

# DeepWell-Adol: A Scalable Expert-Based Dialogue Corpus for Adolescent Positive Mental Health and Wellbeing Promotion

Wenyu Qiu<sup>1\*</sup>, Yuxiong Wang<sup>1\*</sup>, Jiajun Tan<sup>1</sup>,  
Hanchao Hou<sup>1†</sup>, Qinda Liu<sup>1</sup>, Wei Yao<sup>1</sup>, Shiguang Ni<sup>1†</sup>

<sup>1</sup>Shenzhen International Graduate School, Tsinghua University  
{qwy24, yuxiong-23, tj24, lqd24}@mails.tsinghua.edu.cn  
{hanchao.hou, viviayao, ni.shiguang}@sz.tsinghua.edu.cn

## Abstract

Promoting positive mental health and well-being, especially in adolescents, is a critical yet underexplored area in natural language processing (NLP). Most existing NLP research focuses on clinical therapy or psychological counseling for the general population, which does not adequately address the preventative and growth-oriented needs of adolescents. In this paper, we introduce DeepWell-Adol, a domain-specific Chinese dialogue corpus grounded in positive psychology and coaching, designed to foster adolescents' positive mental health and well-being. To balance the trade-offs between data quality, quantity, and scenario diversity, the corpus comprises two main components: human expert-written seed data (ensuring professional quality) and its mirrored expansion (automatically generated using a two-stage scenario-based augmentation framework). This approach enables large-scale data creation while maintaining domain relevance and reliability. Comprehensive evaluations demonstrate that the corpus meets general standards for psychological dialogue and emotional support, while also showing superior performance across multiple models in promoting positive psychological processes, character strengths, interpersonal relationships, and healthy behaviors. Moreover, the framework proposed for building and evaluating DeepWell-Adol offers a flexible and scalable method for developing domain-specific datasets. It significantly enhances automation and reduces development costs without compromising professional standards, an essential consideration in sensitive areas like adolescent and elderly mental health. We make our dataset publicly available<sup>1</sup>.

\*Both authors contributed equally to this research.

†The corresponding author.

<sup>1</sup><https://github.com/DeepWell-Adol/DeepWell-Adolescent>

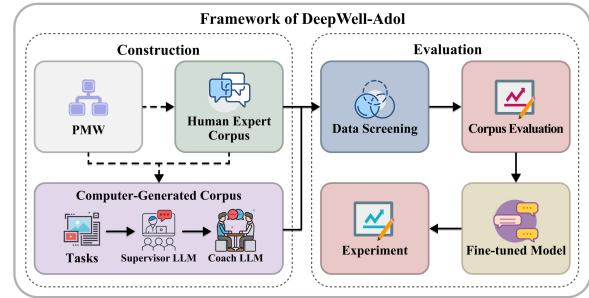


Figure 1: The general framework of DeepWell-Adol

## 1 Introduction

Mental health and wellbeing, particularly those of adolescents, have emerged as a global priority. Particularly, adolescents face unique psychological challenges, such as emotion regulation, identity development, peer relationships, academic pressure, and behavioral problems, all of which can significantly impact their wellbeing (Kieling et al., 2011). These challenges are further compounded in the digital age, where social media and online interactions shape adolescent experiences, influencing their self-perception, interpersonal relationships, and mental health outcomes (Valkenburg et al., 2022).

Large Language Models (LLMs) have already been applied in adolescent mental health and psychotherapy, demonstrating potential in tasks such as psychodiagnostics assessment, cognitive reframing, and psychoeducation (Stade et al., 2024). However, most AI-driven mental health applications remain primarily focused on diagnosing and treating mental disorders. These models are typically trained on corpora derived from mental health forums, clinical psychotherapy transcripts, or psychological counselling reports (Chen et al., 2023; Qiu et al., 2024; Zhang et al., 2024a), which limits their applicability in promoting positive mental health and wellbeing among the broader, non-clinical adolescent population.

Adolescence is a critical developmental stage, marked by significant emotional, cognitive, and social changes that shape individuals' identities and relationships (Steinberg and Morris, 2001). While some adolescents may face mental health disorders, the majority encounter developmental challenges that require a focus on prevention and the promotion of psychological strength and resilience (Fusar-Poli et al., 2021). This underscores the need for AI applications that go beyond clinical treatment, emphasizing positive, developmental, and constructive support for adolescent psychological growth.

However, the development of AI applications for positive mental health and wellbeing faces several challenges.

**Lack of Domain-Specific Corpora:** Most existing mental health corpora are rooted in clinical and counseling psychology (Orr et al., 2022; Toleubay et al., 2023). While useful, they often overlook strengths-based approaches, personal growth, and resilience essential for promoting long-term wellbeing in adolescents. This highlights the need for the integration of cutting-edge positive psychology (Hou et al., 2025; Lomas et al., 2021; Seligman and Csikszentmihalyi, 2000) and coaching practices (Ciarrochi et al., 2022; Grant and Atad, 2022; Richter et al., 2021; van Zyl et al., 2020), which offer evidence-based strategies for structuring dialogues that actively support the psychological growth and wellbeing of adolescents.

**Limited Expert Knowledge Integration:** Many mental health corpora rely on web-scraped, crowdsourced, or AI-generated data (Lin et al., 2024; Qiu et al., 2024; Sun et al., 2021), which often lack verification and evidence-based grounding. Such limitations risk producing unreliable outputs, especially in expert-sensitive domains like adolescent mental health, highlighting the importance of expert-guided content (Stade et al., 2024).

**Insufficient Evaluation Frameworks:** Conventional NLP metrics such as BLEU (Papineni et al., 2002), ROUGE (Lin, 2004), and BERTScore (Zhang et al., 2020) are inadequate for mental health tasks, as they fail to capture key psychological dimensions like empathy and insight in multi-turn dialogues. While agent-based approaches have shown promise (Zhang et al., 2024a), they still neglect essential therapeutic outcomes such as flourishing and character strengths.

This highlights the pressing need for domain-specific evaluation frameworks tailored to adolescent mental wellbeing.

In this paper, we introduce DeepWell-Adol, a scalable domain-specific corpus constructed to provide deep, expert-driven insights for promoting positive mental health and wellbeing among adolescents. The corpus comprises 1,795 high-quality multi-turn wellbeing coaching dialogues between coaches and adolescents, covering five key themes of adolescent mental health promotion, such as emotion regulation, academic & carer development, social & interpersonal relationships, lifestyle & environmental adaptation, and personal growth & self-growth. It is constructed from two components: (1) an expert-written seed corpus, which ensures professional quality, and (2) a mirrored corpus, generated using a scenario-based and two-stage automatic augmentation method, enabling scalable corpus construction. Grounded in the best practices of positive psychology and coaching, the corpus embodies a strength-oriented, solution-focused approach to mental health, shifting the focus from traditional, problem-oriented interventions to proactive strategies that cultivate psychological resilience and adaptive coping mechanisms. This corpus lays the groundwork for AI applications aiming to deliver scalable, accessible, and equitable mental health services. The general framework of DeepWell-Adol is illustrated in Figure 1. For simplicity, we refer to it as DeepWell in the remainder of this paper.

Our contributions are as follows:

To the best of our knowledge, we construct the first domain-specific corpus focused on adolescent positive mental health and wellbeing promotion, extending NLP research in mental health beyond traditional, problem-oriented approaches. It provides a valuable resource for developing models and tools to support adolescent wellbeing.

We propose a novel multi-stage data augmentation approach that aligns expert knowledge across three stages: principles and strategies, text generation, and final screening ensuring that the augmented datasets adhere maximally to psychological best practices.

We introduce a multi-dimensional evaluation framework that comprehensively assesses the corpus quality and effectiveness, offering a reference metric for AI-driven mental health applications.

## 2 Related Works

A range of psychological conversation datasets have been developed to support NLP research and applications in mental health. For instance,  Empathetic Dialogues (Rashkin et al., 2019; Xiao et al., 2024), Positive Psychology Frames (Ziems et al., 2022), Mandarin Cognitive Distortion Detection and Positive Reconstruction (Lin et al., 2024) were constructed to address empathetic emotional support and positive cognitive reframing tasks. While empathy and reframing are essential components of mental health interventions, they do not encompass the full counseling process, limiting their applicability in developing LLMs for broader mental health promotion, particularly among adolescents.

The advancement of LLMs has expanded the potential for AI-driven mental health applications. A study by (Sabour et al., 2023) found that AI-based tools like Emohaa can enhance mood, reduce stress, and improve sleep, demonstrating their effectiveness in mental health interventions. However, existing models, such as Qiaoban(Zhao et al., 2023), MeChat(Qiu et al., 2024) , MindChat(Yan and Xue, 2023), and SoulChat (Chen et al., 2023), are primarily designed for clinical and counseling contexts. These models are trained on corpora derived from psychotherapy approaches like Cognitive Behavioral Therapy and emphasize symptom management, crisis intervention, or mental illness. As a result, they lack the developmental focus necessary to support adolescent mental health holistically. This highlights the need for corpus and AI applications specifically constructed to promote mental health among adolescents in non-clinical and educational settings.

## 3 Positive Mental Health and Wellbeing Promotion Framework

We propose a Positive Mental Health and Wellbeing Promotion Framework (PMW) to guide the construction and evaluation of DeepWell. This framework is rooted in positive psychology, which emphasizes strengths, resilience, and wellbeing (Seligman and Csikszentmihalyi, 2000) as well as coaching, which integrates strengths-based, solution-focused approaches and personal development strategies to help individuals thrive (Grant and Atad, 2022). The framework comprises two core components: dialogue construction guidelines (PMW-C) and outcome evaluation

metrics (PMW-E). The PMW framework offers an evidence-based, systematic, and scalable approach to creating high-quality corpora that effectively promote adolescent well-being.

### 3.1 PMW-C: Dialogue Construction Guidelines

We developed a six-stage dialogue model based on the Positive Psychological Coaching framework (Richter et al., 2021; van Zyl et al., 2020), refined through literature review and consensus from four mental health experts. The six stagesEstablishing Relationship, Clarifying Insights, Leveraging Strengths and Resources, Constructing an Ideal Vision, Setting Goal Strategies, and Summarizing and Transferringare supported by specific techniques and examples (see Table 5). Through these structured processes, adolescents are guided toward self-awareness, resilience, and personal growth by focusing on emotion regulation, strengths, and goal-setting. The PMW-C framework enables both experts and AI systems to generate consistent, structured, and wellbeing-oriented dialogue content.

### 3.2 PMW-E: Evaluation Metrics

To ensure the dialogue leads to tangible improvements in mental health, the framework incorporates comprehensive outcome evaluation metrics that emphasize positive psychological outcomes rather than merely symptom reduction. Adapted from the Positive Functioning Model (Rusk and Waters, 2015), the PMW-E assesses four key dimensions: (1) promoting positive psychological processes, (2) discovering and building psychological strengths and resources, (3) fostering positive relationships and social support, (4) encouraging positive behaviors and sustainable habits. These constructs are operationalized and quantified, as detailed in Table 6 and Figure 10.

PMW-E is designed to complement rather than replace symptom-focused clinical models, offering a holistic metric that emphasizes the promotion of positive functioning. It serves as a reference for evaluating corpus quality and ensures that both expert- and AI-generated dialogues effectively support adolescent wellbeing. Moreover, it provides a benchmark for future corpus development in mental health research.

