



# The Integrative Positive Psychological Intervention for Depression (IPPI-D)

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Published online: 2 January 2019  
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## Abstract

Despite the variety of empirically supported treatments for depression, many available evidence-based treatments do not satisfactorily promote or maintain clinically significant changes in patients. Moreover, treatments for depression have been primarily focused on reducing patients' symptoms or deficits and less concerned with building positive resources that seem to be of interest to depressed individuals. This paper describes a manualized protocol of a new empirically-validated positive psychological intervention for depression, the Integrative Positive Psychological Intervention for Depression, which incorporates a balance between hedonic and eudaimonic components and a combination of in-session exercises and homework. The protocol is a 10-session program, in a group format, and includes interventions that have been shown to be effective in increasing well-being or alleviating depressive symptoms. The rationale for developing this protocol, the underlying theoretical framework and some general guidelines for its application are presented. Furthermore, the implications of this protocol are discussed, demonstrating how it may help to overcome some of the limitations of current, evidence-based psychological treatments for depression.

**Keywords** Positive psychological interventions · Major depression · Well-being · Positive emotions · Personal strengths

Recent meta-analyses have shown the efficacy of a range of treatments for depression (e.g. cognitive-behavioral therapy, problem-solving therapy, interpersonal therapy) with comparable benefits (Barth et al. 2013). Unfortunately, even these evidence-based treatments do not fully promote clinically significant changes in the majority of patients (Cuijpers et al. 2008). Furthermore, the high number of residual

symptoms after treatment, the high relapse and recurrence rates, and the high dropout rates shed light on the importance of conducting research on new treatment modalities (Stirman et al. 2010).

One way to improve treatments relates to shifting the focus of the intervention itself. Existing depression treatments have been primarily focused on alleviating symptoms and deficits while paying less attention to building positive resources or life satisfaction (Dunn 2012), which are reduced in depression more than in any other physical or psychological disorder (Vazquez et al. 2015). Notably, when depressed patients are asked to define what recovery is, they mostly consider recovery to basically reflect well-being rather than reduced symptoms (Demyttenaere et al. 2015).

A focus on positive resources and well-being is also supported by recent advancements on the research of depression. For instance, although negative emotions and cognitions are a hallmark of depression (Beck and Bredemeier 2016), low levels of positive affect (Watson and Naragon-Gainey 2010), a tendency to dampen positive experiences (Werner-Seidler et al. 2013), and a reduced capacity to pay attention to positive stimuli (Duque and Vazquez 2015) are also distinctive features of the disorder. In line with these

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results, studies have shown that depressive mood is consistently associated with a reduction in reward sensitivity rather than an increase in sensitivity to punishment (Hervas and Vazquez 2013). In summary, these conceptual and empirical arguments highlight the importance of targeting positive emotional and cognitive functioning when designing interventions for depressed patients.

In recent years, research in the field of positive psychological interventions (PPI) has been robust (Ruini 2017), being primarily aimed at increasing positive feelings, positive cognitions or positive behaviors rather than aiming to reduce symptoms, problems or disorders (Bolier et al. 2013). Four meta-analyses, including clinical and non-clinical samples, have shown that PPI are effective in significantly decreasing symptoms of depression and enhancing well-being (Bolier et al. 2013; Chakhssi et al. 2018; Sin and Lyubomirsky 2009; Weiss et al. 2016). Furthermore, the efficacy of the interventions, in randomized controlled trials, is still significant at the 3- to 6-month follow-up (Bolier et al. 2013). PPI have shown high rates of client satisfaction (Kahler et al. 2014), attendance (Meyer et al. 2012), exercise completion (Huffman et al. 2014), and practice outside the session (Meyer et al. 2012). Moreover, positive exercises were perceived as easy to complete (Huffman et al. 2014) and enjoyable (Kahler et al. 2014), which are two variables that are positively associated with the extent of use of exercises during the follow-up period (Schueller 2011).

