

Examining the Impact of a Positive Psychology Intervention with Latina Survivors of Intimate Partner Violence

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Abstract

We implemented a small series ($N = 3$) single-case research design to assess the effectiveness of a nine-session positive psychology treatment program for Latina survivors of intimate partner violence. Analysis of participants' scores on life satisfaction and depression scales using the percentage of non-overlapping data point's procedure yielded treatment effects indicating that a positive psychology treatment program may be effective for improving life satisfaction for Latina survivors of intimate partner violence. Implications for counselors and researchers are provided.

In the United States, there continues to be a growth in domestic violence (Binkley, 2013). According to The National Coalition Against Domestic Violence (NCADV, 2015) an average of 20 people are physically abused by intimate partners every minute. This equates to more than 10 million victims annually. NCADV refers to domestic violence as an epidemic affecting individuals regardless of age, community, economic status, sexual orientation, gender, or race. It is often accompanied by emotionally abusive and controlling behavior that is a systematic pattern of dominance, control, intimidation, and power (NCADV, 2015). Domestic violence can cause many issues including depression, anxiety, low self-esteem (Zlotnick, Johnson, & Kohn, 2006), reduced self-concept, and increased levels of trauma. As a result of negative psychological, mental, and emotional impact, professional counselors must be prepared to offer effective interventions and treatments to victims who seek services. Counselors can help break cycles of domestic violence in relationships, families, and systems to ensure future generations experience lower incidents of violence (Binkley, 2013). Additionally, since

the Latina/o population faces unique individual, interpersonal, and institutional challenges, effects of intimate partner violence might be greater.

The Latina/o population is at higher risk for mental health issues such as depressive symptoms, suicide attempts, and hopeless feelings (Centers for Disease Control and Prevention, 2011). Among Latina/o high school students, 18.9% considered suicide and 15.7% had a suicide plan, which are higher rates than Black and White Students (Kann et al., 2015). There is a complex interplay among individual, interpersonal, and institutional factors that influence Latin/o individuals. When Latina/o individuals have low self-esteem or motivation, lack support from teachers or counselors (Vela-Gude et al., 2009), and perceive inequitable and systemic issues (Cavazos, 2009; Kimura-Walsh, Yamamura, Griffin, & Allen, 2009), the resultant impact could be lack of hope, meaning in life, or powerlessness. As the result of individual, interpersonal, and systemic challenges, Latinas in particular might lack coping skills and positive outlook in life to leave an abusive relationship.

Therefore, the purpose of the current study was to explore the impact of a positive psychology intervention with Latina survivors of intimate partner violence (IPV).

Dual Model of Mental Health

Suldo and Shaffer (2008) argued that using a dual-factor model of mental health with indicators of subjective well-being and illness allows researchers to measure and understand complete mental health. Subjective well-being refers to life satisfaction and happiness (Diener, 2000) while psychopathology refers to internalizing and externalizing symptoms (Suldo & Shaffer, 2008). Because an examination of only psychopathology excludes important positive areas of mental health such as life satisfaction, Suldo and Shaffer (2008) suggested that indicators of well-being should supplement negative indicators of illness. In the current study, we focus on life satisfaction and depressive symptoms to measure and understand changes in complete mental health. Life satisfaction refers to cognitive evaluation of one's life circumstance (Diener, Scollon, & Lucas, 2003). It is an appraisal of one's life based on self-set standards and is an important component of subjective well-being (Pina-Watson, Jimenez, & Ojeda, 2014). For women who have experienced intimate partner violence, resilience and life satisfaction might be negatively influenced. According to Darling, Coccia, and Senatore (2012), self-assessment of feelings and attitudes about life and whether or not they have met the standards they have set for themselves will determine their satisfaction. Factors that can affect Latinas who survive intimate partner violence can influence the priorities they give to the components that influence their life satisfaction.