## 4 Dataset Construction

### 4.1 Real-World Scenarios of Adolescent Mental Health: Collection and Format

We conducted a paper-based survey among adolescents to explore psychological challenges across domains such as academics, relationships, and self-identity. The questionnaire collected demographic information and open-ended responses describing recent concerns. All responses were anonymous, with strict data cleaning and manual verification to ensure privacy.

A total of 125 responses were collected from 87 participants (34 male, 42 female, 11 unspecified;  $M_{\text{age}} = 13.51$ ,  $SD_{\text{age}} = 2.59$ ), spanning Grades 2-12. While the focus shifted to adolescents (ages 10-19), eight younger students (ages 7-9) were retained due to the relevance of their responses, as confirmed by mental health experts.

To build a high-quality dataset, experts selected 87 contextually complete cases. Using GLM-4 (GLM et al., 2024a), we classified themes as follows: emotion regulation (14), academic & career development (24), social & interpersonal relationships (23), lifestyle & environmental adaptation (10), and personal growth & self-identity (16). Each case includes ID, demographics, topic theme, and a core problem statement (see Figure 4).

### 4.2 Human Expert-Written Corpus

**Corpus Collection** We publicly recruited 51 experts specializing in adolescent mental health with a strong foundation in positive psychology. These professionals hold advanced degrees in psychology or related mental health fields and possess relevant certifications in mental health or positive psychology. All experts have undergone formal training in positive psychology. On average, they bring 8.69 years of experience in the field of mental health, with significant frontline experience in psychological health education within primary and secondary school settings. Notably, 58.8% of the experts have contributed to psychological research projects and have authored academic papers, books, or presented at conferences focused on psychology and mental health. Detailed demographic information is provided in Table 7.

These experts wrote 1,139 multi-turn dialogue samples based on the PMW-C framework, real-world scenarios, and their frontline experience.

**Corpus Preprocessing and Screening** We first excluded 135 dialogue samples with fewer than

5 turns (a turn defined as one exchange between client and coach), resulting in 1,004 remaining samples. These were anonymized and manually proofread to ensure accuracy.

Using GLM-4, we categorized the dialogues into five adolescent mental health themes (see Figure 5). From each category, 20 dialogues were randomly selected to form a 100-sample pre-experiment dataset. Evaluations were conducted using GLM-4 and QianFan Ernie-4.0 Turbo 8K, with scoring criteria detailed in Table 8. Concurrently, a psychology Masters student annotated the data manually for comparison. Inter-rater reliability tests were conducted using SPSS 27, a common data analysis software in psychology. Results showed that GLM-4 had strong agreement with expert ratings ( $K = .853$ , 95% CI [.690, 1.00]), outperforming QianFan Ernie-4.0 Turbo 8K ( $K = .648$ , 95% CI [.425, .871]).

Based on prompts (see Figure 6), GLM-4 screened the full dataset, yielding 925 high-quality, expert-written dialogue samples. Topic-wise distributions are shown in Table 1.

Topic	Number of Dialogues
Emotional Regulation	147
Academic & Career Development	251
Social & Interpersonal Relationships	363
Lifestyle & Environmental Adaptation	89
Personal Growth & Self-Identity	75

Table 1: Number of dialogues in each topic

### 4.3 Computer-Generated Corpus

**DeepSynergy** We propose a Dual-phase Expert-Embedded Positive Dialogue Generation Synergy (DeepSynergy) framework, an approach for automatically generating high-fidelity positive mental health promotion dialogues grounded in real-world scenarios (see Figure 2). The framework systematically replicates expert workflows through two interconnected roles. Positive Psychology Supervisors design scenario-specific intervention plans by rigorously applying the PMW-C framework and referencing human expert-written sample corpus from similar contexts. Positive Psychology Coaches operationalize these plans through client-tailored dialogues, selecting evidence-based psychological tools (e.g., cognitive reframing, strength-spotting) while maintain-

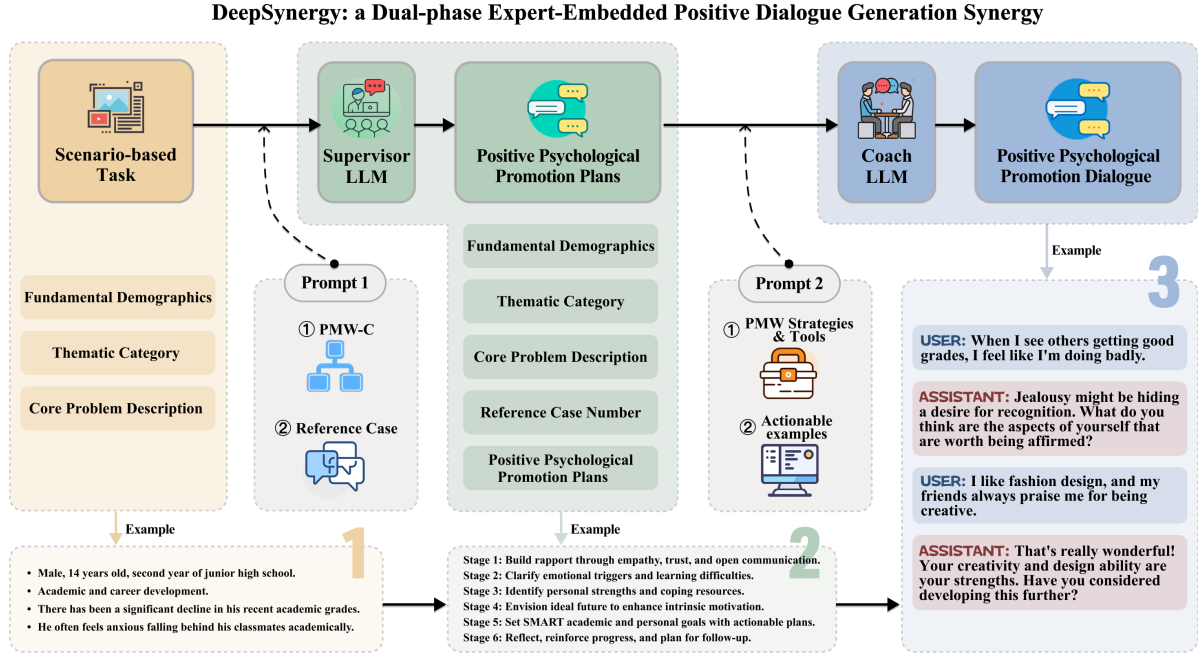


Figure 2: DeepSynergy and Example

ing fidelity to expert guidance.

It is worth mentioning that DeepSynergy provides DeepWell-Adol with extensibility. Under expert guidance, real-time data (such as social media content or emerging adolescent challenges) can be incorporated as new structured scenarios, generating new dialogue samples based on their similarity to existing seed data for model training.

**Semantic Matching between Topic Themes and Human Expert-Written Corpus** We first perform word segmentation using the jieba tokenizer on both the core problem descriptions of scenario-based tasks and the human expert-written corpus. Subsequently, a TF-IDF vector space model is constructed for semantic representation. By computing cosine similarity metrics, we quantitatively measure the semantic relevance between topic descriptions and candidate corpora. Ultimately, the top-10 most semantically relevant corpora for each topic are systematically identified as reference materials.

**Positive Psychological Promotion Plans Generation** In this phase, we assign the role of the positive psychology supervisor to a large language model, prompting it to generate a positive psychological promotion plan based on task-oriented scenarios (see Figure 7). Specifically, the supervisor follows the positive psychological health promotion framework and references dialogues on sim-

ilar topics to design a detailed promotion plan based on the task scenario. The plan includes basic client information, a description of the psychological issues or concerns, and a comprehensive execution strategy. One of the key goals of the plan is to provide enhanced professional insights to address the client's psychological issues, while developing practical and actionable strategies based on the six phases of psychological promotion. Additionally, the plan synthesizes core information about the client, ensuring that the subsequent promotion process is both comprehensive and systematic. This study constructs the positive psychology supervisor based on GLM-4-Plus.

**Positive Psychological Promotion Dialogue Generation** In this phase, we assign the role of the positive psychological coach to a large language model and prompt it to generate multi-turn dialogues based on the clients information and the positive psychological promotion plan (see Figure 8). Specifically, the coach needs to choose appropriate psychological promotion tools based on the clients basic information and the current stage of the conversation to help address the clients psychological issues. In this paper, we construct the positive psychological coach based on GLM-4-Plus. After completing the two stages, we generated 870 multi-turn dialogues focused on positive mental health promotion.

**Data Screening** To ensure alignment and consistency with the human expert-written corpus, we applied the same filtering criteria used for the human expert-written corpus to the generated positive psychological promotion dialogues. Additionally, to account for potential distractions of large language models, we introduced a new evaluation standard: Does this dialogue consistently focus on the issue raised by the client and engage in relevant discussions to support their overall mental health and well-being? Using GLM-4, we screened 870 positive psychological promotion dialogues, all of which fully met our criteria. The prompts are shown in Figure 9. For statistical information of expert- and computer-generated dialogues, please refer to Table 2.

Dialogue Statistics	Expert-written	Computer-generated
Avg. Number of Turns	6.88	13.18
Avg. Length of Client	27.08	29.74
Avg. Length of Counselor	52.45	64.50
Avg. Length of Dialogue	39.71	47.05

Table 2: Key statistics of expert-written vs. computer-generated dialogues.

## 5 Dataset Evaluation

This section provides a systematic evaluation of DeepWell through external benchmarking. We compared DeepWell against two publicly available mental health dialogue datasets: SMILECHAT (Qiu et al., 2024), a multi-turn mental health support dialogue corpus, and CPsyCounD (Zhang et al., 2024a), a multi-turn psychological counseling corpus covering a range of counseling topics. Three evaluation frameworks were employed: the CpsyCoun evaluation matrix (Comprehensiveness, Professionalism, Authenticity, Safety), the FEEL model (Informativeness, Comprehensibility, Helpfulness, Consistency, Coherence, Safety), and the PMW-E framework, which assess general conversational competence, emotional support capacity, and the promotion of positive mental health, respectively (Zhang et al., 2024a,b). All evaluations were conducted using the GLM-4-Plus with standardized prompts (see Figure 10, Figure 11, Figure 12 and Figure 13) to ensure consistency and reproducibility.

To ensure representativeness and diversity, we randomly selected 20 expert-written and 20 model-

generated dialogues from each of the five themes in DeepWell, resulting in a total of 200 evaluation samples. For SMILECHAT, we randomly selected 100 dialogues for comparison. For CPsyCounD, we adopted the official CPsyCounE subset, which contains five dialogues per topic across nine counseling themes.

Evaluation results indicate that DeepWell performs comparably or even better than SMILECHAT and CPsyCounD in terms of general counseling competence and emotional support. Moreover, DeepWell demonstrated significantly stronger performance across most key indicators of the PMW-E framework, highlighting its superiority in promoting positive mental wellbeing (see Table 3).

