

# Appreciative Clinical Training

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This article presents a training model that has been used for 4 years in a graduate program in clinical psychology. The specific goal of the training model is to encourage beginning supervisors to identify their character strengths, refocus their attention and memory on the origin of these strengths, and cultivate their character strengths in the service of the supervision relationship. The most common character strengths of a group of clinical psychology graduate students are explored and compared with the general population, because an understanding of the strengths of your students has implications for education and training. Qualitative data are also presented that reveals the following themes: the power of focusing on one's strengths, the value of a strength-based approach, the complexity of strength-based work, and the notion of strengths born from challenge.

*Keywords:* positive psychology, appreciative inquiry, strengths, supervision

The purpose of this article is to present a model of supervision training that enhances effective supervision and encourages the use of character strengths in the service of the supervision relationship. Appreciative clinical training values affirm and highlight strengths in supervision relationships. The intention of appreciative clinical training is to facilitate the cultivation of strengths through a refocusing of attention and memory using assessment, reflective dialogue, and appreciative inquiry. Refocusing of attention and memory are key ingredients of positive interventions (Rashid, 2009), and in this model the shift is from a deficit-based to a strength-based focus of clinical inquiry or intervention.

Appreciative clinical training is informed by the principles of Appreciate Inquiry (AI) (Cooperrider & Srivastva, 2000; Cooperrider & Whitney, 1999; Whitney & Trosten-Bloom, 2010), insofar as it is an inquiry into supervision at its best, and suggests that if you want to transform a situation or a relationship, focusing on strengths is often more effective than focusing on problems. Appreciative clinical training questions what you want more of in your supervision relationships and assumes that you will move in the direction of the questions you ask. We use strength-based questions as the focus of our inquiry—for example, When therapy

or supervision is going really well, which of your strengths shine through? What creates nourishing, connected, and focused therapy and supervision relationships? What facilitates independence and self-sufficiency in your clinical relationship?—in contrast to a deficit-based focus of clinical inquiry, for example, What is the problem you are having with your client? Where are you stuck? Can you tell me what is giving you the most trouble in this case?

Strength-based approaches to supervision are a growing part of the field of clinical training. Falender and Shafranske (2004) note that one half of a professional psychologist's formal training comes in the form of supervision and propose a competency-based approach to enhance the skills of the supervisor and supervisee. Empirical evidence suggests that the use of strengths helps make progress toward goals and increases relationship proficiency (Linley, Nielsen, Gillett, & Biswas-Diener, 2010), both of which are core competencies in the supervision relationship. In a study of law school students, Peterson and Peterson (2009) found that the use of one's top strengths leads to a decrease in depression and an increase in work-related satisfaction. Sheldon and Lyubomirsky (2006) found that visualizing one's best possible self leads to an increase in hope and optimism, both useful strengths for successful supervision. There is little empirical evidence to date on the character strengths of psychology graduate students. An additional purpose of this study is to provide some preliminary data about the most common strengths of this group of students. An understanding of these strengths might well have implications for educational goals and methodologies.

This project is also informed by the principles of positive psychology (Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Peterson, 2005) and positive psychology intervention (Rashid, 2009; Seligman, Rashid, & Parks, 2006). Rashid (2009) suggests:

a positive intervention does not deny distressing, unpleasant, or negative experiences. Rather, it encourages clients to use their strengths to understand their weakness. The function of psychotherapy is not only to help the client put out fires, eliminate dangers, reduce hostility, or alleviate moral, social, and emotional malaise, it is also to restore

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and nurture courage, kindness, modesty, perseverance, and emotional and social intelligence. (p. 463)

