

INTERIM REPORT (Year 1 Activities):

*Program Evaluation of the Positive Psychology through Happiness
(PPH) Assessment and HAPPINESS Curriculum*

2021-23 Research Partnership between the Children's Home Society of Florida
and the School Mental Health Collaborative (SMHC): Research, Training, and
Technical Assistance Center at the University of South Florida

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PROJECT BACKGROUND AND RATIONALE

Behavioral health counseling service providers (“providers”) working on behalf of the Children’s Home Society (CHS) of Florida meet families at the crossroads of success and struggles. The bulk of attention in psychology research and practice has focused on how to identify and treat such families’ emotional and behavioral problems. Accordingly, traditional counseling services focus on assessing and working to improve a client’s negative cycle of stress, failure, and insufficiencies. During the 21st century, the growing field of positive psychology has shed light on evidence-based practices for monitoring and increasing happiness. Fostering a client’s happiness (i.e., subjective well-being) is essential to ensuring optimal outcomes. In alignment with a modern lens of mental health, CHS aims to measure and guide families to a new cycle of happiness and joy. To achieve this goal, CHS is creating a new intake tool—Positive Psychology through Happiness (PPH) Assessment—and clinical intervention framework—HAPPINESS Curriculum—intended for eventual use by behavioral health counseling service providers throughout the agency. Widespread adoption of the PPH Assessment and HAPPINESS Curriculum (the “program”) is pending refinement of the initial version of the program and empirical support for efficacy.

EVALUATION PLAN

To establish an evidence base for the newly developed PPH Assessment and HAPPINESS Curriculum, the School Mental Health Collaborative (SMHC) within the USF College of Education will conduct a program evaluation that meets sufficient standards for rigor to permit designation as “Promising” at post-treatment. During Year 1 of a 2-year partnership, the USF team conducted a pilot study of the PPH Assessment and HAPPINESS Curriculum and assisted in the refinement of the program in line with findings from the pilot. During Year 2, the USF team will evaluate a refined version of the program as implemented in a randomized controlled trial (RCT) with a larger group of providers.

Throughout the partnership, we will evaluate the feasibility, acceptability, and efficacy of the newly developed positive psychology program as used by CHS providers during 2021-23. Through qualitative data (e.g., feedback on implementation supports needed to provide the program with a satisfactory level of fidelity) and review of quantitative data from ratings of client behavioral health (e.g., subjective well-being, mental health problems, retention in parental care) and family satisfaction with clinical services, we will examine changes in client well-being throughout behavioral health counseling services. We will learn the effectiveness of the new program in relation to the current way of work, identify recommendations for provider use of the new program with high fidelity to the manual and support materials, and provide a technical report that will summarize findings from the RCT.

COLLABORATORS

The research team from the University of South Florida (USF) College of Education, that collaborates with Children's Home Society of Florida (CHS) includes:

- A. Shannon Suldo, Ph.D., Principal Investigator and Psychologist
- B. John Ferron, Ph.D., Consulting Methodologist
- C. Graduate Student Research Assistants
 - a. Frances Coolman, M.Ed., M.A.
 - b. Camryn Legra, B.S.

The team from CHS that collaborates with the USF team includes:

- A. Julie Taylor, M.A. CBHCMS LMFT, Behavioral Health Intern and Training Program Coordinator
- B. Rene Ledford, M.S.W., BCBA, LCSW, Qualified Supervisor, Senior Director of Research, Training, and Accreditation
- C. Megan Olive, M.A., Research and Evaluation Coordinator
- D. Danielle Mohrbacher, B.S., Behavioral Health Training Manager
- E. Murielle Pamphile, Ph.D, Senior Director of Community Partnership Schools
- F. Wade Lijewski, Ph.D., Vice President of Practice Integration

All work was facilitated by the Children's Home Society of Florida.

OVERVIEW OF ACTIVITIES COMPLETED IN YEAR 1 (2021-22)

Year 1 of the program evaluation consisted of:

- Complete Version 1 of the electronic intervention manual (lead developer: Julie Taylor) to detail clinicians use of the PPH Assessment and HAPPINESS Curriculum
 - Julie Taylor created the program PPH Assessment and HAPPINESS Curriculum, with activities and assessment tools to be used by clinicians at CHS. Dr. Shannon Suldo helped edit and align this program to include some evidence-based practices from the positive psychology literature, to prepare the intervention for the pilot year. Frances Coolman stylized and formatted the manual to make it ready for electronic use.
- Create USF-CHS team members to be involved in initial pilot of the program
 - Established bi-weekly meetings as a full team, and weekly meetings with USF and Julie Taylor to finalize program and trainings.
- Finalize research plan for 2-year project, for inclusion in USF IRB application to complete a program evaluation of the PPH Assessment and HAPPINESS Curriculum
 - Created consent documents and data collection tools (e.g., exit interviews, measures that align with constructs) which were submitted to the USF IRB along with full research plan. The IRB reviewed the submission (study 003415) and determined it was not human subjects research due to the program evaluation nature of the project. USF team committed to enacting the project consistent with standards for any research study.
- Enroll pilot sample of 3 – 6 clinicians in initial pilot of intervention training/professional development, use of manual (i.e., feasibility and fidelity of program implementation), and initial signs of program promise through exit interviews
 - Julie Taylor shared information with supervisors from multiple regions to recruit for pilot year. USF team sent follow-up consent forms to identified clinicians. Ultimately six initial clinicians were enrolled in the pilot of the PPH Assessment and HAPPINESS Curriculum program during the 2021-2022 school year (fall and spring implementation with follow-up interviews done in the summer 2022). Training for this program occurred over two three-hour sessions, the first taking place in December 2021 and the second taking place in January 2022. Acceptability data was collected after each training. Post training, clinicians started to use this new program with clients and provided acceptability data about the program after each session with a client. Feedback was gathered on each step and area of PPH Assessment and HAPPINESS Curriculum, which was compiled and later used to refine the manual to Version 2.0 for use in the RCT year.
- Create Version 1 of the initial professional development in the intervention, intended to ultimately support implementation of the program with high fidelity
 - The USF team collaborated with CHS to create the content for 6-hour workshop, broken into two 3-hour workshops. The USF team created and administered several assessment tools, including: (a) knowledge quizzes to assess clinician growth from pre- to post-training, (b) self-report surveys of clinician acceptability of training, and (c) checklists of the professional learning plan for use by observers to record fidelity of implementation (FOI) of the training.

- Modify/refine initial professional development based on findings from fidelity of training, clinician knowledge, and acceptability data
 - Based on data from acceptability surveys administered after each workshop, and qualitative comments from exit interviews, the USF team recommended to CHS the following changes: spread professional development content over three two-hour sessions, add tips/information learned from clinicians who took part in the pilot year, add examples of completed curricular material and clinician experiences.
- Monitor the six clinicians use of the program with 0-10 clients per provider
 - Using Qualtrics, the USF team created a survey to gather clinician use and perspectives on usefulness of the PPH; after each session in which the PPH was used, clinician reported which step(s) of PPH was used, how much, and what other intervention(s) was used in the session. The portions of the survey focused on use were used to indicate FOI of the intervention, and the ratings and open-ended items in the survey (e.g., what worked, what did not work) were used to indicate clinician acceptability of intervention. Through individual exit interviews, the USF team collected data on clinician perceptions of client outcomes, and perceptions of PPH program and trainings.
- Analyze qualitative and quantitative data from clinician use of program
 - USF Team prepared and shared summary of findings from FOI tools, acceptability surveys, and exit interviews with the CHS team throughout the spring and summer 2022. These results are communicated later in this report.
- Modify/refine intervention manual based on findings from use and accessibility data
 - Based on findings from acceptability surveys and interview data, USF team communicated to CHS recommendations for revision to PPH program materials. The CHS team created supplements for use by the pilot clinicians, which were presented to pilot clinicians during monthly check-ins. In the summer, supplements were integrated into the PPH manual 2.0.
- Complete power analysis to inform minimum number of providers and clients needed for participate in the randomized controlled trial (RCT) during Year 2
 - Statistical consultant, Dr. John Ferron, completed and conveyed results of power analysis that guided goal to recruit 80 clinicians in subsequent RCT year.

PROJECT TIMELINE

A detailed timeline of project activities enacted to support these general goals is provided below.

Table 1. *Overview of Research Activities during the 2021-22 Year*

Date	Activity(s)
August 2021	Onboarding of CHS and USF staff; creation of USF/CHS team; CHS sent drafts of PPH and HAPPINESS curriculum (“intervention”) for USF staff to review and edit
September 2021	CHS sent additional drafts of intervention to USF for feedback; USF revised and edited manual, and added literature and practices grounded in positive psychology
October 2021	PPH curriculum finalized with CHS and USF collaboration; USF team drafted all research materials needed for IRB submission (consent forms, exit interviews, data sharing agreement, recruitment procedures, acceptability survey, professional development evaluation forms, etc.); Initial identification of clinicians for pilot year use and feedback
November 2021	PPH manual finalized with USF and CHS collaboration; USF submitted IRB application with additional documents needed; Recruitment for pilot year clinicians and consent forms sent out; USF and CHS drafted professional development materials to be rolled out in December
December 2021	USF and CHS created PowerPoint presentations to guide both three-hour trainings; First professional development for PPH (workshop 1 of 2) held with pilot clinicians by USF and CHS; USF created and used surveys to assess: professional development acceptability, knowledge of positive psychology, acceptability/usage of intervention
January 2022	USF and CHS held second training (workshop 2 of 2) for pilot clinicians. Clinicians began to use PPH program with clients and provide fidelity/acceptability data on Qualtrics. USF remained in frequent contact with clinicians to check-in on use and survey completion.
March – April 2022	CHS led monthly supervision check-ins with clinicians for feedback and to answer any questions; USF recorded clinician responses. USF continued to collect acceptability and fidelity data through Qualtrics, and conducts weekly check-ins with clinicians via email.
May – June 2022	As clinician’s start to complete treatment with some of their clients after using PPH and HAPPINESS, USF met with the clinician via Zoom to conduct exit interviews and receive feedback on program with each client.
July 2022	USF compiled feedback from pilot clinicians to suggest edits for CHS to make before the RCT year to the virtual trainings and intervention manual. This data from the pilot guided the refinement of program, training, and evaluation procedures.
August 2022	Power analyses conducted by USF informed minimum number of clinicians and clients needed for participation in the randomized controlled trial (RCT) during Year 2; USF and CHS team identified providers in region(s) to recruit for participation in RCT.

