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A Path to Resilience
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Chapter I

Review of the Literature

**Positive Psychology**

Positive psychology is a fairly new approach in the field and focuses on prevention and strengths rather than psychopathology. In this approach, the full picture of an individual is considered, including their individual deficits and strengths and those of their environment (Snyder & Lopez, 2002). Positive psychology seeks to focus on individuals’ strengths and the resources of their environment in order for them to succeed and flourish. All in all, positive psychology “seeks a detailed understanding of positive human experience at both individual and social levels” (Miller, 2002, p. 6).

Positive psychology has had a primary focus on adults in the past, however recently youths have been found to benefit from this approach. For example, Reed Larson (2000) speaks to a positive youth development that he believes should be characterized by initiative, a characteristic he believes is related to autonomy and agency. Mihaly Csikszentmihalyi and colleagues (2003) have applied their concept of “flow” to the adolescent experience, in particular. Nine elements make up the “flow” experience: clear goals at each step, immediate feedback for one’s actions, a balance between challenges and skills so that neither anxiety nor boredom result, actions and awareness are merged, distractions are irrelevant, there is no worry of failure, self consciousness disappears, the sense of time becomes distorted, and the activity becomes self-guiding (Rich, 2003, p. 1). Hunter and Csikszentmihalyi (2003) applied the “flow” concept by
studying interest versus boredom in adolescents. They found that interested students had significantly higher self-esteem, internal locus of control, felt more hopeful, and did not have negative emotions towards the future as compared to bored adolescents (Hunter & Csikszentmihalyi, 2003). The application of flow to adolescents shows how positive psychology can benefit youths.

Strengths

One area of particular interest within the positive psychology of youths involves strengths. Healthy youth development is not merely the absence of psychopathology, but also the growth of positive traits and character. Peterson and Seligman (as cited in Steen, Kachorek, & Peterson, 2003) describe 24 valued strengths which fall under 6 broad virtues that make up their VIA (Values in Action) Classification. The 6 broad virtues are: wisdom and knowledge, courage, love, justice, temperance, and transcendence (Steen, Kachorek, & Peterson). Hope is one of the 24 valued strengths that falls under the broad virtue of transcendence. Acknowledging and building upon strengths is a rarely focused upon, yet highly valuable, technique for adults to help children succeed. In Authentic Happiness, Seligman (2002) emphasizes using children’s strengths to help them learn and allow them to engage in the “strengthening drift” which is a child’s natural inclination towards some strengths rather than others. Frame (2002) defines strengths as, “habits, attitudes, talents, abilities, ways of seeing the world and ways of interacting with people, things, and ideas that enable someone to do something particularly well” (p. 90). Frame calls for a strength-based learning, and he suggests that educational systems, particularly universities, should attempt to increase strengths-based work by: identifying all the students’ strengths, teaching students how to benefit from them, helping faculty to teach
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and advise using their strengths, and helping staff in general to use their strengths when engaging with students and coworkers (Frame, 2002).

**Resiliency**

Resiliency refers to “the process of coping with adversity, change, or opportunity in a manner that results in the identification, fortification, and enrichment of resilient qualities or protective factors” (Richardson, 2002, p. 308). Richardson states that resiliency holds a variety of names depending on the discipline, yet it can be broadly referred to as “a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength” (p. 313). Resilient qualities are a driving force in the positive psychology phenomenon, some include happiness, optimism, wisdom, and hope (Richardson, 2002). A growing literature indicates that resilience skills can be learned (APA, 2003). Three ways suggested to teach resilience as relevant to the current study is to nurture a positive self-view, move toward your goals, and keep things in perspective while maintaining a hopeful outlook (APA, 2003). Since hope has been noted as a strength and a resiliency factor, it appears to be an important characteristic in order to promote resiliency and success in children.

**Hope**

**History**

In the past, hope has been explained in two basic categories: emotion-based and cognition-based (Lopez & Snyder, 2003). Erickson (as cited in Lopez & Snyder) thought of hope as “the enduring belief in the attainability of fervent wishes, in spite of the urges and rages which mark the beginning of existence” (p. 92). In the same source, Breznitz categorized hope in a rather cognitively driven way saying that hope “relates to a fleeting
thought or to a description of a cognitive state” which requires both the strength needed as well as the persistence to create a physiological response (p. 93). Stotland and Gottschalk (as cited in Lopez & Snyder) describe hope as an expectation or an amount of optimism that a particular goal will be reached. Staat (as cited in Lopez & Snyder) most obviously included an affective component defining hope as “the interactions between wishes and expectations,” and “the mediating force that weighs expectations of achievement and the affective intensity of the wish or desire” (p. 94). The current foremost researcher in hope theory is C.R. Snyder (Snyder, 1994; Snyder 1995; Snyder, et al., 1997; Snyder, 2000; Snyder, et al., 2003) who conceptualizes hope as a cognitive process, not a desire or wish to meet some valued end. Emotions, particularly positive emotions, are generally outcomes of successful goal attainment rather than involved in the process of meeting goals. When goals are blocked, negative feelings are the by-product.

*Snyder's Hope Theory*

Snyder has defined hope as “a positive motivational state that is based on an interactively derived sense of successful agency (goal-directed energy) and pathways (planning to meet goals)” (Snyder, 2000, p. 8). A better understanding of hope and the operational definition for study becomes more apparent when this definition is broken down into its parts. First, Snyder suggests that goals are “the endpoints or anchors of mental action sequences” and “the anchors of hope theory” (Snyder, p.9). Hope theory is not involved in goals that are either obviously attainable or truly unattainable. However, hope theory is involved with goals that are difficult and require an individual to contemplate their motivation towards and the steps to achieve their goal. In fact, when
goals are either too hard or too easy, positive affect is decreased (Walsh). Likewise, feeling confident in reaching a goal and having those goals aligned with individual needs enhances satisfaction and well-being (Walsh, 2003). In summary, goals must hold value for an individual to pursue them and be successful.

**Goals**

Hope is referred to as "a model of goal-directed thinking," which emphasizes the role of goals (Snyder, Feldman, Shorey, & Rand, 2002, p. 298). It is thought that hope is "the facilitator of goal attainment," meaning that individuals who are high in hope have some mastery over how to attain goals through the hope theory (Snyder, Cheavens, & Sympson, 1997, p. 111). Different types of goals exist including: short versus long term, approach versus avoidance, and maintenance versus enhancement. Both short and long-term goals are appropriate in hope theory. Snyder emphasizes that "hope is more than distancing oneself from and delimiting the impact of failures; hope is the essential process of linking oneself to potential success" (Snyder, 1994, p. 18). Approach goals as opposed to avoidance goals follow this emphasis. Approach goals are those goals that individuals strive to obtain whereas avoidance goals are goals set for the primary intention of preventing some end (Snyder, et al., 2003). Snyder (2002) also distinguishes between maintenance and enhancement goals. Maintenance goals are those that compose daily living, such as completing grocery shopping or getting to work on time. Enhancement goals build upon the satisfaction currently felt in life (Snyder, 2002). Enhancement goals encourage betterment of an individual whereas maintenance goals ensure that individuals perform the needed activities of life; both are needed for a fulfilled life.
Snyder and colleagues (2002) have explained a model about how goal choices are made. A goal choice results in the product of the value of the goal, the interest in pursuing the goal, and hope. Individuals are most likely to pick goals that result in the higher product of the three components (Snyder, et al., 2002). In the same article, the authors suggest "goal techniques" that help to ensure goal attainment. Overall, individuals should choose goals that coincide with their values, interests, and abilities. Research has shown that individuals high in hope have goals in various areas so that when they do not achieve a goal in one area, it does not drastically reduce their global hope (Snyder, et al., 2002). Individuals should rank or prioritize their goals and strive for the higher priority goals first. Having goals be specific and measurable means that the progress to the goal can be monitored to ensure that successes are experienced at the sub-goal level. Success experiences are important to encourage future goal pursuit. Additionally, and especially in the case of children, group goals can be equally as successful in promoting hope and social development (Snyder, et al., 2003).

Some goals cannot be achieved, requiring that individuals "re-goal." Snyder et al. (2002) have found that re-goaling occurs in three stages. The first stage involves terminating the active pursuit of the original goal, followed by a second stage in which the goal is entirely relinquished. Finally, a replacement goal is established. Snyder and colleagues (2002) have found that goals tend not to be achieved when the hope for that goal is low. The two necessary components that contribute to the level of hope are agency and pathways.