Also, although appreciative clinical training is a positive process, we do not suggest that it is always a comfortable process. Accounts of stress and conflict are seen as inevitable and expected. For example, while one student was exploring her character strengths of wisdom and perspective, she noticed that they evolved from a place of loneliness and introspection. As a young child she spent many hours alone, parenting herself. As a result of this childhood experience, she spent a lot of time thinking and often felt isolated and different from other children. Given that this study is grounded in the principles of Appreciative Inquiry (AI), where the emphasis is on what individuals want more of in their lives, the instructor might invite the student and the class to be curious about how the character strengths of wisdom and perspective might have emerged from such a difficult experience. In this way, the instructor models the importance of shifting attention from solely the experience of loneliness and isolation, to also include a curiosity about the positive qualities that emerged from the experience. This refocusing of attention and memory is an essential tool in our appreciative clinical model. We recognize that without adversity and negative experiences, the student might not have developed the precocious wisdom and acuity of perspective that has come to serve her so well professionally. The appreciative clinical training focused on her strengths of perspective and wisdom and the ways in which she might cultivate these strengths in her clinical and supervision practice. The course instructor might work with accounts of stress and conflict as a normal part of development. We all have stress and conflict growing up and what matters most is how we use the strengths that develop as a result of adversity because this determines our ultimate potential as clinicians and indeed as flourishing adults.

We find it useful to provide a classification or scaffolding of character strengths in order to organize and conceptualize the cultivation of these strengths. With this classification in mind, students are positioned to refocus their attention and remember instances when the strengths were evident in their lives. In their noteworthy work on character strengths and virtues, Peterson and Seligman (2004) define and explore 24 different character strengths and six virtue categories under which the strengths are aligned. Advanced graduate students in clinical psychology have found this classification to be a breath of fresh air in the heavily deficit saturated training model of the *Diagnostic & Statistical Manual, 4th edition* (American Psychiatric Association, 2000). We use a positive assessment tool called the VIA Inventory of Strengths (VIA-IS; VIA Survey) (<http://www.viacharacter.org>) to assess and to facilitate conversations about student character strengths. The VIA Survey or other positive assessments provide a springboard for the presentation of student strengths, and this presentation is then used to identify personal resources to draw upon during supervision. The VIA Survey is a self-report measure with a large degree of transparency in the questions, and as such, students are really self-describing themselves, and so the results are largely consistent with their expectations. Interestingly, perhaps because a deficit perspective of training is so culturally ingrained, many students report that without a positive assessment measure that “objectively” assesses their strengths, they would feel too uncomfortable or too humble to publically acknowledge them.

In addition to exploring individual character strengths, it is important for teachers to attend to the group characteristics of students. For example in research geared toward describing particular strengths of character in work or organizational life, Peterson and Park (2006) have found that strengths of humanity (love, kindness, social intelligence) contribute to satisfaction with work that explicitly involves other people; the strength of love predicts accomplishment as a leader, and social and emotional intelligence in teachers is associated with performance gains on the part of their students. In the current study, VIA Survey results are analyzed to describe the group characteristics ( $N = 76$ ) of clinical psychology students. These data had implications for the development of assessment and competency-based learning objectives and teaching strategies.

The “Strengths Presentation” (see full description in Method section) has students present their signature strengths to the class and situate these strengths in personal and family contexts through the use of images, metaphors, or narrative examples. Peterson and Seligman (2004) define signature strengths as “strengths of character that a person owns, celebrates, and frequently exercise” (p.18). It is a key or very important strength, and if you cannot use it, people report feeling “not true to themselves” in some way. Peterson and Seligman also suggest that there is a “rapid learning curve as themes are attached to the strength and practiced” (p. 18). In addition to refocusing the student’s attention and memory to their character strengths, and their signature strengths in particular, we have found that the next step in the model is of equal importance. This is the process of *telling the narrative* or the story of your strengths(s) to an audience, in this case the seminar group, and having those listeners reflect back appreciation and understanding.

Turner’s (1986) thoughts on the power of narrative for transformation suggest that it is through the telling of your story to an audience that it becomes part of your “lived experience,” and it is only then that the narrative becomes fully integrated and used in practice. We agree with Hammack and Pilecki (2012) in that

the appeal of the narrative approach is its ability to transcend the simplistic account of structure versus agency that plagues the social sciences. Scholars in fields like anthropology and sociology . . . often privilege the power of structure over agency, while psychologists (outside of social psychology) often rely upon a model of the person as largely self-contained . . . (p. 18)

The narrative paradigm we use in our work also “rejects this dichotomy in favor of an analysis of the space between these forces—the world of mediated social practice in narrative engagement” (Hammack & Pilecki, 2012, p. 18).