MEASURES USED IN PROGRAM ACTIVITIES AND EVALUATION

Over the course of the project, the USF team utilized six primary forms of measurement to assess program evaluation for use with the pilot year clinicians: the Workshop Acceptability Survey, Acceptability on Full PPH Professional Development Training, the Knowledge Quiz, Fidelity of Implementation for Professional Development, HAPPINESS Session Feedback, and attendance records. Each of these measurement tools is described in more detail in Table 2.

Table 2. *Measures Used during Pilot Year Training and Implementation*

Measure	Purpose	Description	Sample Items
Acceptability of PPH Professional Development - Workshop	Feedback on professional development training workshop for PPH Assessment and HAPPINESS Curriculum	After each of the workshops for the initial trainings, a Qualtrics was completed by clinicians to learn more about the clinician's usability and acceptability of the training. 5 likert and 3 open ended questions were used.	<ol style="list-style-type: none"> 1. The amount of material presented was appropriate for the time available for the session. 2. I am likely to use what I learned today with my clients. 3. What part of this workshop did you find the most interesting or useful?
Knowledge Quiz; Positive Psychology and PPH Intervention	Pre- and post-test of knowledge surrounding positive psychology and the PPH program.	Clinicians completed the same multiple choice quiz before any of the professional development trainings and again at the end of the last workshop to test their knowledge gains from the training over the PPH program.	<ol style="list-style-type: none"> 1. Positive psychology interventions primarily aim to increase which outcome? 2. A clinician using the Positive Psychology through Happiness (PPH) should administer the PPH-Assessment for the first time at which point in the client's treatment? 3. The HAPPINESS curriculum contains all of the following components except:
Fidelity of Implementation of Professional Development	Monitoring the level that the trainers followed the planned trainings to fidelity.	Prior to each workshop being held, a fidelity checklist was created to identify key elements to be included in the workshop. A rater observer each workshop and recorded which elements occurred to determine the level of fidelity of each training. Attendance and time stamps were also recorded on this tool.	<ol style="list-style-type: none"> 1. Before workshop 1, staff ensured that all participants are ready for first workshop: 2. Components of PPH reviewed: 3. Explanation of how the E-S-S steps transitions to the END of treatment.

HAPPINESS Session Feedback; Acceptability and Use	Collecting information on HAPPINESS usage and acceptability for each meeting a clinician has with a client in which the intervention was used.	This Qualtrics survey was to be completed after each time a clinician met with a client, to gather information on how much of the intervention was used, and feedback on those portions used. Information gathered included checklists of materials used, Likert scale items to assess acceptability, and also some open-ended items for general feedback.	<ol style="list-style-type: none"> 1. Briefly name or describe the ACTS (e.g., activities, cognitive copy worksheets, talking points) used within the HAPPINESS step(s) accessed today: 2. The PPH was helpful for the client. 3. What did you like the most about the PPH activities used in this session?
Acceptability of PPH Professional Development - Full Training	Collecting feedback on clinicians perspectives of the complete training experience, and the value of the intervention.	This Qualtrics survey was administered after all the workshops had been completed to gather feedback on the entire training. The first pages assessed perceptions of the overall training (20 items: 17 close-ended and 3 open-ended). The latter pages assessed perceptions of the intervention taught in the training, using 25 close-ended items from the Implementation Potential Scale (IPS; Forman et al., 2012).	<ol style="list-style-type: none"> 1. I feel prepared to implement the intervention in my setting. 2. What was the most useful part of this training? 3. I would be willing to use this intervention.
Attendance Records	Record number of clinicians attending each Workshop, and participating in monthly check-in meetings, and frequency of use of PPH with clients	Attendance was taken at each of the workshops, during monthly supervision meetings, and noted within records of clinician correspondence with research team and reported use of PPH.	Not Applicable

Reference

Forman, S. G., Fagley, N. S., Chu, B. C., & Walkup, J. T. (2012). Factors influencing school psychologists' "willingness to implement" evidence-based interventions. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 4(4), 207-218
doi:10.1007/s12310-012-9083-z

ACCOMPLISHMENTS AND FINDINGS

LIVE TRAINING IN PPH INTERVENTION, HELD VIRTUALLY (SYNCHRONOUS)

The purpose of the two 3-hour workshops was for the CHS clinician to gain knowledge of (a) positive psychology, (b) the purpose of the pilot and subsequent evaluation study, (c) how to use the PPH Assessment monthly and weekly check-ins, and (d) how to use the HAPPINESS curriculum. The workshops were primarily facilitated by Julie Taylor, with some portions led by Shannon Suldo. Example slides from this training are presented in Appendix A.

Fidelity, Usage, Knowledge Gains, and Acceptability of Initial Trainings

Regarding the *fidelity of the training*, Frances Coolman evaluated whether the key elements of training were present or absent using a newly created fidelity form (see Appendix B). The maximum value of 100% of key elements planned to transpire before the first workshop was observed to have occurred. During Workshop 1, 97.6% of planned key elements occurred during the three hours. During Workshop 2, 97.9% of planned key elements occurred. In sum, FOI for the training plan was high, indicating high feasibility of the planned training model to be implemented as planned.

In order to be certified to use the PPH intervention, participants were required to fully attend both training sessions, and obtain a passing score (80%) on a post-test knowledge quiz. Regarding attendance, 6 of 6 clinicians attended the live virtual Workshop 1, and 4 of 6 attended the live virtual Workshop 2. The remaining 2 watched a recorded version of the live training, make-up session facilitated by Julie Taylor. In total, 6 of 6 had full attendance at workshops.

Five of six interventionists improved on the knowledge measure at post-test; specifically, of 100 possible points total, the total mean for the knowledge measure increased from 81.67 (SD = 9.83) at baseline/pre-test to 92.5 (SD = 5.24) at post-training (see Table 3). All six (100%) clinicians achieved a passing score at post-test, and obtained certification to proceed with use of the PPH as a result of the training series.

Table 3. *Scores on Knowledge Quiz of Positive Psychology and PPH Intervention*

Clinician	Pre- Score (percentage)	Post- Score (percentage)	Increase (percentage)
A	85	95	10
B	70	90	20
C	85	95	10
D	85	85	0
E	95	100	5
F	70	90	20
Average	81.67	92.5	10.83

Note. Score of 80% or higher is benchmark for sufficient knowledge in intervention framework and manual.

To determine the acceptability of the training and perception of the intervention, survey data were collected throughout the training as well as immediately post-training. After each workshop, participants completed an online measure with 5 close-ended items and 4 open-ended items (see Appendix C). Participants indicated their agreement with each item using a 5-point response option metric: Strongly Disagree (1), Disagree (2), Neither Agree nor Disagree (3), Agree (4), and Strongly Agree (5). The open-ended items included:

- What part of this workshop did you find most interesting or useful?
- What recommendation(s) this workshop do you have?
- What main ideas (takeaway points) did you learn from this workshop?
- What questions would you like the presenters to address during the next workshop?

Data from these acceptability surveys indicated high levels of satisfaction with each professional learning workshop. As shown in Table 4, mean scores for each item and the overall measure (average scores = 4.37 and 4.53 for Workshops 1 and 2, respectively) exceeded the rating corresponding to both a neutral (3.0) and positive (4.0) affective appraisal. Table 5 presents qualitative responses to the open-ended items.

Table 4. Professional Development Acceptability Ratings by Mental Health Clinicians at CHS

Rating Scale Items	Workshop 1	Workshop 2
	M (SD) <i>n</i> = 6	M (SD) <i>n</i> = 6
1. The material in the workshop enhanced my knowledge of positive psychology interventions.	4.33 (.47)	4.67 (.47)
2. The material in the workshop was easy to understand.	4.5 (.5)	4.67 (.75)
3. The amount of material presented was appropriate for the time available for the session.	4.5 (.5)	4.33 (.47)
4. I am likely to use what I learned today with my students.	4.33 (.47)	4.67 (.47)
5. I am confident that I could use the positive psychology interventions discussed in this workshop.	4.17 (.90)	4.33 (.74)
AVERAGE SCORE	4.37 (.14)	4.53 (.19)

Note. Response metric was 1 = *Strongly Disagree* to 5 = *Strongly Agree*.