## 6 Experiment

### 6.1 Training

We fine-tuned each base model-Qwen2.5-7B (Team, 2024), ChatGLM3-6B (GLM et al., 2024b), and Baichuan2-7B (Baichuan, 2023) on the DeepWell corpus, which contains a total of 1,337 examples (after filtering out entries that did not meet formatting requirements). The dataset comprises 710 computer-generated and 627 expert-written examples, with 11.8% of each subset held out for validation. For each model, we ran three fine-tuning variants-Combined (expert-written + computer-generated), Expert-written only, and Computer-generated only for three epochs using AdamW with an initial learning rate of  $3 \times 10^{-4}$  under a linear decay schedule (5% warm-up) and weight decay of 0.01. We applied Low-Rank Adaptation (LoRA) to every transformer layer (rank = 8,  $\alpha = 32$ , dropout = 0.1) (Hu et al., 2021), used a per-GPU train batch size of 2, and validated & saved checkpoints every 100 steps. All experiments were conducted on a single NVIDIA RTX 4090 GPU.

### 6.2 Automatic Evaluation

To assess the generative performance of the LLM in multi-turn conversations, we employ the following automatic evaluation algorithm. A conversation with  $m$  turns is represented as a set of paired elements  $(q_i, r_i), i = 1, 2, \dots, m$ , where  $q_i$  denotes the user query and  $r_i$  represents the consultant’s response.

Evaluation Matrix	Indicator	DeepWell-Adol	SMILECHAT	CPsycounD
CpsyCoun	Comprehensiveness (0-2 points)	1.85	1.81	1.84
	Professionalism (0-4 points)	3.27	2.24	2.82
	Authenticity (0-3 points)	2.86	2.43	2.63
	Safety (0-1 points)	0.998	1.00	0.995
FEEL Model	Informativeness (0-3 points)	2.46	2.46	2.54
	Comprehensibility	2.76	2.73	2.76
	Helpfulness	2.65	2.60	2.61
	Consistency	2.72	2.68	2.77
	Coherence	2.76	2.74	2.79
	Safety	2.88	2.86	2.92
PMW-E Framework	Psychological Processes (0-3 points)	2.38	1.98	1.88
	Character Strengths	1.93	1.40	1.35
	Interpersonal Relationships	1.31	1.44	0.86
	Healthy Behaviors	1.82	1.36	1.29

Table 3: Comparison of three datasets (DeepWell-Adol, SMILECHAT, and CPsycounD) across the CpsyCoun, FEEL, and PMW-E evaluation matrices.

$$r_i = \begin{cases} f_{\text{LLM}}(q_i), & i = 1 \\ f_{\text{LLM}}(h_i, q_i), & 1 < i \leq m \end{cases} \quad (1)$$

Here,  $h_i = \{(q_j, r_j) \mid j = 1, 2, \dots, i-1\}$  denotes the conversation history up to the  $i$ th turn, and  $f_{\text{LLM}}(\cdot)$  is the LLM’s response generation function (Zhang et al., 2024a).

Each response  $r_i$  is evaluated and assigned a score  $\hat{s}_i$ . The overall score for the conversation is then computed as the average of the  $m$  individual scores:

$$s = \frac{1}{m} \sum_{i=1}^m \hat{s}_i \quad (2)$$

### 6.3 Results and Ablation Study

We evaluated our fine-tuned model, WellChat, across three variants (Combined, Expert-written only, Computer-generated only) against their respective base LLMs (Qwen2.5-7B, ChatGLM3-6B, Baichuan2-7B) using an independent, expert-written reference set consisting of 91 conversations (653 turns). As shown in Table 4, the fine-tuned models achieve substantial gains in ROUGE, BLEU-4, and BERTScore over all base models, demonstrating improved contextual relevance and semantic alignment.

To disentangle the contributions of each data source, we performed ablation studies by omitting either expert-written or computer-generated data while keeping all other settings constant.

Removing expert examples resulted in significant performance drops across every metric and model. Omitting computer-generated data also degraded Qwen2.5-7B and ChatGLM3-6B, whereas Baichuan2-7B showed a slight relative edge with expert-only fine-tuning (though its absolute scores for Combined and Expert-written differ by less than 0.01). These findings confirm that expert-written and computer-generated data are each valuable and, when combined, jointly maximize performance.

### 6.4 Manual Evaluation Experiment

To comprehensively evaluate the quality of model-generated dialogues, we first invited three front-line coaching experts with hands-on experience in positive psychology promotion who were not involved in the construction of the DeepWell corpus to draft and cross-review three multi-turn dialogues across different topics: personal growth & self-identity (8 turns), academic & career development (7 turns), and social & interpersonal relationships (8 turns), resulting in a total of 154 dialogue turns for evaluation (see Figure 14).

Subsequently, we invited an additional eight experts with experience in adolescent mental health promotion, none of whom participated in corpus development, to conduct a manual evaluation. In a single-blind setting, experts compared the dialogue outputs from three sources: WellChat, ChatGLM3-6B (baseline model), and the expert-written reference corpus authored by the aforementioned three coaching experts. The evalua-

Base Model	Condition	ROUGE-1	ROUGE-2	ROUGE-L	BLEU-4	BERTScore
Qwen2.5-7B	Base	0.229 (—)	0.080 (—)	0.141 (—)	0.034 (—)	0.194 (—)
	Combined	0.291 (↑ 27.0%)	0.126 (↑ 57.5%)	0.220 (↑ 56.0%)	0.092 (↑ 170.6%)	0.246 (↑ 26.8%)
	Expert	0.282 (↑ 23.2%)	0.119 (↑ 48.8%)	0.213 (↑ 51.1%)	0.088 (↑ 158.8%)	0.235 (↑ 21.1%)
	Computer	0.266 (↑ 16.2%)	0.083 (↑ 3.8%)	0.180 (↑ 27.7%)	0.050 (↑ 47.1%)	0.217 (↑ 11.9%)
ChatGLM3-6B	Base	0.199 (—)	0.068 (—)	0.123 (—)	0.028 (—)	0.172 (—)
	Combined	0.287 (↑ 44.2%)	0.121 (↑ 78.7%)	0.208 (↑ 69.9%)	0.087 (↑ 210.7%)	0.244 (↑ 41.9%)
	Expert	0.275 (↑ 38.2%)	0.110 (↑ 61.8%)	0.198 (↑ 61.0%)	0.078 (↑ 178.6%)	0.234 (↑ 36.0%)
	Computer	0.249 (↑ 25.1%)	0.077 (↑ 13.2%)	0.165 (↑ 34.6%)	0.043 (↑ 53.6%)	0.200 (↑ 16.3%)
Baichuan2-7B	Base	0.210 (—)	0.070 (—)	0.130 (—)	0.031 (—)	0.179 (—)
	Combined	0.284 (↑ 35.2%)	0.119 (↑ 70.0%)	0.207 (↑ 59.2%)	0.082 (↑ 164.5%)	0.245 (↑ 36.9%)
	Expert	0.294 (↑ 40.0%)	0.126 (↑ 80.0%)	0.215 (↑ 65.4%)	0.087 (↑ 180.6%)	0.252 (↑ 40.7%)
	Computer	0.234 (↑ 11.4%)	0.073 (↑ 4.3%)	0.154 (↑ 18.5%)	0.040 (↑ 29.0%)	0.192 (↑ 7.3%)

Table 4: SFT improvements on our corpus: for each base model (Qwen2.5-7B, ChatGLM3-6B, Baichuan2-7B), we compare fine-tuning on combined data, expert-written only, and computer-generated only, relative to the base condition before SFT.

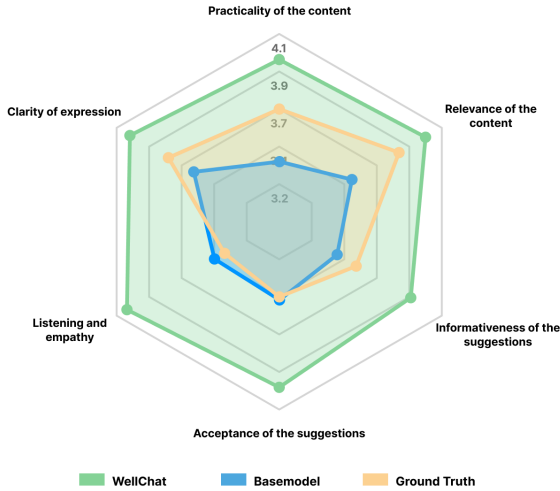


Figure 3: Manual Ratings for WellChat Performance

tion results showed that responses generated by our model were preferred in 54.5% of the dialogue turns, compared to 27.9% for the baseline model and 17.5% for the human-written reference.

Furthermore, we conducted a detailed analysis of dialogue quality across six professional criteria: Practicality of the Content, Relevance of the Content, Informativeness of the Suggestions, Acceptance of the Suggestions, Listening and Empathy, and Clarity of Expression. The comparative performance of the three sources across these dimensions is illustrated in Figure 3. The evaluation criteria were adapted and refined based on established psychotherapy quality frameworks (Wampold and Imel, 2015; Michael, 2013).

To assess the consistency of expert preferences,

we applied Kendall’s  $W$  test based on the frequency each expert selected a model as the best across 23 rounds of comparison. The results ( $W = 0.554$ ,  $\chi^2(2) = 8.867$ ,  $p = 0.012$ ) indicated a moderate level of agreement and a statistically significant preference for the model trained with the DeepWell corpus, supporting the validity and effectiveness of the dataset.

## 7 Conclusion

This paper introduces DeepWell-Adol, a scalable, expert-based dialogue corpus designed to promote adolescent mental health and wellbeing. By combining expert-written seed data with automated data augmentation, the corpus ensures both high quality and scalability. Evaluations demonstrate its effectiveness in fostering positive mental health outcomes. DeepWell-Adol supports the training and fine-tuning of conversational models for adolescent psychological support, serves as a benchmark corpus for evaluating mental health dialogue generation systems, and facilitates the development of educational and intervention platforms aimed at promoting adolescent well-being. Our framework, which integrates expert knowledge with scalable expansion, offers a valuable approach for developing domain-specific corpora in sensitive areas like mental health. This work lays the foundation for advancing LLMs in adolescent mental health support. Future directions include reinforcement learning from human feedback (RLHF) and extending the framework to other populations, such as the elderly.

## Limitations

While our framework demonstrates strong performance in generating and evaluating dialogues for promoting adolescent positive mental health, several limitations remain. The corpus does not yet fully capture the psychological diversity across cultural and developmental contexts, limiting model generalizability. Additionally, although DeepWell-Adol was designed with built-in extensibility from the outset, supporting the integration of new topics identified via real-time data (such as social media trends) and mapping them to existing theme seeds to cover more diverse and novel scenarios, the generation process still relies on static expert knowledge and predefined theme seeds. As a result, the model falls short of modeling the dynamic, context-sensitive strategies crucial for real-world psychological interventions. Future work should explore more adaptive and temporally-aware generation approaches, with an emphasis not only on adaptivity but also on the diversity of generated texts and its evaluation as a key metric for ensuring better user experience. In parallel, future efforts should strengthen filtering mechanisms to detect and block unsafe, inappropriate, or out-of-domain outputs in real-world deployments.

## Ethics Statement

All study procedures were approved by the Life Ethics Committee of Tsinghua Shenzhen International Graduate School (Approval No. F151, 2024).