Clinical supervision training teaches the importance of self-reflection through listening and group reflection (Falender & Shafranske, 2004). The benefit of a reflecting process has been well documented (Andersen, 1987; Davidson & Lussardi, 1991; Schön, 1984) as has the power of collaborative dialogue (Anderson, 1997; Anderson & Goolishian, 1992). We use a reflective dialogue process to explore the contexts and stories of the origin of the signature strengths. The instructor is part of this group and facilitates the dialogue. We wonder: *Where are your strengths rooted? Think back to your family of origin . . . ; think about your culture, gender, class . . . and situate your strengths in a story or image. What might give others a clear picture or idea about where*

this strength came from? Tell the story of the origin of your strength(s). Applications are then made to clinical and supervision relationships. How do your strengths manifest in your clinical practice? Do they show up in your therapy work? How so? Are they discernible or not? Which strengths are clear and which ones are less visible? How might you imagine these strengths showing up in your supervision practice? The next section will explore the parts of this model in order and with more specificity.

## Method

### Participants

Graduate students ( $N = 76$ ) from an urban, northeastern professional clinical psychology graduate program participated in this study. Participants in the VIA Survey assessment data included 59 advanced graduate students over 3 years, drawn from a clinical supervision seminar, and 17 graduate students over 2 years, drawn from a positive psychology class. The total number of participants ( $N = 76$ ) self-administered the online version of the VIA Survey. The mean age for this group was 34 years of age. Males represented 21% and females represented 79% of the total sample.

The study was based on an opportunistic sample. Given that one purpose of the study was to gather the data about the character strengths of graduate students in a clinical psychology training program, opportunistic sampling was determined to be appropriate. Due to curriculum constraints, only the advanced (fourth year) graduate students contributed to the data on the presentation of strengths and reflective dialogue ( $N = 59$ ).

### The VIA Survey

The VIA Survey (Peterson & Park, 2009; Peterson & Seligman, 2004) is a widely used and validated tool in the positive psychology literature that is used for assessing character strengths. This assessment explores 24 strengths and six organizing categories called virtues (see Tables 1 and 2). The VIA Survey is an online (25–35 min) self-administered assessment tool. Students take the VIA Survey by the end of the first week of classes. Participants receive a print-out of their character strengths in rank order, as well as a delineation of their top “signature strengths.” Peterson and Seligman (2004) describe signature strengths of character as strengths that a person owns, celebrates, and frequently exercises. The VIA Survey scales have satisfactory alphas ( $>.70$ ). Test-retest correlations for all scales over a 4-month period are substantial ( $>.70$ ) and in almost all cases approach their internal consistencies. VIA Survey has acceptable internal consistency and test-retest reliability. It has moderate levels of psychometric validity, with Marlowe-Crowne social desirability scores not significantly correlated with scale scores, except for prudence ( $r = .44$ ) and spirituality ( $r = .30$ ) (Peterson & Seligman, 2004).

### The Model

The specific goals of the training model are to refocus the attention and memory of supervisors so that they attend to and cultivate their character strengths in the service of the supervision relationships.

Table 1  
Average Scores for the 24 Character Strengths From Highest to Lowest

Character strengths	<i>M</i>	<i>SD</i>
Curiosity	4.171	0.874
Capacity to love	4.161	0.752
Kindness	4.107	0.696
Social intelligence	4.104	0.670
Honesty	4.084	0.652
Gratitude	4.078	0.619
Judgment	4.034	0.600
Fairness	4.025	0.600
Perspective	3.999	0.600
Humor	3.947	0.550
Perseverance	3.895	0.544
Hope	3.857	0.543
Leadership	3.832	0.527
Zest	3.766	0.525
Appreciation	3.759	0.520
Love of learning	3.757	0.518
Teamwork	3.750	0.508
Bravery and valor	3.658	0.504
Forgiveness	3.609	0.473
Creativity	3.582	0.469
Prudence	3.557	0.464
Modesty	3.417	0.447
Self control	3.379	0.413
Spirituality	3.300	0.408

*Note.* For the analysis of character strengths, two groups of students ( $N = 76$ ) were combined, 59 students in the fourth year supervision seminar and 17 additional students. A one-way ANOVA was used to see if there were any significant differences between average scores of each strength by group, and it was determined that the group data could be combined. For the remaining analyses, the combined sample of 76 was used.

