

Making People's Lives Worth Living: Optimism Intervention for Patients with Serious Illness

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Introduction

Optimism refers to a dimension of personality defined by the expectation that good things will happen to oneself. Generalized optimism pertains to a person's entire life, rather than just one domain or area of life to another. (Carver, 2014) Several factors have been found that make oneself feel positive during daily life and it has been proposed that optimism represents an important factor to consider. Optimists and pessimists differ in how they approach difficulties in life with which they cope with adversity. (Michael F. Scheier, 2014) Indeed, regularly participating in intentional, enjoyable and meaningful optimistic activity can have an important impact on people's life. In fact, past research on optimism reveals that optimism can positively affect a number of outcomes deemed important in positive psychology, such as positive emotions, psychological well-being, physical health, relationships, and performance (Vallerand, 2010).

Existing Intervention Studies

Lots of optimism intervention studies have already been conducted to find ways to help increase people's optimism. In Malouff and Schutte's study (2016), they explored 29 studies that were designed to increase optimism and conducted a meta-analysis showing a significant effect size, which means across studies, interventions increased optimism.

In order to design our own intervention, we researched lots of existing studies that included various intervention techniques. The study practiced by Sergeant and Mongrain (2014) from Mongrain York University also demonstrates an effective intervention project. They assigned English-speaking adults who were interested in becoming happier as participants and

had to complete either an OPPI to cultivate optimism, or a control condition writing about daily activities for 3 weeks. The results were rather intriguing: A hierarchical linear model analysis indicated that the optimism intervention increased the pursuit of engagement-related happiness in the short term and reduced dysfunctional attitudes across follow-ups. Pessimistic individuals had more to gain and reported fewer depressive symptoms at post-test. These findings support the conclusion that empirically informed online interventions can improve psychological well-being, at least in the short run, and may be particularly helpful when tailored to the needs of the individual. The intervention content generally covered two topics 1) help participants engage in a cognitive bias toward positive experience. 2) help them form a sense that one's goal is achievable. These techniques inspired us a lot with our design.

Another equally compelling study conducted by Mohammadi et al. (2018) examined optimism-specific interventions in persons with cardiovascular illness. In this study, a group of outpatients with coronary heart disease were asked to do an 8-week in-person group-based optimism training intervention or an attention-matched educational control condition. The result shows that a group-based optimism training program for patients was feasible, acceptable, and associated with improvements in optimism and other psychological measures in cardiac patients. Also, the intervention designed specifically for patients also provided lots of hints in terms of this specific population.

Compared with healthy people, people with serious illnesses might suffer from both physical and psychological pains. Illness tortures their minds and makes them more and more pessimistic. These people are urgently in need of psychological support. However, currently, there are few studies particularly targeting patients with illness. Therefore, in our project, we are

going to examine the effects of an optimism based intervention for people with serious illness to show how optimism can influence a number of outcomes found important in positive psychology. This treatment, if effective, would have a significant impact on the participants' psychological well-being and physical health improvement. Subsequently, we will randomly assign participants into an optimism group and a control group. Only participants in the optimism group will take part in the optimism intervention sessions, while participants in the control group will attend weekly neutral activities. Our intervention program will include three sessions, focusing on practicing optimistic thinking from different perspectives. Assessments on optimism, life satisfaction, depression and anxiety will be measured before the intervention, immediately after the intervention, and at a six-month follow-up. Specific hypotheses include:

1. Participants in optimism condition will show greater optimism than participants in control condition both after immediate post intervention and 6 months follow-up, such that participants in optimism condition will show significant increase in optimism after immediate post-intervention, compared with baseline assessment, and the effect will be maintained after 6 months, while participants in the control condition will not show significant change in optimism.
2. Participants in optimism condition will show greater life satisfaction than participants in control condition both after immediate post intervention and 6 months follow-up, such that participants in optimism condition will show significant increase in life satisfaction after immediate post-intervention compared with baseline assessment, and the effect will be maintained after 6 months, while participants in the control condition will not show significant change in life satisfaction.