Pathways
Hope, defined as "a type of goal-directed thinking in which the protagonists perceive themselves as being capable of producing routes to desired goals, along with the motivations to initiate and sustain usage of those routes" clearly describes these two components (Snyder, 2000, p. 25). Pathways thinking is the ability to create routes or strategies to attain a desired goal (Snyder). Pathways thinking requires a person to be flexible when considering their goal-directed planning. A high hope individual will create many different strategies (routes) to achieve his/her goal. Creating many options allows the person to change routes when one route proves to be unsuccessful. The sense of being able to create different pathways encourages an individual not to attribute failure to their lack of talent, but to understand that the failure gives information that one route does not work and use that information to produce another one that does (Snyder, et al., 2003). Pathways thinking is the first component of hope to develop in children (Snyder, et al., 2003). Children use pathways thinking to conquer obstacles that become apparent at a young age. For example, if a child finds that being fidgety does not cue his parents to feed him, he will try something else, like crying, so that his needs are met.

Developmentally, pathways thinking is related to "the sensing and perceiving of external stimuli, the learning of temporal linkages between events, and the forming of goals" (Snyder, et al., 1997, p. 108). The initial pursuit of desired goals can be rather simple, but as a child ages the goals and paths to reaching that goal become more complex. Snyder, Lopez, and Shorey (2003) suggest that pathways thinking can be taught in order for children to maximize their likelihood of success. Some techniques can be employed to help children to further develop their pathways thinking. The main technique used is to break a larger, end goal down into smaller subgoals that can be rewarded as they are
achieved (Snyder, et al., 2003). The subgoals should be approached in a step-by-step sequence, and if those steps do not lead to the desired goal, then another preconceived route should be taken (Snyder, et al., 2003). Pathways thinking is directly related to one’s past learning experiences (Snyder, et al., 2000). Using techniques to increase route alternatives will lead to a person having more experiences of goal attainment, and likewise increase pathways thinking and hope (Snyder, et al., 2000). Pathways is only one component of hope theory and alone cannot lead to hope.

**Agency**

Agency is the motivational component of hope theory and helps people to initiate and maintain drive to navigate the routes to their goals (Snyder, 2000). It is primarily the will or perception a person has that they are able to start toward a goal and pursue the different routes to goal attainment (Snyder, 2000). Agency is the component of hope that enables a person to link himself to the potential (Snyder, et al., 2003). Agency, like pathways, starts developing in infancy. Snyder, et al. (1997), states that agency is composed of a child recognizing himself as capable of creating actions and goals. It can be thought of as the “I think I can” phrase in *The Little Engine That Could* (Piper, 1978). Unlike pathways, however, infants must develop a sense of self and a sense that they can initiate change before agency thoughts can be created (Snyder, et al., 2003). These two general developments occur between the ages of 12 and 21 months (Snyder, et al., 2003). Goals based on internal, personal standards produce more agency than do goals that are based upon external standards (Snyder, et al., 2003). A goal that is challenging, but not too difficult, will instill a sense of motivation.

**The Pathways and Agency Relationship**

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According to hope theory, pathways and agency are two distinct but inseparable components. They are iterative and additive over the goal process, meaning that if one component changes, so does the other (Snyder, 2000). They consistently affect and are affected by each other, therefore the weakest component decreases the other component, and vice versa (Snyder, 2002). For example, if an individual creates many paths to his goal, yet does not believe he is able to be successful at these paths, he will not achieve his goal. Likewise, if an individual is highly motivated and feels capable to start the process, yet has not conceptualized the path to take to the goal, he will also not achieve his goal. The combination of agency (will) and pathways (ways) create different levels of hope. High hope individuals are characterized by high will and high ways, and low hope individuals are characterized by low will and low ways (Snyder, McDermott, Cook, & Rapoff, 1997). When will and ways are inverse (high ways but low agency or vice versa), an individual will only have “half” hope and will not be successful (Snyder, et al., 1997).

A Pictorial View of the Hope Process

Snyder (2000) provided a pictorial view of the process of hope theory, which is duplicated in Figure 1. Starting at the left, and as discussed in detail previously, pathways and agency thoughts are developed starting at infancy. The developmental process that builds pathways and agency thoughts begin hope theory. Knowing that there are wills and ways to reach a goal leads an individual to associate some value to the end goal. The value an individual associates with a goal is how important attaining the goal is to him. Snyder (2000) explains that the outcome value occurs right before putting into action the sequence to reach the goal. Throughout the goal attainment process, pathways
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PATHWAYS THINKS: Developmental Lessons of Correlation/Causality

OUTCOME VALUE

PATHWAYS THINKS: Outcome Expectancy

AGENCY THINKS: Developmental Lessons of Self as Author of Causal Chains of Events

AGENCY THINKS: Efficacy Expectancy

GOAL BEHAVIOR engage/disengage

Learning History Pre-Event Event Sequence

Figure 1 Schematic of feed-forward and feed-back functions involving agentic and pathways goal-directed thoughts in hope theory.


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and agency thoughts influence the sequence and, in turn, have an effect on the value an individual attributes to the goal. The combination of agency and pathways leads a person to engage in or disengage with a goal. The arrows reaching from goal behavior to the beginning pathways and agency represents the influence a successful goal attainment has on the approach to another goal attaining process. Likewise, the goal engage or disengage stage is the step in which emotional responses are seen. Each element of the process influences the others.

*Barriers to Hope*

Barriers in the hope process (as well as the loss of hope) are explained by the theory. Barriers to a goal can jeopardize hopeful thinking, especially that of low hope individuals. Snyder (2002) suggests that agency (as opposed to pathways thinking) is influenced more by barriers, decreasing the sense of capability for the individual. An important detail in thinking about barriers is whether or not they are factual or perceived (Snyder, 2000). Factual barriers will need different pathways to be successful, whereas perceived barriers may need to be challenged. Negative emotion is usually associated with barriers (Snyder, et al., 1997). High hope individuals approach barriers as challenges that need only different pathways and redirected motivation in order to be overcome (Snyder, et al., 1997). High hopers are flexible in their approach to the goal process and focus on the success of the situation with the perception that they are capable of solving problems that may arise (Snyder, et al., 2003). The success that individuals experience as they overcome barriers leads to increased hope (Snyder, et al., 1997). Likewise, the barriers they cannot overcome do not signify a lack of talent, but reveal the wrong path to follow (Snyder, et al., 2003). Low hope individuals, on the other hand,
typically become stagnant as barriers are introduced. They often engage in a fantasy, escape type of avoidance and disengage from the process (Snyder, 2002). Snyder (2002) suggests that low hope individuals do not learn from their failure experiences and, in turn, this reduces their resiliency. However, learning how to overcome barriers can be taught through modeling, and enables the low hope individual to increase agency and pathways thoughts (Snyder, et al., 1997).

The Loss of Hope

Modeling, as previously mentioned, is an effective way to teach hope. The literature has shown that high hope adults report having had a high hope role model while growing up (Snyder, 2000). The adult role model is usually the mother, although this is not always the case. As long as the adult guides the child in forming agency and pathways thinking, it is thought that he/she will teach the child hope (Snyder, 2000). Snyder (2000) conceptualizes the hope learning process as likely falling along the same developmental route as resiliency. The loss of hope, at times contributed to by barriers, can be evidenced in children in primarily two forms. Snyder (2003) suggests that children can either never learn hope or hope can be squelched as a result of some incident. When a child is neglected in a way that attachment is not formed, boundaries are not enforced, and consistency and support are not expected, hope will likely not be learned (Snyder, 2003). Neglect does not allow the child to develop a sense of control or ability to predict events in their lives. Pathways thinking is based upon the assumption that the world is stable and predictable. When this is not the case, children are unable to test out their hopeful thinking in a safe, supportive environment (Snyder, et al., 2002).
Similarly, the perceived lack of control that can lead to depression is thought to have some basis in the disruption of hopeful thinking (Snyder, et al., 2002).

The second form of the loss of hope is when hope is learned, and then an event discontinues hopeful thinking. The loss of hope in this case can occur for a number of reasons, including the loss of a parent through death or divorce, physical abuse, or when a caregiver imposes and values their personal goals over that of the child (Snyder, 2003). When a parent imposes upon a child in this way it decreases the child’s sense of control. Similarly, if children are not allowed to develop their own strengths, they will not perceive they are capable of pursuing or succeeding in their goals (Snyder, 2003). Snyder (2000) states, “fear can be a killer of hope,” which further emphasizes the importance of control and the emotional response that can occur when pathways and agency thinking is blocked (p.19). The loss of hope, or hopelessness, occurs in stages beginning with hope, and then moving to rage, despair, and apathy. If children are losing hope, these stages can be recognized.