## The Integrative Positive Psychological Intervention for Depression (IPPI-D)

The aim of this paper is to describe a manualized protocol which includes a structured combination of a series of empirically-validated PPI (see Chaves et al. 2017) that have been proved to be effective in increasing well-being or alleviating depressive symptoms. This protocol was designed with the aim of completing existing interventions in positive psychology for depression. Previous protocols had focused on treating residual symptoms or relapses (e.g. Fava et al. 1998), nurturing only eudaimonic aspects of well-being (e.g. Fava et al. 1998; Moenizadeh and Salagame 2010), combining PPI with CBT strategies (Carr et al. 2017; Fava et al. 1998), or had left aside some well-being dimensions, such as compassion or resilience (Seligman et al. 2006). Following the most prominent models of well-being (Keyes 2007; Diener et al. 2016), the conceptual framework of the IPPI-D program considered that, to adequately promote well-being, both hedonic (e.g. positive affect) and eudaimonic components should be included in the program. As a novelty, this program also included a rationale on depression from the perspective of positive psychological functioning in the first

session and it also incorporated systematic experiential in-session exercises and homework.

The IPPI-D has already proven to be as effective as other evidence-based treatments for clinically depressed patients. In a comparative study, using a cognitive-behavioral (CBT) intervention group, Chaves et al. (2017) showed that the IPPI-D had a large effect size on reducing participants' symptoms of depression, although there was no significant difference with the CBT program (Cohen's  $d = -0.96$  and  $d = -1.09$ , respectively). Additionally, more than half of the participants in the IPPI-D condition had no formal diagnosis of depression at the end of the treatment. Furthermore, although both programs significantly improved positive functioning variables (e.g. optimism, positive emotions, or personal strengths), the average pre-post effect size was larger for the IPPI-D ( $d = 0.44$ ) than for the CBT ( $d = 0.26$ ) on those variables. One of the most promising features of the IPPI-D is that the overall satisfaction with the intervention was significantly higher than with the standard CBT program for depression (Lopez-Gomez et al. 2017). The IPPI-D was highly acceptable for participants, with low dropout rates (19.4%), as well as high satisfaction scores and perception of progress made during the intervention. Worth noting, this comparative study showed that the IPPI-D was also effective and satisfactory for severely depressed participants. This study has been included in a recent systematic review and meta-analysis of PPI in clinical samples (Chakhssi et al. 2018) where it has been rated with the highest quality score among all the studies included in the meta-analysis.

## General Structure of the Program

Based on the role of positive emotions in the change process (Kiken and Fredrickson 2017), sessions were sequenced to promote the experience and generation of positive emotions as early as possible in the program (sessions 2–4) while eudaimonic components were incorporated into the following sessions (sessions 5–9). In any case, they were not entirely separate sequences since patients were encouraged to continue practicing hedonic exercises throughout the whole program. Notably, all therapeutic interventions included in the IPPI-D were shown to be effective in earlier controlled studies (Bolier et al. 2013; Chakhssi et al. 2018). Consequently, those interventions can either be applied systematically, as in the IPPI-D program, or in isolation for specific therapeutic goals at the therapists' convenience.

The IPPI-D consists of 10 weekly, 2-h sessions in a group format. The proposed length of the program is based on previous similar studies, although therapists can be flexible when applying the IPPI-D depending on the circumstances, the severity of their participants'

symptoms, etc. In the cited comparative study, upon finishing the intervention, the feedback from patients, who were severely depressed, was that they wished to have been able to continue with the program after ending the ten sessions (Lopez-Gomez et al. 2017). We recommend a maximum of 15 participants per group and, if possible, a co-therapist to assist the therapist with guiding the group is also highly recommended. Therapists must have a sound knowledge of psychotherapy, positive interventions, and psychopathology. In the Chaves et al.'s (2017) study, licensed psychologists holding a master's degree in Clinical Psychology, 5 years of clinical experience and specific training in the manualized intervention provided the IPPI-D. They were also trained in the use of intervention manuals and supervised at periodic meetings with the senior authors to ensure adherence to the manualized protocol.

Concerning assessment, based on recent evidence on the psychological nature of depression, it is strongly recommended to assess therapeutic changes by using both clinical and well-being measures (see review in Cooke et al. 2016).

