was on establishing positive psychology as a separate (but related) and legitimate program of scientific research (Seligman & Csikszentmihalyi, 2000). Because it includes the study of subjective well-being, flow, optimism, and other positive aspects of human psychology, positive psychology promises applications relevant to both clinical and nonclinical populations. Indeed, positive psychology assessments and interventions are already being used in organizations (Fredrickson, 2003) and coaching (Biswas-Diener & Dean, 2007) and are beginning to be used in therapy (Joseph & Linley, 2006). Positive interventions generally are considered to be those that:

- Harness the therapeutic value of focusing on positives, such as solution-focused therapy (e.g., De Jong & Berg, 2002)
- Take a fundamentally positive view of human nature, such as humanistic therapies (e.g., Rogers, 1980)
- Focus on nonclinical concerns, such as happiness interventions (e.g., Lyubomirsky, 2008)

In this chapter, I present a single area of positive psychology theory and research: strengths. I describe background theory of strengths development and recent research on strengths assessment and intervention. I use a case study to illustrate working with strengths in a professional relationship and, in a larger sense, highlight the promise of positive psychology itself. I focus on advanced issues related to using a strengths focus; specifically, on dealing with client deflection of strengths interventions. Finally, I discuss some of the limitations and future directions of strengths-based interventions.
WHAT ARE STRENGTHS?

Before going further, however, it is important to ask what we mean when we speak about strengths. Linley (2008) defines strengths as “a pre-existing capacity for a particular way of behaving, thinking, or feeling that is authentic and energizing to the user, and enables optimal functioning, development, and performance” (p. 9). That is, strengths are not aspirations but are traits that are authentic to the user, generate enthusiasm when employed, and lead to desirable outcomes. Strengths are innate resources, such as creativity, charisma, and curiosity, that come naturally and easily to a person and to which success in life can easily be attributed. A sense of “energy”—linguistic shorthand for biological and affective arousal and increased motivation—is frequently cited as a hallmark characteristic of strengths. In addition to Linley, for example, Buckingham and Clifton (2001) say that strengths often can be identified, in part, by the joy, satisfaction, and sense of engagement that come with using them. This idea, that working with a person’s—or group’s—best qualities can elicit enthusiasm and motivation, is also central to the appreciative inquiry (AI) process (Cooperrider, Whitney, & Stavros, 2008). In more behavioral terms, an emphasis on the identification, development, and proper use of personal strengths is associated with higher productivity and better job performance (Clifton & Harter, 2003).

So-called strengths psychology has its intellectual roots in the personality psychology of the 20th century. Allport (1966) was among the first scientists to categorize descriptive personal traits and suggest that they might be useful in distinguishing people from one another. Cattell (1945) took Allport’s enormous list of characteristics and reduced them to 16 dichotomous pairings, such as “outgoing-reserved” and “conscientious-impulsive.” Cattell’s research was an early scientific effort to identify psychological characteristics that were positive and functional. Former Gallup chief executive officer Don Clifton, sometimes referred to as the “father of modern strengths psychology,” includes a focus on strengths as an essential part of organizational intervention and leadership development (Buckingham & Clifton, 2001). In the modern positive psychology movement, many researchers have attended to strengths as a potentially fruitful area of research and intervention. For example, Peterson and Seligman (2004) created the Values in Action (VIA) classification of strengths as an intellectual counterpart to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994). To the extent that positive psychology is about addressing what is “right” rather than what is “wrong” with people, the VIA provides a taxonomy for identifying individual strengths that are widely culturally valued (Biswas-Diener, 2006).

HOW MIGHT STRENGTHS BE USED THERAPEUTICALLY?