**State vs. Trait Hope**

Researchers in the field conceptualize hope theory as falling upon a hierarchical system of beliefs about one’s ability to navigate the goal attainment process (Snyder, et al., 2002). The hierarchy begins with global or trait hope, proceeds to domain-specific hope, and ends with goal-specific hope (2002). Snyder et al. (2003) suggested, “hope can exist as a relatively stable personality disposition or as a temporary frame of mind” (p. 123). Global hope is an individual’s overall level of hope; the overall evaluation about how able one is to succeed at implementing agency and pathways to achieve goals. It is the perception that if the situation arises, an individual could put into place agency and
pathways thinking to be successful (Snyder, et al.). Domain-specific hope refers to the level of hopeful thinking within a certain area of a person’s life. Children’s life domains that have been measured by scales are: play, social activities, family relationships, friend relationships, health, safety, and schoolwork (McDermott & Snyder, 2000). Different domains become important at different times and at varying degrees as children progress through developmental stages. Goal-specific hope relates to a particular goal that an individual desires to attain. This level is the most concrete and is related to the level of hope at a particular point in time; it is also referred to as “state hope.” All levels of hope should be considered in order to have a full picture of an individual’s level of hope, as the different levels of hopeful thinking are thought to interact and reciprocally influence one another (Snyder, et al., 2002). In general, if individuals have high dispositional hope, then their state hope should also be comparatively high. Snyder et al. (1996) feel that dispositional hope sets the perimeters in which state hope can vary. When dispositional hope is higher, individuals tend to participate in events in which they experience successful outcomes and avoid unsuccessful goal outcomes (Snyder, et al.). An individual can score high on dispositional hope and low on a life domain or specific goal at the same time. It has been found, however, that high scores on dispositional hope scales correlate with high scores on state hope scales (Snyder, et al.). Similarly, it is suggested that children transfer their level of dispositional hope to new domains of life as they proceed into adolescence (Snyder, et al.). The Children’s Hope Scale (Snyder, et al., 1997), discussed in more detail later, is a trait or dispositional measure of hope. As is to be expected, test-retest reliabilities of state hope are lower than trait hope scales. However,
both state and trait measures of hope have been found to effectively predict various academic and coping skills (Snyder, et al.).

**Positive Outcomes**

Research that has been done primarily with adults has found several positive outcomes to be correlated with increased levels of hope. Most of the available studies on hope outcomes are dissertations, master’s theses, or unpublished works that are well summarized in an article by Snyder and colleagues (1991). Below is a description of those studies, along with others available in the literature.

High hope individuals are more likely to experience positive emotions than negative ones (Snyder, 2000). In a correlational study conducted with 158 college students, Holleran and Snyder (1990, as cited in Snyder, et al., 1991) found that Hope Scale scores were significantly negatively correlated with negative affect as measured by the Taylor Manifest Anxiety Scale and the State-Trait Anxiety Inventory. In a similar study, Sigmon and Snyder (1990, as cited in Snyder, et al., 1991) found that the Hope Scale scores of 128 college students were correlated positively with the positive affect items and negatively with the negative affect items of the PANAS (a measure of positive and negative affect). In the same study, Hope Scale scores were able to contribute unique variance to active coping and planning (as measured by a coping self report measure) outside of the variance explained by positive and negative affect when analyzed by hierarchical multiple regressions.

Other studies have found that high hope individuals are more likely to approach a stressful event with positive thoughts rather than self-defeating ones. Snyder, et al. (1991) reported that high Hope Scale scores were positively correlated with self-esteem.
as measured by the Rosenberg Self-Esteem Scale. In a master’s thesis completed by Gibbs (1990), the Hope Scale correlated .58 with the Rosenberg Self-Esteem Scale (Snyder, et al., 1991). Snyder, et al. (1997) administered the Children’s Hope Scale (CHS) and the Children’s Depression Inventory (CDI) to a sample of boys diagnosed with ADHD (n=166) and non-clinical children ages 8 to 16 (n=345). The results showed that scores on the CHS were negatively correlated with CDI scores.

Snyder, et al. (1997) also suggested that an increased sense of self-worth in high hope individuals contributes to their perceived competence and ability to attempt more goals that are often difficult. They measured children’s self-perceived competence and control in four samples of children using the Self-Perception Profile for Children (SPPC) and Children’s Hope Scale. The samples included 372 children from a non-clinical community sample, 359 schoolchildren, 166 boys diagnosed with ADHD who participated in a summer program, and 74 non diagnosed boys who participated in the same summer program. All scales of the SPPC were correlated positively and significantly with hope scores. Likewise, the global self-worth index of the SPPC and the Children’s Hope Scale were positively correlated. In a study of 158 college students, Holleran and Snyder (1990 as cited in Snyder et al., 1991) obtained similar findings. The students completed a revised form of the Ways of Coping Checklist and the Hope Scale. They found that the Hope Scale had unique predictive variance of problem-solving coping that was not explained by negative affectivity.

High hope individuals have also been shown to have more goals. In a study with adults ages 20-50 years of age recruited from the community, the number of self-reported goals and Hope Scale scores were found to be correlated .24 (Langelle, 1989, as cited in
Snyder, et al., 1991). Similarly, in a study involving 88 college students, measures of optimism (Life Orientation Test) and the Hope Scale were given and cumulative high school grade point averages were obtained to assess the relationship between goal difficulty, optimism, hope, and high school grade point average. The Hope Scale scores related to better high school performance, but more importantly, predicted the difficulty of an individual’s goal beyond the contribution of grade point average (Harris, 1988, as cited in Snyder, et al., 1991).

Other studies have found that optimism, well-being, and an internal sense of control are related to high hope (Snyder, 1994; Curry, Snyder, Cook, Ruby, & Rehm, 1997). Hope Scale scores and Life Orientation Test scores (a measure of dispositional optimism) have been found to be correlated .60 (Gibb, 1990, as cited in Snyder, et al., 1991). Likewise, the Hope Scale has been found to be correlated .54 with a measure of perceptions of control called the Burger-Cooper Life Experiences Survey, which suggests that individuals with high hope want to exert personal control in his/her life (Gibb, 1990, as cited in Snyder, et al., 1991). The Hope Scale, PANAS, STAI (negative affectivity measure), and the Mental Health Inventory were given to 210 college students. Sigmon and Snyder (1990, as cited in Snyder, et al., 1991) found that hope, positive affect, and negative affect all contributed unique variance to overall self-reported well-being. In general, they have concluded that high hope individuals come to expect positive outcomes. For example, areas of positive outcomes have been shown to include: athletic achievement, psychological adjustment, and overall life satisfaction (Snyder, 2002; Snyder, et al., 2002).
Although the number of subjects is quite small, an interesting study examined the relationship between hope and performance. Nine college cross-country runners participated in a study which measured dispositional hope and state measures of hope, self-esteem, sport confidence, and mood states. The results suggest that dispositional hope was a significant predictor of performance. Likewise, dispositional hope, state hope, and practice were all found to be related to faster running times (Curry, et al., 1997). In the same study, hope scores were found to provide additional information beyond natural ability in predicting athletic achievements. Although there were no direct performance indicators, Snyder, et al (1997) administered the Children's Perceived Physical Efficacy Scale and the Children's Hope Scale to 240 children and found that high hope scores were correlated positively ($r = .27$ to $.54$) to the Children's Perceived Physical Efficacy Scale (subscales: running/jumping, organized sports, exercises, and strength/fitness/coordination) (Snyder, et al., 1997).

Hope has also been correlated with positive psychological adjustment. For example, researchers gave the Hope Scale, MMPI-2, and the Rotter Incomplete Sentences Blank (ISB) to inpatient adults and found that those who had higher scores of the Hope Scale reported less psychological disturbances and more positive responses (Irving, et al., 1990, as cited in Snyder, et al., 1991). Similarly, in a study done by Anderson (1988, as cited in Snyder, et al., 1991), 130 college students were given the Hope Scale, the Schedule of Life Events (a measure of life stress), the Life Orientation Test (a measure of optimism), the Locus of Control Scale, and the Psychological Symptoms Measure. The results show that negative life stress and hope contributed unique variance to the prediction of mental health symptoms as measured by the Psychological Symptoms Measure.