In addition to life satisfaction, it is important to measure changes in female survivors' levels of depressive symptoms. Depression is one of the most prominent issues that battered women who seek counseling face, suggesting that intimate partner violence is an important risk factor for

depression. The rate of depression is four to five times higher in women who have experienced violence as compared to women without history of trauma. The prevalence of lifetime IPV reaches 60% among individuals diagnosed with depression (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Additionally, depression is one of the most common psychological disorders among Latina/os (Fox & Kim-Godwin, 2011; Vega et al., 1998). Some triggers for hopelessness and depression among low-income Mexican-ancestry women are spouse and family issues, loneliness, and inability to provide for families (Marsiglia, Kulis, Perez, & Bermudez-Parsai, 2011). Also, when compared with Caucasian or African American women, Latinas are less likely to receive mental health support (Shattell, Hamilton, Starr, Jenkins, & Hinderliter, 2008). Because of the seriousness of depression, it is necessary for counselors to intervene and for there to be more awareness in the Latino community.

Positive Psychology

A positive psychology framework is suitable for addressing mental health among Latina survivors of intimate partner violence because of its emphasis on life satisfaction (Seligman, 2002). Positive psychology focuses on positive human functioning and character strengths that help individuals overcome hardships and allows researchers to understand factors that contribute to students' and adults' well-being and resilience (Seligman, 2002; Synder & Lopez, 2007). Other principles of positive psychology are: (a) how to come to terms with the past (e.g., gratitude), (b) how to develop positive emotions about the present (e.g., acts of kindness, meaning in life), and (c) how to develop optimism about the future (e.g., hope; Seligman, 2002). Researchers (Vela, Lu, Lenz, & Hinojosa, 2015; Vela, Sparrow, Ikonopoulou, Gonzalez, & Rodriguez, 2017) identified how positive psychology concepts (gratitude, hope, or meaning in life) are related to life satisfaction, grit, hope, and subjective happiness or life satisfaction among Latina/o college students. Whereas researchers

and practitioners used to apply deficit models to explain Latina/o students' academic achievement or mental health, recent attention has focused on positive psychology and other strength-based approaches to understand resilience and positive mental health (Cavazos et al., 2010). Given positive psychology's emphasis on wellness, life satisfaction, and character strengths (Seligman, 2002), an adapted intervention with Latina survivors of intimate partner violence could influence their complete mental health.

Purpose of Study and Rationale

The purpose of this study was to evaluate the efficacy of a positive psychology intervention for increasing life satisfaction and decreasing depressive symptoms among female survivors of intimate partner violence. The rationale for using a Single Case Research Design (SCRD) was to explore the impact of an intervention that might help female survivors of intimate partner violence (Ikonomopoulos, Vela, Sanchez, & Vela, 2016). Lenz (2015) recommended that researchers use SCRDS to examine treatment effectiveness for the following reasons: type of data yielded from analyses, minimal sample size, flexibility, and ease of data analysis. We agree with Lenz (2015) about the limitations of between-group designs, including sample size and types of comparisons. At the community counseling center where we recruited participants for the current study, a SCRDS was feasible given the small sample size as well as potential to examine the efficacy of an intervention with a diverse population such as Latinas (Vela, Ikonomopoulos, Dell A'Quilla, & Vela, 2016). As a result, we implemented a SCRDS (Lenz, Speciale, & Aguilar, 2012) to explore changes in life satisfaction and depressive symptoms as a result of participation in a positive psychology intervention. We followed Lenz (2015) guidelines to provide evidentiary support by describing participants' experiences with treatment as well as examining treatment efficacy. We evaluated

the following research question: To what extent is positive psychology effective for increasing life satisfaction and decreasing depressive symptoms among Latina survivors of intimate partner violence?

Method

We implemented a small series ($N = 3$) A-B single case research design with Latinas survivors of intimate partner violence that had been admitted into treatment at an outpatient community counseling clinic to evaluate the treatment effectiveness associated with positive psychology.

Participants

Participants of this study were three adults who had been admitted for treatment at an outpatient community counseling clinic in the southern region of the United States. The three participants were women of ethnic identities aged between 21 and 28 years. All participants consented to participate in this study and were assigned a pseudonym to protect their identity.