### Presentation of Strengths and Reflective Dialogue

The presentation of strengths requires students to explore (verbally and in written form) their signature strengths from an “origin viewpoint,” wondering about where they might have originated and what contexts encourage them to thrive. These ideas are presented to the class for formal reflective feedback that is called “A Presentation of Strengths”; the instructions are as follows:

After completion of the VIA Survey, please consider the following ideas in preparation for your 25-min presentation:

*Where are your strengths rooted? Think back to your family of origin . . . think about your culture, gender, class . . . and situate your strengths in a story or image or enactment. What might give others a pretty clear picture or idea about where this strength came from? Tell the story of the origin of your strength(s).*

*How do your strengths show up in your clinical practice? Which strengths are clearly evident and which ones are less marked? Are these strengths discernible in your supervision practice? If so, in what ways?*

The reflective dialogue is informed by Tom Andersen’s (1987) foundational ideas about reflecting teams, where the emphasis is on creating a space for full and attentive listening. The authors who created the questions are AI practitioners and routinely use reflect-

Table 2  
Average Scores for the Six Virtues

Virtues	<i>M</i>	<i>SD</i>
Humanity	4.124	.352
Wisdom	3.908	.434
Justice	3.869	.459
Courage	3.851	.432
Transcendence	3.788	.481
Temperance	3.491	.380

Note.  $N = 76$ .

ing conversations in their work. The reflections occur after the presentations, and the class offers reflections about the signature strengths of the presenter. The presenter sits outside of a closed circle and listens to colleagues reflect on his or her strengths. The presenter then reenters the group and in the spirit of the reflecting process, offers feedback on the ideas from the group reflections that were most useful or meaningful. Instructions for the reflective dialogue are as follows:

### Guidelines for Reflecting

The following guidelines for reflecting were developed by the authors:

The reflecting team is a postmodern practice that emerged from family therapy. In the traditional practice, the reflecting team observes a conversation between a therapist and family and reflects on what they hear and experience. We have adapted the reflecting team model for our work today. We will use this process as we share the story of our strengths and reflect on their origin. Reflecting practice requires the listener to put aside his or her own beliefs, at least temporarily, to enter into the world of the other. Here are some useful guides for reflecting practice:

Observe and listen to the presenter with full attention, generous listening skills.

Attend to those parts of the story that stand out and leave you curious. Ideas often stand out because they resonate with a particular memory or feeling that you have had in your own life.

When sharing a reflection, address the other group members, not the presenter directly. They will have an opportunity to respond or not based on what is relevant to them.

Reflections are presented as tentative, with qualifiers. "I found myself wondering about," "I was curious about," or "I was particularly struck by . . ." and so forth . . .

Group members try to maintain contact with each other and not the presenting pair. In this way, the speaker becomes the "fly on the wall."

We must let our imagination fly freely, but not too freely, in order to find questions that will be different enough but not too different from those the presenters usually ask themselves.

Pay attention to the physical expression of ideas as well. The body often understands something that the mind has not yet grasped.

Character strengths are used as scaffolding for reflecting. For example, when a normally energetic (high in "zest") and affect-oriented supervisor seemed unusually subdued in the live supervision session, one student comments: "I thought it was really interesting how calm Elizabeth could be. Remember when there was that long pause? I thought 'wow, talk about anxiety.' She was able to really sit with it. It would be hard for most of us to allow for a silence like that in supervision."

In another example, a reflector wondered if Jane, a supervisee who was feeling quite dejected by her client at the beginning of the supervision, had borrowed some hope from her supervisor. Beth is a supervisor with "hope and optimism" as her top strength. The reflector said, "I wonder if through her supervision Jane has borrowed some of Beth's hope for her client."