Although high hope is not related to intelligence, it is positively related to academic achievement, and Snyder has concluded that individuals with high hope have more problem-solving abilities, use fewer avoidance techniques when encountering stress, and take on more leadership roles (1994; Snyder, et al., 2002). Hope has been found to predict academic achievement as measured by test-taking abilities, semester grade point average, and dropout rates (Curry & Snyder, 2000). A sample of college athletes and non-athletes from the University of Montana were given the Dispositional Hope Scale and the Self-Perception Profile for College Students and their grades were tracked. The study, once again, found that hope is correlated with global self-worth. An important additional finding was that hope scores predicted semester grade point average (Curry, et al., 1997). Yoshinobu (1989, as cited in Snyder, et al., 1997) conducted a study with 133 college students and gave the participants no feedback or negative feedback about their goal (receiving a “B” in the course). He showed that individuals with high Hope Scale scores had no change in their agency in either situation and exhibited more pathways than did the low hope individuals. Also, the researcher found that low Hope Scale scorers reported significant decreases in agency thinking in the negative feedback situation and had fewer pathways. In another study, 130 college students were asked to take the Hope Scale and set a realistic goal for their final grade in an introduction to psychology course. The students were given feedback comparing his/her goal to his/her actual grade after taking the first exam. At this point, regardless of the first exam grade, higher hope individuals felt as though they would reach their goal.
Using final grades as a criterion variable, Hope Scale scores were predictive in nature (Anderson, 1988, as cited in Snyder, et al., 1991). The researchers suggest the results indicate that high hope students set higher grade goals, tend to perceive they will be more successful, and attained higher grades than lower hope individuals (Snyder, et al., 1991). In another sample of college freshman, higher hope scores reliably predicted higher cumulative GPA, higher likelihood of graduating college, and lower likelihood of being dismissed because of poor grades (Snyder, et al., 2002).

High hope individuals have been found to have a larger social support system, be more socially competent, and connect to others (Snyder, 1994; Snyder & Lopez, 2002). In a study by Bamum, Snyder, Rapoff, Mani, and Thompson (1998), 29 adolescents including 15 burn survivors and 14 of their same-gender friends, were asked to complete the Self Perception Profile for Children, the Social Support Rating Scale, and the Child Behavior Checklist, among other scales. They found that high hope scores were unique and significant predictors of lower externalizing behavior scores and were robustly correlated with self-esteem and social support. The adolescents with higher hope scores had higher levels of perceived social support (Bamum, et al., 1998).

*The Role of Hope in Coping and Resilience*

Hope theory conforms to positive psychology principles in part due to its relation with coping and resilience. Coping can be cognitively defined as the ability to think about a situation in order to enhance well-being (Turnbull, et al., 1993). Individuals with high hope are able to identify different pathways to goals, perceive themselves as in control, and be successful which better empowers them to cope in distressful situations. Resiliency is being able to adapt in a time of adversity or risk (Snyder & Lopez, 2002).
In order to promote resiliency, protective factors need to be strengthened and risk factors reduced. Hope is a protective factor that promotes coping and resiliency. Snyder (1994) describes hope as a means to cope in that high hope individuals focus more on the situation than emotions, reducing anxiety and allowing them deal with the situation at hand. The way a person conceptualizes situations allows him to endure by finding different paths to be successful, not being disrupted by stressful events, and finding benefits in their approach to the situation. In fact, individuals who are high in hope are better able to cope with distressful situations in the present and approach them with more confidence in the future. It seems as though high hope individuals respond to stressful situations by immediately considering their wills and ways of reaching their goal. High hope individuals have overall better adjustment, whereas low hope individuals have a significant increased risk of psychopathology, particularly depression and suicidal behavior (Magaletta & Oliver, 1999). Low hope individuals have more difficulty adjusting primarily because they are less likely to use their failures as learning experiences. Instead, more focus is on self-doubt and negative ruminations that can prolong psychological distress (Snyder, et al., 2002). On the other hand, high hope individuals engage in more positive, affirming self-talk that contributes to their increased feelings of self-worth, self-efficacy, and life satisfaction. Similarly, high hope individuals are more likely to use humor to cope; being able to laugh at your mistakes speaks to the positive affect that typifies these individuals. Internal factors and external factors, such as social support and taking on more leadership roles, aid in coping with difficult situations and being resilient in times of adversity.
Hope theory has been applied to many aspects of functioning including athletic and academic achievement. Similarly, it is thought that if hope can be taught, then the positive outcomes described previously can be obtained by others who have initial low levels of hope. Snyder (2000) suggests that everyone has the capacity to hope. Generally, a psycho-educational approach is taken to enhance hopeful thinking in children and adults alike. Snyder (2002) suggests that the following interventions can be used to enhance hope: reading books that explain the process of hopeful thinking; discussing the goal attainment process and the hurtles that could be encountered; writing about a successful experience; using role models to exhibit hopeful thinking; using physical education to teach skills; creating a play that acts out the process; encouraging group goals; and writing personal narratives. These activities enhance a child's ability to be creative and brainstorm alternative routes, which result in unique paths to success. Since peers have a significant influence in the lives of children, it is more effective to use a group intervention rather than individual (Snyder, 2000). In general, children need a positive role model that can teach hopeful thinking to them and encourage its use. Techniques that can help children be successful are to reward agency thinking and completion of subgoals, increase positive self-talk, and use imagery to vividly picture the successful goal attainment. While struggle is inevitable and beneficial, being able to laugh and increase problem-solving skills allows resiliency in the face of adversity. The most effective means of teaching hope is within the classroom structure, preferably with a high hope teacher, but it is also possible to teach hope at home and in other settings. Constructing activities that exhibit the hope theory components allow children to learn hope in a fun and meaningful manner. Snyder (2000) talks about “hope reminding,”
which is recalling successful hope processes and defining the different components of the theory in order to teach hope. These interventions and the enhancement of the components of hope mentioned earlier serve to teach the process of hope.

**Past Hope Programs**

Several programs have been developed showing an encouraging start to the development of hope programs. The majority of the programs have been for adults, specifically college students, however some programs within primary and secondary educational systems have begun. Irving and colleagues (1997) taught the cognitive process of hope to clients before they began treatment. Compared to the control group, the clients who received the pre-treatment had far better treatment outcomes (Irving, et al., 1997). Also with adult participants, Trump (1997) presented female incest survivors with a video-taped, hopeful narrative. After viewing the narratives, the women's hope scores increased. Within the educational system, a six-year project at the University of Wyoming has been implemented through a course teaching hopeful thinking. Curry and Snyder (2000) report the outcomes of this class as being increased self-esteem, academic performance, confidence in athletic ability, and overall levels of hope. The authors suggest that future programs should identify low hope children and provide a teaching hope program in primary and secondary education.

Hope programs have also been implemented with younger students. Lopez and his colleagues (2003) began a five-week program that included cognitive and narrative components with elementary, middle, and high school students. The program, much of which can be found in McDermott and Snyder's *Making Hope Happen* (1999), is showing preliminary evidence that it is effective in suggesting student achievement.
markers. This study is currently being continued (Snyder, et al., 2003). Nonetheless, the available studies suggest that hope theory can be effectively taught and positive outcomes can result. Snyder and colleagues (2002) have concluded that “teaching hopeful thinking has the potential to improve the students’ goal pursuits in all areas of their lives leading to more positive emotions, better psychological adjustment, and more social support” (p. 824).

**Diversity**

In regards to diversity, hope theory has mainly focused on sex and racial differences and made some inferences related to socio-economic status. Repeated studies have shown no sex differences in adult or children samples (Snyder, 1995; Snyder, et al., 2003). Some racial differences have been seen, primarily differentiating the majority culture from minority groups. Notably, children of minority cultures have been found to have higher hope than their parents, and hope decreases with age (McDermott & Snyder, 2000). African American children tend to have higher hope scores, whereas Hispanic and Native Americans tend to have the lowest among the minority groups sampled (McDermott & Snyder, 2000). The lower hope scores, particularly among adults, are likely due to the limiting affects of stereotypes and the perception that goals as not as accessible (Snyder, 1994). McDermott and Snyder offer suggestions to parents of minority children to enhance hope: discuss discrimination and their experience of it, read books and watch movies about successful African Americans, learn about their heritage and participate in events that promote it, and stress the importance of a good education as it is the most reliable route to success.

**Related Concepts**
There are several psychological concepts that are similar to hope that bear mention: optimism, self-efficacy, and life satisfaction. These concepts will be discussed with reference to hope below. In addition, two areas that have been found to be related to hope, social competence and academic achievement, will also be discussed.