Participant 1. Carla is a 25-year-old Hispanic woman who reported a five-year history of intimate partner violence and has had no previous counseling. She has two daughters and is unmarried. Carla is the daughter of immigrant parents and from a lower socio-economic status. She sought services for complaints of sadness and negative self-talk, which were affecting her day-to-day functioning. No diagnosis was given for Carla. Her goals were to increase self-esteem and life-satisfaction as well as reduce depressive symptoms.

Participant 2. Josie is a 22-year-old Hispanic woman who experienced intimate partner violence for three years and has had no previous history of counseling. She has one son and one daughter and is not currently married. Josie was referred to complete counseling by child protective services due to past drug use. She comes from a large family of ten children and she still resides in the family home. Upon coming to counseling,

Josie presented with tension, fatigue, difficulty concentrating, and excessive worry to the point of being unable to complete routine tasks. A diagnosis of generalized anxiety disorder was given to Josie. Her therapeutic goals were to improve self-esteem and life satisfaction as well as reduce symptoms of depression.

Participant 3. Eva is a 27-year-old Hispanic woman who had experienced severe intimate partner violence for three months. She has one daughter and had never received any mental health services. Eva originally sought counseling due to not feeling safe, even though her abuser was incarcerated. Eva reported feelings of hypervigilance, insomnia, and irritability, leading to a diagnostic impression of Post-traumatic Stress Disorder. Additionally, Eva reported feeling hopeless and had a tendency to put her self down. Her therapeutic goals were to increase self-esteem and life-satisfaction as well as reduce symptoms of depression. Only diagnostic impressions for the participants were given, as the counselor was a counselor in training.

Participants were selected based on eligibility (i.e., previous history of intimate partner violence) during initial intake sessions. The facility where participants received treatment provides services to survivors of intimate partner violence as well as services to their children and to survivors of sexual assault. Additionally, the facility provides psychoeducational and violence prevention programs within the community. Other services include a 24-hr hotline, hospital accompaniment, legal aid, and access to a temporary shelter.

Instruments

Life Satisfaction. The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) measures perceptions of life satisfaction. Participants responded to a 5-item scale ranging from *strongly agree* (7) to *strongly disagree* (1). A sample item includes, “The conditions of my life are excellent.” Possible scores range from 5 to 35 with higher scores reflective of higher levels

of life satisfaction. Vela, Lerma, and Ikonopoulou (2016) found that this measure has validity with Mexican American populations. Reliability estimates range from .78 to .82 (e.g., Ojeda, Castillo, Rosales Meza, & Pina-Watson, 2014), providing additional evidence regarding this instrument’s use with Mexican American populations.

Depressive Symptoms. The Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) measures perceptions of depression symptoms. We used this scale because of its evidence of validity with depression (Tsai et al., 2015). Participants responded to a 20-item scale with item responses ranging from *never or rarely* (0) to *most of the time* (3). A sample item includes, “I did not feel like eating; my appetite was poor.” Reliability estimates range from .88 to .94 (Park, Park, & Peteron, 2010; Woo & Brown, 2013).

Treatment

Participants received nine sessions of positive psychology therapy using Savage’s (2011) curriculum. Although the curriculum was created and implemented with adolescents, much of it can be modified for use with adult women in individual counseling sessions. This curriculum was chosen because of its original purpose of increasing happiness and wellness, which could influence life-satisfaction and decrease symptoms of depression. The curriculum is structured into three phases: past, present, and future aspects of emotional well-being. Additionally, gratitude interventions and character strengths, sections on acts of kindness, and hope were added as a part of Savage’s curriculum. The curriculum developed by Savage (2011) also utilizes journaling as a way of working with clients. Performing acts of kindness and having clients show gratitude to others by assigning gratitude journals are also prevalent in the curriculum.

The second author of the current study was a graduate student in a counseling and guidance program completing her internship at the site under the supervision of a licensed

professional counselor. She adapted Savage's (2011) curriculum for use with participants to increase gratitude, foster optimism, and develop self-efficacy. For Session 1, the goal was to establish rapport and increase awareness of subjective well-being by completing an activity where clients focus on a time that they were at their best. Sessions 2 and 3 focused on positive emotions about the past by exploring gratitude and thoughts about kindness. In addition, gratitude visits and journals were implemented during these sessions. Gratitude visits involved participants writing a letter to somebody they were thankful for and delivering the letter to the recipient. Sessions 4 through 7 focused on positive emotions in the present and included: keeping a personal list of acts of kindness performed, exploring character strengths, and using signature character strengths in new ways during the week. Session 8 focused on identifying and cultivating hope where participants wrote about their "best possible self" in the future. For session 9, counselor and client began termination of counseling and reviewed what was learned in therapy as well as encouraged personal reflection.