In yet another example, the strength of perseverance was highlighted. Amy has persistence or perseverance as a top strength. The reflector commented, "I noticed Amy really stayed with what Joe was talking about . . .; she did a good job of reiterating Joe's points and bringing him back time and time again."

### Application to Live Supervision

The live supervision session occurred in the next phase of the model when the supervisor in training conducts a 20–30-min supervision session in front of the group, and it is videotaped. In this study, the fourth year clinical psychology supervisors in training are paired with first-year or second-year students. Following supervision, the group offered appreciative reflections of the supervision session with the intention of making visible the supervisor's previously declared signature strengths. Supervisors are then asked to view their own supervision video and reflect in writing on their experience of appreciative supervision. Specifically, they are asked to consider the following question: *How has learning supervision from an appreciative teaching model emphasizing self-reflection and the cultivation of strengths informed and impacted your growth and development as a supervisor?*

### Results

The results are divided into two sections. In the first section a summary of the quantitative results of the VIA Survey Assessment for the group of clinical psychology graduate students is presented, followed by the themes that emerged from a thematic analysis conducted on the written papers of their supervisory experience.

### The VIA Survey of Character Strengths

Table 1 represents the average scores on the VIA Survey in descending order. It is noteworthy that the character strengths of love, kindness, and social intelligence comprise the virtue category of "humanity" (Peterson & Seligman, 2004), and this is significantly higher among the clinical psychology student sample than is represented in the general population (see Table 3).

The frequencies of signature strengths of a group of clinical psychology graduate students are explored and compared with the general population, because an assessment of student strengths has implications for education and training. The following character strengths were significantly higher in their endorsement than would have been predicted by the national sample: love ( $p =$

Table 3  
*Clinical Psychology Graduate Students Versus the National Sample*

Character strength	Clinical psychology graduate students (%)	National sample: (%)
Capacity to love and be loved	46.1	34.0
Perseverance	31.6	17.0
Social intelligence	27.6	14.0
Love of learning	13.2	27.0
Creativity	10.5	25.0
Teamwork	6.6	16.0

Note. National Sample source: <http://viapro.org/www/en-us/resources/signaturestrengthsfrequency.aspx>.

.027), perseverance ( $p = .001$ ), and social intelligence ( $p = .001$ ). The following character strengths were significantly lower: teamwork ( $p = .025$ ), creativity ( $p = .004$ ), and love of learning ( $p = .007$ ). Table 3 summarizes the frequencies with which each character strength appears as a top 5 signature strength for the student and the national sample. Also, one virtue, humanity, was significantly higher in the graduate student sample ( $p = .004$ ).

In sum, quantitative analysis suggests that the strengths of love, social intelligence, and perseverance are significantly higher in clinical psychology students than in the general population. Perseverance has been linked to success as a student, and it comes as no surprise that graduate level education both encourages and rewards persistent and persevering students. The virtue of humanity, comprised of love (the capacity to love and be loved), social intelligence, and kindness, was significantly higher in the student sample than in the general population ( $p < .01$ ).

### Thematic Analysis of Written Work From the Clinical Supervision Seminar Group

Each of the students in the clinical supervision seminar classes ( $N = 59$ ) also participated in an application of appreciative clinical training to a live supervision experience. Supervision course completion required a written paper in which students were instructed to consider the impact of strengths and the appreciative training model on their evolving supervision practices. Specifically, they were asked to consider the following question: *How has learning supervision from an appreciative teaching model emphasizing self-reflection and the cultivation of strengths informed and impacted your growth and development as a supervisor?*

The instructor read each paper, and these questions were asked: (1) What was the experience of the Appreciative Clinical Training for the students? (2) What were the stories that were told from these experiences? (3) What were some high points in the stories that especially highlighted the value of a strength-based model? and (4) What are some themes that emerged from these papers?