3. Participants in optimism condition will show lower depression and anxiety than participants in control condition both after immediate post intervention and 6 months follow-up, such that participants in optimism condition will show significant decrease in depression and anxiety after immediate post-intervention, compared with baseline assessment, and the effect will be maintained after 6 months, while participants in the control condition will not show significant change in depression and anxiety.

Method

Participants

Participants will be adult patients with serious illness. We define the term “serious illness” as a medical condition that is debilitating to the daily life of the patient in one form or another. These illnesses do not necessarily have to be terminal, but rather they need to have a substantial impact on the patients’ life. Examples of such illnesses a patient could have are Leukemia or a resistant, but treatable, form of Cancer. This distinction is key, as while this is a targeted intervention, the population is broad enough so that it can be used for a variety of conditions and hosted in a number of locations. To recruit, we will advertise to hospitals to see who would benefit from joining this program, and we can advertise to patients directly. These meetings should be limited to 16 people, so that the group isn’t too big, and that everyone can pair up. Thus, for this particular experiment, we will have 16 people participating, while 16 other participants with similar medical conditions participate in the control condition. They will be randomly assigned to each condition.

Measures

Optimism: Optimism will be measured with the 6-item Life Orientation Test-Revised (LOT-R; Scheier et al., 1994), a well-established measure of dispositional optimism. Internal consistency of the LOT-R in this was ($\alpha=0.85$). Participants will rate their agreement with 10 statements, such as “Overall, I expect more good things to happen to me than bad” with a scale ranging from 1 (*totally disagree*) to 5 (*strongly agree*).

Life Satisfaction: Participants’ life satisfactions will be measured through The Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). The SWLS questionnaire consists of five questions including, “In most ways my life is close to my ideal,” “I am satisfied with my life”, which are rated on 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*)

Depression: Depression will be measured using the Centre for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). CES-D is a measure designed to identify a person's depressed mood. it consisted of 20 items, such as, “During the past week, I thought my life had been a failure.” Respondents are asked to rate how frequently they experienced each symptom on a 4-point scale ranging from (0-rarely or none of the time, less than 1 day =0, 3-most or all of the time, 5-7 days). The coefficient alpha is 0.85.

Anxiety: For anxiety, we will use the 7-item Hospital Anxiety and Depression Scale anxiety subscale (HADS-A; Bjelland, Dahl, Haug & Neckelmann, 2002). This scale is designed for the use with medically ill patients. Respondents will be asked questions, like “Worrying thoughts go

through my mind” and rate on a 4-point scale ranging from 0 (not at all) to 3 (Very definitely and quite badly). Internal consistency is high ($\alpha=0.85$).

Procedure

Participants will be randomly assigned to either the optimism group or the control group. Before the intervention, all participants are required to finish the consent form, demographic questions, after which we will conduct a baseline assessment to examine their optimism level, life satisfaction, depression and anxiety. Then, they will attend either the optimism intervention or the control activities. Immediately after the intervention, all participants will be assessed on all dependent variables, again. After 6 months, they will be asked to finish the last assessment, which is identical to the first assessment.

Optimism Condition: We establish some basic guidelines with the participants as participants in optimism condition join the program. The guidelines for this intervention are relatively standard and simple, as we want to introduce the topic quickly and make sure patients begin to feel comfortable in this space. Because this intervention can involve discussion of intimate medical issues, we made sure to include a rule about keeping this information private, and that what is discussed in the room will not leave the room. That way people feel comfortable to share information they might not otherwise. This would also allow us to keep doctor-patient confidentiality in more severe or sensitive cases. Ideally, our participants' illnesses would not be of any threat to others in the room, such as the case of more infectious diseases. However, in that case, or in any case where the patient cannot physically come to the sessions for any reason, there is the possibility of attending via an online session like Skype. In the meantime, we aim to

cultivate a comfortable group atmosphere at these meetings, the physical presence of our participants is strongly encouraged. This is also why these sessions are held in the hospital the participants attend. The patients do not have to travel far, and they are in a safe location in case they receive medical assistance. This also leads to the decision to host these sessions for 1 hour and 30 minutes at a time, so that it will be long enough to run the activities and get patients engaged in their optimism exercises while short enough to keep the patients' attention and would allow them to continue treatment with minimal disruption. If the patients cannot attend, they should notify us ahead of time, after which we will plan to catch them up. Finally, we provide an addition of refreshments which are compatible with the participants' treatment, a novel idea, to help reinforce the supportive atmosphere of the sessions.