Table 5. *Clinicians Qualitative Responses to Acceptability Survey After Each Workshop*

	Questions Posed to Clinicians			
	What part of this workshop did you find the most interesting or useful?	What recommendation(s) for this workshop do you have?	What main ideas (takeaway points) did you learn from this workshop?	What questions would you like presenters to address during the next workshop?
Responses for Workshop 1	Enhancing happiness for self and clients. The research! The presentation and benefits of the curriculum. The intervention. The background and foundations of how to determine happiness All.	Hard copy of manual. Could you break up the presentation so that there are two breaks during it? Maybe split them into four two hour sessions so that the material is easier to digest and doesn't take up so much time. As clinicians, we have lots to do. Shorter.	Happiness is not the opposite or lack of distress. Basis for talking with clients about where they are with being happy. What is positive psychology through happiness? - Very informative. How much genetics, life circumstances and choices play into how we experience happiness; also the value in focusing on happiness as opposed to the negatives in mental health. Theory.	More details about implementing the HAPPINESS model.
Responses for Workshop 2	Discussing the stages of change and the PPIN portion of HAPPINESS. Insight from other clinicians and using ourselves. The style and presentation including examples. The activities for each acronym. How we can start to focus on the positive.	This was a lot of dense material. Would it be possible to have three trainings for 2.5 hours instead of two trainings for 3.5 hours? Possibly have three sessions compared to two. Physical copies of workbook.	That perseverance is really linked to working through problems that occur rather than quitting. That joy is essential for all not just our clients. Meet the client where they are and celebrate the client. How to utilize this type of intervention in practice, celebrating success, helping clients define better goals.	More discussion on alternative materials and activities that can be used to work through the HAPPINESS curriculum. More real life examples.

Note. Responses such as “Not Applicable,” “None at the moment,” or similar are excluded from this table. Responses are largely verbatim although some have been edited for grammatical clarity.

End of Initial Training, Clinician Acceptability of Overall Professional Development

Post-training, the acceptability of the entire initial professional development was assessed to gather information on the training as a whole. Participants ($n = 6$) completed an online survey assessing perceptions of the overall training with 20 items (see Appendix D). The 17 close-ended items used a 5-point response metric Strongly Disagree (1), Disagree (2), Neither Agree nor Disagree (3), Agree (4), and Strongly Agree (5). The 3 open-ended items included:

- What was the most useful part of this training?
- What was the least useful part of this training?
- What changes, if any, would you suggest for behavioral health counseling service providers (“providers”)?

Then, the 25 items on the Implementation Potential Scale (IPS; Forman et al., 2012) were rated using a 6-point metric: Strongly Disagree (1), Disagree (2), Slightly Disagree (3), Slightly Agree (4), Agree (5), and Strongly Agree (6).

Overall Training Acceptability

Participants included six clinicians whose ratings and answers to the aforementioned items for End of Initial Training Acceptability are shown in Tables 6 – 9. Clinicians' ratings ranged from 4.17 to 4.83 with an average of 4.55 ($SD = 0.19$) on the items related to Satisfaction with Training, the highest possible rating being a 5.0 (see Table 6). Responses to the open-ended items provided useful feedback on the training and generally positive responses (see Table 7).

Table 6. *End of Initial Training Evaluation Ratings by CHS Mental Health Clinicians*

Items	M (SD) ($n = 6$)
Satisfaction with Training	
1. The communication I received in advance of the workshops gave me the information I needed to prepare for the virtual training.	4.17 (0.75)
2. The logistics for the virtual training were well executed.	4.50 (0.55)
3. The goals and objectives of the virtual training were clearly stated.	4.50 (0.55)
4. Training facilitators were knowledgeable about the content.	4.67 (0.52)
5. Facilitators presented the material clearly.	4.50 (0.55)
6. Visuals in the PowerPoints were clear.	4.67 (0.52)
7. Facilitators maintained good pacing.	4.33 (0.82)
8. Transitions between sections were smooth.	4.33 (0.82)
9. Facilitators were enthusiastic.	4.83 (0.41)
10. The material was well-organized.	4.50 (0.55)
11. The material was easy to understand.	4.50 (0.84)
12. The amount of information presented was appropriate.	4.33 (0.82)
13. Facilitators were respectful in answering questions.	4.67 (0.52)
14. Facilitators provided adequate wait-time when questions were posed.	4.83 (0.41)
15. Facilitators monitored and managed time well.	4.67 (0.52)
16. Facilitators were personally connected to the participants.	4.83 (0.41)
17. I feel prepared to implement the intervention in my school setting.	4.50 (0.55)
Scale Composite (average)	4.55 (0.19)

Table 7. *Clinicians Qualitative Responses to End of Training Acceptability Survey*

	Questions Posed to Clinicians		
	18. What was the most useful part of this training?	19. What was the least useful part of this training?	20. What changes, if any, would you suggest for behavioral health counseling service providers (“providers”)?
Responses	Working through the example activities and worksheets for each part of the curriculum. Learning about happiness, the interventions. Doing the intervention ourselves. The examples that were provided and individual experiences. Having practical activities related to each section of the training. Visual PowerPoint.	Discussing the stages of change in depth as we did. Being on zoom.	Printing the hardcopy of the manual up front.

Note. Responses such as “None,” “Not Available,” or similar are excluded from this table. Responses are largely verbatim although some have been edited for grammatical clarity.

In sum, data from the 20-item acceptability survey indicated high levels of satisfaction with the entire professional development.

Potential Implementation of New Intervention

Five of six clinicians filled out the Implementation Potential Scale (IPS). Their ratings on the IPS indicates mostly positive thoughts towards the new program that was taught, and anticipation of positive implementation of it at CHS. As shown in Table 8, clinicians’ mean ratings ranged from 4.20 to 5.80 (with the highest possible rating being 6.0) on the IPS. The IPS is divided into four subscales. Acceptability/efficacy subscale, which received an average of 5.40 (SD = 0.46), the Implementation Commitment subscale, which received an average of 5.58 (SD = 0.19), the Administrator Support subscale, which received an average of 5.27 (SD = 0.23), and the Organizational Resources subscale, which received an average of 5.13 (SD = 0.42). All items and scores are reported in Table 8.

Table 8. *Intervention Acceptability as Rated after Initial Training, Ratings on the IPS*

IPS Subscale Composite and Items	M (SD) (n = 5)
Acceptability/efficacy subscale	5.40 (0.46)
1. This would be an acceptable intervention for the child's problem	5.40 (0.55)
2. I like the procedures used in this intervention	5.40 (0.55)
3. Overall, the intervention would be beneficial for the child	5.40 (0.55)
4. This intervention is likely to affect students in a positive way	5.60 (0.55)
5. I would suggest the use of this intervention to other behavioral health counseling service providers ("providers")	5.80 (0.45)
6. Most providers would find this intervention suitable for treating clients with this problem	5.60 (0.55)
7. This intervention is consistent with my general approach to working with clients	5.60 (0.55)
8. This intervention is supported by the research	5.20 (0.45)
9. Most providers in similar jobs would view this intervention in a positive way	5.80 (0.45)
10. The intervention would NOT result in negative side effects for the clients	4.20 (1.92)
Implementation Commitment subscale	5.58 (0.19)
11. It would be worth my time and energy to implement this intervention	5.80 (0.45)
12. I would speak up at meetings to facilitate the implementation of such an intervention	5.60 (0.55)
13. I would advocate for this intervention at my work place (e.g., school)	5.80 (0.45)
14. I would be willing to spend time outside of work to make an intervention like this happen	5.40 (0.55)
15. I would be willing to use this intervention	5.80 (0.45)
16. I would pursue training to deliver this intervention	5.40 (0.89)
17. Among my usual professional activities, I would rank this as a high priority	5.40 (0.55)
18. Implementing this intervention at my place of work (e.g., school) would make me a better provider	5.60 (0.55)
19. If we implemented this intervention, I would do better at my job	5.40 (0.89)
Administrator Support subscale	5.27 (0.23)
20. My agency-level administrators would view this intervention in a positive way	5.40 (0.89)
21. My immediate supervisor would view this intervention in a positive way	5.40 (0.89)
22. In general, I am encouraged to implement new programs at my place of work (e.g., school)	5.00 (1.22)
Organizational Resources subscale	5.13 (0.42)
23. I believe any resources (supplies, equipment, space) needed to implement this intervention would be available	4.80 (0.84)
24. Given my workload, the time and effort needed for this intervention is reasonable	5.00 (0.71)
25. I believe that if I needed assistance and advice to help implement this intervention, I would be able to obtain it	5.60 (0.55)

Note. Response metric was 1 = *Strongly Disagree* to 6 = *Strongly Agree*. N = 5 (vs. 6)

Usage and Acceptability of Ongoing Training

After the initial training, monthly check-ins for ongoing training were held via Zoom on Tuesdays to (a) answer any questions that the clinicians had and problem-solve barriers to use, and (b) describe changes made to the manual following their earlier feedback, as contained in “Supplemental” files created by Julie Taylor. These monthly group supervision sessions were facilitated by Julie Taylor, with support by Shannon Suldo. These one-hour sessions were held:

- 2/11/22 (5 clinicians attended)
- 3/8/22 (3 clinicians attended)
- 4/5/22 (3 clinicians attended)
- 5/3/22 (2 clinicians attended)
- 6/7/2022 (2 clinicians attended)

Additionally, Julie Taylor provided open “office hours” each week through Zoom for clinicians to use at their own discretion, though these were rarely utilized by the clinicians.

Attendance at monthly group supervision sessions ranged from 83% to 33% at a given meeting, with an overall usage of 50% across the five sessions. This level of attendance suggests challenges with feasibility of this modality of ongoing support of implementation. Even though all clinicians were asked for input regarding the timing of the live one-hour meeting, many were ultimately not able to attend the subsequent meeting when the date arose.