Procedure

Similar to other researchers (Ikonomopoulos et al., 2016; Vela et al., 2016), we evaluated treatment effect using A-B single-case research design (Sharpley, 2007) to determine the effectiveness of a positive psychology treatment program using scores on the SWLS and CES-D scale as outcome measures. After four weeks of data collection, the baseline phase of data collection was completed. The treatment phase began after the 4th baseline measure where the first positive psychology session occurred. After the tenth week of data collection, the treatment phase of data collection was completed.

Data Analysis

Percentage of non-overlapping data (PND) procedure was implemented to analyze quantitative data of the A-B single case design (Scruggs, Mastropieri, & Casto, 1987). A visual trend analysis is reported as data points

from each phase are graphically represented (see Figures 1 and 2) to provide visual representations of change over the treatment period (Sharpley, 2007). An interpretation of effect sizes was conducted to evaluate the effectiveness of the positive psychology intervention when comparing each phase of data collection (Sharpley, 2007). Consistent with other researchers (Ikonomopoulos et al., 2016), we implemented the PND procedure (Scruggs et al., 1987) to analyze scores on the SWLS and CES-D across treatment. The PND procedure yields a proportion of data in the treatment phase that overlaps with the most conservative data point in the baseline phase (Ikonomopoulos et al., 2016). PND calculations are expressed in a decimal format that range between zero and one with higher scores representing greater treatment effectiveness (Lenz, 2013). We used Scruggs and Mastropieri's (1998) criteria for estimation of treatment effect wherein PND values of .90 and greater are indicative of very effective treatments, .70 to .89 represent moderate effectiveness, .50 to .69 are debatably effective, and .50 and below are regarded as not effective. This procedure was completed for each participant's scores on the SWLS and CES-D (see Figures 1 and 2).

Because we aimed for an increase in SWLS and a decrease in CES-D scores, the highest data point in the baseline phase for life satisfaction and lowest point for depression were used (Lenz, 2013). In order to calculate the PND statistic or effect size, data points in the treatment phase on the therapeutic side of the baseline are counted and then divided by the total number of points in the treatment phase (Ikonomopoulos et al., 2016).

Results

Figure 1 depicts estimates of treatment effect on the SWLS; Figure 2 depicts estimates of treatment effect on the CES-D using PND across all participants. Detailed descriptions of participants' experiences are provided below.

Participant 1

Carla's ratings on the SWLS illustrate that the treatment effect of a positive psychology intervention was moderately effective for improving her SWLS score. Evaluation of the PND statistic for the SWLS score (0.71) indicated that five out of seven scores were on the therapeutic side above the baseline (SWLS score of 17). Carla successfully improved Life Satisfaction during treatment as evidenced by improved scores on items such as "In most ways my life is close to my ideal," "The conditions of my life are excellent," and "I am satisfied with my life." Scores above the PND line were within a 10-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Carla's ratings on the CES-D illustrate that the treatment effect of a positive psychology intervention was not effective for improving her CES-D score. Evaluation of the PND statistic for the CES-D score (0.28) indicated that two out of seven scores were on the therapeutic side below the baseline (CES-D score of 3). Carla was unable to successfully improve Depression during treatment as evidenced by decreased scores on items such as "I was bothered by things that usually don't bother me," "I felt that I could not shake off the blues even with help from my family or friends," and "I felt depressed." Scores above the PND line were within a 6-point range. Trend analysis depicted an inconsistent level of improvement following the first treatment measure.