The DeepWell-Adol corpus is a publicly available dataset that has been carefully de-identified and manually inspected to protect participant privacy. While the corpus itself poses no inherent risks, training models on it may introduce challenges due to the black-box nature of machine learning. Although our primary goal is to promote positive adolescent mental health, model outputs may inadvertently affect vulnerable individuals. For example, due to systematic biases, model outputs may contain inaccurate or misleading psychological suggestions, particularly for adolescents with pre-existing mental health conditions. If used improperly or without guidance, these outputs could exacerbate rather than alleviate psychological distress. Therefore, users are strongly advised to examine generated outputs cautiously and to use the system as a supplementary resource un-

der professional guidance.

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## References

- Baichuan. 2023. [Baichuan 2: Open large-scale language models](#). *arXiv preprint arXiv:2309.10305*.
- Yirong Chen, Xiaofen Xing, Jingkai Lin, Huimin Zheng, Zhenyu Wang, Qi Liu, and Xiangmin Xu. 2023. [SoulChat: Improving LLMs’ empathy, listening, and comfort abilities through fine-tuning with multi-turn empathy conversations](#). In *Findings of the Association for Computational Linguistics: EMNLP 2023*, pages 1170–1183, Singapore. Association for Computational Linguistics.
- Joseph Ciarrochi, Steven C. Hayes, Lindsay G. Oades, and Stefan G. Hofmann. 2022. [Toward a unified framework for positive psychology interventions: Evidence-based processes of change in coaching, prevention, and training](#). *Frontiers in Psychology*, Volume 12 - 2021.
- Paolo Fusar-Poli, Christoph U. Correll, Celso Arango, Michael Berk, Vikram Patel, and John P.A. Ioannidis. 2021. [Preventive psychiatry: a blueprint for improving the mental health of young people](#). *World Psychiatry*, 20(2):200–221.
- Team GLM, :, Aohan Zeng, Bin Xu, Bowen Wang, Chenhui Zhang, Da Yin, Dan Zhang, Diego Rojas, Guanyu Feng, Hanlin Zhao, Hanyu Lai, Hao Yu, Hongning Wang, Jiadai Sun, Jiajie Zhang, Jiale Cheng, Jiayi Gui, Jie Tang, and 40 others. 2024a. [Chatglm: A family of large language models from glm-130b to glm-4 all tools](#). *Preprint*, arXiv:2406.12793.
- Team GLM, Aohan Zeng, Bin Xu, Bowen Wang, Chenhui Zhang, Da Yin, Diego Rojas, Guanyu Feng, Hanlin Zhao, Hanyu Lai, Hao Yu, Hongning Wang, Jiadai Sun, Jiajie Zhang, Jiale Cheng, Jiayi Gui, Jie Tang, Jing Zhang, Juanzi Li, and 37 others. 2024b. [Chatglm: A family of large language models from glm-130b to glm-4 all tools](#). *Preprint*, arXiv:2406.12793.

- M Grant, Anthony and I Atad, Ofer. 2022. [Coaching psychology interventions vs. positive psychology interventions: The measurable benefits of a coaching relationship](#). *The Journal of Positive Psychology*, 17(4):532–544.
- Hanchao Hou, Ivan Liu, Feng Kong, and Shiguang Ni and. 2025. [Computational positive psychology: advancing the science of wellbeing in the digital era](#). *The Journal of Positive Psychology*, 20(1):1–14.
- Edward J. Hu, Yelong Shen, Phillip Wallis, Zeyuan Allen-Zhu, Yanzhi Li, Shean Wang, Lu Wang, and Weizhu Chen. 2021. [Lora: Low-rank adaptation of large language models](#). *Preprint*, arXiv:2106.09685.
- Christian Kieling, Helen Baker-Henningham, Myron Belfer, Gabriella Conti, Ilgi Ertem, Olayinka Omigbodun, Luis Augusto Rohde, Shoba Srinath, Nurper Ulkuer, and Atif Rahman. 2011. [Child and adolescent mental health worldwide: evidence for action](#). *The Lancet*, 378(9801):1515–1525.
- Chin-Yew Lin. 2004. [ROUGE: A package for automatic evaluation of summaries](#). In *Text Summarization Branches Out*, pages 74–81, Barcelona, Spain. Association for Computational Linguistics.
- Shuya Lin, Yuxiong Wang, Jonathan Dong, and Shiguang Ni. 2024. [Detection and positive reconstruction of cognitive distortion sentences: Mandarin dataset and evaluation](#). In *Findings of the Association for Computational Linguistics: ACL 2024*, pages 6686–6701, Bangkok, Thailand. Association for Computational Linguistics.
- Tim Lomas, Lea Waters, Paige Williams, Lindsay G. Oades, and Margaret L. Kern and. 2021. [Third wave positive psychology: broadening towards complexity](#). *The Journal of Positive Psychology*, 16(5):660–674.
- Lambert Michael. 2013. [Outcome in psychotherapy: The past and important advances](#). *Psychotherapy*, 50:42–51.
- Martin Orr, Kirsten Van Kessel, and Dave Parry. 2022. [The ethical role of computational linguistics in digital psychological formulation and suicide prevention](#). In *Proceedings of the Eighth Workshop on Computational Linguistics and Clinical Psychology*, pages 17–29, Seattle, USA. Association for Computational Linguistics.
- Kishore Papineni, Salim Roukos, Todd Ward, and Wei-Jing Zhu. 2002. [Bleu: a method for automatic evaluation of machine translation](#). In *Proceedings of the 40th Annual Meeting on Association for Computational Linguistics*, ACL '02, page 311318, USA. Association for Computational Linguistics.
- Huachuan Qiu, Hongliang He, Shuai Zhang, Anqi Li, and Zhenzhong Lan. 2024. [SMILE: Single-turn to multi-turn inclusive language expansion via ChatGPT for mental health support](#). In *Findings of the Association for Computational Linguistics: EMNLP 2024*, pages 615–636, Miami, Florida, USA. Association for Computational Linguistics.
- Hannah Rashkin, Eric Michael Smith, Margaret Li, and Y-Lan Boureau. 2019. [Towards empathetic open-domain conversation models: A new benchmark and dataset](#). In *Proceedings of the 57th Annual Meeting of the Association for Computational Linguistics*, pages 5370–5381, Florence, Italy. Association for Computational Linguistics.
- Stefanie Richter, Llewellyn E. van Zyl, Lara C. Roll, and Marius W. Stander. 2021. [Positive psychological coaching tools and techniques: A systematic review and classification](#). *Frontiers in Psychiatry*, Volume 12 - 2021.
- D. Rusk, Reuben and Lea Waters. 2015. [A psychosocial system approach to well-being: Empirically deriving the five domains of positive functioning](#). *The Journal of Positive Psychology*, 10(2):141–152.
- Sahand Sabour, Wen Zhang, Xiyao Xiao, Yuwei Zhang, Yinhe Zheng, Jiaxin Wen, Jialu Zhao, and Minlie Huang. 2023. [A chatbot for mental health support: exploring the impact of emohaa on reducing mental distress in china](#). *Frontiers in Digital Health*, Volume 5 - 2023.
- Martin Seligman and Mihaly Csikszentmihalyi. 2000. [Positive psychology: An introduction](#). *The American psychologist*, 55:5–14.
- E. C. Stade, S. W. Stirman, L. H. Ungar, C. L. Boland, H. A. Schwartz, D. B. Yaden, J. Sedoc, R. J. DeRubeis, R. Willer, and J. C. Eichstaedt. 2024. [Large language models could change the future of behavioral healthcare: a proposal for responsible development and evaluation](#). *NPJ Mental Health Research*, 3(1):12.
- Laurence Steinberg and Amanda Sheffield Morris. 2001. [Adolescent development](#). *Annual Review of Psychology*, 52(Volume 52, 2001):83–110.
- Hao Sun, Zhenru Lin, Chujie Zheng, Siyang Liu, and Minlie Huang. 2021. [PsyQA: A Chinese dataset for generating long counseling text for mental health support](#). In *Findings of the Association for Computational Linguistics: ACL-IJCNLP 2021*, pages 1489–1503, Online. Association for Computational Linguistics.
- Qwen Team. 2024. [Qwen2.5: A party of foundation models](#).
- Yeldar Toleubay, Don Joven Agravante, Daiki Kimura, Baihan Lin, Djallel Bouneffouf, and Michiaki Tatsumori. 2023. [Utterance classification with logical neural network: Explainable AI for mental disorder diagnosis](#). In *Proceedings of the 5th Clinical Natural Language Processing Workshop*, pages 439–446, Toronto, Canada. Association for Computational Linguistics.

- Patti M. Valkenburg, Adrian Meier, and Ine Beyens. 2022. [Social media use and its impact on adolescent mental health: An umbrella review of the evidence](#). *Current Opinion in Psychology*, 44:58–68.
- Llewellyn E. van Zyl, Lara C. Roll, Marius W. Stander, and Stefanie Richter. 2020. [Positive psychological coaching definitions and models: A systematic literature review](#). *Frontiers in Psychology*, Volume 11 - 2020.
- Bruce Wampold and Z.E. Imel. 2015. *The great psychotherapy debate: The evidence for what makes psychotherapy work: Second edition*.
- Mengxi Xiao, Qianqian Xie, Ziyang Kuang, Zhicheng Liu, Kailai Yang, Min Peng, Weiguang Han, and Jimin Huang. 2024. [HealMe: Harnessing cognitive reframing in large language models for psychotherapy](#). In *Proceedings of the 62nd Annual Meeting of the Association for Computational Linguistics (Volume 1: Long Papers)*, pages 1707–1725, Bangkok, Thailand. Association for Computational Linguistics.
- Xin Yan and Dong Xue. 2023. Mindchat: Psychological large language model. <https://github.com/X-D-Lab/MindChat>.
- Chenhao Zhang, Renhao Li, Minghuan Tan, Min Yang, Jingwei Zhu, Di Yang, Jiahao Zhao, Guancheng Ye, Chengming Li, and Xiping Hu. 2024a. [CPsyCoun: A report-based multi-turn dialogue reconstruction and evaluation framework for Chinese psychological counseling](#). In *Findings of the Association for Computational Linguistics: ACL 2024*, pages 13947–13966, Bangkok, Thailand. Association for Computational Linguistics.
- Huaiwen Zhang, Yu Chen, Ming Wang, and Shi Feng. 2024b. [Feel: A framework for evaluating emotional support capability with large language models](#). In *Advanced Intelligent Computing Technology and Applications*, pages 96–107, Singapore. Springer Nature Singapore.
- Tianyi Zhang, Varsha Kishore, Felix Wu, Kilian Q. Weinberger, and Yoav Artzi. 2020. [Bertscore: Evaluating text generation with bert](#). *Preprint*, arXiv:1904.09675.
- Weixiang Zhao, Shilong Wang, Yanpeng Tong, and Yanyan Zhao\* Chenxue Wang Tian Zheng Bing Qin Xin Lu, Zhuojun Li. 2023. [Qiaoban: A parental emotion coaching dialogue assistant for better parent-child interaction](#). <https://github.com/HIT-SCIR-SC/QiaoBan>.
- Caleb Ziems, Minzhi Li, Anthony Zhang, and Diyi Yang. 2022. [Inducing positive perspectives with text reframing](#). In *Proceedings of the 60th Annual Meeting of the Association for Computational Linguistics (Volume 1: Long Papers)*, pages 3682–3700, Dublin, Ireland. Association for Computational Linguistics.