Acceptability of this ongoing professional development was assessed during exit interviews with three clinicians as they finished their use of the PPH during the pilot year. In general, clinicians described the monthly check-ins (group supervision) that updated their training to be helpful, but also found it time consuming. Lack of time was the reason they did not utilize the weekly “office hours” that were held. As the PPH was not yet a program required to be used by CHS, all of the activities included in the pilot year research were additional to the clinicians' regular activities and they were not compensated further for their time, making it difficult for this to be a higher priority than their required work.

INITIAL EXPERIENCES WITH PPH INTERVENTION

Usage of PPH Intervention

The PPH intervention consists of weekly assessment of life satisfaction and session activities that align with the acronym HAPPINESS. Implementation of each component is guided by the manualized protocol to enable delivery of content in a standardized fashion across clinicians, often assisted by use of hard-copy handouts contained in the manual.

Data on use of the weekly and monthly PPH Assessments was entered into the MyEvolv system, and not accessible to the USF team. This section summarizes findings from (a) Qualtrics survey completed by participating clinicians after each session (“HAPPINESS Session Feedback, Acceptability and Use”; see Appendix E), then (b) exit interview completed at the conclusion of client care with the PPH intervention (see Appendix F). USF team tracked self-reported session activities through Qualtrics entries as provided by clinician, after each session where they used any part of PPH.

In total, data from completed post-sessions surveys indicated that the 6 pilot clinicians used the PPH with a total of 28 clients (See Table 9 for further information).

Table 9. *Intervention Use by Each Clinician in the Pilot*

Clinician	Clients who Used Any Part of PPH	Clients who Finished PPH	Clients still Enrolled in Treatment at End of Pilot Year
A	1	0	1 (clinician left study early; no exit interview completed)
B	2	0	n/a (clinician left CHS during study; no exit interview completed)
C	14	0	14 (one end of study interview completed)
D	4	2	2 (three exit interviews completed)
E	6	2	4 (four exit interviews completed, and one end of study interview completed)
F	1	0	1 (clinician left study early; no exit interview completed)

The HAPPINESS Session Feedback, Acceptability and Use Survey was created by the USF team and administered via Qualtrics. This survey was intended to be completed by clinicians after each session with a client in which any portion of the PPH was used. This survey collected information on acceptability and usage. During the pilot year, clinicians provided a total of 137 entries into the Qualtrics survey. Information from these surveys indicated the following:

- For all 137 entries, some or all of the PPH Weekly or Monthly Assessment was used
- For 113 entries, the HAPPINESS Curriculum was used in some capacity, including 6 entries that showed activities from more than one letter were used during a session
- For 22 entries, the HAPPINESS Curriculum was **not** used at all as a therapeutic strategy and other interventions were used, such as cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and person-centered therapy
- For 2 entries, the HAPPINESS Curriculum was **not** used because the PPH Assessment was administered to the client's caregiver

Acceptability of PPH Intervention

To assess acceptability of the part of the intervention used during the session, the HAPPINESS Session Feedback, Acceptability and Use survey included six close-ended items and three open-ended items. On close-ended items, participants indicated their agreement using a 5-point response option metric: Strongly Disagree (1), Disagree (2), Neither Agree nor Disagree (3), Agree (4), and Strongly Agree (5). Items are shown in Table 10. Open-ended items included:

- What did you like **most** about the PPH activities used in this session?
- What did you like **least** about the PPH activities used in this session, and/or what recommendation(s) for change do you have?
- Anything else that you would like to share about this session?

Table 10 presents mean responses to the close-ended items, organized by the part of the HAPPINESS Curriculum completed during the session. These 107 responses shed light on the average rating for use of each step from the intervention's HAPPINESS Curriculum (of note: the table excludes values for the 6 entries in which activities from more than one letter were used during a session). As shown in Table 10, mean scores for each item and the overall measure (average scores = 4.33 to 5.0 for Steps H and E/S, respectively) exceeded the rating corresponding to both a neutral (3.0) and positive (4.0) affective appraisal. Thus, data from these acceptability surveys indicated high levels of satisfaction with the HAPPINESS Curriculum steps. Of note, because relatively few clients completed their course of therapy with the entire intervention, there are more reports of clinician experiences with the earlier steps in the HAPPINESS curriculum.

Table 10. *Clinician Average Rating of Acceptability of HAPPINESS Curriculum*

	H	A	P	P	I	N	E	S	S
<i>N clients</i> =	30	11	27	7	7	7	9	7	2
The PPH was able to meet the client's needs.	4.13	4.45	4.37	4.5	4.57	4.43	5.00	5.00	5.00
The PPH manual was easy for me to understand and use.	4.5	4.45	4.59	4.67	4.71	4.57	5.00	4.86	5.00
I felt prepared from the training to use this part of the PPH.	4.33	4.45	4.55	4.5	4.57	4.57	5.00	4.86	5.00
The PPH was helpful for the client.	4.36	4.63	4.44	4.5	4.57	4.43	5.00	5.00	5.00
The client was receptive to the PPH approach.	4.27	4.54	4.48	4.5	4.57	4.43	5.00	5.00	5.00
Use of the PPH was possible within the time available for the session.	4.4	4.54	4.59	4.5	4.57	4.43	5.00	5.00	5.00
AVERAGE SCORE	4.33	4.51	4.5	4.53	4.59	4.48	5.00	4.95	5.00

Note. Response metric was 1 = *Strongly Disagree* to 5 = *Strongly Agree*.

As aforementioned, participants answered three open-ended questions in the Qualtrics survey that yielded 137 entries. Tables 11 – 19 present positive feedback as well as recommendations for change, qualitative responses to the open-ended items. The responses are organized by each individual step in the HAPPINESS Curriculum that was used in the session on which the clinician reported their experiences.

- Liked Most: Presents responses to “What did you like **most** about the PPH activities used in this session?”
- Liked Least: Presents responses to “What did you like **least** about the PPH activities used in this session, and/or what recommendation(s) for change do you have?”
- Other: Presents responses to “Anything else that you would like to share about this session?”

Table 11. *Qualitative Feedback on HAPPINESS Curriculum, Part H for Understanding Happiness*

H	Liked Most:	Liked Least:	Other:
	client was about to assess her happiness	none	
	I like the focus on positivity and positive changes the client can make.	No complaints about this portion	
	I really liked the goal setting and defining happiness	More information about goal-setting would be helpful earlier on in the program	A lot of the understanding happiness worksheets seemed redundant so the client and I opted to focus more on the simple changes worksheet, which took up the majority of the session time
	Client painting the picture of her happiest day.	nothing	no
	Client was able to describe her happiest day	none	no
	client able to discuss her happiest moment	none	no
	client was able to describe how her happiest day would look like , eliminating things and people that makes her sad and upset.	n/a	none
	I really like establishing the Happiness goal and the simple changes worksheet	The Happy Libs worksheet didn't go over well with the client, that may be better for younger kids though.	More information about establishing the Happiness goal would be helpful. I found it difficult to explain to the client (who also found it difficult to understand during the first two explanations).
	Her realization that she was in a safe place.	The initial questionnaire.... Going it every week.	
	her realizing that a "perfect day" did exist even on her own.	n/a	
	focusing on the positive and happiness, especially for this client.	n/a	
	that the client need to "look" to create a visual happiness.	n/a	
	Client able to describe things that she enjoys and acknowledged	none	Client was very motivated to practice those two activities that

	how important it is to do these things to help her feel happy		she mentioned. She will discuss in the next session how it went.
	Used as a guide during the session.	None at the moment.	N/A
	I have used it before.. Loved watching the client light up at was initially deemed as a "childish" activity.	n/a	n/a
	realizing she seemed to need permission to be happy. It gave insight into her and treatment planning.	reminding myself not to allow her to go to the weaknesses and address them during activity.	N/A
	gaining insight into relationship with self and how he gages self via his brothers attributes, etc.	n/a	
	Discussing the control aspect of activities that contribute to happiness helped the kid develop a happiness goal	the worksheets seemed simplistic for this child, so we opted to simply discuss the topics instead of fill out the worksheets	Engagement seemed limited, but kid did say he was tired.
	creating a list of things that make the client helped the client to understand what happiness is versus a lack of distress	I may incorporate a role play or a story to help children with more concrete thinking to understand what happiness is versus a lack of distress	
	The focus on the positive and happiness...	N/A	no
	Easy for the client to understand	none	no
	Discussing goals is beneficial for helping the client understand HAPPINESS	Examples of HAPPINESS goals could be helpful, the client had a difficult time understanding and it was a difficult concept to explain	
	AB is focused on creating more positivity in his life. By talking through what happiness is, this helps create reality and determine what is actually valuable to him.	Having to remember where to start, it's been awhile.	
	Provided a guide as I talked with the client. client was able to list the things she enjoys doing	none	
	The ability to help guide the client in the session.	N/A	
	discussed definition of happiness, worked through activities that make the client happiest and how much control they have over each activity, and established a happiness goal	This was a really good session and I feel like the first part of the curriculum is really strong	N/A

	I liked creating the word cloud first instead of doing the happiest day ever activity.	the client struggled with what it meant to have a successful week, but after some discussion they were able to set a good goal with a defined success point	N/A
	discussed definition of happiness, worked through activities that make the client happiest and how much control they have over each activity, and established a happiness goal	This was a really good session and I feel like the first part of the curriculum is really strong	N/A

Table 12. *Qualitative Feedback on HAPPINESS Curriculum, Part A for Assessing Where I Am Now*