Participant 2

Josie's ratings on the SWLS illustrate that the treatment effect of a positive psychology intervention was moderately effective for improving her SWLS score. Evaluation of the PND statistic for the SWLS score (0.88) indicated that seven out of eight scores were on the therapeutic side above the baseline (SWLS score of 26). Josie successfully improved Life Satisfaction during treatment as evidenced by improved scores on items such as "In most ways my life is close to

my ideal," "The conditions of my life are excellent," and "I am satisfied with my life." Scores above the PND line were within a 5-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Josie's ratings on the CES-D illustrate that the treatment effect of a positive psychology intervention was not effective for improving her CES-D score. Evaluation of the PND statistic for the CES-D score (0.25) indicated that two out of eight scores were on the therapeutic side below the baseline (CES-D score of 13). Josie did not demonstrate improvement in Depression during treatment as evidenced by decreased scores on items such as "I was bothered by things that usually don't bother me," "I felt that I could not shake off the blues even with help from my family or friends," and "I felt depressed." Scores below the PND line were within a 2-point range. Trend analysis depicted an inconsistent level of improvement following the first treatment measure.

Participant 3

Eva's ratings on the SWLS illustrate that the treatment effect of a positive psychology intervention was not effective for improving her SWLS score. Evaluation of the PND statistic for the SWLS score (0.00) indicated that zero out of eight scores were on the therapeutic side above the baseline (SWLS score of 29). Eva unsuccessfully improved Life Satisfaction during treatment as evidenced by decreased scores on items such as "In most ways my life is close to my ideal," "The conditions of my life are excellent," and "I am satisfied with my life." No scores were above the PND line. Trend analysis depicted a slight decline in scores on life satisfaction following the first treatment measure.

Eva's ratings on the CES-D illustrate that the treatment effect of a positive psychology intervention was not effective for improving her CES-D score. Evaluation of the PND statistic for the CES-D score (0.25) indicated that two out of eight scores were on the therapeutic side below the baseline (CES-

D score of 15). Eva unsuccessfully improved depressive symptoms during treatment as evidenced by consistently high scores on items such as “I was bothered by things that usually don’t bother me,” “I felt that I could not shake off the blues even with help from my family or friends,” and “I felt depressed.” Scores below the PND line were within a 13-point range. Trend analysis depicted a consistent level of depressive symptom scores following the first treatment measure, but a drop in depressive symptom scores occurred around the 7th treatment measure and stayed low in the 8th and last treatment measure suggesting depressive symptoms were much lower by that phase of treatment.

Discussion

The purpose of this study was to evaluate the efficacy of a positive psychology intervention for increasing life satisfaction and decreasing depressive symptoms among Latina survivors of intimate partner violence. Based on previous research and experiences, we developed two hypotheses: (1) participants would report an increase in life satisfaction after participating in a positive psychology counseling experience and (2) participants would report a decrease in depressive symptoms after participating in a positive psychology counseling experience. The results of this study demonstrate that the intervention helped improve the participants’ life satisfaction but not depression. Support for hypothesis one was detected given that two out of three participants reported an increase in life satisfaction. These findings provide support for the notion that integrating positive psychology interventions at community agencies for Latina survivors of intimate partner violence might be a valuable practice to improve subjective well-being. For these participants, their level of life satisfaction appeared to improve over the course of treatment. This change in life satisfaction is particularly poignant given that positive psychological functioning is related to meaning in life, hope, self-esteem, and future outlook. We suspect that part of positive psychology might have assisted participants to

express gratitude, identify meaning in life, and explore hope for their future (Seligman, 2002).

Our second hypothesis suggested that participants in the positive psychology counseling experience would report a decrease in depressive symptoms. Support for this hypothesis was not found given that three participants reported little or no decrease in depressive symptoms. There are several explanations for this finding. First, participants might not have met the threshold for clinical depression and one participant did not have any clinical significance on the CES-D scale. Carly did not reduce depressive symptoms because she did not begin treatment with clinically significant depressive symptoms. Second, our findings support a dual factor model of mental health. Suldo and Shaffer (2008) argued that using a dual-factor model of mental health with indicators of subjective well-being and illness allows researchers to measure and understand complete mental health. Because an examination of only psychopathology excludes important positive areas of mental health such as life satisfaction, Suldo and Shaffer (2008) suggested that indicators of well-being should supplement negative indicators of illness. Our findings support that although positive psychology can increase life satisfaction, it might not reduce depressive symptoms to the same degree, suggesting that positive well-being and clinical psychopathology are different parts of mental health. Trauma-focused cognitive behavior therapy (Lenz & Hollenbaugh, 2015) or group mindfulness based cognitive therapy (Lenz, Hall, & Smith, 2016) might decrease depressive symptoms among Latina survivors of intimate partner violence.

