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► [Applying positive psychology to alcohol-misusing adolescents: a group intervention.](#)

Akhtar M., Boniwell I.

Groupwork: 2010, 20(3), p. 6–31.

If unable to obtain a copy by clicking on title above you could try asking the author for a reprint (normally free of charge) by adapting this [prepared e-mail](#) or by writing to Dr Akhtar at miriam@positivepsychologytraining.co.uk.

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Conducted in England, this first study to test positive psychology approaches focused on strengths and wellbeing in the treatment of substance use problems found that a small group of young drinkers and drug users responded well, with substantial remission in alcohol dependence despite the non-substance focus of the group therapy.

Summary This study conducted in Bath [is the first](#) to test positive psychology approaches in the treatment of substance use problems.

As described in [this review](#), positive psychology recognises that there is more to mental health than the absence of mental illness – strengths, well-being, optimal functioning and flourishing. Within this perspective, a positive intervention is defined as "an intervention, therapy, or activity primarily aimed at increasing positive feelings, positive behaviors, or positive cognitions, as opposed to ameliorating pathology or fixing negative thoughts or maladaptive behavior patterns".

Adolescent well-being has been high on the agenda of positive psychology, responding to the shift in mental health which has seen depression become a disorder of the early teenage years. Its co-founder has argued that building strengths such as optimism, future-mindedness and perseverance, acts as a buffer against mental illness and is more successful in the prevention of serious health problems than disease model approaches.

So far positive psychology has focused its interventions on general rather than specific adolescent populations. The featured study sought to advance knowledge by piloting a



positive psychology group intervention to enhance well-being and reduce alcohol dependence among alcohol-misusing adolescents.

Weekly for eight weeks the intervention promoted positive emotions, savouring, gratitude, optimism, strengths, relaxation, meditation, goal-setting and change, relationships, nutrition, physical activity, resilience, and growth. Each session began with a gratitude exercise during which the clients appreciated the good things in their lives. In contrast to usual treatment, the focus was not on pathology, except in the fifth session which addressed alcohol misuse as the starting point for change. This session incorporated coaching techniques to set goals for the second half of the programme, so from then on each participant had individual coaching at the end of each session in order to report back on goal progress and identify next steps.

The intervention was applied during group therapy of ten 14–20-year-olds attending an alcohol and drug treatment service for young people in Bath, most of whom were not in education, employment or training. Their progress and outcomes were compared to a **control** group of ten not offered this extra intervention until later. Allocation was not at random.

Interviews exploring well-being and substance use were recorded at the start of and on completion of the intervention (when clients were also asked about their experience of the programme), and six and twelve weeks later. Staff too were interviewed.

Main findings

The accounts of the participants suggested that 'gratitude' (recalling things that went well each day and their causes) was arguably the most successful exercise. It made the biggest impact on happiness, was the most widely used after the intervention, and one of the most frequently experienced positive emotions. The concept of appreciation for the good things in life was previously alien to the group, whose collective mindset was one of deprivation.

Increased confidence was the most noticeable development at the final assessment, probably aided most by the session on strengths. Identifying strengths helped the participants develop a more positive view of themselves and to have the confidence that they could be themselves rather than put on a front or play up to the tabloid label of 'feral' youth.

Development of a future goal orientation was one of the main outcomes of the study, aided by coaching in 'life planning' – identifying self-generated goals and breaking these down in to smaller steps. Goal-setting also facilitated the shift from pessimism to optimism about the future. Over half the group achieved goals which ranged from attending school to handing in assignments, bidding for accommodation and improving relationships.

Most of the group had been heavy users of both alcohol and drugs. For most drinking and cannabis use went from being a full-time activity to an evening or weekend one. Many came to see alcohol and drugs as a block to well-being rather than a source of happiness. The service manager reported that there was no longer the trail of crisis and chaos that accompanies heavy drinking, and that for many, substance misuse was no longer a cause for concern.

These impressions were supplemented by questionnaire assessments which could be compared with those of the control group at the start and end of the intervention phase. Compared to the controls, the positive psychology intervention led to greater increases in happiness, optimism, and positive emotions, and a much greater but (perhaps due to small sample size and the extreme variation in severity) not statistically significant extra remission in symptoms of alcohol dependence. However, within the positive psychology group reductions in typical alcohol dependence scores were substantial and statistically significant, halving from the start to the end of the intervention phase and then falling to a third of the original level. All these improvements in the positive psychology group were sustained to the last follow-up.

The authors' conclusions

Both qualitative and quantitative findings suggest that the intervention was related to a significant increase in well-being and a significant decline in drinking. Gratitude seemed to have had the strongest effect of all the tactics (especially among the girls), supporting other findings that 'counting blessings' is associated with optimism, life satisfaction and fewer bad feelings. Such was its impact that it is recommended that it should be a cornerstone of future positive psychology programmes for disaffected youth, who tend towards a mindset of deprivation.

The happiness experienced by the group developed from 'feeling good' to being based more on things going well and expressed through increased confidence – more related to realising one's potential than hedonism, paralleling a more long-term perspective on life. Identifying strengths had a positive influence on the participants, most of whom had been excluded from mainstream education. Eight out of the 10 re-engaged with education in the wake of the intervention.

Typical alcohol dependence scores fell by two thirds, raising the question of why this was achieved after an intervention which largely 'parked' drinking problems. Two factors seemed influential. As the young people began to feel happier, they expressed less need to drink in order to escape difficulty. Secondly, as they developed a future goal orientation, they began to see their alcohol habits as a hindrance to realising their ambitions.

Experience of a group-based intervention also played a role in increased positivity. Friendships formed and the group were mutually supportive. Participants became more sociable, perhaps due to feeling happier and less depressed.

FINDINGS

As the researchers comment, this is very much a pilot study of a small sample at single service, not randomly allocated to intervention and control groups, so possibly differing in ways which affected the outcomes regardless of the intervention. Also the researcher was co-facilitator of the intervention, increasing the risk that the young clients, who could not be assured that their views would be anonymised, tended to respond at the follow-ups in ways which met her expectations, and that **allegiance** to the intervention resulted in unintended bias in the results and observations. The results are notable as a first test of the approach, but before being relied on require confirmation in a more rigorous study.

That said, the results 'make sense' in that finding the good and the positive in and for youngsters seen negatively by themselves and by society is likely to be transformational,

an extension of the 'positive regard' conveyed by the therapist towards their client, now [widely recognised](#) as important to the success of psychotherapy and counselling.

However, the study was not capable of disentangling what led to greater improvements from the intervention. Candidates are the positive psychology techniques, influence of the therapists, experience of being in the group, extra attention, greater expectations of getting better on the part of both therapists and clients, individual coaching, or the feeling of being singled out for something special and experimental.

Thanks for their comments on this entry in draft to Miriam Akhtar, positive psychology consultant, trainer, coach and author. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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