Recently, I led a positive psychology training of more than 100 psychiatrists and psychologists. I began by asking a simple question: How many of you believe that it is appropriate to discuss your client’s strengths with your client during a session? Only half of the people present raised their hands. Although it may seem alarming that many practitioners do not see the therapeutic value of strengths, it is also to be expected. There is a natural tendency for us to focus on problems (Rozin & Royzman, 2001), be vigilant for dangers (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001), and avoid risks (Kahneman & Tversky, 2003). Linley (2008) suggests that people believe their areas of weakness are their greatest areas for
growth or their problems feel too pressing to attend to strengths development. However, Linley also argues that although we are naturally predisposed to a negativity bias, it “leaves us with a significant opportunity cost—the cost of failing to pay attention to, identify and build on what works” (p. 53). Indeed, many seasoned practitioners will recognize that humor, client resources, and measurements of progress have their place alongside traditional foci on diagnoses, early life traumas, and other negative aspects of human functioning. It is on the basis of this more holistic conceptualization of clients that positive psychology pioneers have begun testing strengths-based interventions.

Although positive psychology is a nascent field, and strengths interventions in the clinical setting are fairly rudimentary, there is data to suggest that this may be an effective approach to treatment and merits further attention. Seligman, Rashid, and Parks (2006), for example, tested what they call positive psychotherapy (PPT), which emphasized the use of strengths, gratitude, savoring, and other positive interventions. They present this rationale for attention to positive factors:

On the one hand, patients have long been socialized into believing that therapy entails talking about troubles. Any perceived failure to take their troubles seriously violates these expectations and can undermine good rapport.

On the other hand . . . at the very onset of CBT [cognitive-behavior therapy], the therapist asks clients to record their pessimistic, self-critical, and globally negative thoughts and then helps them to identify how such thinking causes and maintains depression.

From the onset, PPT, in contrast, builds a congenial and positive relationship by asking clients to introduce themselves through telling a real-life story that shows them at their best. This is followed by clients identifying signature strengths and the therapist coaching them to find practical ways of using these strengths more often (Seligman et al., 2006, p. 780).

Seligman et al. (2006) found that when PPT was used in group therapy for individuals with mild to moderate depression, those clients showed significantly lower scores on the Beck Depression Inventory (BDI; Beck & Steer, 1992) than people in a no-treatment control group. Although a no-treatment comparison group does not offer the most compelling evidence of efficacy, it is worth noting that the individuals in the PPT group reported consistently decreasing BDI scores (lower indicates less depression) at three months, six months, and one year. In a second study of individual counseling with people suffering severe unipolar depression, Seligman and his colleagues found that PPT led to significantly lower depression and outperformed both “treatment as usual” and “therapy plus antidepressant medication” groups. While these studies represent a limited sample and a single piece of evidence, they offer encouragement for a further exploration of strengths-based clinical interventions.

A second source of data suggestive of the clinical potential of strengths interventions comes from using the VIA assessment of strengths with a nondepressed, nonclinical sample. Seligman and colleagues assigned research participants to either a strengths intervention condition or a no-treatment control condition. One of the strengths interventions was “identify your strengths,” in which participants simply completed the online VIA questionnaire and received feedback on their “top five signature strengths.” Another such intervention instructed participants to use strengths in a new way every day for one week. The results of their study revealed that the “using strengths” intervention increased happiness and decreased scores on the BDI one, three, and six months posttreatment. Seligman and his colleagues (2005) conclude:
We found that the participants who continued to benefit from the [use your strengths exercise] were those people who spontaneously did them beyond the required one-week period, without our instruction to do so.

We believe that these two interventions [using your strengths and expressing gratitude] involve skills that improve with practice, that are fun, and that thus are self-maintaining. Unlike many therapeutic outcomes, such as weight loss from dieting, these exercises are self-reinforcing (p. 420).

Finally, it is worth noting that the positive perspective inherent to strengths interventions is likely to have an effect on the therapist as well as the client. Linley and Joseph (2007), for example, analyzed the reported burnout and feelings of personal growth of 156 therapists. They found that the number of years in practice was positively associated with greater feelings of burnout and that growth varied by professional training, such that humanistic psychotherapists were more likely to report growth than were cognitive-behavior therapists. Although it is a premise requiring empirical support, it is possible that a positive, strengths-based approach might protect therapists from burnout by giving them professional growth opportunities or by focusing their attention on successes as well as on problems and failures.