A	Liked Most:	Liked Least:	Other:
	I liked using the rainbow as another version of scaling happiness.	More information about the difference between happiness vs. sadness via worksheets or other talking points would be helpful for explaining the scaling for happiness doesn't start with sad/distressed/upset	
	identify the activities client enjoys and will try to use on her own	none	no
	client was very engaged as the a activity was fun for her as she learn about her HAPPINESS	Some of the activities where asking the same questions , so i only picked 1 to do	no
	I like the labeling, it helps the kids figure out 1-10 scale better.	The kids have a really rough time coming up with names for the different level. It would be helpful to have an example list of words that the kids could pick from (especially the younger ones). I also added behavioral definitions for each of the levels so the kids can better understand what the different levels look like. I think that could be beneficial to add as a worksheet.	No
	client was able to discuss and assess her happiness. Client was able to rank some things that make her happy , from small to big.	It took a longer for client to come up with the list.	no
	Discussing scaling helps to ground the question on the assessment	N/A	Client did not like the rainbow analogy so we used a video game analogy instead.
	the stair was very nice to help client assess her happiness and how she can use tool to help her be happier	none	no
	The stairs made it easy for client to assess where she is at and where she wants to go.	none	no
	I really like making the scale with the behavioral definitions because it helps the kids give a more accurate response on the assessment/check-ins	Once again, the client didn't want to use the rainbow metaphor, so she used a pyramid to describe her levels. I've found letting them be creative with the metaphor helps with engagement	I've started keeping track of the happiness goal and each "mini" weekly goal on one sheet of paper so we can track progress made more easily

Table 13. *Qualitative Feedback on HAPPINESS Curriculum, Part P1 for Producing Positive Thoughts and Actions*

P1	Liked Most:	Liked Least:	Other:
	I liked the staircase metaphor for the stages of change	the dieting metaphor was difficult for the client to understand. I used the example of how different stages of change would react to therapy as an additional metaphor since the client was more familiar with the therapeutic process	
	I like the worksheet because it helps the client focus on positive things in the current moment	This is a great worksheet and may be more helpful in the Assessing where I Am section	Client was in a depressive episode so it was more challenging to help them tap into positivity and work on their HAPPINESS goal
	Client was able to identify on her own some things she can practice to help her feel happier	none	no
	it was very easy for the client to understand	none	no
	client discussing what she worked on from the goals discussed from the previous activity	none	no
	able to see the progress	none	none
	seeing how client will be working on her goal by making changes and being creative	none	no
	I liked breaking down the big goal of "letting things go" into smaller steps and discussing ways that she can work towards her goal (deep breathing, learning to walk away, etc.)	I didn't follow the manual as much this session as in previous sessions and I think that made it more difficult for me than it needed to be. One thing that would help is having the talking points on a separate document that can be printed out for reference in session (like the cognitive copy worksheets)	
	breaking down the steps was beneficial and the Simple Changes worksheet was really well set up for this section.		Setting an expected time frame for the happiness goal was difficult for the client.
	client was able to come up with her own happiness goal and had an opportunity to discuss feeling hopeful about working on her goal.	none	none

	client being able to see the goal and share how she would like to get there.	none	none
	I liked the ordering of steps to build a house. It helped the client see the small steps that can lead up into a big goal.	Coming up with positive thoughts is difficult for some clients. I have found breaking down things they are thankful/grateful for into specific thoughts works better for them than trying to spontaneously list thoughts.	We are creating a separate list of steps they can take to reach their goal and will order them in later sessions.
	the chance to order the steps and come up with corresponding positive thoughts for each step	N/A	N/A
	exploring her perception of happiness and how she could "turn" negative emotions into positive ones.	n/a	
	using her creativity as coping skills	n/a	
	his realization that he could do this activity more often in his daily routine	na	
	client able to see if she thinks positive, there will be positive energy around and negative thinking will only bring negative energy	none	no
	I like beginning the discussion of positive thoughts	PPH was difficult to use in today's session due to client's distractedness.	Client was very hyperactive during today's session and had difficulty focusing
	client seeing the importance of thinking positive will change her attitude	Nothing	none
	I like this portion of the PPH, the worksheets and activities are good	However, this client does not appear to be receptive to PPH or therapy in general at this point in time.	
	client continuing to use her positive thoughts to help her manage	None	no
	I liked connecting the positive thoughts to positive actions	connecting the stages of change to today's session felt clunky	
	I love making these plans with the kids! Helps them feel like their goal is reachable	No change recommendations!	Bringing up the cognitive triangle helped tie everything together this time.

	student is able to see the importance of producing positive thoughts	None	no
	I love making the connection between positive thoughts and positive actions	Perhaps the planning portion of this section could be combined with the practicing daily habits.	
	I love making the connection between positive thoughts and positive actions	Perhaps the planning portion of this section could be combined with the practicing daily habits.	

Table 14. *Qualitative Feedback on HAPPINESS Curriculum, Part P2 for Practicing My Daily Habits*

P2	Liked Most:	Liked Least:	Other:
	client was able to see how important it is to write down the task to be completed to reach her goal . It will make it easier for her to practice it.	none	none
	client was able to feel talking about some of the task she accomplished toward her goal.	none	none
	Budgeting the time helped the client see that they did have more time to work on their HAPPINESS assignments.	N/A	The client brought up it would be beneficial to add the options of "weakly agree" and "weakly disagree" to the assessment
	client seeing the importance of taking action toward goal even if it's the smallest step	none	none
	client was able to see the progress she is making by creating the list of task she accomplished	none	no
	The Simple Changes Worksheet was set up really well for this portion of the curriculum	No recommendations, this was a smooth session	N/A
	Client was able to see how helpful it was to list the task she completed and motivates her to keep working at it.	none	no

Table 15. *Qualitative Feedback on HAPPINESS Curriculum, Part I for Investigating a New Way of Doing Things*

I	Liked Most:	Liked Least:	Other:
	helping the client come up with multiple plans was beneficial and the metaphor of cake recipes was easy for the client to understand.	N/A. This session went really well.	N/A
	just the fact that client was able to see different steps she can take to reach her goal. if one does not work, she can try another way so she can reach her goal.	none	none
	Comparing different cake recipe to different ways to accomplish goals.	The talking point of comparing exploring hobbies to exploring habits was clunky for me.	I added that the only difference between chocolate and red velvet cake is red food dye and frosting, making the link that sometimes the only thing that needs to change is tiny details towards the end.
	client able to see different options in meeting happiness goal	none	no
	I like the cake metaphor	There doesn't seem to be enough to really discuss in this section for it to be it's own session	Even though I hadn't used PPH with this client for a bit, they were eager and ready to jump back into the curriculum
	I think it's important to discuss alternative plans	However, I don't think it constitutes a full session. I think it could be combined with navigating bumps in the road	N/A
	I like the idea of discussing alternative ways to reach the happiness goal	N/A	N/A

Table 16. *Qualitative Feedback on HAPPINESS Curriculum, Part N for Navigating the Bumps in the Road*

N	Liked Most:	Liked Least:	Other:
	client discussing learning to stay positive regardless of the bumps on the road she is currently experiencing	none	none
	Client was able to see the obstacles on the road that keep her from feeling happy	none	no
	Client able to discuss not giving up despite al the obstacles on her road.	none	no
	student understanding although there are obstacles on the road to her happiness she must not give up and continue to wok on her goal, make changes that will help her work toward her goal	none	no
	client learned that she can move toward her happiness goal despite any consequences	none	no
	Client realizing she can move on regarding the obstacles	None	no

Table 17. *Qualitative Feedback on HAPPINESS Curriculum, Part E for Examining My Successes*

E	Liked Most:	Liked Least:	Other:
	Client being able to acknowledge some of the positive things that occurred this week which was a result of her positive behavior	nothing	no
	Client able to see how working on her goals makes her happier (interacting more with friends at school	no	no
	Client was able to freely discuss her progress	nothing	no
	it was nice for client to assess how she is doing. she was able to see some of her successes and felt proud	none	N/A
	Client able to see some of the things she is doing right and continues to do them.	none	no
	Client was able to see the things she continues to do well and is encouraged by that	none	no
	Client was able to describe her progress	none	no
	client was able to examine the things that she did right and is working for her which produce progress and successes.	None	no
	student able to examine how well she did	None	no

Table 18. *Qualitative Feedback on HAPPINESS Curriculum, Part S1 for SSpreading My Strengths*

S1	Liked Most:	Liked Least:	Other:
	student was able to use her strength from previous sessions and continue to use them to help her work on her goal.	none	no
	Client was able to identify some of her positive traits to help her reach her goal	none	none
	Client was able to see how spreading her success in other areas of her life can be beneficial	None	No
	client was able to acknowledged how to use her strength from previous session to continue working on happiness goal.	None	na
	Client was able to see how well she is doing and using the skills learn in other areas	None	no
	Student was able to discuss the strengths that helped her reached her goals. She will continue to use those strengths in other areas of her life.	None	no
	client was able to discuss how she continue to spread her strength	Nothing	none

Table 19. *Qualitative Feedback on HAPPINESS Curriculum, Part S2 for SSavoring My Success*

S2	Liked Most:	Liked Least:	Other:
	Client was able to see her progress and how she successfully completed the PPH curriculum.	nothing	no
	Student was able to review her successes and accomplishments and felt proud of it.	None	no

Clinician Experiences as Described in Individual Interviews

Following completion of treatment with clients that had at least some usage of PPH, Frances Coolman held individual interviews with each of the three clinicians who had actively used PPH as part of the pilot year study. The questions in the interview protocols (see Appendix F) were designed to gather full information about clinician experiences and perceptions about the program, activities, materials, and trainings. The purpose of the interviews was to learn more about the clinician's experiences with providing the PPH Assessment and HAPPINESS Curriculum and to gather feedback on the program activities, materials, and training with the goal of (a) maintaining procedures that were viewed positively, and (b) improving the training and implementation procedures before proceeding to training clinicians and using the PPH with

clients during the RCT year. Questions about the PPH intervention and trainings targeted what the clinician thought about the program in comparison to other interventions, how the program worked and if it was acceptable with their clients, how useful the tool was, feedback on each of the stages on the curriculum, and what was most or least helpful for the client. The last exit interview conducted asked specific questions around the clinician's thoughts surround positive psychology and how it impacted their lives personally and professionally.