Several themes emerged that were then fed back to the students to provide an additional tool to ensure that the interpretations of the authors were consistent with their intent (Krueger, 1997). This process creates the context to evaluate the emergent themes that were the power of strengths, the value of a strength-based approach, the complexity of strength-based work, and strengths born

from challenge and adversity. Examples of these themes are offered in the student comments that follow:

#### *The power of strengths.*

It is easy as a therapist to be distracted by all the negative and "pathological" aspects of clients' lives and, consequently, miss the strength and growth demonstrated by individuals facing challenge and hardship. Or, on the opposite end of the spectrum, it is sometimes easier to focus only on the positives and, thus, discount the challenges and under appreciate the struggle. Neither option sounds particularly useful. Since presenting on my own strengths, I have found myself more interested in exploring with my clients where their strengths originated, how they were fostered, and who encouraged their development. I hope that this perspective is one I can learn to lead with clinically in both therapy and supervision capacities. . . . Particularly while working with new clinicians, I have found myself trying to ask questions that promote curiosity, reflection, and deeper thinking. As a supervisor, an ultimate goal of mine is to assist my supervisees in identifying their own strengths and the values they model and to explore how those are used in their clinical work.

I feel I worked hard to take ownership of my strengths and speak with a voice that invites others to risk living from a strength-based perspective. My understanding of such a worldview is not to deny one's limitations and fears, but rather to place all in a balanced perspective of self and others. In my experience of working with (my supervisee), I have recognized my strengths as a nurturer, a creative thinker, an empathic listener, a respectful colleague, and a curious traveler.

#### *The value of a strength-based approach.*

In thinking about my strengths as it relates to me as a clinician and a supervisor, I believe my strengths help me develop strong meaningful relationships over time. Although I have strong opinions, I think the open-mindedness helps me explore and eventually enter into the client's world in curious nonjudgmental way. Also, as I am working to understand and enter the client's world, I believe my love and kindness shows clients my caring and dedication to their well-being. I also believe it helps me keep myself and my countertransference in check, always striving to be fair and to not allow my own issues to interfere with doing what is in the client's best interest.

I was very touched by the class's positive comments. Of course, I expected there to be positive comments, because that is the nature of the exercise. However, I had not expected them to be about my level of caring and engagement with people. As I said, I tend to be very reticent to show feelings of care, but maybe they come out anyway, and the fact that people feel that I care makes me much happier than being told almost anything else. I gave up academia to be a therapist because I felt emotionally cut off as an "intellectual" person. I wanted to bring myself to life. It was hard to learn how to do this, and I can still find it difficult at times to connect with strong feelings. To have the VIA Survey that my (signature) strengths were love, forgiveness, religiousness, gratitude, and humor, and then to have other students go along with this, helped me think that I have value as someone who respects and works toward connection. Given the number of times I have had to just accept being in a state of disconnection from others, it seems that these qualities are what I need in order to feel like a full human being, and as a full human being, I know that I am going to be able to offer something of value as a supervisor.

#### *The complexity of strength-based work.*

I spent some time reflecting on the comment about perseverance. In my presentation, I said that even though perseverance is my number

one signature strength, I have an ambiguous relationship with perseverance. I think this is because I have sometimes felt that I have sacrificed such attributes as playfulness, joy of the moment, and creativity for the sake of perseverance (i.e., concentrating on the long-term goals). I really appreciated the message that I will take with me into this upcoming year: to try to nurture qualities of self-confidence and playfulness in my personal life, in my work as a therapist, and in my new role of supervisor. I think that being more playful in all these areas will allow me to take more risks and not be stuck in the idea of having to be perfect.

It's amazing how easy it can be to lose sight of one's strengths in the midst of conflict or difficult times. I find that my strengths really do describe me well. They are a foundation upon which I can stand as an individual, supervisor, and therapist. It is easier to maintain and embody this particular story of myself when things are going well. But, after a grueling couple of months preparing my APA application and getting worn out by the grind of the semester, I'm feeling a little bit less "full of strengths" than I was at the start of the semester.

### ***Strengths born from challenge and adversity.***

I think of myself as a kind and loving person. I think though, that I was a very vulnerable as a child because I loved others very deeply and was consequently deeply hurt when I felt ostracized by my peers. I think the cognitive strengths that I developed were in part a response to the hardship I experienced, sort of like an intellectualizing-style that keeps my affect protected. I think this is the reason why I often lead with "meaning" instead of "affect." I have become skilled at using my wisdom, open-mindedness, and curiosity to empathize with others and the love always follows, if it doesn't lead. It is a profile that works for me. . . . These opportunities to think about the make-up of my strengths, how they operate, what they put forward, and what they obscure is a very helpful exercise.