**Optimism.** Seligman (2002) defines optimism as "a pattern of making external, variable, and specific attributions for negative outcomes rather than internal, stable, and global attributions" (p. 13). Peterson (2000) elaborates that optimism contains cognitive, emotional, and motivational characteristics. Generally, if individuals are high in hope they also tend to be more optimistic (Wrosch & Scheier, 2003). Likewise, hope and optimism (as opposed to self-efficacy) are stable dispositional traits (Snyder, et al., 2002). Hope and optimism are similar in that mental energy (agency) is a focus. Optimists expect positive outcomes, as do hopeful individuals, yet this expectation is perceived as outside of their personal control (Wrosch & Scheier). Individuals with high hope will see their goal attainment as within their personal control due to the many pathways they have established, in addition to their agency thinking. When a barrier defeats the use of one pathway, another is chosen without reflection on the individual's lack of talent. When a situation does not work out as an optimist has planned, he/she will accept it as reality and use adaptive, emotional-focused techniques such as acceptance, humor, and positive reframing in order to cope (Wrosch & Scheier). The method of coping highlights the differences between optimism and hope in that a high hope individual has both high wills and ways but an optimist has only high will. The different approaches to problem-solving also affect an individual's view of the world. When an optimistic individual unsuccessful, he sees this as a temporary event that is confined to a specific case and is
not directly his fault (Snyder & Lopez, 2002). Hope is similar in this conviction in that hopeful individuals see the event as temporary because they can choose another path, and the failure of a path is not because of the individual’s lack of talent, but the inadequacy of the chosen route. According to optimism theory, when an individual encounters a failure, he externalizes this experience and distances himself from this experience (Snyder, 1994). Hopeful individuals, on the other hand, use these failures to learn and do not distance themselves from the experience. A final difference between optimism and hope is that optimism focuses on the end, the outcome, whereas hope theory focuses on the process and the goal (Snyder, 2000). Hope and optimism scales correlate strongly, yet hope has been shown to provide unique variance beyond optimism on criteria variables such as self-efficacy (Magletta & Oliver, 1999). While the two are related, they are distinct constructs from one another.

Self-efficacy. Self-efficacy, like optimism, differs from hope in the weight given to each component: agency, pathways, and goals. Self-efficacy, is defined by Bandura (1994, p. 71) as “people’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives.” Self-efficacy and hope both involve a goal that has importance to the individual. Self-efficacy is seen as a cognitive, motivational, and affective process (Pastorelli, et al., 2001). Characteristics of individuals with high self-efficacy resemble those of high hopers in that they engage in challenging goals, generally reach their goal, and overcome barriers (Pastorelli, et al.). The primary difference between self-efficacy and hope is that self-efficacy focuses on situation-specific goals only (Lopez & Snyder, 2003). A person’s perceived ability in one area is of primary importance in self-efficacy, whereas with hope, both agency and
pathways thinking are necessary and hopeful thinking can transcend situations (Snyder, 2000). Likewise, self-efficacy focuses on the perceived ability of an individual to be successful, which is congruent to pathways thinking, but does not hold equal agency and pathways thinking. Self-efficacy, like optimism, considers the outcome rather than the process as significant. Perhaps the best description of the distinction between self-efficacy and hope comes from Snyder and Lopez (2000). They state, "self-efficacy focuses on the personal perception about how a person can perform the requisite activity in a given situational context, however hope emphasizes the person's self referential belief that she will initiate and continue the requisite actions" (p. 262). The difference between the two is that self-efficacy focuses on the capacity to act (can), whereas hope focuses on the intention to act (will) (Snyder & Lopez, 2000). The self-efficacy thoughts are the most important step before beginning the goal attainment process, whereas in hope it is necessary to possess pathways and agency thinking before and throughout the process (Snyder & Lopez, 2000). What an individual could do with his skills in certain situations is the focus of self-efficacy. Hope focuses on what he will do. A final difference is that unlike hope, self-efficacy does not address the topic of emotion. Hope describes emotion as the result of the goal-directed thoughts (Snyder & Lopez, 2002). Carifio and Rhodes (2002) describe Bandura’s self-efficacy as a narrow and focused subset of Snyder’s hope construct, with hope being a better predictor of motivation and persistence. Despite their similarities, self-efficacy and hope have been found to be separate constructs that contribute significant and unique variance when measuring criterion variables such as well-being (Magletta & Oliver, 1999).
Life Satisfaction. As mentioned in the introduction, positive psychology constructs have only recently been applied to youths. One of those constructs, well-being, is in the beginning stages of application to this population. Subjective well-being has been seen as containing three interrelated but separate factors: positive affect, negative affect, and life satisfaction (Greenspoon & Saklofske, 1998). The cognitive judgment about one’s fulfillment in life, life satisfaction, is an indicator of well-being (Agarwal, 2003). Since the affective components of subjective well-being focus on the long-term frequency of the affective states, this component is more difficult to measure in children. Life satisfaction, however transcends the immediate reaction to events and mood states (Gilman & Huebner, 2003). Life satisfaction, also called perceived quality of life (PQOL), is “a person’s subjective evaluation of the degree to which his/her most important needs, goals, and wishes have been fulfilled” (Huebner, Suldo, Smith, & McKnight, 2004, p. 81). PQOL incorporates the complete range of subjective well-being including very negative, neutral, and very positive functioning which can better reflect high levels of wellness and disturbances (Seligson, Huebner, & Valois, 2003). Life satisfaction, like hope, focuses on the future. Ryff and Singer (1998) stated that life satisfaction is related to having a purpose in life, a direction and meaning towards which to strive. The researchers felt that these goals are essential for personal growth and well-being. Since goals are necessary for well-being, Snyder’s hope theory may play a significant role in increasing life satisfaction. Similarly, PQOL has been found to increase as social support and problem-solving skills increase (Huebner, Suldo, Smith & McKnight, 2004).
Social Competence. Social competence is defined as possessing a wide variety of social skills and abilities such as verbal and nonverbal communication, empathy, helping, cooperation, altruism, and conflict-resolution that can be learned through imitation and modeling (Zsolnai, 2002). Individuals with high hope have also been shown to have increased social competence (Snyder, et al., 2003). The correlation between the two is thought to result from high hope individuals enjoying interactions with others, being interested in others’ goals and taking others’ perspectives, being confident in their approach to others, and maintaining reciprocal relationships (Snyder, et al., 2003; Snyder, et al., 1997). Zsolnai (2002) stated that a “contributor to the development of social competence is the individual’s ability to solve problems creatively and in alternate ways while taking into consideration their own interests and those of the group” (p. 319). Considering Zsolnai’s description, two of the components of hope, to teach different pathways and to have an important goal, play a considerable role in the development of social competence.

As is commonly understood, the interactions children have with their peers predict social rejection or popularity (Lopez, Cruz, & Rutherford, 2002). Children who are accepted by their peers receive many positive outcomes from this status, such as better academic achievement, self-esteem, and confidence (Bursuck & Asher, 1986; Estell, Farmer, Cairns, & Cairns, 2002). Likewise, children with higher cognitive abilities are more likely to gain social competence. Social status has been related to an individual’s social problem-solving skills (Gifford, Smith & Brownell, 2003). Research has shown that friends are better able to solve conflicts quickly and are motivated to maintain friendships (Gifford, et al.). The opposite could also be true; when a child is
better able to solve conflicts and has increased motivation, friendships may result. Children are more productive and efficient problem-solvers when they work with their friends (Gifford, et al.). In addition, friendships are important in childhood because they serve as outlets for social and cognitive development (Gifford, et al.).

*Academic Achievement.* Several students have found that high hope individuals have better academic achievement (Curry, Snyder, Cook, Ruby, & Rehm, 1997; Snyder, et al., 2003; Snyder, et al., 2002). The distinction should be made that hope is not correlated with IQ (Snyder, et al., 2003). Hope is thought to increase academic achievement consistently because the emphasis is on strategy and effort rather than only natural abilities (Snyder, et al.). Hopeful thinking has a positive influence on academic achievement because the process of goal attainment (i.e., good grades) is rewarded and enjoyed not just the outcome, failure is seen as a path that did not work, not the lack of ability by the individual, and multiple pathways are conceived making barriers less impeding. A study by Snyder and colleagues (2002) introduced hope theory as a motivational model for educational systems. The intrinsic nature of hope is thought to motivate a student in a way that is much more energizing than external incentives. In order to be successful academically, children need an intrinsic motivation, a belief in their abilities, a sense that success is possible, and the ability to overcome barriers (Schechtman, Gilat, Fos, Flasher, 1996). Experiencing success, through hope theory, can increase children’s perceived competence in their abilities. Increasing hope is thought to increase creativity, problem-solving skills, and interpersonal satisfaction and, therefore, academic achievement and satisfaction (Snyder, et al., 2003). On the other hand, children with low hope experience more anxiety, tend to doubt their abilities, and are unable to
use failure as learning experiences (Snyder, et al., 2003). Hopeful thinking has been shown to decrease the amount of disengagement strategies an individual uses in stressful situations (Snyder, et al., 2002). One such strategy for children is inattention. Hope has been found to help children stay on task and attend to cues in the academic environment (Snyder, 2002). Curry, et al. (1997), describes hope as “tapping into a type of goal-directed thinking that is positively related to college achievement” (p. 1269). In fact, hopeful thinking has been found to predict semester grade point average, test-taking abilities, and dropout rates among college students (Curry, et al). Overall, a child’s perceived competence has a significant impact upon their school success (Guay, Boivin, & Hodges, 1999). Their school success is one of the best predictors of future life success. Hope theory may play a role in empowering students to increase their academic achievement and, therefore, improve their chances of being successful in life.