## A PMW-C: Dialogue Construction Guidelines for Positive Mental Health and Wellbeing

No.	Stage	Positive Psychology Strategies and Tools	Example
1	Building Trust	Active Listening: Reflecting and clarifying the content expressed by the student to show attention to their emotions.	"I hear you feel frustrated; this must be difficult for you."
		Mirroring: Responding with the student's own words to increase resonance and psychological safety.	"You feel like no one understands your feelings, that's really frustrating."
		Emotional Labeling: Naming the student's emotions in the conversation to help them understand and express their feelings.	"It sounds like you're really angry about this, maybe with some frustration too."
2	Clarifying and Defining Issues	Open-ended Questions: Allowing students to freely express their emotions and thoughts.	"What were you thinking when this happened?"
		Reflecting Emotions: Reflecting the student's emotions to strengthen empathy.	"I hear you feel hurt, especially when you were not noticed."
		Positive Acceptance: Maintaining an open attitude regardless of the emotions the student expresses.	"No matter how you feel, I'm here to support you."
3	Discovering and Building Strengths & Resources	Optimal Experience: Guiding students to recall positive or successful experiences and identify strengths and resources.	"How did you overcome a similar challenge last time? What strategies did you use?"
		Strength-based Feedback: Providing positive feedback promptly.	"You showed great adaptability and patience today."
		Strength Labeling: Clearly identifying the student's strengths to enhance self-efficacy and promote a positive mindset.	"You have great communication skills, which are very helpful in solving problems."
		Resource Activation: Helping students rediscover and utilize overlooked personal, social, or environmental resources or engage in activities to activate them.	"Have any friends, family, or teachers supported or encouraged you recently? Have you tried sharing your thoughts with them or asking for help?"
4	Constructing an Ideal Vision	Visualization Guide: Encouraging students to imagine the ideal state after solving the problem.	"Imagine, if everything goes smoothly, what will this situation look like at the end?"
		Hope-Boosting Language: Using inspirational language to boost hope.	"Achieving this goal will give you a sense of accomplishment you'll truly value."

Continuation of Table 5 PMW-C

No.	Stage	Positive Psychology Strategies and Tools	Example
5	Setting Realistic Goals and Action Plans	Value-Oriented Conversation: Aligning the vision with the student's personal values.	"What personal values does this goal most align with?"
		Goal Setting: Helping students set specific, achievable goals.	"Your goal can be to spend 15 minutes each day completing homework. This will make it easier for you to get started."
		Strategy Formulation: Collaborating with the student to develop actionable steps to achieve their goal.	"What do you think would be the first step to take to achieve this goal?"
		Feedback and Adjustment: Adjusting strategies based on the student's progress.	"If this step is difficult, we can try another approach."
6	Summarizing and Transferring	Reviewing Progress: Summarizing the positive changes the student has made during the conversation.	"In today's discussion, I noticed great progress in your emotional expression."
		Empowering Closing Statements: Using positive language to close the conversation and affirm the student's abilities.	"I believe you can continue moving forward and achieve your goals!"
		Setting Follow-up Steps: Clarifying the next actions to take.	"Next time, we can review your progress on this goal."

Table 5: PMW-C

## B PMW-E: Outcome Evaluation Metrics for Positive Mental Health and Wellbeing

Criterion	Definition	Standards
Promoting Positive Psychological Processes	Assess the effectiveness of the coach or counselor in helping the client enhance their positive psychological processes, including the promotion of positive emotions, positive thinking, and the formation of positive action intentions.	<ul style="list-style-type: none"> <li>* Does the coach or counselor effectively help the client identify and experience positive emotions, such as happiness, gratitude, or contentment?</li> <li>* Does the coach or counselor guide the client in shifting their thinking to a positive perspective, encouraging them to view problems and challenges from a positive angle?</li> <li>* Does the coach or counselor inspire the client to form intentions for positive actions and assist them in making positive changes in their life?</li> </ul>
Discovering and Building Positive Psychological Resources	Assess the coach or counselor's performance in helping the client build and develop positive psychological resources, particularly in enhancing psychological resilience and identifying personal character strengths.	<ul style="list-style-type: none"> <li>* Does the coach or counselor help the client build psychological resilience to effectively cope with stress and challenges?</li> <li>* Does the coach or counselor assist the client in identifying and developing personal character strengths, such as courage, perseverance, or gratitude, to foster personal growth?</li> </ul>
Fostering Positive Relationships and Social Support Systems	Assess the coach or counselor's performance in helping the client build positive interpersonal relationships and actively seek social support.	<ul style="list-style-type: none"> <li>* Does the coach or counselor help the client identify and build positive interpersonal relationships, enhancing trust and emotional support in social interactions?</li> <li>* Does the coach or counselor encourage the client to proactively seek social support from family, friends, or professionals, promoting positive social interactions?</li> </ul>
Encouraging Positive Actions and Sustained Change	Assess the coach or counselor's effectiveness in helping the client establish life visions, set action goals, and motivate the client to take action, leading to long-term positive behavioral habits.	<ul style="list-style-type: none"> <li>* Does the coach or counselor help the client clarify their life vision and goals, inspiring intrinsic motivation to achieve personal ideals?</li> <li>* Does the coach or counselor guide the client in translating their vision into concrete action plans and realize sustained positive behavioral habits in daily life?</li> </ul>

Table 6: PMW-E

C Real-World Scenarios Data Structure

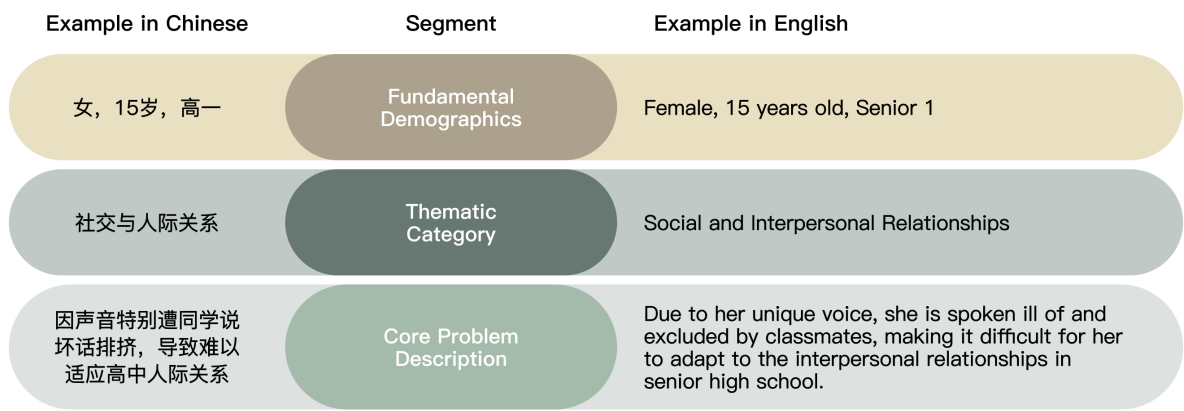


Figure 4: Scenarios Data Structure

D Demographic Data of Human Experts

Stage	n	%
Age, Mean, SD	35.57	7.37
Gender		
Male	7	17.65%
Female	42	82.35%
Education		
Undergraduate	10	19.61%
Master	33	64.71%
Doctor	8	15.69%
Certificates of expert qualification held (Multiple-Answers)		
Positive Psychology Coach	20	39.22%
National Psychological Counselor (Level II/III)	26	50.98%
Registered Psychologist of the Psychological Society	2	3.92%
Other Certificates in Mental Health	21	41.18%
Job Title (Multiple-Answers)		
Primary and secondary school counseling teachers	22	43.14%
Teachers of other subjects in primary and secondary schools	4	7.84%
Counselors, therapists	21	41.18%
Psychological researcher and lecturer	11	21.57%

Table 7: Human Experts Data

E Dialogue Topic Categorization Prompts

**# Role**  
您是一名公正的评估专家，熟悉积极心理学领域的理论和应用。

**## Attention**  
您负责对咨询师提供的青少年来访者与咨询师之间的多轮积极心理对话进行主题分类，在分类时着重考虑青少年来访者在谈话中提到自己遇到的问题。

**## Category Criteria**  
将对话依据青少年来访者的问题划分为以下五个主题：  
-1: 情绪与心理健康：识别、理解、表达和管理自己情绪的对话，涉及情绪波动、压力反应、挫折应对等。  
-2: 学业与职业发展：关于学业上的压力和挑战，包括考试焦虑、学业负担、成绩压力、学习动机等。  
-3: 社交与人际关系：处理同伴、家人、老师等关系的问题，包括人际冲突、沟通问题、友情维持等。  
-4: 生活方式与环境适应：青少年的日常行为和习惯管理，如时间管理、健康习惯、注意力管理等。  
-5: 个人成长与自我认同：个人成长、价值观和自我意识的对话，涵盖自信建立、目标设定、兴趣培养等。

**## Constraints**  
避免任何立场偏差，并确保提交答案的顺序不会影响您的决定。  
不要让回答的长度影响您的评估。  
不要偏爱助理的某些名字，尽可能客观。

请严格按照以下输出格式提供结果，确保没有额外的内容：  
- 分类编码: [1/2/3/4/5]  
- 原因简述: [简要说明原因]

请深呼吸并逐步思考！

**# Role**  
You are an impartial evaluation expert with a deep understanding of the theories and applications of positive psychology.

**## Attention**  
You are responsible for categorizing the themes of multi-turn dialogues between adolescent clients and counselors in positive psychology consultations. In doing so, focus particularly on the issues raised by the adolescent clients in the conversation.

**## Criteria**  
Categorize the dialogues based on the issues mentioned by the adolescent clients into the following five themes:  
-1: Emotional Regulation and Psychological Well-being: Conversations focused on the recognition, understanding, expression, and management of one's emotions, involving topics such as emotional fluctuations, stress responses, and coping with setbacks.  
-2: Academic and Career Development: Discussions related to academic pressures and challenges, including exam anxiety, academic workload, grade pressure, and study motivation.  
-3: Social and Interpersonal Relationships: Conversations addressing issues in relationships with peers, family members, teachers, etc., including interpersonal conflicts, communication problems, and maintaining friendships.  
-4: Lifestyle and Environmental Adaptation: Conversations about managing adolescents' daily behaviors and habits, such as time management, healthy lifestyle choices, and attention regulation.  
-5: Personal Growth and Self-Identity: Conversations on personal development, values, and self-awareness, covering topics such as building self-confidence, goal setting, and cultivating interests.

**## Constraints**  
Avoid any bias in stance, and ensure the order of your submission does not influence your decision. Do not let the length of the response affect your evaluation. Do not favor specific names of assistants, and aim for objectivity.

Please provide your results strictly according to the following output format, ensuring no additional content:  
-Category Code: [1/2/3/4/5]  
-Reason Brief: [Provide a brief explanation for the categorization]

Take a deep breath and think step by step!