This program has been designed as a stand-alone psychological intervention. Thus, it can be applied alone or in combination with antidepressant medication, if health professionals consider it necessary. In the trial previously conducted, 60% of the sample was taking antidepressant medication during the IPPI-D (Chaves et al. 2017).

## General Structure of a Session

All sessions have a similar format. Sessions start with a revision of previously assigned homework followed by an introduction to the topic of the day. Metaphors, poems, songs, and video-clips help to introduce the main topic of the session. After that, session goals and a brief psychoeducational module are presented. Selected results from scientific studies are explained in an understandable manner to describe and counteract the effect of misconceptions about well-being (e.g. 'Smart people can't be optimistic'). Participants may express their thoughts (e.g. 'It is immoral to feel happy') and a brief discussion among participants is encouraged. Then, participants receive guidance on how to carry out in-session exercises and practice new skills in the group. In-session exercises are relevant since this program tends to emphasize contextual and experiential change strategies in addition to more narrative and didactic ones. At the end of each session, therapists provide a summary of the key ideas and the goals of the homework assignments. Exercises are facilitated by handouts and worksheets provided during each session. Therapists try to generate a warm and supportive atmosphere during each session, making participants feel welcomed and accepted.

## Underlying Philosophy

In depression, addressing problems and symptoms is the most widespread conception of the role of psychotherapy among therapists and clients alike (Demyttenaere et al. 2015). Any perceived failure to take clients' troubles seriously may violate their expectations and can undermine the establishment of a good therapeutic alliance (Seligman et al. 2006). Therapists doing PPI should keep this in mind, seeking a balance between nurturing positive resources, while attending to and validating suffering. Negative emotions or clinical symptoms should be empathically attended to within the context of a holistic well-being framework. The goal of the therapy is not to ignore suffering but to accept it as part of human life and to find alternative positive ways through the best current available evidence. Besides this attitude of acceptance and openness, therapists should also spend substantial time during the sessions reeducating participants' attention and memory to help them focus on what is good in their lives and new ways to increase well-being. This strategy fosters a transformation from the conventional language used during therapy towards a more positive and constructive dialogue and, over time, provides a more balanced context in which clients can cope with their problems.

Although PPI protocols, including the IPPI-D, share some formal similarities with other psychotherapies (e.g. CBT) with regard to its structure, with general therapeutic targets (e.g. emotions, relationships, goal setting) or sequential strategies (e.g. psychoeducation, relapse prevention), PPI differ fundamentally in terms of their theoretical underpinnings, framework, the therapist's approach, and specific content. For instance, while CBT is targeted at identifying and modifying negative thoughts and behaviors to indirectly increase positive affect, PPI directly identifies and generates positive emotions during sessions and homework assignments (e.g. gratitude) and help participants to manage these emotions more effectively (Holmes et al. 2016). This approach is also applied to address self-criticism. Although self-compassion and self-criticism can be viewed as two sides of the same coin, developing loving-kindness toward others and oneself is a positive outcome in its own right, not just the reduction of self-criticism (Gilbert 2012).

## Description of Sessions Content

### First Session: Orientation to Treatment

The first session of the IPPI-D is dedicated to establishing the intervention goals and the treatment rationale. First,

therapists welcome participants and highlight the importance of attending treatment to help with living a better life. With regard to motivation and goals in therapy, some of our patients said that they wanted to ‘be the one they used to be’, ‘want to enjoy life’, ‘not to suffer every day’, etc. (see also Demyttenaere et al. 2015). The therapists comment these goals with the group, highlighting the well-being-pursuing goals (e.g. start enjoying small pleasures in life, finding meaning, etc.). The importance of committing to the program to get better results is emphasized. As in similar group intervention programs, participants accept some rules (e.g., regular attendance, confidentiality) to ensure that the group functions well. Then, participants introduce themselves focusing on positive aspects (e.g. talking about their preferences, skills, etc.). This first session is focused mainly on generating a warm atmosphere to help participants feel comfortable. Thus, participants are asked about their motivation to join the group as well as their expectations and doubts. After this exercise, to formally start the meeting, therapists provide an outline and rationale for treatment, which includes a psychoeducational explanation of what depression is from a positive mental health perspective (see previous conceptual framework description) and emphasize the role of diminished positive emotions, positive cognitions and other resources (e.g. personal strengths, positive relationships) in depression maintenance (Seligman et al. 2006). Participants are asked to become aware of the positive events, and the positive emotions they may experience during the next week. A list of positive emotions is provided (e.g. joy, gratitude, serenity, love) and participants are encouraged to record them daily. A worksheet is provided for this exercise (i.e. a self-monitoring record for positive emotions and their associated situations).