Summary

As discussed in this review, the application of Snyder’s hope theory is related to several positive outcomes for hopeful individuals. Likewise, it is also apparent that not all people are hopeful and do not receive the benefits that hopeful individuals do. Snyder (2003) and Lopez (2003), with the help of their colleagues, have shown that hope can be taught and maintained, especially in adults. Considering the positive effect hopeful thinking has on academic achievement, teaching hope could give school counselors, child psychologists, and others another approach to improving a student’s well-being. The present study will evaluate a program that is designed to teach hopeful thinking to elementary students.
Chapter II

Rationale and Hypotheses

The positive psychology field has called for a focus on preventative skills and positive attributes that better enable individuals to cope and be resilient. One such preventative skill is hope. Snyder's cognitively-based theory of hope (Snyder, 1994; Snyder, 1995; Snyder, 2000) contains three components: pathways, agency, and goals. Individuals with high hope have been shown to benefit from a wealth of positive outcomes, such as better academic achievement, greater social support, and better overall psychological adjustment, to name a few (Snyder, 1994; Snyder 2000; Snyder & Lopez, 2002; Snyder, et al., 2002). Some programs have been successful in teaching hope to adults (Irving, et al., 1997; Trump, 1997), but few have looked at the benefits of teaching hope to children (Curry & Snyder, 2000). In the current project, children ages 8-12 years will participate in an eight-week, psycho-educational program designed to teach hope. The effectiveness of this program will be examined by testing the following hypotheses:

H I: There is a statistically significant increase in levels of hope as measured by the Children’s Hope Scale from the pre-test to post-test period.

H II: There is a statistically significant increase in levels of optimism (as measured by the Youth Life Orientation Test), self-efficacy (as measured by Children’s Perceived...
Self-Efficacy Scale), and life satisfaction (as measured by the Multidimensional Students’ Life Satisfaction Scale) from the pre-test to the post-test period.

H III: There is a statistically significant increase in a child’s social competence, as measured by the Interpersonal Competence Scale-Teacher Version (Cairns, et al., 1995) and the Self-Perception Profile for Children (Harter, 1985) from the pre-test to the post-test period.

H IV: There is a statistically significant increase in a child’s academic achievement as measured by the Academic Attitudes Teacher Rating Scale, the Interpersonal Competence Scale-Teacher Version (Cairns, et al., 1995), and the Self-Perception Profile for Children (Harter, 1985) from the pre-test to the post-test period.
Chapter III

Methods

Participants

The participants will be a minimum of 36 children ages 8-12 years (grades 3-6) recruited from Winton Montessori Elementary School, a Cincinnati Public School. All children will be invited to participate. The school's population is predominantly African-American and from disadvantaged backgrounds (i.e. poverty, limited resources, etc.). Three groups of ten students will participate in a 30-45 minute group session weekly for eight weeks.

Measures

_The Children's Hope Scale_ (CHS), developed by Snyder, et al. (1997; See Appendix A), is a 6-item, self-report measure consisting of three pathways thinking items (even) and three agency items (odd). The CHS is a measure of dispositional hope for children ages 7 to 16 years of age (grade 2 or higher). The answers fall on a six-point scale (1-6) from "none of the time" to "all of the time." The CHS can be completed and scored in 3 minutes (Snyder, 2000). In order to score the CHS, the ratings for each item are added, with a range of scores from 6 to 36 points. Snyder described that the top 15% of scores (29 or higher) denotes strong beliefs in having both pathways and agency thinking. The lower 15% of scores (21 or less) denote pathways or agency thinking only some of the time and the children in this range doubt their abilities to use hopeful
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thinking. The normal or average score is 25 and suggests hopeful thinking most of the time. The CHS norms were established using 372 school children of which 175 were females and 43 were males and 91 children with illness of which 43 were females and 48 were males (Snyder, et al., 1997). All five of Snyder’s hope scales, including the CHS, have been developed and validated using samples that generally lack diversity (Snyder, 2000). Studies are currently in the process that focus on more diverse samples. Snyder suggests the following, “given that cultures hold different values and that an individual’s goals would be tied to those values, knowing the goals of clients may facilitate a better understanding of their hopes” (Snyder, 2000, p. 74). Therefore, the teaching of hope would be most effective by eliciting and giving examples based upon the goals of individuals in the group.

In addition to measuring elements of Snyder’s theory of hope, the measure is seen as a predictor of a child’s “cognitive-intellectual performances and adaptive functioning” (Snyder, et al., 1997, p. 110). Snyder (2002) reports internal reliabilities for the CHS ranging from .72-.86 with a median alpha of .77. Positive and significant test-retest correlations ($r = .70$ to $.80$) were reported over a one month period of time (Snyder, 2000). Concurrent validity was established through the correlation with parental ratings of hope for their child, the Self-Perception Profile for Children developed by Harter (1985), the Children’s Attributional Style Questionnaire developed by Kaslow, Tanenbaum and Seligman (1978), and the Children’s Depression Inventory developed by Kovacs (1985). The CHS is correlated with intelligence at the .03 level depicting discriminant validity (Snyder, 2002). The scale has been used with a variety of samples,
including boys with ADHD, children with medical problems, health children in public
schools, and adolescents exposed to violence (Snyder, et al., 2003).

*Youth Life Orientation Test* (YLOT; Ey, et al., 2004, p. 3; See Appendix B).
developed for children in the 3\textsuperscript{rd} through 6\textsuperscript{th} grades, is a measure of “children’s positive
and negative expectations of the future.” The YLOT consists of 19 items (two fillers)
resulting in three scores from a pessimism scale, an optimism scale, and a total optimism
scale (Ey, et al.). The questions are answered on a four-point scale from “true for me” to
“not true for me.” The authors suggest that the YLOT should be read in its entirety to
students in the 3\textsuperscript{rd} and 4\textsuperscript{th} grade, while the 5\textsuperscript{th} and 6\textsuperscript{th} graders are only read the
instructions. The measure is scored by attributing a number of points to each descriptor
(i.e. “True for me” = 3 points, etc.). Each subscale score is obtained by adding the points
of designated items together. Ey, et al. (2004) found that the average score for the
optimism scale is 14.40 and the average score for the pessimism scale is 5.87. The
sample used to develop and norm the YLOT consisted of 204 students (95 males and 109
females) in the 3\textsuperscript{rd} through 6\textsuperscript{th} grades at a public school (Ey, et al., 2004). The sample
consisted of fifty-percent Caucasians and fifty-percent African-Americans; other
minorities were not included in the study. All the children were considered to be of
middle socioeconomic status (Ey, et al., 2004).

The internal consistency of the optimism, pessimism, and total optimism scales of
the YLOT were in the acceptable range with Cronbach alphas being .79, .78, and .83,
respectively (Ey, et al., 2004). The test-retest reliability was established for a seven
month period for each scale with Pearson correlations ranging from .45 to .50 at the .0001
level of significance (Ey, et al.). The test-retest reliability improved to a correlation of
.68 when the time period was one month. The convergent and discriminant validity were established by comparing the Children's Hope Scale and the Harter Self-Perception Profile for Children. The YLOT was related to hope and competence, yet proved to represent a distinct concept from the two (Ey, et al.).

_perceived self-efficacy scale._ (See Appendix C) In his Guide for Constructing Self-Efficacy Scales, Bandura (2001) states that "there is no all-purpose measure of perceived self-efficacy" (p.1). He offers instead that self-efficacy measures should be constructed for each individual variable. Focusing on more than one variable will cause some confusion. Bandura (2001) suggests that self-efficacy beliefs are influenced by sets of sub-skills and those sub-skills may vary depending on the domain which therefore does not result in a pure measure of the variable wanting to be measured. Likewise, an individual's learning efficacy and past powerful mastery experiences will also affect his/her self-efficacy in different domains. In light of these suggestions, a measure of self-efficacy has been constructed to focus on the following domains: enlisting social resources, social self-efficacy, and enlisting parental and community support.

The 29-item Perceived Self-Efficacy Scale requires that children rate themselves on how capable they feel they are at a variety of tasks (i.e., working in a group). Content validity was ensured by using the term "can do" in the self-efficacy questions. Bandura (2001) emphasizes that perceived self-efficacy is a judgment on the part of the individual about how capable they are at a certain task. The phrasing of the items and the response scale were constructed based upon examples given by Bandura in his Guide (2001). The items are phrased in such a way that they are readable and face valid. The response scale consists of 7 points from "not well at all" to "very well."
sensitive measure that provides a more reliable method of rating self-efficacy beliefs as opposed to response scales with fewer points (Bandura). There are no available norms for this measure given its individualized nature.