A total of 12 interviews were completed with three different clinicians:

- Clinician C completed 2 interviews
- Clinician D completed 4 interviews
- Clinician E completed 6 interviews

Clinicians met on Zoom to talk about their experiences with the PPH Assessment and HAPPINESS Curriculum for their various clients. A semi-structured interview was completed, in which the clinician answered questions regarding the intervention. Some clients had completed many sessions using PPH, and therefore were the subject of full interviews about the clinician's experiences using PPH with that specific client. Clinician C only met with each of their clients 1-3 times using PPH, so their exit interview was done as overall thoughts of the PPH Assessment and HAPPINESS Curriculum and trends they saw with its use across those few clients. In the first interview with Clinicians' C, D and E questions regarding feedback on the manual, trainings, meetings, and overall feedback were asked. In the last interview with Clinicians C, D and E questions regarding positive psychology and their perceptions around it as a clinical tool as well as perceptions on its impact to their personal and professional lives were asked (See Appendix F). For exit interviews with Clinicians D and E after the initial interview, questions focused on their impression of the program when used with different clients were asked.

Summary impressions from participant responses during the interviews with USF include:

- Clinician reports about their impression of program when used with each client:
 - PPH focus on positives was a nice change and helpful for therapeutic relationship
 - Made therapy more enjoyable for clients who had only been deficit-based in their approach
 - Better to use with older clients, as paradigm change for younger clients was difficult when thinking through positive lens, making this program fit better with certain clients
 - Was hard to use with certain clients due to happiness goals being unobtainable and feeling things were out of their control
 - Need to work through trauma before use of PPH Curriculum
 - PPH program works best when paired with other therapeutic approaches such as CBT, DBT, person-centered therapy, etc.
 - Some clients seemed to like PPH better than others, specifically clinicians noted that adolescent girls seemed more into it than adolescent boys
- Clinician reports about the effectiveness of program when used with each client:
 - Clients who were able to understand the paradigm shift associated with this program seemed to find PPH beneficial
 - Clients who did not buy into therapy at all, including PPH, did not seem to benefit from use of the PPH

- Learning a new way to go about therapy was beneficial, as clients were able to focus on the good and not only deficit-based aspects
- Clinician reports about usefulness of the PPH monthly and weekly assessments
 - Majority of clients seemed to enjoy these updates, knowing the questions before the clinician even asked them and giving great starts/guiding of the conversation
 - Some clients who were unengaged in therapy sessions would answer the same each week
- Clinician reports about perceptions of positive psychology as a clinical tool and perceptions on positive psychology’s impact on their personal and professional lives
 - All clinicians found use of positive psychology as a clinical tool to be beneficial to their clients
 - All clinicians took principles of positive psychology and applied use to their personal lives
 - All clinicians plan to use positive psychology in some capacity in their future career and with their future clients
- Clinician reports about usefulness of each step in the HAPPINESS Curriculum, including manualized materials and implementation supports (training)
 - Clinicians has specific feedback about the HAPPINESS Curriculum, which are presented in Table 20
 - In weekly meetings, the USF team shared requested changes voiced by participants in these exit interviews alongside recommendations for changes written in the post-session Qualtrics surveys (Table 21); CHS used this reported information to update the PPH manual and create V2.0

Table 20. *Changes Requested to Intervention, Data from Exit Interviews*

Change Requested:
In regards to the cognitive copy worksheets, some feel too young and some feel too old “A lot of the first ones are really, really young. The favorite things like my favorite foods, my favorite things...we’ve got a lot of different worksheets that all kind of say the same thing”
Shifting P1 into two different sessions to really grasp the concept with the clients (many seem to already spend more than one session on this but having guidance in the manual could be beneficial) “I would almost take the P and producing positive thoughts and then producing positive actions and making a plan...cause practicing my daily habits was pretty simple”
“I would love if we could combine or even break up the cognitive copy worksheets and clearly label them for people who get busy and forget to read the manual. Knowing what’s for the younger kids and what’s for the middle-aged kids...young to middle and middle to old”
“investigating new ways kind of goes along with their being bumps in the road so not saying they need to be combined in sections, but they could be the same session”
Appendix with the Talking Points “I need a whole section with the talking points so I don’t have to run and find the manual and flip through it...like a cheat sheet”
Necessary to have a MAILED physical copy (never got a physical copy because it was sent to the office)
Make sure the manual specifies that the happiness goal is something active (to avoid clients from saying sleep)
“The cake, we have like three different worksheets talking about cake recipes for investigating new ways. And I don’t think we need three worksheets.” One brought up that there might be a question in MyEvolv weekly PPH but not on the paper form?

Having a separate printed stack of paper version worksheets to fill out with clients
When working through H, have prompts and an area to write out multiple things that make them happy “having a bank of things to choose from so they are not stuck on the same one over and over”
Having more information and tips for presenting the program virtually within the manual and training
Incorporating mindfulness into the program
Creating a self-guided version of the manual for clients to keep and use on their own after treatment is finished
Creating a shortened brief version of the manual for clients who are on a short schedule for therapy (Brief Clients – 6 weeks)
Stages of change is useful but seems redundant to go over because many of them are already in the stages of change since they are actively in therapy, find it more useful to discuss the cognitive triangle here

With an eye toward intervention improvement, the USF team reviewed information contained in Tables 11 through 19, which indicated **any** responses that participants made, positive or negative, after use of a given letter of the HAPPINESS Curriculum. The USF team sorted through these survey responses and compiled the ones specific to change requests into Table 21. The letters at the end of each request in parentheses indicate to which part of the curriculum a clinician was referring and wanted to change.

Table 21. *Changes Requested to Intervention, Data from Surveys Completed through Qualtrics*

Change Requested:
More information about goal-setting would be helpful earlier on in the program
More information about the difference between happiness vs. sadness via worksheets or other talking points would be helpful for explaining the scaling for happiness doesn't start with sad/distressed/upset
the dieting metaphor was difficult for the client to understand. I used the example of how different stages of change would react to therapy as an additional metaphor since the client was more familiar with the therapeutic process
A lot of the understanding happiness worksheets seemed redundant so the client and I opted to focus more on the simple changes worksheet, which took up the majority of the session time
The Happy Libs worksheet didn't go over well with the client, that may be better for younger kids though.
More information about establishing the Happiness goal would be helpful. I found it difficult to explain to the client (who also found it difficult to understand during the first two explanations).
Some of the activities where asking the same questions , so i only picked 1 to do (A, A)
I like the worksheet because it helps the client focus on positive things in the current moment This is a great worksheet and may be more helpful in the Assessing where I Am section (P1, C)
The kids have a really rough time coming up with names for the different level. It would be helpful to have an example list of words that the kids could pick from (especially the younger ones). I also added behavioral definitions for each of the levels so the kids can better understand what the different levels look like. I think that could be beneficial to add as a worksheet. (A, C S)
Examples of HAPPINESS goals could be helpful, the client had a difficult time understanding and it was a difficult concept to explain
I didn't follow the manual as much this session as in previous sessions and I think that made it more difficult for me than it needed to be. One thing that would help is having the talking points on a

separate document that can be printed out for reference in session (like the cognitive copy worksheets) (P1, T)
Setting an expected time frame for the happiness goal was difficult for the client. I think breaking this section up into several sessions was really beneficial so the client could think about their goal more. (P1, C S)
Coming up with positive thoughts is difficult for some clients. I have found breaking down things they are thankful/grateful for into specific thoughts works better for them than trying to spontaneously list thoughts. We are creating a separate list of steps they can take to reach their goal and will order them in later sessions.
The talking point of comparing exploring hobbies to exploring habits was clunky for me. (I) I added that the only difference between chocolate and red velvet cake is red food dye and frosting, making the link that sometimes the only thing that needs to change is tiny details towards the end.
the worksheets seemed simplistic for this child, so we opted to simply discuss the topics instead of fill out the worksheets (H, T S)
Client did not like the rainbow analogy so we used a video game analogy instead.
I would like having the VIA strength list to reference (N/E) I think the I & N sections could be combined in one session
Once again, the client didn't want to use the rainbow metaphor, so she used a pyramid to describe her levels. I've found letting them be creative with the metaphor helps with engagement (A)
I still have a hard time with establishing that happiness goal. We get there but it feels clumsy. (A)
There doesn't seem to be enough to really discuss in this section for it to be its own session (I)
connecting the stages of change to today's session felt clunky (P1)
However, I don't think it constitutes a full session. I think it could be combined with navigating bumps in the road (A)
I keep forgetting stages of change belong in this sections. Maybe it's just my opinion, but I think they may be more beneficial earlier in the curriculum. (P1)
Perhaps the planning portion of this section could be combined with the practicing daily habits. (P1)