THE CASE OF LINDA

In the interest of full disclosure, I should point out that I practice as a professional and executive coach rather than as a psychotherapist. Although coaching and counseling may look similar to the uninitiated, there are large and important differences between these two ways of working with clients. The most obvious differences are the clientele and purpose of the work. Historically, coaching clients are high-functioning individuals and relatively free of chronic psychopathology. Further, coaching often is viewed as a cognitive-behavioral method to enhance performance. That is, the work of coaching is fundamentally about building motivation and skills and not about the treatment of mental disorders. I have argued elsewhere (Biswas-Diener, 2009) that many coaching interventions are directly transferable and relevant to clinical practice. You will note in this case that although Linda did not present with a diagnosable mood or anxiety disorder, she did complain of worry related to loss of income, struggled with identity issues, and had a tendency to lapse into pessimism, all concerns that overlap with traditional therapy.

Establishing Trust and Rapport

In the initial session, I used empathic responding to establish trust and rapport with Linda. However, I also remained vigilant for any mention or show of personal strengths. I was wary of being drawn too deeply into “problem talk” and was eager to establish our relationship as a venue where personal successes were discussed and celebrated.

LINDA: I feel unmoored. . . . Like I am floating in space. I’m just not really used to not having a job. I have always had a job and I hardly know what to do with myself.

COACH: You enjoy work.
LINDA: Oh, definitely! I work hard. I have always been the first-in, last-to-leave type person.

COACH (interrupting): I really admire that! It sounds like you have a terrific work ethic.

LINDA: I suppose so.

COACH: How are you using that same work ethic in your hunt for a new job?

LINDA (thinking): Ummmm I’m not.

COACH: But you sound proud of being a hard worker.

LINDA: I am!

COACH: What could you be doing right now to capitalize on that—that sense of determination and motivation?

LINDA: I’m not sure.

COACH: Well, what are you doing to look for a new job?

LINDA: You’ll laugh at me, but I am going to these fancy dinners and events because I know that’s where some of the people are who could hire me. I’m networking, I guess.

COACH: Oh ho! So not only are you a hard worker, but you have some social savvy; you are a networker.

LINDA: You have to be.

You’ll notice that in this first session, I attempted to label as many different strengths as possible: work ethic, determination, motivation, social savvy, networker. I was operating from a fundamental assumption that the answer to Linda’s problems lay, at least in part, in her best attributes. However, Linda—focused heavily on her problems—was slow to accept the labels, answering with statements such as “I suppose so” or deflecting personal credit with statements such as “you have to be [a networker].” Speaking openly about personal strengths is often awkward for people and can be especially difficult for clients because their attention is naturally so drawn toward risk, deficits, and problems.

While there is good evidence of the relationship between strengths and well-being, and good reasons for the application of strength-based approaches in coaching and therapy (see Linley and Burns, Chapter 1, this volume), what do you do if your client, like Linda, is reluctant to accept, or is even rejecting of, the labeling and highlighting of strengths? There may be many long-established cultural, religious, or individual bases for why people are self-efficacing, have difficulty in accepting compliments, and are reluctant to acknowledge strengths. For clients who experience primary or secondary problems of depression—the major percentage of any therapeutic clientele—this is particularly so. In fact, in this area there is a paradox. Learning to acknowledge and use strengths is likely to build depression-alleviating qualities such as self-esteem, hope, pleasure, engagement, and meaning. However, when a person is depressed, he or she is prone to being self-efficacing, if not self-derogatory, and therefore less likely to accept the labeling of strengths.

So how do you handle a situation, such as the one with Linda, wherein a client may gain from a strengths-based intervention but is deflecting or rejecting of it? Let me offer five suggestions:

1. **Offer the rationale.** At times, explaining the reasons for, and advantages of, focusing on strengths can be helpful, especially for high-functioning coaching clients. Depressed clients, however, are likely to be more global and negative in their thinking and thus less able to accept the specific, positive rationale for
strengths. Many clients come into therapy with the intuitive expectation that problems are supposed to be the focus of clinical attention. Setting up the therapy or coaching session as a place where it is safe (and even expected) to discuss and celebrate strengths and successes is often attractive to clients.