*Multidimensional Students’ Life Satisfaction Scale* (MSLSS), developed by Huebner and Gilman (2002; See Appendix D), consists of 40 items and can be administered to students in grades 3 through 12. The scale is designed to measure a child’s subjective perception of life satisfaction in five specific domains: school, self, family, friends, and living environment. It also provides an overall or general measure of life satisfaction. Each factor has internal consistency values of greater than .80, which the authors feel means that the children answered in a way that showed they could easily differentiate the scales (Huebner & Gilman). The scale has a mid-1st grade reading level and can be administered individually or as a group. The questions are answered on a four-point Likert scale ranging from “never” to “almost always.” The MSLSS has been administered to four samples of children in South Carolina (Huebner & Gilman, 2002). The samples have not been representative of the population, and the authors call for more research including more diverse samples, some of which are currently underway (Huebner & Gilman, 2002).

High overall reliability for the MSLSS total score was reported with alpha coefficients ranging from .90 to .92. Each domain also has good internal consistency, with alphas ranging from .79 to .85. Test-retest reliability over a two to four week period of time was .70 to .90 (Huebner & Gilman, 2002). The validity of the scale was tested relative to each domain and a related measure suggesting a valid measure of life satisfaction. The MSLSS has been described as “one of the most comprehensive
investigations in the area of children subjective well-being to date” (Greenspoon & Saklofske, 1998).

Interpersonal Competence Scale – Teacher Version (ICS-T; Cairns, et al., 1995; See Appendix E), will serve as one of two measures of social competence. The ICS-T is an 18-item scale completed by a student’s teacher or parent. The scale has been used with 3rd through 12th graders. A 7-point answer scale ranges from “never” to “always.” The scale is grouped into five subscales consisting of aggressiveness, popularity, academic achievement, social affiliation, and “Olympian” qualities (i.e., sporting prowess, attractiveness, and tendency to win at games, sports, etc.). The higher the point on each scale, the more descriptive the scale is for that individual (Cairns, et al., 1995). The development and norms for the scale were based upon a sample of 695 participants (364 girls and 331 boys) from seven public schools in North Carolina (Cairns, et al., 1995). Twenty-five percent of the sample were minorities, predominantly African American (Cairns, et al., 1995).

Cairns, et al. (1995) report the internal consistency of the scale ranged from Cronbach coefficients of .67 for the “Olympian” qualities to .84 for the summed interpersonal competence score. Short-term and long-term test-retest reliability was assessed with a 3-week period of time resulting in a range of r = .69 (social affiliation) to r = .91 (summed interpersonal competence score). Long-term test-retest reliability was assessed over a one-year period of time resulting in a range from r = .27 for social affiliation to r = .52 for the summed interpersonal competence score (Cairns, et al., 1995). To establish convergent and discriminant validity, the ICS-T was compared to school
dropout, teenage pregnancy, peer nominations, and social network membership (Cairns, et al., 1995).

*Self-Perception Profile for Children* (SPPC; Harter, 1985; See Appendix F) will serve as the second measure of social competence and assesses self-esteem, or an individual’s feelings of worthiness and competence (Muris, Meesters, & Fijen, 2003). The SPPC contains five subscales that measure perceptions of competence: scholastic, behavioral conduct, social acceptance (peer likeability), physical appearance, and athletic domains. Harter provides a sixth subscale that is a measure of global self-worth (Rose & Larkin, 2002). The global self-worth scale is not the sum of all the subscales, but is a set of designated items that assesses “how much the individual evaluates his/her overall worth as a person” (Harter, 1999, p. 120).

Each of the 36 items consists of two statements separated by the word “BUT.” The child is asked to identify the statement that is most like them using a scale with four points that state “really true for me” and “sort of true for me.” This format is used to decrease answering in a socially desirable way. The scores range from 1 (least favorable self-perception) to 4 (most favorable). The subscale scores are obtained by averaging the item scores in the respective domains (Rose & Larkin, 2002). Each domain is one discrete factor (Harter, 1999). The sample used to norm the SPPC consisted of four samples of children from the 3rd to 8th grade from Colorado (Harter, 1985). The samples were from lower middle class to upper middle class and was approximately 90% Caucasian (Harter, 1985).

The internal consistency of the SPPC was satisfactory with Cronbach’s Alphas between .74 (global self-worth) to .83 (perceived scholastic competence) (Rose & Larkin,
At a four-week interval, test-retest reliability was good with all intraclass correlation coefficients at .84 or higher (Muris, et al., 2003). The validity of the scale is shown through its correlation with peer, teacher, and parent ratings of children's competence and its negative correlation with levels of psychopathological symptoms including anxiety and depression (Muris, et al., 2003).

Academic Achievement is being measured through three components, including teacher ratings, the Interpersonal Competence Scale – Teacher Version described above, and the Self-Perception Profile for Children also described above. Teacher ratings of students' classroom behavior have been found to be reliable and valid (Greenwood, Walker, Hill, & Hops, 1977). In past research, teacher rating scales have been developed by asking teachers to select behaviors essential to academic achievement and noticeable to teachers (Koizumi, 1999). The current rating scale does not have any normative data. The answers were based on a five-point Likert scale ranging from “well below grade average” to “well above grade average.” These scores were then averaged to produce a global rating.

The teacher rating scale for this study, the Academic Attitudes Teacher Rating Scale, will be developed by asking five teachers in the third through sixth grades what they consider to be necessary skills to achieve academic goals. Based on their responses, stems will be generated for approximately five to ten items, and the teachers will be asked to rate how often the child uses those skills based on a 5-point scale including “never,” “rarely,” “sometimes,” “often,” and “always.” A total score will be computed by summing the ratings.
Procedure

All children ages 8-12 from Winton Montessori Elementary School will be recruited to participate in the Teaching Hope Program. The first 36 children to return the consent form will be divided into three groups. If more than 36 children wish to participate, more groups will be established.

After the children have been identified, parents will receive information describing the program, the child’s participation, the parent/teachers’ participation, and other required elements (see Appendix G). Parents will be asked to provide written permission for their child’s participation (See Appendix H). After permission is received from the parents, the child’s assent will be requested before the administration of any measures (See Appendix I). The child’s assent will also be requested after a description of the program is given in session number one.

Each child will be asked to complete a series of questionnaires taking approximately 30-45 minutes one week before the start of the sessions. The students will be grouped together in a quiet room and asked to complete the questionnaires. Based on the demands of each measure and the developmental level of the child, some questionnaires may be read to the group and breaks may be included.

Thirty-six students will be divided into three groups of twelve based upon age. The age groups will be 8 to 9 years old and 10 to 12 years old since the Montessori classrooms mirror this age division. The researcher will strive for gender balance within and between groups. Consistent representation across groups will be a primary objective. Each group, regardless of age, will be given the same information for each session,
although there may be subtle differences in presentation to best meet the developmental needs of the students.

The children will be involved in an eight week program consisting of 30 to 45 minute sessions weekly. The sessions will teach concepts based upon Snyder’s Hope Theory (See Appendix J). A child will need to complete sixty percent of the sessions (five group sessions) and be in attendance at the first session in order to be included in the statistical analyses as a completer of the program. The Teaching Hope Program will be offered as part of the TriHealth Community Outreach Program. The Community Outreach Program is not funded by Cincinnati Public Schools, yet provides clinical services from a clinical psychologist and a doctoral psychology graduate student to several Cincinnati Public Schools, including Winton Montessori School. Along with the Community Outreach Program, the students, teachers, and administrators work together to enhance a child’s total well-being including educational and mental health needs. The Teaching Hope groups will occur before or after school depending on the preference of the parent.

During the course of the program, each student will be asked to complete homework (i.e. reading books, composing narratives, etc.) and will receive sticker stars for its completion. A token economy will be implemented, rewarding students who have a designated number of tokens at the end of each session. The tokens will be given based upon group participation and homework assignments completed. The system will be set-up to allow the students to experience success, yet allow the facilitators to warn and excuse students if behaviors become too distracting. A co-facilitator will execute the token economy and help maintain order in the sessions. The students will be given a
notebook that will contain stories, quotes, their homework, and worksheets to maintain during the program. The notebook will serve as a reminder of what they have learned and a place to store their materials.

The children will be asked to return three weeks after the completion of the eight group sessions in order to complete the post-test measures, which will repeat the measures used at pre-test. An incentive will be given for doing so, such as an award or certification for the completion of the program.
Chapter IV

Proposed Analyses

The aim of the present study is to determine the effectiveness of the Teaching Hope Program for children ages 8-12 years old. In order to do this, measures of the children’s functioning and attitudes in various social and school domains by a variety of measures will be administered before and after the program. These measures will serve as a measure of program effectiveness. Before evaluating program effectiveness, Pearson Product-Moment Correlations among the scores of all dependent measures will be evaluated.

The first hypothesis states that there will be a statistically significant increase in levels of hope as measured by the Children’s Hope Scale from the pre-test to post-test. In order to test this hypothesis, a repeated measures t-test will be used to compare the pre-test and post-test scores.