The structure of the intervention is designed in a way that each session covers a different element of optimism. We let the participants know this during recruitment so that they understand the process of the intervention, and begin to understand the thought that goes into each exercise. We also inform the patients how long each session is (1 and a half hours) and how long the intervention will be (2 weeks) within a week between each session. After they have agreed to participate and follow the guidelines, we give them a pretest to get their measures before the implementation of the intervention. Finally, we will begin the intervention.

The first session is focused on introducing each other and starting to transform their negative mindsets. This part of the intervention is partially modified from the intervention conducted by Lyubomirsky, Dickerhoof, Boehm, & Sheldon (2011). At first, we will introduce ourselves, extend gratitude towards the patients for attending, and explain some basics about the intervention and this specific session. Then, we will begin to introduce the topic of optimism to

the participants, and discuss the various evidence supporting optimism's mental and physical health benefits. This would include how optimism helps to reduce stress, promote happiness, improve physical recovery, promote social relationships, and promote healthy behaviors. This would help to encourage participation and engagement in our program. Then, we will have the participants introduce each other and begin to foster a sense of community in the intervention and hopefully allow participants to open up. For the participants, sharing experiences and what they might be hopeful or optimistic for would require some sense of trust and community, so this would be the first step towards actualizing this friendly and caring atmosphere. Then we move onto shaping their thought patterns from pessimistic to optimistic. This involves sharing with a partner 3 negative events in their lives, and what positive things came out of them. This helps the participant to see the silver linings in their past negative experiences. And, they can begin to experience the positive changes in mood from that increase in optimism afterwards in the following group discussion. Then, we acknowledge the struggles that they have had with their illness, but we encourage them to be optimistic about the future. Finally, we give them a homework assignment, which is to imagine and write down something they would like to do after they recover from their illness. This would also involve how they want to achieve this task, but it is still imagined to be an ideal situation.

The second session involves promoting optimism across space and time. This session is largely based on the intervention used in Mohammadi et al. (2018). After introducing what this session is focused on, we review the homework assignment from the last session and we ask if anyone has any questions. From there we can move on to reframing the impact of their illnesses, starting by talking about the positives from their struggle with their illness (such as growing to

appreciate others or what they already had). This includes listing what they were optimistic about in the past and present. Then we introduce a way to keep track of daily optimism during treatment by writing three good things that happen each day, starting with that day's session. This leads into an exercise where the patients imagine three positive events that can happen in the next week, then the next month, and eventually extend that into imagining a best possible overall future. Then, we begin to focus on optimism from moment to moment, focusing on the differences between optimistic and pessimistic explanatory styles. We also coach them on how to record and target negative thoughts, and how to replace them with optimism. Towards the end, we will instruct the participants how to be optimistic at the beginning and end of their day, and how to make this habitual. Finally, the participants are assigned (along with writing three good things that happened at the end of the day) to write down three positive things that might happen tomorrow. This practice should be continued after the intervention is officially over.

Finally, the third session is both a meditation on social optimism and a reflection on the intervention as a whole. This session is also inspired by the intervention used in Mohammadi et al. (2018). After welcoming everyone back, we discuss what were the three optimistic things that each person wrote down for today. This helps to reinforce the practice established by the second session. Afterwards, we discuss the intricacies of the practice itself, such as what parts people found easy, what people had difficulty with, and what people found to be most effective. Then we ask the participants to share with each other what they thought of the intervention as a whole, including what their favorite group activities were and what was effective for them. Since this is done inside the group, we help to increase social and interpersonal optimism, as the participants begin to support one another. We also ask the participants to share what they are

optimistic for in other patients, and ask them to support each other and to continue practice after the intervention concludes. After this, we formally wrap up, we give them contact information in case they have further questions, and we have them take one final survey to get anonymous feedback on the program. We gave them a formal test, and after 6 months, we take a post test to measure continued results.