2. **Help the client experience the rationale emotionally.** It is possible to discuss or actively engage the client’s strengths in a session, giving the client the emotional experience of the engagement, enthusiasm, and positivity that typically are associated with strengths use. Asking clients to discuss past examples of behavioral strengths, such as leadership or courage, can spark positivity in them. For more cognitive strengths, such as curiosity and creativity, it is possible to engage these qualities within the session, allowing clients an in-the-moment experience of positivity.

3. **Help the client build a strengths vocabulary.** Often, the largest hindrance to discussing and accepting strengths is the fact that most people do not have well-developed strengths vocabularies. Offering a definition of strengths, pointing out strengths where you observe them, giving strengths spotting homework assignments, and similar activities can help clients build their strengths vocabularies. As clients become better at noticing and labeling strengths, they often become more at ease with the approach and are better able to develop their own strengths.

4. **Undertake an Individual Strengths Assessment (ISA).** The conversational questions of the ISA encourage people to look for strengths within themselves. As they are elicited from clients, they are less likely to be rejected than if suggested by a third person, such as a therapist (see Linley, 2008; Linley and Burns, Chapter 1, this volume). This is a particularly important point as matching client language can help fortify the therapeutic alliance.

5. **Engage the client’s strengths.** If identifying strengths leads to deflection or rejection, then it may be best to avoid that step and simply focus on how clients can best use them.

Mindful of the professional adage to “join with the client where she is,” I was careful not to push the identifying of strengths too far with Linda and instead chose the final option of engaging her strengths. I paid attention to visual cues of Linda’s engagement, such as her posture, inflection, and hand gestures. Whenever we discussed an area of strength—her hard work, her attending parties to make professional contacts—she “came alive,” sitting up straighter and speaking more rapidly. Whenever I labeled these strengths, however, she became somewhat awkward and appeared less enthusiastic. As a result, I opted to drop the strength labeling strategy but keep focusing on these resources as potential solutions to her problems.

**Focusing on and Engaging Resources**

**COACH:** Tell me about some of the successes you have been having at these parties.

**LINDA** (laughing): None! Well, I’ve been gaining weight because the food is so good.

**COACH** (also laughing): What are you hoping to get out of these parties?

**LINDA:** Best-case scenario? An on-the-spot offer. Second choice? Good leads and contacts.

**COACH:** I am curious about something. What do you say to these people at these parties?
LINDA: That's just it. I don't really have an elevator speech or anything. It feels awkward to say ‘Hey, I was in your line of work and am really hoping to get employment at your company!’
COACH: Would it be helpful if you and I worked on your speech?
LINDA: Yeah.
COACH: Okay, I want you to take your time . . . just kind of think out loud . . . no right or wrong answers . . . and say what it is you would most like to say. I mean, from the bottom of your heart without worrying about what's socially appropriate or any of that—we can clean it up later.
LINDA (after some thought): I am really creative. In fact, I am more creative than the sales manager you have working for you. If you hire me, I will bring you not only the numbers but a lot of fun and originality on top!
COACH: Wow.
LINDA: Yeah! But you can't say that in real life!
COACH: But did you see how you shifted? You sat up straighter? Your voice sounded powerful? It was a real transformation.
(Linda nods.)
COACH: Okay, so would you like to take this little speech—where you basically get to say “look what you are missing!”—and play with it a bit? Use some of that creativity? Refine it?
LINDA: Definitely!

This was the turning point of our first session. We encountered a moment where we could stop discussing Linda’s strengths and actually engage one of them (creativity) in the moment. Linda, as I learned over the next few sessions, was humble enough that direct praise of her strengths made her uncomfortable, but not so humble as to avoid showcasing her strengths in front of me! She appeared eager for the challenge of using her creativity in this new way, and her mood and motivation seemed to increase dramatically.