### Second Session: Positive Emotions

First, therapists explore how participants feel after the first session and they congratulate participants on making an effort to come to the treatment. This session is focused on learning to identify and name positive emotions (Seligman et al. 2006). Basic ideas about positive emotions and their benefits based on Fredrickson’s theory (Fredrickson 1998) are discussed in the group. Then, participants identify and name the positive emotions they feel when seeing various short emotional video-clips (e.g. babies laughing) with an emphasis on the low intensity emotions (to improve their ability to discriminate each emotion). Research has shown that the ability to name and differentiate positive emotions is related to higher well-being and resilience (Tugade et al. 2004). Thus, the ultimate goal of this session is to increase participants’ ability to identify their positive emotions, broaden their emotional vocabulary and promote the

experience of positive emotions during the session. This strategy aims to show participants that, although it may be difficult at first to detect positive emotions in their daily lives, they can train themselves to become aware of positive emotions and not to take them for granted or dampen them. After having identified their positive emotions during the first week, participants are asked to identify and record any small pleasures they experience in the following week. When identifying the experience, participants are asked to take a moment to name the emotion/s and actively experience it.

### Third Session: Savoring and Being Aware

This session was designed based on the idea that positive emotions can be maintained and even increased both in the short- and longer-term through attentional deployment (Quoidbach et al. 2015). Attentional deployment is a deliberate attempt to make emotions last and minimize hedonic treadmill (Seligman et al. 2006). Savoring, mindfulness, and emotion regulation are the topics of this session. Mindfulness may foster both savoring and emotion regulation. Participants also learn and practice mindfulness attitudes (e.g. acceptance, beginner’s mind, non-judging) in order to change their relationship to their emotional experiences and thoughts and prevent the experiential avoidance that characterizes depression (Segal et al. 2002). In order to facilitate positive and negative emotion regulation processes, these attitudes are illustrated in the session through different exercises, such as brief practices of mindful breathing, body scan, or savoring a piece of chocolate and a raisin, as a mean to cultivate mindful awareness and openness. The raisin exercise (i.e. a mindfulness exercise that requires to focus on the present moment and different sensations while savoring a raisin) helps introduce the topic of negative emotion regulation strategies (Kabat-Zinn 2006). Participants explore different negative emotions and their adaptive functions, as well as the possible emotion regulation strategies that may help to manage them. The goal is that participants learn the importance of embracing the whole emotional experience. As part of their homework, participants are instructed to purposefully notice pleasurable features of their environment and practice attitudes of mindfulness in their daily lives (e.g. an attentive walk, a mindful meal or shower) (Kabat-Zinn 1994). Participants are encouraged to use savoring techniques before, during, and after positive emotional events (Bryant and Veroff 2007).

### Fourth Session: Gratitude and Optimism

Benefits of expressing gratitude and optimism have been shown in several meta-analyses (e.g. Malouff and Schutte 2017). Firstly, participants explore the effects of giving

thanks and discuss their benefits on well-being and health. Participants write individually about three good things (small or big) for which they want to express gratitude and are then encouraged to share them aloud, noticing the effect on themselves (Seligman et al. 2006). To focus on interpersonal gratitude, participants have the option to write a gratitude letter to a person who has helped them, and to whom they have never properly thanked. After this activity on gratitude, the topic of optimism is introduced. Therapists briefly introduce the idea of the locus of control and the characteristics of an optimistic explanatory style (Seligman et al. 2006). Reframing things in a more positive way (e.g. finding silver linings) is often challenging for depressed people. This session aims to help participants perceive benefits from even negative situations (Sergeant and Mongrain 2014). Therapists explicitly try to start by practicing the concept of reappraisal to help participants reframe the small events from daily life (e.g. *even though you missed the bus, you at least got some good exercise when you were running to catch it*). Such that afterwards, it will be easier—or even come naturally—to also find meaning or look on the bright side of more important, negative life events. As part of their homework, participants start a gratitude journal in which they write down three good things that happened during the day. Participants also complete a journal of silver linings.