Control Condition: For the control, we will have the participants meet for a neutral activity. In this case, they journal about what they did that day or what they thought about the last tv show or movie they saw for the same amount of time as the sessions. After the experiment is over, they will be debriefed and offered to join a mindfulness intervention of their own.

Proposed Analysis

Our intervention was a 2 X 3 design and the independent variables were groups (optimism, control) and time of assessment (before intervention, post-intervention, six-months follow-up). The first independent variable (group) is between subjects and is manipulated by assigning participants to different groups. The second independent variable (time of assessment) is within-subject and is manipulated by letting participants do the assessments at three time points. The dependent variables include optimism, life satisfaction, depression and anxiety.

Optimism: In order to test our intervention effect on participants' optimism level, we will apply a repeated ANOVA to analyze our data. We will explore whether there is a difference in optimism level between our optimism group and control group over three assessments. Main effects and

interaction effects between group and time are both considered. Also, a post-hoc test will be applied if interaction effects were found. If our hypothesis is true, the result will imply

1. A main effect of intervention on optimism, such that the intervention group will have higher optimism than control groups for the last two assessments.
2. Optimism level will decrease in the intervention group after six month follow-up, compared with immediate post intervention.

Life Satisfaction: In order to test our intervention effect on participants' life satisfaction, we will apply a repeated ANOVA to analyze our data. We will explore whether there is a difference in life satisfaction between our optimism group and control group over three assessments. Main effects and interaction effects between group and time are both considered. Also, a post-hoc test will be applied if interaction effects were found. If our hypothesis is true, the result will imply

1. A main effect of intervention on life satisfaction, such that the intervention group will have higher optimism than control groups for the last two assessments.
2. Life satisfaction will decrease in the intervention group after six month follow-up, compared with immediate post intervention.

Depression: In order to test our intervention effect on participants' depression, we will apply a repeated ANOVA to analyze our data. We will explore whether there is a difference on depression level between our optimism group and control group over three assessments. Main effects and interaction effects between group and time are both considered. Also, a post-hoc test will be applied if interaction effects were found. If our hypothesis is true, the result will imply

1. A main effect of intervention on depression, such that the intervention group will have lower depression than control groups for the last two assessments.

2. depression will slightly increase in the intervention group after six month follow-up, compared with immediate post intervention.

Anxiety: In order to test our intervention effect on participants' anxiety, we will apply a repeated ANOVA to analyze our data. We will explore whether there is a difference in anxiety between our optimism group and control group over three assessments. Main effects and interaction effects between group and time are both considered. Also, a post-hoc test will be applied if interaction effects were found. If our hypothesis is true, the result will imply

1. A main effect of intervention on anxiety, such that the intervention group will have lower anxiety than control groups for the last two assessments.
2. Anxiety will slightly increase in the intervention group after six month follow-up, compared with immediate post intervention.

Study Limitations and Suggestions

An important limitation of this study involves the type of comparison condition that was used. Because this study could not examine the psychological status of the participants, it is possible that the controlled group has other sources that would have impacted their emotional variations. Furthermore, the possibility exists that program effects were due to the nonspecific curative factors of group therapy as opposed to the program content.

Another limitation of this study is the possibility that demand characteristics played a role in self-reported improvements of optimism by intervention participants. This possibility is increased by the fact that participants were informed of the goal of the intervention at the outset.

Further research is needed in terms of how to best evaluate the report data, and be cognizant of the possible role of demand characteristics in optimism intervention studies.

The mere exposure effect might have also had an impact in terms of increasing interpersonal optimism. The fact that people tend to view each other more positively after continued contact means that their optimistic appraisals of each other's futures could have been due to this effect, and not the intervention itself. To isolate this effect, further research should attempt to separate social cohesion due to this effect from the optimism measures. That way, it will be clear to see what effect the optimism intervention has.