In session 6, Linda was more frustrated than I had seen her previously. In earlier sessions, we had planned new ways to identify and to use her strengths, created a strategy for networking, and articulated a “personal mission statement” for her. Immediately prior to our sixth session, she attended a professionals group where she was very hopeful to connect with an old colleague and believed she was all but assured of a job offer. Her acquaintance had rejected her application, however. Linda presented in the session as disappointed and frustrated, alternately.

Redirecting Negative Conversations

LINDA: It just makes me think, you know? When I am in here with you and you say “way to go,” I feel like I can do anything. But out there, in the real world, our role-plays don’t pan out.
COACH: Tell me what your colleague said to you exactly.
LINDA: He said, “Linda, I know you are a great worker. I’ve seen you work. The problem is there are three great workers applying for this position and I can tell you that the other two have college degrees.”
COACH: So there it is.
LINDA: Yes. I feel like I’ve been adrift at sea and when I finally got rescued my old job was taken, and my boss says, “Sorry, while you were stranded out there on that island everyone else learned a bunch of fancy computer programs.”
COACH: You feel like it comes down to an almost arbitrary qualification—whether or not you have a college degree?
LINDA: I do. I mean it’s like having all the job skills and all the strengths in the world don’t matter.
COACH: You mind if I challenge you on that?
(Linda shrugs.)
COACH: I bet you don’t really believe that. I bet you think that strengths and skills play into the equation.
LINDA (sounding resigned): I do, but . . .

It was at this point that I could feel that Linda’s negativity was contagious. I felt heavy and could sense my positive mood slipping. And what does a positive therapist or coach do when he starts to get caught in the client’s negativity? I thought that Linda and I had a choice. On one hand, we could discuss her feelings of disappointment in depth, allowing her to rehash the feelings, explore the roots of her emotional reaction, and then look for ways to address her emotions. On the other hand, we could remain future focused, exploring how she might deal with this setback without first focusing on her negative mood. I decided to redirect our conversation away from this issue.

COACH (interrupting): What did you say to your colleague?
LINDA: What?
COACH: What did you say in response?
LINDA (smiling): I said “They don’t teach integrity in college!”
COACH: Wow!
LINDA: Yeah, wow . . . except he just kind of walked away from me.
COACH: Walked away from you and your integrity, you mean?
LINDA (laughing): That’s right!
COACH: So I guess the question is, what should someone who has integrity, a work ethic, and creativity do when life deals her a disappointment?
LINDA: Well, I moped a bit. That was kind of fun. But now I am ready to move on. Let’s get working!

CASE SUMMARY AND DISCUSSION

Linda appeared more positive and was ready to quit focusing on problems for the time being in favor of brainstorming the next steps in her job search. Together we devised a plan in which she would apply for a number of positions she considered “second choice” and intended to hold for only a temporary period (no more than two years). At the same time, we continued to work together on identifying what her “dream job” would be and lining up the information, mentors, education, and other resources she would need to successfully attain it. We modified our meeting schedule to once a month, with homework assignments between sessions. Two months later she received two job offers, both for second-choice positions. She accepted the local offer, and Linda and I continued to meet for a total of 15 sessions. She felt she had a clear plan for transitioning, over time, from her new job to her “dream job.” I invited her to resume the relationship at any time she felt it would be helpful and asked her to update me periodically with any noteworthy successes.

Although Linda presented with subclinical symptoms, many of her problems and complaints were of a psychological nature and resembled traditional clinical concerns,
such as low self-esteem and hopelessness about the future. Early on we established the culture of our relationship as one in which humor, attention to success, and identification of strengths were, themselves, of primary therapeutic benefit. I generally avoided lengthy discussions of problems (rumination) and favored topics and directions that promoted motivation and enthusiasm. One noteworthy element of this case is that the labeling of strengths was not immediately beneficial. Linda resisted this approach, and I quickly found that sustained efforts at identifying her strengths thwarted our forward progress. This point neatly underscores the important caveat of strengths interventions: They are not one-size-fits-all solutions. A degree of professional judgment, based on experience and competence, is necessary to modify interventions so that they can be locally effective (see discussion of the “local clinical scientist” model advocated by Treweiler & Stricker, 1998).