REVISIONS TO INTERVENTION BASED ON DATA FROM PILOT YEAR

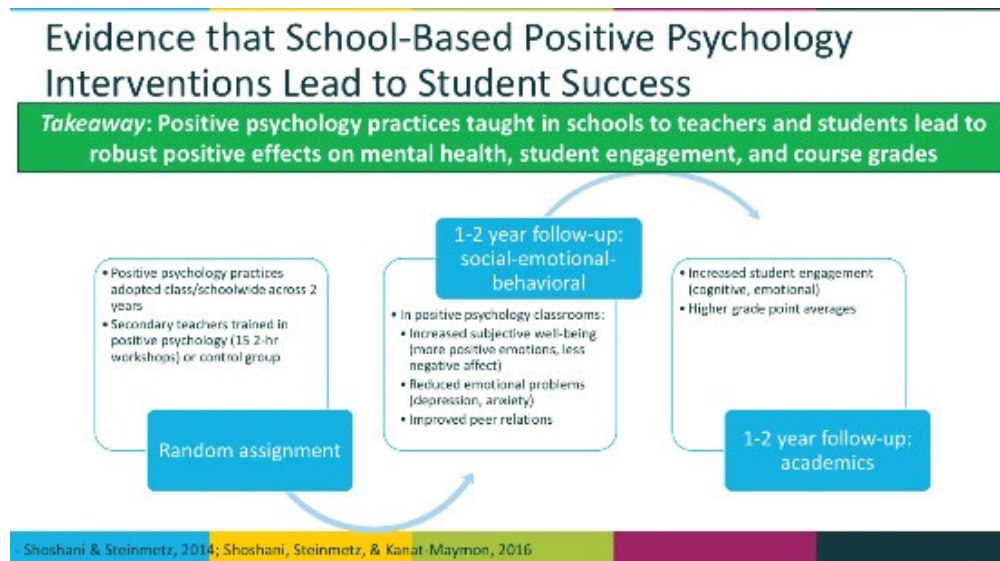
The USF team compiled participant input and recommendations from the exit interviews (Table 20) and information collected from the qualitative portion of the Qualtrics acceptability survey (Table 21), into a document that highlighted all changes that were requested by participants to the intervention or training. This document (PPH Manual Changes 1.0 to 2.0) was saved to a shared Box folder and sent by USF to Julie Taylor of CHS on 6/14/22 through email. CHS planned to use this data, along with clinician input provided directly during the monthly supervision meetings, to guide revisions to the intervention and training during summer 2022 (June - August 2022) to yield PPH Manual 2.0 and a refined training plan to support intervention implementation. After the content changes were finalized for the PPH Manual V2.0, the USF team formatted the document for electronic access and use. The resulting intervention manual (V2.0) was approximately 80-85% similar to V1.0, and extended in length from 103 pages to 122 pages with additional material (supplements) and edits to clarify and expand the content.

SUMMARY AND NEXT STEPS

Throughout the 2021-2022 school year, this project fully trained six clinicians in the PPH Assessment and HAPPINESS Curriculum through two workshops created by USF and CHS. After each individual workshop, and at the end of the full training, surveys created by USF were administered to gather acceptability data and feedback on the trainings. Once clinicians were trained, they began using the PPH Assessment and HAPPINESS Curriculum during this pilot year. After each session they were asked to fill out a Qualtrics survey regarding the usage and acceptability of each session. This survey asked about the step(s) used in the session, the activities used, and how much PPH/HAPPINESS was used. Open-ended questions allowed for the pilot year clinicians to give qualitative feedback on what seemed to work and not work. Through their time using this new program, CHS provided monthly supervision meetings that included additional training and sharing of new materials that were made iteratively through the feedback that was being received by the research team, and offered weekly office hours to support clinicians' use. Additionally, the USF team emailed individualized weekly check-ins to each clinician, and reviewed clinician responses to end-of-session Qualtrics surveys and relayed clinician feedback to CHS. As clinician's terminated care of clients with whom PPH had been used, the USF team conducted exit interviews with three of the clinicians to learn more about their experiences regarding the entire PPH intervention. This included the initial training, weekly check-ins, monthly group supervision meetings, office hours, use of the program itself, clients' reactions to the program, and any additional thoughts. Data from this multi-method approach to assessing feasibility of use, and intervention acceptability, guided understanding of procedures to retain and revisions to consider to improve the intervention and training.

During Year 2 (fall 2022 – summer 2023), planned activities include: Coordination and evaluation of the RCT to assess client outcomes associated with receipt of the refined program (V2.0), involving participation of a large sample of providers (e.g., about 80 CHS providers across the state) randomly assigned to intervention or business-as-usual (BAU) control condition. The approximately 40 providers assigned to intervention condition will receive professional development in that approach, and then use the program with 3-5 clients each (e.g., the next 3-5 youth assigned to their case load). The approximately 40 providers in the control condition would continue their current way of work, but gather baseline and outcome data on their next 3-5 clients served. In sum, $N = \text{about } 320 \text{ youth clients (i.e., } 80 \times 4)$, split equally between intervention and control.

APPENDIX A: SAMPLE SLIDES FROM THE PROFESSIONAL LEARNING SERIES



The goal of the Positive Psychology through Happiness (PPH) is not to just measure a client's level of happiness but to help them learn how to define, measure, and eventually take command of their own well-being.

**APPENDIX B: TOOL USED TO TRACK FIDELITY OF IMPLEMENTATION OF
THE INITIAL PROFESSIONAL LEARNING (Excerpt)**

Workshop 2			
A. Online Workshop Preparation (Est. Time – 10 min).		Start Time: ; End Time: .	
1. Platform with desired characteristics secured (e.g., Zoom).	No	Yes	
2. Ensured that presenter Wi-Fi, video, and audio worked.	No	Yes	
3. Open the platform 5 -10 minutes before start time to allow participants to join early and trouble shoot technology issues.	No	Yes	
4. Ensured that chat box, audio, and video is enabled for all participants.	No	Yes	
5. Desired facilitator to participant ratio obtained (at least: 1 per 4 participants)	No	Yes	
B. Refresher of Workshop 1 (Est. Time – 30 mins).		Start Time: ; End Time: .	
6. Greet participants upon arrival for workshop 2	No	Yes	
7. Workshop materials reviewed (manual, PowerPoint, etc.).	No	Yes	
8. Overview of professional learning workshop series reviewed.	No	Yes	
9. Workshop agenda (objectives and activities) reviewed.	No	Yes	
10. Benefits of subjective well-being reviewed.	No	Yes	
11. Outcomes of school-based positive psychology interventions reviewed.	No	Yes	
12. Learning from clinicians – discussion of clinicians’ experiences with PPH to date.	No	Yes	
13. Instructions for using Evolv for assessments	No	Yes	
14. HAPPINESS Curriculum acronym reviewed.	No	Yes	
15. ACTS Curriculum acronym reviewed.	No	Yes	
C. Using the HAPPINESS Curriculum: P- P- I (Est. Time – 30 mins).		Start Time: ; End Time: .	
16. Producing Positive Thoughts and Actions Overview.	No	Yes	
17. Producing Positive Thoughts and Actions, Theory of change introduced.	No	Yes	
18. Producing Positive Thoughts and Actions, discussion of clinicians’ personal experiences with change goals.	No	Yes	
19. Producing Positive Thoughts and Actions Cognitive copy worksheets introduced.	No	Yes	
20. Producing Positive Thoughts and Actions Talking Points reviewed.	No	Yes	
21. Producing Positive Thoughts and Actions Simple changes or Set a goal reviewed.	No	Yes	
22. Discussion time activity for Producing Positive Thoughts and Actions	No	Yes	
23. Break provided	No	Yes	
24. Practicing My Daily Habits Overview	No	Yes	
25. Practicing My Daily Habits Activities introduced	No	Yes	
26. Practicing My Daily Habits Cognitive copy worksheets introduced.	No	Yes	

APPENDIX C: ACCEPTABILITY OF INDIVIDUAL WORKSHOP TRAININGS

(sample questions that clinicians answered after completing each workshop)

Think about the professional development you just completed on Zoom, and answer the 5 items with your opinion about the virtual workshop and level of agreement with the following:

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
The material in the workshop enhanced my knowledge of positive psychology interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	What part of this workshop did you find the most interesting or useful? <input type="text"/>
The material in the workshop was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	What recommendation(s) for change to this workshop do you have? <input type="text"/>
The amount of material presented was appropriate for the time available for the session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	What main ideas (takeaway points) did you learn from this workshop? <input type="text"/>
I am likely to use what I learned today with my clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
I am confident that I could use the assessment and interventions tools discussed in this workshop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	What questions would you like the presenters to address during the next workshop? <input type="text"/>

APPENDIX D: ACCEPTABILITY OF ENTIRE TRAINING SERIES (sample questions)

PART I: Please complete this 20-item survey to evaluate the quality of the initial training you just completed in Positive Psychology through Happiness (PPH).

1. The communication I received in advance of the workshops gave me the information I needed to prepare for the virtual training.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

5. Facilitators presented the material clearly.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

16. Facilitators were personally connected to the participants.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

17. I feel prepared to implement the intervention in my setting.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

10. The material was well-organized.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

APPENDIX E: HAPPINESS SESSION FEEDBACK; ACCEPTABILITY AND USE

Which step(s) in the HAPPINESS curriculum did you access in today's session? (check all that apply)

- H - Understanding Happiness
- A - Assessing Where I Am Now
- P - Producing Positive Thoughts and Actions
- P - Practicing My Daily Habits
- I - Investigating a New Way of Doing Things
- N - Navigating the Bumps in the Road
- E - Examining My Successes
- S - Spreading My Strengths
- S - Savoring My Success

Within the HAPPINESS step(s) accessed today, which of the ACTS learning opportunities did you use in the session? (check all that apply)

- Activities (described in Appendix C of the manual)
- Cognitive Copy (worksheets in Appendix D of the manual)
- Talking Points (listed in Appendix C of the manual)
- Simple Changes (worksheets in Appendix E of the manual)
- NONE of the ACTS; briefly describe why not or what else was used in the session:

These six items ask for your global impression of the PPH Assessment and HAPPINESS Curriculum activities, as used with your client today.