### Fifth Session: Positive Relationships

The characteristics and benefits of nurturing positive relationships are discussed based on scientific literature, participants' examples, and video-clips (e.g. *people who have suffered difficult events and have learned the importance of positive relationships*). Then, participants individually write their current strategies for cultivating positive relationships and share their ideas in the group. Key strategies highlighted during the session include expressing frequent positive affect to others, offering sincere compliments, mindful listening, expressing gratitude, responding actively and constructively to good news from others, or practicing acts of kindness. As homework, participants are asked to put into practice the acts of kindness in the list that they committed to perform (Boehm and Lyubomirsky 2009). Two diaries, one aimed at nurturing positive relationships and another focusing on kindness, are provided where personal and interpersonal consequences of the performed actions are recorded.

### Sixth Session: Compassion

This session focuses on the importance of cultivating a compassionate mind; especially useful for people with high shame and self-criticism (Kirby et al. 2017). The characteristics of a compassionate mind are explained (e.g. non-judgmental nature, centered on personal strengths, desire to

reduce suffering, and warmth) (Gilbert 2012). The adaptive function of self-criticism is analyzed and compared with the benefits of a compassionate approach. First, participants identify and explore these characteristics when relating to others. Later, participants write a self-compassionate letter during the session (Neff and Germer 2013). This exercise asks participants to write a letter to themselves expressing compassion for their own suffering. While participants write these letters, a mindfulness attitude, a feeling of common humanity, and self-kindness are promoted (Gilbert 2012). As homework, participants complete a journal where their self-critical inner 'thinker' is analyzed in terms of its adaptive function and it is reframed as a more compassionate and warm 'voice' (Gilbert 2012). Also, as a link to the next session, participants are asked to complete the VIA-IS (VIA Inventory of Strengths; Peterson et al. 2005) which identifies participants' signature strengths.

### Seventh Session: Personal Strengths

This session focuses on personal strengths and how people often pay more attention to their weaknesses and limitations than to their strengths. Participants explore how thinking about their personal strengths can increase happiness and reduce depression (Seligman et al. 2006). Firstly, VIA classification and the definition of character strengths are presented (handouts are provided). Participants receive individualized feedback about their top five strengths (see Proyer et al. 2015). Working in pairs, participants are instructed to engage in a mutual interview about their strengths (Tarragona 2012). Participants are asked to share personal stories that illustrate some of their strengths in action, the impact that these strengths have had in their lives and what they do to nurture them. Participants complete the 'at my best' exercise (Seligman et al. 2006) where they are invited to share with their conversational partner a story that reflects a time in which they were "at their best"—a time when they felt proud of themselves. Therapists help clarify the idea further by giving a personal example of an experience from a time when they were "at their best" to guide participants through the types of things they could think about (e.g. *good performance during a job interview or overcoming a challenge in their lives*). Partners are asked to listen carefully to identify the personal strengths in the story. Finally, participants are guided to formulate specific, concrete, and achievable behaviors that promote the cultivation of signature strengths. Participants are asked to use one of these top strengths in a different way every day for 1 week (Seligman et al. 2006).

### Eighth Session: Personal Goals and Purpose in Life

In this session, the significance of defining one's purpose in life is discussed. Purpose in life represents a stable and