Additionally, given the speciality of our intervention group, If some of our participants' medical conditions are vital or terminal, some might find it hard to think about optimistic events in their future (Seligman, 1998). They could extend this optimism to other people (such as, "My son will be happy with his wife and kids" or, "My fellow group member will get better soon"), but not necessarily apply optimism to their own future. We also couldn't exclude the possibility that some people might respond more positively depending entirely on the illness itself (Aspinwall & Tedeschi, 2010). Researchers may need to choose a very specific group of participants, possibly participants with identical disease in the future.

Finally, given that the location can change for the intervention (as it's held in the place of treatment), the results may vary due to the environment. A healthier environment (both in terms of mental and physical treatment) could produce better results than a stressful and dirty environment. Future research may need to take this into account when testing, thus they should attempt to have all sessions conducted in the same area.

Conclusion/Further Research

In spite of limitations mentioned above, the findings of this study may be useful for clinicians who are working with patients with serious illness. This study provides details for practices on optimism interventions, based on previous research. Although participants may make progress toward being optimistic following short-term group interventions, completion of the practice may require a longer, life-time duration. Further research is needed to better understand the critical impact of our practices and its effects. For now, we think it is important to apply this form of intervention into a broader context, to help people who were troubled by life varieties, not just patients with serious illness, which we choose as research participants because it provides a more grave context. Optimism is inherent in human nature, and we intend to bring it further into greater, more beneficial causes by practicing optimism interventions for as many people as we can.

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Appendix:

Session Script

Introduction

Hello. We are Chris, Shuang, and Zhenyu, three psych students from Skidmore college. This Optimism Intervention is designed to help those with serious illness. Our intervention will take place over 2 weeks, with one week between each session. Each individual session will be based on different studies and research to ensure that you receive a wide array of research backed treatment. Each session is focused on a different area of optimism. Now, each one of us should go around in a circle and tell something about ourselves. For any exercise discussion in this course, the group leader will start by sharing something from themselves. Additionally, if you have any questions, do not be afraid to ask them at any point.

Guidelines

Time and location: We will be holding these sessions at the hospital at 1pm.

What should I do if I cannot attend a session? Please be sure to attend. If you cannot attend, be sure to notify us so that we can help catch you up.

Confidentiality:What will be shared here will not leave this room, so please be courteous. Group sessions are recorded for research purposes and recordings will be deleted immediately after the research is published.

Refreshments:Refreshments will be provided after each session.

Session 1 warm-up and transformation of mindsets(1 hour 30 min)

Introduction (5 min)

- Welcome! Everybody. I am glad that you decided to participate in this course and this course will help you have a more optimistic attitude towards your life. First, I am really sorry for the misfortunes that happened to you and sincerely hope you could all get recovered. This course will also help with treating your illness since optimism also provides emotional support for therapy.

Optimism and its Benefits (20 min)

- First, I would like to talk a little bit about optimism. What a more optimistic life will bring you about?
 1. Reduce your depression and stress.
 2. Promote happiness
 3. Increase both your mental health and physical health
 4. Promote better social relationship
 5. Treatment is more effective on individuals with greater optimism and hope that seek to engage in healthier behaviors, regardless of their status.
- Practicing optimism is a great step for you to get recovered and enjoy a better life.

Get to know each other (15 min)

- Let's start getting to know each other first. Every participant in this course are all people with serious illnesses. You all share similar experiences and know how painful illness ruined your life. I believe you have a lot to talk about and I hope you could all make friends and communicate and energize each other in an

optimistic way. Now, I give you 5 min for free talk and then let's have you guys share your stories in a big group.

From pessimism to optimism (20 min)

- I know you all suffer from pain, depression or any other misfortunes due to the illness. Some of you might be disappointed and pessimistic about what happened to you. But you should never give up, there are still so many things that are enjoyable and worthwhile. For the next exercise, let's list three bad things that distressed you most and then pair up to share with your partner.
- Afterwards, it is time to shift your mindset and dispute these pessimistic thoughts. Now, list three things respectively that can help you see the brighter side of these bad things and think about how these things help you replace your pessimistic thoughts with optimistic ones. Let's discuss it.
- You are all brave warriors. And I know you are experiencing the hardest time of your life. But, once you go through the toughest time, you will better realize how colorful the world is and what is greeting you is a much brighter future.