Implications for Practice

Based on this study’s findings, counseling training programs should consider integrating curriculum that increases prospective counselors’ understanding of positive psychology benefits. Counselor educators can consider discussing what positive psychology is, what techniques can be used, and the research that has been conducted

within this framework (Seligman, 2002). By learning about positive psychology techniques, counselors-in training will increase awareness of this type of treatment as well as the benefits with Latina survivors of intimate partner violence. Vela, Lenz, Sparrow, and Gonzalez (2016) commented that positive psychology constructs, including meaning in life, hope, gratitude, and happiness, are consistent with humanistic counseling. In addition, community counseling centers need to increase counselors' awareness of positive psychology to help improve overall mental health functioning among Latinas who have experienced intimate partner violence. Perhaps community centers can facilitate psychoeducational presentations on positive psychology and how it can be implemented with clients. Finally, counselors need to be aware that a stand-alone positive psychology framework might not reduce depressive symptoms. We suggest that counselors use positive psychology techniques with other approaches that may help reduce depressive symptoms. In addition to a positive psychology curriculum, trauma-focused cognitive behavior therapy (Lenz & Hollenbaugh, 2015) or group mindfulness based cognitive therapy (Lenz et al., 2016) might reduce depressive symptoms.

Implications for Research

First, researchers can evaluate the impact of positive psychology on different outcome variables such as happiness, anxiety, meaning in life, and psychological grit. More research needs to be conducted to explore how positive psychology might enhance different aspects of psychological functioning. Second, researchers should use qualitative methods to discover which specific positive psychology techniques were effective to increase life satisfaction among Latina survivors of intimate partner violence. In-depth interviews and focus groups with participants who experience a positive psychology intervention would provide incredible insight into perceptions of techniques such as gratitude, kindness, and character strengths. Additionally, it is important to use between-

group designs to compare positive psychology with evidenced-based approaches (e.g., Cognitive Behavior Therapy) on mental health outcomes. It is also possible to explore the impact of positive psychology with another approach when working with survivors of intimate partner violence. We also encourage researchers to continue to use a dual-factor model of mental health to explore how interventions influence participants' symptoms of wellness and psychopathology. Findings from the current study provide additional evidence that life satisfaction and depression are not on opposite sides of a continuum. Finally, researchers should examine the impact of positive psychology with other populations such as victims of trauma and adolescents exposed to violence.

Limitations

There are several limitations that must be taken into consideration. First, we did not include withdrawal measures following completion of the positive psychology intervention. Although researchers use A-B design in single-case research, we did not use an A-B-A design that would have provided stronger internal validity to evaluate the impact of positive psychology (Lenz et al., 2012). Since the practitioner graduated and moved to a different state, she was not able to collect follow-up data. Second, Lenz (2015) stated that the use of multiple baseline measures may allow for internal validity and inferences related to causal comparisons. Although three or four baseline measurements are sufficient in single-case research, utilizing 5 baseline measures might have allowed life satisfaction and depression scores to stabilize prior to treatment (Ikonomopoulos, Smith, & Schmidt, 2015). Finally, utilizing a multiple-baseline design may have improved internal validity (Ray, 2015). With a multiple-baseline design, baselines are established by repeated observations at different intervals for each participant. Interventions can be implemented during different times for each participant and treatment effects may be demonstrated when changes are observed. This design controls for manipulation of extended treatment sessions to

influence treatment effect sizes (Ray, 2015). Additionally, we agree with others (Ikonomopoulos et al., 2016) that a possible limitation was the potential for access to the abuser to weaken this study in isolating possible reasons for change. Several participants mentioned that their abuser would contact them at work and home which increased their anxiety and worry. Finally, participants received eight or nine sessions of positive psychology over 13-weeks. Two participants missed 2 weeks of counseling sessions while the final participant missed three weeks. Although this is a limitation, it is important to note that participants missed counseling sessions due to lack of transportation.