generalized intention to accomplish something that is both meaningful to the self and leads to productive engagement with some aspect of the world beyond the self (e.g. Steger 2009). Firstly, participants complete the 110-year old you in a time machine activity (Ben-Shahar 2007). Participants are asked to think what they would say to their 'me' of today if they could call he/she when they were 110 years old. During this exercise, participants begin to reflect upon the essence of living a fruitful and satisfying life. Projecting oneself into the future is considered an antidepressant technique (Roepke and Seligman 2016). Secondly, participants are told to imagine that they need to write their own biography from a realistic perspective. They are asked to write down what the title of that biography would be (e.g. *Mother Teresa of Calcutta: A Life of Love*). Participants are encouraged to share their titles and their meanings in terms of purpose (e.g. what you would like to be remembered for the most) and personal strengths. Awareness of one's purpose and making conclusions about oneself in terms of personal strengths encourage individuals to take steps so that their actions and relationships will be more aligned and congruent with their purposes in life (Kashdan and McKnight 2009). The second part of this session is focused on setting goals, guided by purpose in life, but more specific and feasible than one's greater purpose in life. Purpose is a larger construct that motivates people to have goals and it organizes those goals (Steger 2009). Key aspects of goal-setting are discussed (e.g. setting specific, challenging, and realistic goals) and barriers to achieving them (MacLeod 2012). Participants start defining their goals in different areas (e.g. health, family, work, etc.) and strategies to face the difficulties in achieving goals are discussed (MacLeod 2012). During the following week, participants are encouraged to select one or two goals and plan the steps they must take to achieve them.

### Ninth Session: Resilience

The aim of the session is to describe central aspects of resilience and the factors that enable individuals to cope with life's adversities. Resilience has been described as a key concept in the prevention of the onset and maintenance of depression (Vaughn and Koster 2015). In the beginning of the session, some testimonial video-clips of resilient people facing adversity (e.g. severe illness, natural disasters) are displayed. Routes to resilience are subsequently explored following what research has revealed about those attributes and trajectories (Bonanno and Diminich 2013). Then, participants are asked to write about a personal past adverse situation where they utilized a resilient coping mechanism. Participants are asked to identify the factors that probably helped them to overcome these challenges. These factors typically include cognitive, emotional, social and behavioral skills. External or internal resources such as personal

strengths, optimism, and spirituality are also discussed (Bonanno and Diminich 2013). Participants are encouraged to remember these stories and the resources that will probably help them cope with new adversities. As homework, participants are invited to write a letter to future members of this workshop. They are asked to share how they felt when they first began therapy, what their emotions were, what they have learnt, what helped them the most, what difficulties they had, and how they overcame them.

### Tenth Session: Relapse Prevention

Therapists introduce the last session focusing on how participants have changed and the importance of maintaining those improvements in order to continue to live better lives. Characteristics of relapse are discussed and ways of maintaining the gains achieved during the program are explored. A review of learned techniques is presented, focusing on the broad repertoire of positive techniques that the participants have learnt. To enhance the use of positive psychological interventions, participants are also reminded that using a diverse range of exercises usually helps minimize hedonic adaptation (i.e. the tendency to return to the previous emotional state after experiencing changes in mood). Searching for an optimal person-activity fit is also encouraged (Lyubomirsky and Layous 2013). Therapists emphasize the importance of continuing to practice the activities that work better for each person in order to achieve sustainable results. To close the session participants are invited to read out their letters for future participants to the entire group. The ultimate goal is to help participants retrospectively analyze the changes they have undergone during this treatment and the main strategies that help them recover from depression. Feedback from the group is encouraged, reinforcing their achievements and strengths and promoting a sense of mutual help and belonging. Then, therapists reveal that the recipients of these letters are just themselves. They tell participants that they should keep their letters in case they ever need them. At the end of the session, participants celebrate graduation, a time to recognize and celebrate their achievements (e.g. therapists prepare a compilation video with pictures from different moments of the program).

### Participants' Reactions and Therapists' Guidance

Participants' reactions to the program turned out to be very positive in general; they reported they were extremely satisfied with the quality of the intervention, and the therapists' competence (Lopez-Gomez et al. 2017). All participants reported they would recommend the intervention to others. As in other psychological interventions, it is common to find participants who express doubts or negative expectations on the efficacy of the intervention for them (e.g. 'I don't think

this is going to help me' or 'I can't do it'). That is why the therapists are required to have a high expertise in clinical practice, and good knowledge of research in positive psychology, to empathically understand and accept these concerns and negative feelings, to build a good rapport with the participants, to refocus the attention to positive experiences and possibilities, and to have the technical background to explain why the goals of the intervention are valuable and realistic.