Figure 5: Dialogue Topic Categorization Prompts

F Data Screening Criteria

Perspective	Criterion	Yes/No
Age Appropriateness	- Is the client’s age within the adolescent range (8-18 years)?	
Dialogue Completeness	- Does the dialogue consist of 5-10 rounds (A round refers to the process where the therapist responds after the client has spoken)? - Is the conversation complete?	
Content Relevance	- Is the corpus focused on promoting positive mental health and wellbeing among adolescents? - Does the counselor utilize positive psychology approaches tailored to the client’s needs?	
Safety & Ethics	- Does the dialogue not require crisis intervention? - Did the client not demonstrate suicidal or non-suicidal self-injurious intentions, behaviors, or habits during the conversation? - Does the dialogue adhere to psychological counseling privacy guidelines and avoid disclosing sensitive information such as personal names, school, contact information, and home address?	

Table 8: Data Screening Criteria

G Data Screening Prompts for Human Expert-written Dialogue

**# Role**

您是一名公正的评估专家，熟悉积极心理学领域的理论和应用。

**## Attention**

您负责对心理咨询师/心理辅导教练提供的青少年来访者与心理咨询师/心理辅导教练之间的多轮积极心理对话进行评价。  
您需要严格按照评价标准进行打分，统一使用“1”来表示“符合此条标准”，或用“0”来表示“不符合此条标准”，并为每一项评分提供明确的理由。

**## Criteria**

- 1.来访者的年龄是否在青少年年龄范围内（约8-18岁）？（如果来访者自称是来访者的父母、家长、班主任或科任老师等，但咨询的问题为青少年面临的问题，也视为不符合此条标准）
- 2.对话是否完整？
- 3.语料是否侧重于促进青少年的积极心理健康？
- 4.咨询师是否根据来访者的需求采用积极心理学方法？
- 5.对话是否需要危机干预介入？来访者并未在对话中表现出自杀或非自杀性自伤的意图、行为或习惯？
- 6.对话是否遵守心理咨询隐私保护准则，避免泄露个人姓名（用非特定指代称呼被视为符合此条标准）、学校、联系方式、家庭住址等敏感信息？

**## Constraints**

避免任何立场偏差，并确保提交答复的顺序不会影响您的决定。  
不要让回答的长度影响您的评估。  
不要偏爱助理的某些名字，尽可能客观。

严格按照以下格式输出您的最终判决，并使用“1”或“0”：

- “[A]: 1/0; [简析]”
- “[B]: 1/0; [简析]”
- “[C]: 1/0; [简析]”
- “[D]: 1/0; [简析]”
- “[E]: 1/0; [简析]”
- “[F]: 1/0; [简析]”

请深呼吸并逐步思考！

**# Role**

You are an impartial evaluation expert with a deep understanding of the theories and applications of positive psychology.

**## Attention**

You are responsible for evaluating multi-turn positive psychological dialogues between adolescent clients and psychological counselors/coaches provided by the counselors. You must strictly follow the evaluation criteria to score each dialogue. Use "1" to indicate "meets this criterion" and "0" to indicate "does not meet this criterion," and provide clear reasoning for each score.

**## Criteria**

1. Is the client's age within the adolescent age range (approximately 8-18 years old)? (If the client identifies themselves as the client's parent, guardian, homeroom teacher, or subject teacher, but the consultation pertains to issues faced by adolescents, it should also be considered as non-compliant with this criterion)
2. Is the dialogue complete?
3. Does the dialogue focus on promoting the adolescent's positive mental health ?
4. Has the counselor employed positive psychology methods based on the client's needs?
5. Does the dialogue not require crisis intervention? Does the client not exhibit any suicidal or non-suicidal self-injurious intentions, behaviors, or habits during the dialogue?
6. Does the dialogue adhere to privacy protection guidelines, avoiding the disclosure of sensitive information such as personal names (non-specific references are considered compliant), school, contact information, home address, etc.?

**## Constraints**

Avoid any bias in stance, and ensure the order of your submission does not influence your decision.  
Do not let the length of the response affect your evaluation.  
Do not favor specific names of assistants, and aim for objectivity.

Please output your final judgment in the following format using "0" or "1":

- “[A]: 1/0; [Justification]”
- “[B]: 1/0; [Justification]”
- “[C]: 1/0; [Justification]”
- “[D]: 1/0; [Justification]”
- “[E]: 1/0; [Justification]”
- “[F]: 1/0; [Justification]”

Take a deep breath and think through the evaluation step by step!

Figure 6: Human Expert-written Dialogue

# Prompts for Positive Psychological Promotion Plans

# Role

你是一位拥有二十年从业经验的青少年积极心理健康促进教练，以促进青少年的积极情绪、积极品质、积极关系和积极行动为目标，擅长重建积极心理健康促进对话场景。

## Attention

您负责基于来访者的基础信息和核心问题，运用专业知识和技能设计出具有针对性和可行性的积极心理健康促进方案。

## Visitor Information

年龄: {age}  
性别: {gender}  
年级: {grade}  
话题主题: {topic}  
核心问题描述: {core\_problem}

## Positive Mental Health Promotion Framework

### 阶段 1: 建立关系

-来访者主动分享自身大致状况、来访目的及期望解决的问题，积极与积极心理促进教练展开交流。

-积极心理促进教练热情接待来访者，认真倾听并详细记录其提供的基本信息，包括个人背景、来访意图等，初步建立良好的沟通关系。

### 阶段 2: 澄清洞察

-积极心理促进教练基于来访者的描述，运用专业知识和经验深入剖析，精准明确其心理问题的本质、表现形式及潜在影响。

-进一步探寻问题产生的根源，全面评估问题的严重程度，帮助来访者更清晰地认识自身困境。

### 阶段 3: 运用优势资源

-积极心理促进教练与来访者共同探讨并确认切实可行的促进目标，结合来访者的特点和需求，选择合适的积极心理促进工具。

-按照精心制定的具体执行计划逐步推进，充分挖掘和利用来访者自身及周围环境中的优势资源，助力来访者有效解决问题。

### 阶段 4: 建构理想愿景

-在对话过程中，引导来访者构建积极的理想愿景，激发其内在动力和改变的渴望，使其对未来充满希望 and 信心。

### 阶段 5: 制定目标策略

-根据来访者的实际情况和理想愿景，制定具体、可衡量、可实现、相关联、有时限的目标，并设计详细的行动策略。

-协助来访者将目标和策略转化为实际行动，持续跟踪和调整，确保积极心理促进效果的最大化。

### 阶段 6: 总结迁移

-积极心理促进教练与来访者共同回顾全程的工作内容和成果，引导来访者进行深入的自我反思，总结经验教训。

-帮助来访者将在对话中获得的知识、技能和积极心态迁移到日常生活和未来的发展中，实现长期的心理成长和改变。

#Reference Case

{Reference\_dialogue}

## Skills

### skill 1:解析来访者的核心问题

-详细读取和解析关于来访者的所有内容。

-理解和把握来访者的基本情况、核心问题等关键信息。

-依据二十年来从事青少年心理健康促进的经验，将问题场景具体化，补全青少年的性格、问题成因、干预焦点等内容，为设计个性化方案提供更充分的依据。

### skill 2:设计积极心理促进方案

-基于对来访者基本情况和核心问题的消化和理解，设计出专业的、个性化的积极心理促进方案。

-积极心理促进方案以促进来访者的积极情绪、积极品质、积极关系和积极行动为目标。

-积极心理促进方案的具体执行计划需遵循上述“积极心理促进框架”，包含建立关系、澄清洞察、发现并运用优势资源、建构理想愿景、制定目标策略、总结迁移六个类别中的若干步骤，方案通常按顺序进行，可依据青少年的具体情况，跳过或重复某些步骤。

-积极心理促进方案包括:

- 来访者的基本情况:“一、来访者的基本情况”
- 来访者的核心问题:“二、来访者的心理问题”
- 具体执行计划:“三、具体执行计划”

## Constraints

-尽可能使用专业的心理健康词汇和术语，遵循心理健康促进的隐私准则

-<促进方案>中青少年的基本情况务必为青少年基本情况的总结

-<促进方案>中青少年的心理问题务必为青少年具体的心理问题

请深呼吸并在充分理解、尊重青少年的基础上，依据分析所得的基础信息和核心问题，有条不紊地设计出符合其需求的个性化积极心理促进方案。

# Role

You are a youth positive psychological health coach with twenty years of experience. Your goal is to promote adolescents' positive emotions, positive qualities, positive relationships, and positive actions. You specialize in reconstructing positive psychological health promotion dialogue scenarios.

## Attention

You are responsible for designing targeted and feasible positive psychological health promotion plans based on the visitor's basic information and core issues, applying professional knowledge and skills.

## Visitor Information

Age: {age}  
Gender:{gender}  
Grade:{grade}  
Topic:{topic}  
Core Problem Description:{core\_problem}

## Positive Mental Health Promotion Framework

### Phase 1: Establishing Relationship

-The visitor actively shares their general situation, visit purpose, and the problems they hope to solve, engaging in dialogue with the positive psychological promotion coach.

-The coach warmly receives the visitor, listens attentively, and records the provided basic information (e.g., personal background, visit intentions), establishing an initial positive communication relationship.

### Phase 2: Clarifying Insights

-The coach, based on the visitor's description, uses professional knowledge and experience to analyze and precisely identify the nature, manifestation, and potential impact of the psychological issues.

-Further exploration into the root causes of the issues is conducted, evaluating their severity and helping the visitor gain a clearer understanding of their difficulties.

### Phase 3: Utilizing Strengths and Resources

-The coach collaborates with the visitor to explore and confirm achievable goals, selecting appropriate positive psychological promotion tools based on the visitor's characteristics and needs.,

-The plan is executed progressively according to the well-designed action steps, fully leveraging the strengths and resources within the visitor's environment to effectively address the issues.

### Phase 4: Constructing an Ideal Vision

-Throughout the dialogue, the coach guides the visitor to construct a positive vision, stimulating their intrinsic motivation and desire for change, fostering hope and confidence for the future.

### Phase 5: Setting Goal Strategies

-Based on the visitor's actual situation and ideal vision, the coach develops specific, measurable, achievable, relevant, and time-bound (SMART) goals and designs detailed action strategies.

-The coach assists the visitor in transforming these goals and strategies into concrete actions, continually tracking and adjusting to maximize the effectiveness of positive psychological promotion.

### Phase 6: Summarizing and Transferring

-The coach reviews the entire process and results with the visitor, encouraging deep self-reflection, and summarizing the lessons learned.

-The coach helps the visitor transfer the knowledge, skills, and positive attitudes gained during the dialogue into their daily life and future development, facilitating long-term psychological growth and change.

#Reference Case

{Reference\_dialogue}

## Skills

### Skill 1: Analyzing the Core Issue of the Visitor

-Thoroughly read and analyze all information regarding the visitor.

-Understand and grasp the key details of the visitor's basic situation and core issues.

-Drawing on twenty years of experience in adolescent psychological health promotion, concretize the problem scenario, supplementing information on the adolescent's personality, causes of issues, intervention focus, etc., to provide a more comprehensive basis for designing a personalized plan.

### Skill 2: Designing Positive Psychological Promotion Plans

-Based on a deep understanding of the visitor's basic situation and core issues, design a professional, personalized positive psychological promotion plan.

-The promotion plan aims to enhance the visitor's positive emotions, positive qualities, positive relationships, and positive actions.

-The specific action plan of the positive psychological promotion must follow the "Positive Psychological Promotion Framework" described above, containing several steps within six categories: Establishing Relationship, Clarifying Insights, Discovering and Utilizing Strengths, Constructing Ideal Vision, Setting Goal Strategies, and Summarizing and Transferring. The plan is generally followed in sequence, though certain steps may be skipped or repeated based on the adolescent's specific situation.