**FINAL DISCUSSION**

In the end, the data suggest that attention to client strengths can be an effective therapeutic tool. Specific strengths interventions are, as yet, not overly sophisticated and need to be tested in a wider range of clinical contexts. Even so, evidence from empirical and case studies suggests that there is utility in focusing on clients’ positive aspects. Moreover, strengths-based interventions are an appropriate add-on to many existing psychotherapy approaches and need not be thought of as a replacement for existing psychotherapies.

In a broader sense, in many ways, it is difficult to come to terms with a strengths-based clinical psychology. While, on one hand, I recognize that strengths assessments and interventions can be added as an adjunct to most existing psychotherapy practices regardless of orientation, I am also suggesting something more radical. Maddux, Snyder, and Lopez (2004) observed that “in building a positive clinical psychology, we must adopt not only a new ideology but also a new language for talking about human behavior” (p. 330). Phrases like *new ideology* and *new language* are suggestive of a very fundamental paradigm shift, and I recognize not everyone will be able to take this professional leap of faith. I believe it is prudent for all reflective practitioners to consider how, when, and why integrating positive psychology in general, and strengths in particular, might benefit their practice. Potential benefits include the fact that clients generally seem predisposed to enjoy some attention to positive topics, therapists may buffer themselves from burnout by focusing on positives, and using strengths may have psychologically tonic effects on their users. Ultimately, these hypotheses of taking a positive approach to addressing negatives will have to be tested, both in the laboratory and in the consulting room.

**Putting It into Practice**

1. Establish trust and rapport.

   Finding strengths can help build rapport, and empathically joining with your clients can facilitate opportunities to move toward positive outcomes.
As a vital part of forming your relationship with your clients, be up front with them about expectations for therapy outcomes and content. Address the issue of strengths early on with your clients, explaining that you often look for strengths and believe there is as much value in talking about what is going right as what is going wrong.

2. Remain vigilant for signs of personal strengths.

   Pay attention to the visual and auditory cues from your clients’ engagement, such as their posture, inflection, and hand gestures. In a brief part of the first session, Linda communicated many different strengths, including a strong work ethic, determination, motivation, social savvy, and being a networker. Start looking for and listening to the strengths your clients reveal.

3. Be wary of being drawn into “problem talk.”

   Be eager to establish a relationship where personal successes are discussed and celebrated rather than where problems are ruminated on. By the time clients get to coaches or therapists, they often have been over their problems innumerable times without adequate solution. That is why they come to us—to seek a solution. Watch for the problem talk, ensure your client is heard, and avoid the trap of getting caught in it.

4. Look for deflection or rejection of strength labeling.

   If this happens, you may offer a rationale, help the client experience the rationale emotionally, help build a strengths vocabulary, undertake an Individual Strengths Assessment (ISA), or engage the client’s strengths.

5. Focus on and engage resources.

   Once strengths or resources have been identified, the next question for the therapist and, indeed, the client, is: How do we help clients engage or utilize them to attain their goal? One of Linda’s strengths was her creativity, which was engaged to form a plan of transition.

6. Redirect negative conversations.

   Observe your client, and observe yourself. Negativity can be contagious. Ask yourself: Am I feeling heavy? Is my positive mood or orientation slipping? If so, is this a helpful direction for us to be heading? If not, is it better to redirect our conversation?

7. Make a paradigm shift.

   Consider how, when, and why integrating positive psychology in general, and strengths in particular, might benefit your work with each individual client. Three potential benefits include:
   a. Clients are more predisposed to enjoying positive topics.
   b. Therapists buffer themselves against burnout.
   c. Both clients and therapists experience the psychologically tonic effects of using strengths.
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