One of the first difficulties for therapists is in managing the negative interpretation bias that participants experience (e.g. some participants may express thoughts as 'everything that happens to me is bad'). When participants explain a problem in a negative biased manner during the sessions, the therapists will continuously highlight the good things that have happened to them already, the strengths they have shown and the therapists' commitment to help them be aware of it. In addition, it is common that participants experience negative situations during the program (e.g. 'it is not easy to enjoy life when bad things are happening'). Therapists should acknowledge that life sometimes can be hurting or unfair, but at the same time, negative events are also an opportunity to take care of oneself, or even grow.

Some therapists may be reluctant to apply this kind of programs that are focused on nurturing well-being when participants are suffering. Clinicians may fear that pointing out what is worthy in life may disturb participants with depression. However, the positive affect that arises when individuals reveal or (re)discover key intrinsic valuable aspects of their lives is far from something frivolous or light. In our experience, the unique group atmosphere that emerges in a program like the IPPI-D, is beneficial for participants, but also crucial for the therapists' engagement in the program. Moreover, the personal relationships that are developed in the group serve as excellent examples of every idea that is introduced throughout the sessions (e.g. gratitude, generosity, optimism, compassion). With the therapist's guidance and active participation in exercises and discussions, participants increase the attention, respect and support to others, and they start to believe in the chances of improvement of the other participants and themselves.

## Discussion and Conclusions

There is emerging evidence on the adequacy of structured PPI programs in the treatment of clinical depression (Carr and Finnegan 2015; Seligman et al. 2006). If the efficacy of IPPI-D is supported by further research, it would add IPPI-D to the list of empirically validated therapies for depression and extend the range of intervention options available to accommodate clients' needs and preferences

(Lyubomirsky and Layous 2013). Since acceptability of treatments is an essential aspect of their effectiveness and preference may affect the efficacy of treatments (Schueller 2011), the development of new interventions based on positive psychology principles is an excellent opportunity to provide professionals with a wider range of effective therapeutic options. Besides, it is possible that a combination of PPI with other approaches (e.g. CBT plus hedonic-oriented exercises) could boost the therapeutic impact of known therapies (Dunn and Roberts 2016).

Although there are few primary studies that are explicitly designed to explore the impact of clients' preferences on intervention outcomes (Proyer et al. 2015; Schueller 2011), it is plausible that, in many cases, interventions focused on positive emotions and positive traits could help to destigmatize patients' feelings towards undergoing psychological treatment (Rashid 2015). On the contrary, for patients who are reluctant to experience positive emotions (Gilbert et al. 2012) or for those who perceive positive exercises as 'trivial', perhaps PPI should not be a front-line strategy or should be adapted. Otherwise, the credibility of the intervention could be compromised which, consequently, would lead to high dropout rates (Uliaszek et al. 2016). To minimize participants' possible misconceptions, our IPPI-D program made sure to present a credible rationale for its aims and strategies in its first module.

The field of positive psychological interventions is a promising new area. Yet, it will allow advancements in the treatment of depression and other mental disorders only if it is deeply rooted in sound findings from basic and applied research and the design of the interventions follow the strictest rules required to validate psychological treatments (Vazquez 2017; Dunn 2017). To sum up, we believe that PPI will favor the emergence of ideal therapeutic settings where therapists integrate the handling of symptoms and strengths, vulnerabilities and resources. This will allow therapists to better understand the inherent complexities of human experience in a more comprehensive and balanced way, leading to better treatment.

**Acknowledgements** This study was funded by the Spanish Ministry of Economy and Competitiveness (Grant/Award Number: PSI2015-69253-R), Spanish Ministry of Education, Culture and Sports (Grant/Award Number: FPU12/02342), and Spanish Ministry of Economy and Competitiveness—Networks of Excellence (Grant/Award Number: PSI2014-56303-REDT). We would like to thank Almudena Duque, Victoria Guillén, and Silvia Moreno for their collaboration in the design and application of this protocol. Special thanks to Matthew P. Abrams for editing this manuscript.

## Compliance with Ethical Standards

**Conflict of interests** None of the authors who sign this paper has any conflict of interest.

**Ethical Approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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