Think about how the session went for you and for the client with whom you used the PPH Assessment & HAPPINESS Curriculum, and rate your level of agreement with each statement.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The PPH was able to meet the client's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The PPH manual was easy for me to understand and use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt prepared from the training to use this part of the PPH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The PPH was helpful for the client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The client was receptive to the PPH approach (e.g., was engaged, liked the assessment or activities).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of the PPH was possible within the time available for the session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide brief answers to these **last three questions** about your experiences with the PPH in today's session. There are no right or wrong answers. Type the first thought that comes to your head.

What did you like **most** about the PPH activities used in this session?

What did you like **least** about the PPH activities used in this session, and/or what recommendation(s) for change do you have?

Anything else that you would like to share about this session?

APPENDIX F: EXIT INTERVIEW PROTOCOL

Provider Feedback about the PPH Assessment and HAPPINESS Curriculum Intervention**Interview Questions (for Providers after Completion of a Client's Care)**

Instructions:

- Introduce self.
 - *I am [insert name], a graduate student at the University of South Florida. My colleagues and I are partnering with CHS to evaluate the PPH Assessment and HAPPINESS Curriculum, including to learn more about providers experiences with this new intervention.*
 - Share purpose of discussion:
 - *We're interested in learning more about your experiences with the PPH Assessment and HAPPINESS Curriculum, which we refer to as an "intervention". We want your feedback on the intervention activities and materials, in part so that we can improve the intervention before using it with other providers and clients. There are no right or wrong answers –we want your honest opinions.*
 - Describe confidentiality of responses.
 - *Your specific responses will not be shared with any supervisors or other individuals within CHS or your school setting. We are recording this session only as a tool to capture all information. After what was said during this session has been typed, you will not be identified by name.*
 - *You have previously given your written consent to take part in this discussion. As a reminder, you are free to stop participating at any point.*
1. *Now that you've used the PPH Assessment and HAPPINESS Curriculum with a client(s) who has completed care or treatment, what is your **impression of** this intervention when used with this client (multiple clients) [after adequate response time]*
 2. *What other thoughts do you have about this intervention **as compared to other interventions, programs, and approaches** you have or still use with clients?*
 3. *What made this client a **good fit (or not)** for the PPH Assessment and HAPPINESS Curriculum?*
 4. *In addition to using PPH, what **other interventions** or methods did you use with this client?*
 - *Why did you choose to use those additional interventions and methods?*
 - *Thinking about a typical session, what percentage of session type did you use PPH with this client, and how did this change as you moved through the letters in the HAPPINESS curriculum?*

Follow-up questions:

- Acceptability as an intervention for clients
 - *Was this an acceptable intervention to use with your clients?*
 - *Did your client seem to like the intervention? Why or why not?*
 - *If not, what would have made it acceptable?*

Let's move from considering if the client liked this intervention, to how effective the PPH Assessment and HAPPINESS Curriculum overall was for improving their mental health.

- Effectiveness of session
 - *How effective do you think this intervention was in improving your client's (clients') mental health?*

- *In what ways did your client's progress seem related to the PPH intervention?*
OR
- *How useful did PPH seem as a clinical tool for this client?*

Now, I'd like your input on the usefulness of the PPH Assessments, and then we'll talk about the HAPPINESS Curriculum.

- Usefulness of distinct aspects of the PPH Assessment:
 - *How useful was the...*
 - *Monthly Assessment?*
 - *Weekly Update?*

Now I'd like your feedback about each step within the HAPPINESS Curriculum; feel free to comment on any of the ACTS within each step.

- Usefulness of distinct stages of the program:
 - *How useful was each of the steps, specifically...*
 - *H – Understanding Happiness?*
 - *A – Assessing Where I Am Now?*
 - *P – Producing Positive Thoughts and Actions?*
 - *P – Practicing My Daily Habits?*
 - *I – Investigating a new Way of Doing Things?*
 - *N – Navigating the Bumps in the Road?*
 - *E – Examining My Strengths?*
 - *S – Spreading My Successes?*
 - *S – Savoring the Success?*
 - *Which of these steps were the most helpful with your client, and why?*
 - *Which of these steps were less helpful with your client, and why?*
 - *How much of its usefulness is because of the fit with the client or because of the specific step being used?*

These next questions gather your thoughts on the PPH training and materials, and I'm only going to ask them today. Whereas the next time I meet with you to gather your feedback on the PPH with a different client, I'll ask the same questions we just went through.

----- ITEMS RELATED TO TRAINING; ONLY ASK AT END OF FIRST EXIT INTERVIEW-----

5. *How prepared did you feel to implement the PPH Assessment and HAPPINESS Curriculum with your clients?*
 - *Think back to the initial virtual training(s) to prepare you for this program (3 virtual 2-hour Workshops held in August-September or December-January):*
 - *What did you like best/find most helpful about the initial trainings?*
 - *What did you like least/least helpful about the initial trainings?*
 - *Do you have any suggestions on how to improve this aspect of professional development?*
 - *Think about the monthly case review (group consultation) meetings for the program:*
 - *What did you like best/find most beneficial about the monthly group consultation?*
 - *What did you like least/find least helpful about the monthly group consultation?*

- *Do you have any suggestions on how to improve this aspect of professional development?*
- *Think about the optional PPH office hours with Julie available on Mondays and Fridays to support your work:*
 - *What did you like best/find most beneficial about the office hours?*
 - *What did you like least/find least helpful about the office hours?*
 - *Do you have any suggestions on how to improve this aspect of professional development?*
- *What other suggestions do you have to improve providers preparation to use the PPH Assessment and HAPPINESS Curriculum, in terms of the initial training or ongoing support during initial use?*
- *What additional training or supports would you like in order to provide the PPH Assessment and HAPPINESS Curriculum?*
- *Anything else to add about training or feedback regarding the PPH Assessment and HAPPINESS Curriculum?*

Transition to talking about professional development to experiences with the materials introduced within the PD

6. *What was your overall **impression of the manual** developed to guide providers use of PPH Assessment and HAPPINESS Curriculum?*
 - *Tell me about your preference for working from a digital copy, hard copy, or both?*

Follow-up questions

- *We are interested in how easily another provider could use this intervention and incorporate it into their practice with their clients. With that in mind...*
 - *Ease of understanding: How easy was it to understand the intervention and implement it altogether, through consulting the manual?*
 - *Clarity: How clear was the intervention when using it with the manual?*
 - *Organization: How well organized and laid out was the manual?*
 - *Any suggestions that would make the manual easier to use/understand?*
7. *What is your **impression of the materials within the PPH Assessment and HAPPINESS Curriculum** shared with the client, such as the happiness survey and the cognitive copy sheets?*

Follow-up questions to ask if not answered from the question above:

 - *With respect to the PPH monthly and weekly assessment...*
 - *How appropriate is it for assessing your client?*
 - *How easy was it to use with the client?*
 - *How did your client react to it?*
 - *Did the client respond differently to the monthly vs. weekly PPH assessment? How?*
 - *With respect to the cognitive copy sheets...*
 - *How appropriate were they when working with your client?*
 - *To what extent did they align with the information in the curriculum, like the suggested activities?*
 - *How much did your client seem to enjoy the cognitive copy sheets?*
 - *Were there ones they enjoyed more or seemed more beneficial?*
 - *Were there ones that liked less or were less beneficial?*
 - *Do you have suggestions regarding the cognitive copy worksheets?*
 - *Any final thoughts or comments on PPH Assessment and HAPPINESS Curriculum?*

----- ITEMS RELATED TO POSITIVE PSYCHOLOGY; ASK AT LAST EXIT INTERVIEW-----

Today I am wanting to learn more about your overall thoughts on positive psychology after learning about it and using it. This is not to learn about your specific thoughts around PPH and HAPPINESS, but instead to learn about how positive psychology has influenced your personal and professional life. Your answers will remain confidential and de-identified, they will be used to create further questionnaires that will learn more about other clinician's thoughts surrounding positive psychology as an intervention and it's impacts on them both professionally as well as personally

- *What was your knowledge and awareness of positive psychology before learning and using PPH with CHS team members in winter of 2022?*
- *What are your thoughts on positive psychology now that you have used it as a clinical tool?*
- *How have your thoughts on positive psychology as a clinical tool changed from before using PPH to now?*
 - *What are your thoughts on using positive psychology interventions with your clients?*
- *How do positive psychology interventions compare to previous interventions and techniques you've been trained in and used?*
- *How did the positive psychology approach affect the therapeutic partnership between you and your client?*
- *Is the positive psychology approach something you think is appropriate for your role as a provider to clients in a school setting?*
- *How has positive psychology impacted your personal life?*
- *What are the biggest takeaways you've learned from using a positive psychology intervention?*
- *Has learning and administering this positive psychology impacted you personally? Please explain.*
 - *How will you use this new knowledge in your personal life going forward?*
 - *How will you use this knowledge/intervention in your professional life going forward?*
 - *What's your biggest takeaway with positive psychology?*
- *Anything else surrounding positive psychology and your recent experiences with it that would be useful for me to know?*