Homework Assignments and wrap up (5 minutes)

- Finally, I have some homework for you. For each day, try to come up with a thing you would like to do after recovery. Just imagine if everything is going as well as possible, how beautiful your life will become. Forget all your shortcomings, be brave and creative, trust yourself. Also, don't forget to talk a little bit more about how you are going to achieve it. If you make a plan for this, that will be awesome. For the next session, try to make a list of things that you would like to do and we will discuss it.

Session 2 Spatial and Chronological Optimism (1 hour and 30 min)

Intro and Homework review (15 min)

- Hello, now that you have an introduction to optimism, we will be covering optimism in the present and for the future. First, let's discuss the lists we were assigned to make last session...

- Now, we will discuss how to positively reframe your life events. Your serious illness can be traumatic, whether that was when you were first diagnosed or when your illness impacts you during your daily life. So let's go around and discuss this...

Beginning to Reflect and Keep Track (20 min.)

- Let's begin to reflect on the positive reframing of this trauma. Did you grow closer to anyone during this time? Did you begin to appreciate what you had? What are some things you were optimistic about in the past? What are some things you are optimistic about currently?
- Now, let's begin to keep track of your optimism while you are in the midst of dealing with your illness. Start by recording 3 positive things each day, today being the first, while acknowledging the impact these positive events had on us. And if you already do this, share how it impacts you.

Expanding Optimism into the Future (20 min.)

- Let's extend this positivity into optimism for the future. Begin by imagining 3 positive events that can happen within the next week. After that, extend that to imagine what you can be optimistic about next month. Build this up until you are envisioning a best possible overall future and your health or condition can improve over the next few years. Afterwards, discuss this as a group.

Optimism from Day to Day (20 min.)

- Now that we practiced optimism in the long term, let's discuss optimism from moment to moment. We will now discuss the difference between optimistic and pessimistic explanatory styles, how to record and challenge negative thoughts, and finally how to replace pessimism with optimism.
- Finally, we will discuss how to start the day with optimism, how to recap what went well at the end of the day, and how to develop a habit so that optimism can come naturally.

Homework Assignments and wrap up (5 minutes)

- To conclude, as a homework assignment, be sure to begin practicing these techniques and optimism reminders in day to day life. To begin something more concrete, note down 3 positive things that happened today, and think of 3 positive things that may happen tomorrow. If there are no further questions, we can finish the session. Thanks!

Session 3 Final reflection and conclusion (30min)

introduction : (1 min)

1. Welcome back everybody! This is the third and final meeting for the optimism intervention group!.

Homework review (15min)

1. Before we talk about your reflections upon day to day practices about optimistic imagination, let's start to share your recordings of the 3 things that you feel optimistic about today.
2. Which impacts you more? Recording what's already happened or imagining positive things that might happen in the future?
3. What difficulties do you find in terms of fighting negative thoughts?

Reflection on optimism intervention group experiences (10 min)

1. Since this is our last meeting together, we'd like to thank everyone for your cooperation. Does anyone have any thoughts to share with us?
2. Now let's talk about everyone's experiences in our exercises, which one impacts you most and why?
3. Which one of the exercises do you find the most helpful? Which one is the least helpful?
4. Let's share some positive thoughts about present and future, to inspire your group members
5. How many people think they would keep doing mind exercises like this to keep track in the future?

Conclusion (1min)

1. We really enjoyed working with everyone as part of our group. Your bravery and rich insights also provided us with courage. Good luck with everything! We hold strong optimistic confidence that technology advancements could eventually make everyone healthy again!

Reminders:

- a. Final survey: you will receive final online questions regarding your participation in our group. It will take about 15 minutes to complete.
- b. If you need further help regarding optimism intervention, you are also welcomed to contact us, we will help as best as we can.