Conclusion

Using positive psychology to assist female survivors of intimate partner violence in improving life satisfaction should be considered by counselors in clinical mental health and school settings. Based on the results of this single-case pilot investigation, positive psychology shows promise as an effective method for improving life satisfaction among Latina survivors of intimate partner violence. However, we encourage practitioners and researchers to identify other treatment approaches to help Latina survivors of violence decrease depressive symptoms. Intense therapies might need to address participants' depressive symptoms, this include studies on Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, or other trauma-focused therapies. While positive psychology can increase happiness, other therapies might need to focus on the other trauma aspects of mental health. We recommend that researchers continue to examine the impact of positive psychology with larger sample sizes, different outcome variables (e.g., happiness, meaning in life), and different methodological approaches (e.g., qualitative interviews). In the current study, we provide guidelines for counselor educators and practitioners to consider when implementing treatment approaches for Latina survivors of intimate partner violence with life

satisfaction. We recommend that counselor educators and clinical mental health agencies promote the use of positive psychology with Latina survivors of violence. Counselor educators, clinical mental health counselors, and school counselors are in a position to promote and use positive psychology, which have been shown to improve some aspects of psychological functioning among female survivors of intimate partner violence.

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Figure 1.

Graphical Representation of PND Ratings for Life Satisfaction by Carla, Josie, and Eva.

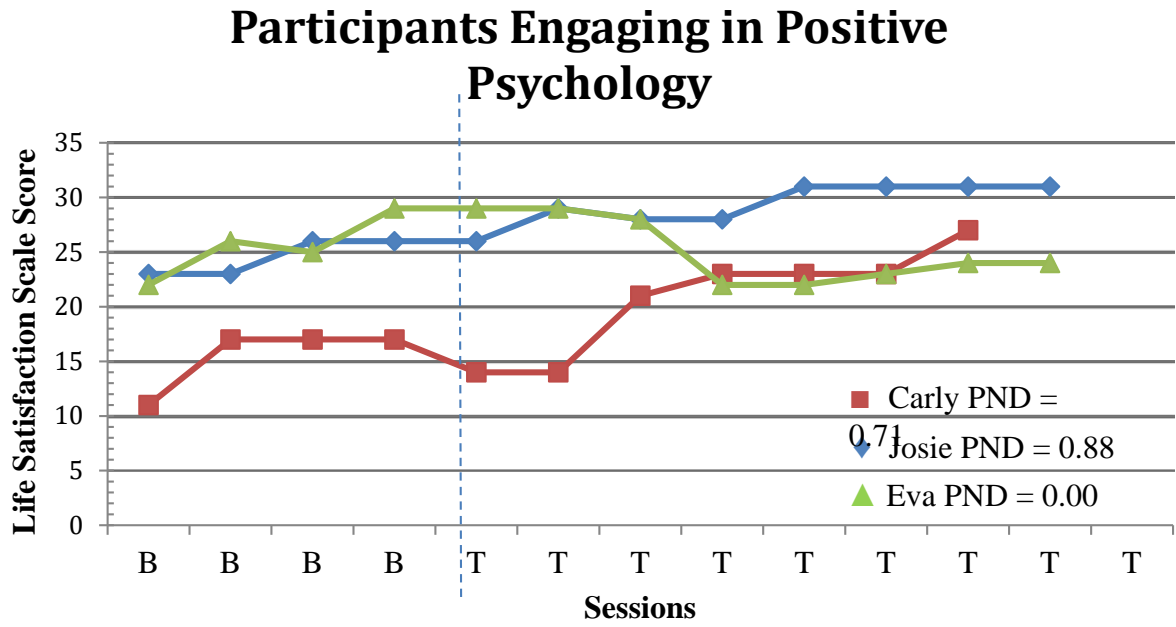


Figure 2.

Graphical Representation of PND Ratings for Depression by Carla, Josie, and Eva.