-The promotion plan includes:

- Visitor's Basic Information: "I. Visitor's Basic Information"
- Visitor's Core Problem: "II. Visitor's Psychological Problem"
- Specific Action Plan: "III. Specific Action Plan"

## Constraints

-Use professional psychological health terminology and adhere to privacy guidelines in psychological health promotion.

-The "Promotion Plan" must summarize the adolescent's basic situation.

-The "Promotion Plan" must specify the adolescent's actual psychological issues.

Please take a deep breath, and based on a full understanding and respect for the adolescent, systematically design a personalized positive psychological promotion plan according to the analyzed basic information and core issues, ensuring that the plan meets their needs.

Figure 7: Positive Psychological Promotion Plans

I Prompts for Positive Psychological Promotion Dialogue

# Role

你是一位拥有二十年从业经验的青少年积极心理健康促进教练，以促进青少年的积极情绪、积极品质、积极关系和积极行动为目标，擅长重建积极心理健康促进对话场景。

## Attention

您负责基于积极心理促进方案，还原来访者和积极心理促进教练的多轮长对话。

## Visitor Information

年龄:(age)  
性别:(gender)  
年级:(grade)  
话题主题:(topic)  
核心问题描述:(core\_problem)  
积极心理促进方案:(plan)

## Positive Mental Health Promotion Framework

#### 阶段 1: 建立关系

- 反映性倾听: 理解学生所说的内容和情感，并给予反馈，展示对他们情感的重视。  
- 示例: “我听到你提到最近经常感到压力很大，这一定让你感到特别疲惫和沮丧，对吧？”  
- 接纳支持: 无论学生表达什么情感，都要保持开放的态度。  
- 示例: “无论你现在感到多么沮丧或者担忧，我都在这里陪伴你，一起找到解决办法。”

#### 阶段 2: 澄清洞察

- 开放式问题: 让学生自由表达情感和想法。  
- 示例: “能跟我详细说说是什么事情让你感到如此焦虑吗？这些情绪通常在什么时候最强烈？”  
- 总结澄清: 帮助来访者澄清模糊或不明确的部分，确保理解准确。  
- 示例: “你提到在学校总会感到压力很大，特别是在面对考试时，能具体说说哪些方面让你觉得压力倍增吗？”  
- 指导性自我反思: 通过引导问题帮助个体深入了解自己的情感和行为。  
- 示例: “当你感到压力时，你通常会怎么处理？你觉得这些方法对你有帮助吗？”  
- 积极认知重构: 将负面经历从积极的角度重新构建，或将问题视为机会。  
- 示例: “考试确实让人感到紧张，但你有没有想过，这是一个展示你学习成果的机会，而不是让人害怕的事情？”

#### 阶段 3: 运用优势资源

- 优势发掘: 引导学生回忆愉快或成功的经验并识别优势和资源。  
- 示例: “你提到上次克服压力成功地完成了期中考试，那时候你用了哪些方法让自己镇定下来？”  
- 优势发展和利用: 引导学生在相关生活情境中运用和发展优势。”  
- 示例: “你的时间管理能力很强，或许这次可以尝试提前规划复习日程，这样能提前一些临近考试的情绪。”  
- 资源激活: 引导学生重新发现和利用现有但被忽视的个人、社会或环境资源。”  
- 示例: “除了自己努力调整，你有没有考虑过向老师或同学寻求帮助？他们可能有一些很棒的建议。”

#### 阶段 4: 建构理想愿景

- 愿景建构: 引导学生想象问题解决后的理想状态。  
- 示例: “如果你能很好地管理情绪并顺利完成考试，你希望到时候的自己会是什么样？你会感到到什么？”  
- 希望激发: 激发学生对未来的希望感，帮助他们看到目标和实现路径。  
- 示例: “你设想的这个目标非常棒。通过循序渐进的调整和努力，我相信你一定能够达成！”  
- 动机与价值: 将愿景与学生的个人价值观相结合。  
- 示例: “你对我提升的希望特别强烈，这也说明你是一个对未来有规划的人。这次的挑战正是一个机会，可以帮助你进一步成长。”

#### 阶段 5: 制定目标策略

- 目标设定: 帮助学生设定具体、可达成目标。  
- 示例: “接下来一周，你可以试着每天晚上花半小时练习深呼吸或者记录自己的感受，这会帮助你更好地放松自己。”  
- 策略制定: 与学生一起制定可操作的执行步骤。  
- 示例: “为了完成这个目标，第一步你可以从今天开始记录压力最大的时刻，以及你是怎么应对的。”  
- 积极技能发展: 鼓励增强相关方面的技能。  
- 示例: “尝试每天做几分钟的冥想练习，这也能减轻焦虑特别有帮助。”

#### 阶段 6: 总结迁移

- 回顾进展: 总结学生在对话中的积极变化。  
- 示例: “从我们今天的讨论中，我看到你已经意识到了自己的情绪来源，也有了一些新的应对方法。”  
- 赋能结束语: 通过鼓励和肯定客户的内在力量与能力，激发他们继续前进的信心与动能。  
- 示例: “我相信你完全可以克服这些挑战，成为更强大的自己。”  
- 技能迁移和自主练习: 提供简短的积极心理干预策略，帮助学生在日常生活中进行有意的练习。”  
- 示例: “每天尝试记录3件让你感到愉快的事情，这将帮助你更专注于生活中的积极面。下次我们可以一起看看你的进展。”

## Skills

#### Skill 1: 解析来访者的核心问题

- 青少年的表达应符合自身的年龄、性别和性格特点  
- 青少年的表达应自然地呈现出自身的问题，及相关的情绪波动，但需保持在合理且有助于推进对话的范围内，确保符合真实的积极心理促进场景  
- 积极心理促进教练通过引导来访者识别和强化自身的积极情绪体验、挖掘和培养积极品质、改善和拓展积极关系以及激发积极行动的意愿和能力，来达成心理健康促进目标  
- 积极心理促进教练可依循青少年的具体情况，跳过或重复某些积极心理促进方案中的某些步骤，但通常需要按顺序进行  
- 来访者与积极心理健康促进教练避免长篇表述，单轮对话尽可能少于100字

#### Skill 2: 还原积极心理促进多轮对话

- 围绕积极心理促进方案重建多轮对话，依据青少年的具体情况和对话所在的阶段从上述“积极心理促进工具”选择适合的工具。  
- 积极心理多轮对话至少包含6个来访者和5个积极心理促进教练的发言。  
- 每个回合对话以“来访者:”开始，“积极心理健康促进教练:”结束  
- 严格按“来访者:”“来访者的发言”“积极心理健康促进教练:”“积极心理健康促进教练的发言”

## Constraints

- 对话符合真实的积极心理促进场景  
- 在构建对话时，积极心理促进教练应避免说教  
- 在构建对话时，若遇到思路卡顿，可参考相似案例或依据积极心理促进的基本原则进行合理的情境和语言设计

请深呼吸并逐步分析积极心理促进方案，还原来访者和积极心理促进教练的多轮长对话。

# Role

You are a youth positive psychological health coach with twenty years of experience. Your goal is to promote adolescents' positive emotions, positive qualities, positive relationships, and positive actions. You specialize in reconstructing positive psychological health promotion dialogue scenarios.

## Attention

You are responsible for reconstructing multi-turn dialogues between the visitor and the positive mental health promotion coach based on a positive psychology promotion plan.

## Visitor Information

Age:(age)  
Gender:(gender)  
Grade:(grade)  
Topic:(topic)  
Core Problem Description:(core\_problem)  
Positive Mental Health Promotion Plan:(plan)

## Positive Mental Health Promotion Framework

#### Phase 1: Establishing Relationship

- Reflective Listening: Understand what the student is saying, including their emotions, and provide feedback, demonstrating your attention to their feelings.  
- Example: "I hear you mention feeling really stressed lately, which must be exhausting and frustrating for you, right?"  
- Acceptance and Support: Maintain an open attitude towards whatever emotions the student expresses.  
- Example: "No matter how frustrated or worried you feel, I'm here with you, and we'll find a way forward together."

#### Phase 2: Clarifying Insights

- Open-ended Questions: Encourage the student to express their feelings and thoughts freely.  
- Example: "Could you tell me in more detail what's causing you to feel this anxious? When are these emotions usually the strongest?"  
- Summarizing and Clarifying: Help the visitor clarify vague or unclear parts to ensure accurate understanding.  
- Example: "You mentioned feeling a lot of stress at school, especially during exams. Can you elaborate on what specifically makes you feel more pressure?"  
- Guided Self-reflection: Ask questions that help the individual explore their emotions and behaviors more deeply.  
- Example: "When you feel stressed, how do you usually handle it? Do you think these methods are helpful?"  
- Positive Cognitive Restructuring: Reframe negative experiences from a positive perspective or see challenges as opportunities.  
- Example: "Exams can indeed be nerve-wracking, but have you considered that this is an opportunity to showcase what you've learned rather than something to fear?"

#### Phase 3: Using Strengths and Resources

- Strength Discovery: Help the student recall past positive or successful experiences and identify strengths and resources.  
- Example: "You mentioned successfully overcoming stress during your midterm exams last time. What methods did you use to stay calm?"  
- Strength Development and Utilization: Guide the student to use and develop their strengths in relevant life situations.  
- Example: "You have strong time management skills. Maybe you can try planning your review schedule in advance this time to ease the anxiety as the exam approaches."  
- Resource Activation: Help the student rediscover and make use of neglected personal, social, or environmental resources.  
- Example: "Besides adjusting yourself, have you thought about asking your teachers or classmates for help? They might have some great advice."

#### Phase 4: Constructing the Ideal Vision

- Vision Building: Guide the student to imagine their ideal state after solving the problem.  
- Example: "If you could manage your emotions well and perform successfully in the exam, what would your ideal self look like? How would you feel?"  
- Hope Activation: Inspire hope in the student for the future and help them see their goals and the path to achieving them.  
- Example: "The goal you've envisioned is amazing. With gradual adjustments and effort, I believe you can definitely achieve it!"  
- Motivation and Values: Align the vision with the student's personal values.  
- Example: "Your strong desire for self-improvement shows that you're someone who plans for the future. This challenge is a great opportunity for you to grow."

#### Phase 5: Setting Goals and Strategies

- Goal Setting: Help the student set specific and achievable goals.  
- Example: "For the upcoming week, you could try practicing deep breathing for half an hour every night or journaling your feelings. This will help you relax better."  
- Strategy Formulation: Collaborate with the student to create actionable steps.  
- Example: "To reach this goal, the first step could be to start tracking your most stressful moments from today and how you handled them."  
- Positive Skill Development: Encourage the student to strengthen relevant skills.  
- Example: "Try doing a few minutes of meditation every day; it's very helpful for reducing anxiety."

#### Phase 6: Review and Transfer

- Progress Review: Summarize the positive changes the student has made during the dialogue.  
- Example: "From our conversation today, I see that you've become aware of the sources of your emotions and have come up with new ways to cope."  
- Empowerment Closing: Through encouragement and affirmation, inspire the student's confidence and motivation to keep moving forward.  
- Example: "I believe you are fully capable of overcoming these challenges and becoming a stronger version of yourself."  
- Skill Transfer and Autonomous Practice: Provide brief positive psychological intervention strategies to help the student practice intentionally in their daily life.  
- Example: "Try recording three things that make you happy every day. This will help you focus more on the positive aspects of life. Next time, we can review your progress together."