When I was preparing for and giving this presentation, I found it difficult emotionally to talk about some of my strengths because of where I believe they come from. Although there is obviously no absolute truth regarding where our strengths come from, I had not considered previously that some of the childhood experiences that have negatively influenced my self-esteem may have led to the development of strengths under some circumstances. Although I am not particularly thankful for struggling at times with ADHD—even with the knowledge that it may have led to some strengths—the reflection process has made me consider even more the power of adverse experiences to lead to growth or some positive traits . . .

As I think of this now, I am hoping that the love that exists in my family came through in addition to the difficulties . . . I believe it is the foundation of love and love's determination that made the difficulties tolerable and eventually instilled the hope, confidence, and clarity to my experience. . . . I appreciated the perspective that utilizing pain and family suffering as a way to instill hope is admirable and spiritual. I had not thought of this as either spiritual or admirable prior to this and had always equated spirituality with religion. I feel I can utilize this broadened perspective of spirituality with my supervisees.

### **Implications and Reflections for Future Study**

This article presents a model of appreciative clinical training rooted in the belief that foundational competencies for supervision practice include the capacity for self-reflection and a deep appreciation and understanding of one's strengths and skills. Furthermore, telling the narrative of one's strengths to an audience turns your story into a performance text. Turner (1986) suggests that it

is the performance of the narrative that makes it come alive. Once this story has an audience, it becomes a point of entry and can then be integrated into supervision practice. The focus on the appreciation of positive emotions provides a context for students to broaden and build their thought–action repertoires (Fredrickson, 2001), which encourages appropriate risk taking and facilitates growth and transformation.

This study suggests that when students assess their character strengths and tell the story of the origin of these strengths to an audience (their colleagues), it cultivates the embodiment of these strengths in their supervision relationships. The potential of the strengths are realized through the telling and retelling of the narrative and through reflective feedback from the audience.

The limitations of this study are important and need to be acknowledged. First, although character strengths are beginning to be applied to the study of higher education (Walker, 2011) and business (Peterson & Park, 2006), they have yet to be systematically assessed in the training of professional psychologists and supervisors. We hope to add to this research in future studies. Possible questions include: What are the perceptions of the supervisor's strengths from the perspective of the supervisee? If certain strengths, such as the capacity to love and be loved, perseverance, and social intelligence seem to be pronounced in doctoral students in clinical psychology, how might we understand this phenomenon and how might these skills be cultivated? What might be the ripple effect for client systems treated by clinicians with virtues in the area of, for example, humanity (e.g., love, social intelligence, and kindness)?

The process of defining and embodying their strengths left students feeling connected, enlivened, competent, and with a strong sense of being in community. What is unique about this process insofar as it cultivates self-compassion and the strengths of connection and community, and how might we use this knowledge to inform future supervision education? Would it be useful for training programs to pay more attention to the cultivation of lesser strengths in students such as in this sample: teamwork, creativity, and love of learning? Some students speculate that it might be hard to sustain teamwork, creativity, or love of learning during the arduous years of doctoral study. This is a disheartening finding for educators and begs the question, "How might we as educators of professional psychologists widen and deepen the education of future psychologists to support creativity and teamwork in addition to encouraging students to be compassionate souls with perseverance? Recent research in the field of positive psychology and education (Walker, 2011) is beginning to address similar questions with regard to techniques for promoting more positive experiences and enhancing character strengths in teaching and learning. Although the findings of our study have implications for training, further study is necessary to determine if there are indeed specific character strengths that are associated with psychology students or associated with clinicians and supervisors who are identified as successful. Rashid (2009) rightly states that positive psychology will create a place in psychotherapy "where strengths are discovered, where positive emotions are cultivated, where gratitude and optimism are fostered" (p. 462). The model presented in this article addresses the interface between positive psychology and clinical training, which will similarly benefit from an approach that appreciates and values the strengths of our students.

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