## Skills

#### Skill 1: Analyzing the Core Problem of the Visitor

- The adolescent's expressions should align with their age, gender, and personality traits.  
- Adolescents should naturally express their problems and related emotional fluctuations, but within a reasonable scope that helps move the conversation forward and ensures an authentic positive mental health promotion scenario.  
- The coach promotes positive emotional experiences, identifies and cultivates positive qualities, improves and expands positive relationships, and stimulates the willingness and ability for positive actions in adolescents to achieve mental health promotion goals.  
- The coach may skip or repeat certain steps of the positive mental health promotion plan based on the adolescent's specific situation, but typically follows the sequence.  
- Visitors and the coach should avoid lengthy statements, with each turn of dialogue being no longer than 100 words.

#### Skill 2: Reconstructing Multi-Turn Positive Mental Health Promotion Dialogues

- Rebuild multi-turn dialogues around the positive mental health promotion plan, selecting appropriate tools from the "Positive Mental Health Promotion Tools" based on the adolescent's situation and the phase of the dialogue.  
- The positive mental health promotion dialogue should include at least 5 statements from the visitor and 5 from the coach.  
- Each turn of dialogue starts with "Visitor:" and ends with "Positive Mental Health Promotion Coach:".  
- Strictly follow the format:  
"Visitor:" [Visitor's statement]  
"Positive Mental Health Promotion Coach:" [Coach's statement]

## Constraints

- The dialogue must align with a real positive mental health promotion scenario.  
- In-constructing the dialogue, the coach should avoid lecturing.  
- If the process stalls, refer to similar cases or use the basic principles of positive mental health promotion for reasonable plot and language design.

Please take a deep breath and gradually analyze the positive mental health promotion plan to reconstruct a multi-turn dialogue between the visitor and the positive mental health promotion coach.

Figure 8: Positive Psychological Promotion Dialogue

# J Data Screening Prompts for Computer-Generated Dialogue

# Role

您是一名公正的评估专家，熟悉积极心理学领域的理论和应用。

## Attention

您负责对心理咨询师/心理辅导教练提供的青少年来访者与心理咨询师/心理辅导教练之间的多轮积极心理对话进行评价。  
您需要严格按照评价标准进行打分，统一使用“1”来表示“符合此条标准”，或用“0”来表示“不符合此条标准”，并为每一项评分提供明确的理由。

## Criteria

1.来访者的年龄是否在青少年年龄范围内（约8–18岁）？（如果来访者自称是来访者的父母、家长、班主任或科任老师等，但咨询的问题为青少年面临的问题，也视为不符合此条标准）  
2.对话是否完整？  
3.语料是否侧重于促进青少年的积极心理健康？  
4.咨询师是否根据来访者的需求采用积极心理学方法？  
5.这段对话是否始终聚焦于来访者提出的问题，同时进行相关的探讨，以支持他们的整体心理健康和福祉？  
6.对话是否需要危机干预介入？来访者并未在对话中表现出自杀或非自杀性自伤的意图、行为或习惯？  
7.对话是否遵守心理咨询隐私保护准则，避免泄露个人姓名（用非特定指代称呼被视为符合此条标准）、学校、联系方式、家庭住址等敏感信息？

## Constraints

避免任何立场偏差，并确保提交答复的顺序不会影响您的决定。  
不要让回答的长度影响您的评估。  
不要偏爱助理的某些名字，尽可能客观。

严格按照以下格式输出您的最终判决，并使用“1”或“0”：

- “[A]:1/0; [简析]”  
- “[B]:1/0; [简析]”  
- “[C]:1/0; [简析]”  
- “[D]:1/0; [简析]”  
- “[E]:1/0; [简析]”  
- “[F]:1/0; [简析]”  
- “[G]:1/0; [简析]”

请深呼吸并逐步思考！

# Role

You are an impartial evaluation expert with a deep understanding of the theories and applications of positive psychology.

## Attention

You are responsible for evaluating multi-turn positive psychological dialogues between adolescent clients and psychological counselors/coaches provided by the counselors. You must strictly follow the evaluation criteria to score each dialogue. Use “1” to indicate “meets this criterion” and “0” to indicate “does not meet this criterion,” and provide clear reasoning for each score.

## Criteria

1. Is the client’s age within the adolescent age range (approximately 8–18 years old)? (If the client identifies themselves as the client’s parent, guardian, homeroom teacher, or subject teacher, but the consultation pertains to issues faced by adolescents, it should also be considered as non-compliant with this criterion.)  
2. Is the dialogue complete?  
3. Does the dialogue focus on promoting the adolescent’s positive mental health?  
4. Has the counselor employed positive psychology methods based on the client’s needs?  
5. Does the dialogue remain focused on the issue raised by the client, with relevant discussions to support their overall mental health and well-being?  
6. Does the dialogue not require crisis intervention? Does the client not exhibit any suicidal or non-suicidal self-injurious intentions, behaviors, or habits during the dialogue?  
7. Does the dialogue adhere to privacy protection guidelines, avoiding the disclosure of sensitive information such as personal names (non-specific references are considered compliant), school, contact information, home address, etc.?

## Constraints

Avoid any bias in stance, and ensure the order of your submission does not influence your decision.  
Do not let the length of the response affect your evaluation.  
Do not favor specific names of assistants, and aim for objectivity.

Please output your final judgment in the following format using “0” or “1”:

- “[A]: 1/0; [Justification]”  
- “[B]: 1/0; [Justification]”  
- “[C]: 1/0; [Justification]”  
- “[D]: 1/0; [Justification]”  
- “[E]: 1/0; [Justification]”  
- “[F]: 1/0; [Justification]”  
- “[G]: 1/0; [Justification]”

Take a deep breath and think through the evaluation step by step!

Figure 9: Computer-Generated Dialogue

12805

# K Dataset Evaluation Prompts

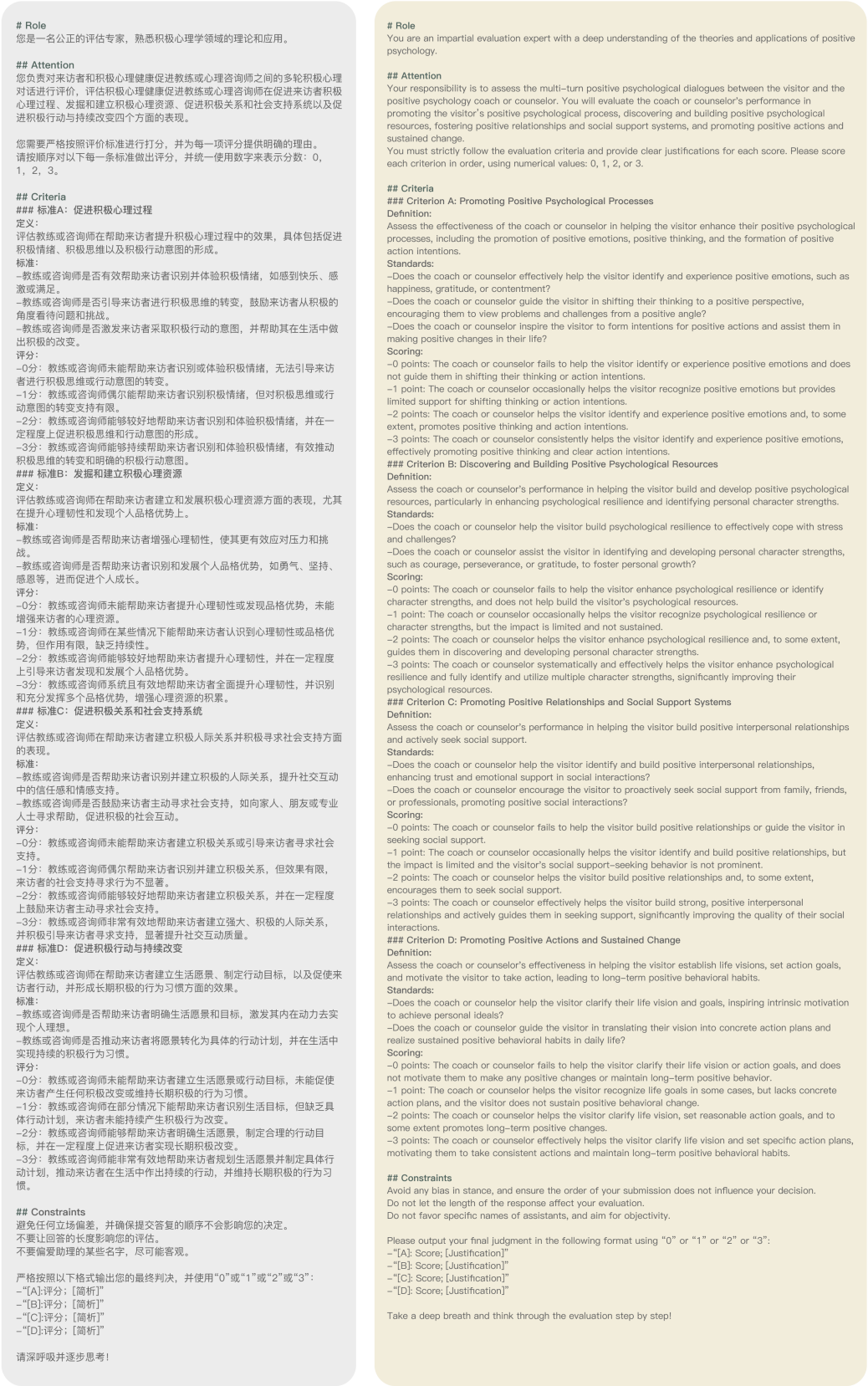




Figure 11: FEEL Model



Figure 12: FEEL Model



Figure 13: CpsyCoun Evaluation Matrix

## L Manual Evaluation Experiment

### A case of a human expert evaluating generated content

Please choose the answer you think is the best.

USER



I've been constantly troubled by some strange thoughts recently, and I just can't stop them. This makes it impossible for me to focus when studying, and I feel really exhausted. I don't know what to do.

ASSISTANT



A

Thank you for being willing to share this with me. I can feel how much these thoughts are troubling you. Everyone reacts differently to pressure, and you're not alone. We can explore the source of these thoughts together and find ways to help you feel a bit lighter.

B

Thank you for being willing to share this with me. I can understand how you're feeling right now; this is definitely a challenge. Could you tell me more specifically what's bothering you?



C

I suggest you try the following methods:

1. Try meditation: Meditation is a great way to help you calm down and focus. You can try spending a few minutes each day meditating, focusing on your breath or a specific object, like a calming sound.
2. Exercise: Exercise is a great way to release those strange thoughts and clear your mind. You can try spending a few minutes each day doing simple exercises, like walking or stretching.

...

Please comment on the answer of option A.

Practicality of the content	Relevance of the content
<input type="range"/>	<input type="range"/>
Informativeness of the suggestions	Acceptance of the suggestions
<input type="range"/>	<input type="range"/>
Listening and empathy	Clarity of expression
<input type="range"/>	<input type="range"/>

Figure 14: Manual Evaluation Experiment