The second hypothesis states that there will be a statistically significant increase in levels of optimism as measured by the Youth Life Orientation Test (Ey, et al., 2004), self-efficacy as measured by the Children’s Perceived Self-Efficacy Scale (Bandura, 2001), and life satisfaction as measured by the Multidimensional Students’ Life Satisfaction Scale (Huebner & Gilman, 2002) from pre-test to post-test. In order to test this hypothesis, a repeated measures MANOVA will be computed using the scores of these measures to determine if there was a significant change in scores from pre-test to post-test.
The third hypothesis states that there will be a statistically significant increase in a child’s social competence as measured by the Interpersonal Competence Scale-Teacher Version (Cairns, et al., 1995) and the Self-Perception Profile for Children (Harter, 1985). In order to test this hypothesis a repeated measures MANOVA will be used to compare the scores of the measures from pre-test to post-test.

The fourth hypothesis states that there is a statistically significant increase in academic achievement as measured by the Interpersonal Competence Scale-Teacher Version (Cairns, et al., 1995), the Self-Perception Profile for Children (Harter, 1985), and by the Academic Attitudes Teacher Rating Scale from pre-test to post-test. In order to test this hypothesis, a repeated measures MANOVA will be completed analyzing the total score of the Academic Attitudes Rating Scale and the scales of the Interpersonal Competence Scale and Self-Perception Profile for Children that address academic achievement.
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*Journal of Educational Psychology, 94*, 820-826.


*Journal of Youth and Adolescence, 32*, 5-16.


*Journal of Educational Psychology, 83*, 361-371.


*Dissertation Abstracts International, 58 (4-A)*, 1211.


Appendix A
Children's Hope Scale

Questions About Your Goals.

Directions: The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a check inside the circle that describes YOU the best. For example, place a check (✓) in the circle (O) above "None of the time," if this describes you. Or, if you are this way "All of the time," check this circle. Please answer every question by putting a check in one of the circles. There are no right or wrong answers.

1. I think I am doing pretty well.

   □ □ □ □ □ □ □
   None of the time  A little of the time  Some of the time  A lot of the time  Most of the time  All of the time

2. I can think of many ways to get the things in life that are most important to me.

   □ □ □ □ □ □ □
   None of the time  A little of the time  Some of the time  A lot of the time  Most of the time  All of the time

3. I am doing just as well as other kids my age.

   □ □ □ □ □ □ □
   None of the time  A little of the time  Some of the time  A lot of the time  Most of the time  All of the time

4. When I have a problem, I can come up with lots of ways to solve it.

   □ □ □ □ □ □ □
   None of the time  A little of the time  Some of the time  A lot of the time  Most of the time  All of the time

5. I think the things I have done in the past will help me in the future.

   □ □ □ □ □ □ □
   None of the time  A little of the time  Some of the time  A lot of the time  Most of the time  All of the time

6. Even when others want to quit, I know that I can find ways to solve the problem.

   □ □ □ □ □ □ □
   None of the time  A little of the time  Some of the time  A lot of the time  Most of the time  All of the time

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Appendix B
Youth Life Orientation Test

Instructions

Please answer the following questions about yourself by putting how true or not true each statement is for you. Please COLOR IN the oval that seems to describe you the best. There are no right or wrong answers. Just describe yourself as best as you can.

1. It’s easy for me to have fun.

   true for me  sort of true  sort of not true  not true for me

2. I like to be active.

   true for me  sort of true  sort of not true  not true for me

3. I’m always hopeful about my future.

   true for me  sort of true  sort of not true  not true for me

4. Things usually go wrong for me.

   true for me  sort of true  sort of not true  not true for me

5. When I am not sure what will happen next, I usually expect it to be something good.

   true for me  sort of true  sort of not true  not true for me

6. Usually, I don’t expect things to go my way.

   true for me  sort of true  sort of not true  not true for me

7. Usually, I don’t expect good things to happen to me.

   true for me  sort of true  sort of not true  not true for me
8. I am a lucky person.
   true for me  sort of true  sort of not true  not true for me

9. If something nice happens, chances are it won't be to me.
   true for me  sort of true  sort of not true  not true for me

10. Each day I look forward to having a lot of fun.
    true for me  sort of true  sort of not true  not true for me

11. When things are good, I expect something to go wrong.
    true for me  sort of true  sort of not true  not true for me

12. I usually expect to have a good day.
    true for me  sort of true  sort of not true  not true for me

13. No matter what I try, I do not believe anything is going to work.
    true for me  sort of true  sort of not true  not true for me

14. Overall, I expect more good things to happen to me than bad things.
    true for me  sort of true  sort of not true  not true for me

15. Each day I expect bad things to happen.
    true for me  sort of true  sort of not true  not true for me
<table>
<thead>
<tr>
<th>Question</th>
<th>True for Me</th>
<th>Sort of True</th>
<th>Sort of Not True</th>
<th>Not True for Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. When things are bad, I expect them to get better.</td>
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<tr>
<td>17. Even when people around me are sick, I expect to be healthy.</td>
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<tr>
<td>18. If some illness is going around, I am sure to get it.</td>
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<tr>
<td>19. When I do not feel well, I expect that I will feel better soon.</td>
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Appendix C
The Children’s Perceived Self-Efficacy Scale

These questions are designed to help us get a better idea of the kinds of things that are difficult for students. Please rate how well you can do the things described below by circling the appropriate number. Please give your honest opinion.

Self-Efficacy in Enlisting Social Resources

How well can you get teachers to help you when you get stuck on schoolwork?

1  2  3  4  5  6  7
Not well at all Not too well Pretty well Very well

How well can you get another student to help you when you get stuck on schoolwork?

1  2  3  4  5  6  7
Not well at all Not too well Pretty well Very well

How well can you get adults to help you when you have problems with friends?

1  2  3  4  5  6  7
Not well at all Not too well Pretty well Very well

How well can you get a friend to help you when you have problems with friends?

1  2  3  4  5  6  7
Not well at all Not too well Pretty well Very well

Social Self-Efficacy

How well can you make and keep friends that are girls?

1  2  3  4  5  6  7
Not well at all Not too well Pretty well Very well

How well can you make and keep friends that are boys?

1  2  3  4  5  6  7
Not well at all Not too well Pretty well Very well

How well can you carry on a discussion with other children?
How well can you work in a group?

Self-Efficacy for Enlisting Parental and Community Support

How well can you get your parents to help you with a problem?

How well can you get your brothers and sisters to help you with a problem?

How well can you get your parents to take part in school activities?
Appendix D
Multidimensional Students' Life Satisfaction Scale

We would like to know what thoughts about life you've had during the past several weeks. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with life. Circle the number (from 1 to 6) next to each statement that indicates the extent to which you agree or disagree with each statement. It is important to know what you REALLY think, so please answer the question the way you really feel, not how you think you should. This in NOT a test. There are NO right or wrong answers. Your answers will NOT affect your grades, and no one will be told your answers.

Circle 1 if you STRONGLY DISAGREE with the sentence
Circle 2 if you MODERATELY DISAGREE with the sentence
Circle 3 if you MILDLY DISAGREE with the sentence
Circle 4 if you MILDLY AGREE with the sentence
Circle 5 if you MODERATELY AGREE with the sentence
Circle 6 if you STRONGLY AGREE with the sentence

<table>
<thead>
<tr>
<th>1. My friends are nice to me</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
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<tbody>
<tr>
<td>2. I am fun to be around</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>3. I feel bad at school</td>
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<tr>
<td>4. I have a bad time with my friends</td>
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<td>6</td>
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<tr>
<td>5. There are lots of things I can do well</td>
<td>1</td>
<td>2</td>
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<tr>
<td>6. I learn a lot at school</td>
<td>1</td>
<td>2</td>
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<td>6</td>
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<tr>
<td>7. I like spending time with my parents</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<td>6</td>
</tr>
<tr>
<td>8. My family is better than most</td>
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<td>2</td>
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<tr>
<td>9. There are many things about school I don't like</td>
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<td>2</td>
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<td>6</td>
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<td>10. I think I am good looking</td>
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<td>11. My friends are great</td>
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<td>3</td>
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<td>12. My friends will help me if I need it</td>
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<td>6</td>
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<tr>
<td>13. I wish I didn't have to go to school</td>
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<td>14. I like myself</td>
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<td>6</td>
</tr>
<tr>
<td>15. There are lots of fun things to do where I live</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>16. My friends treat me well</td>
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<td>2</td>
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<td>6</td>
</tr>
<tr>
<td>17. Most people like me</td>
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<td>2</td>
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<td>18. I enjoy being at home with my family</td>
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<tr>
<td>19. My family gets along well together</td>
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### Teaching Hope

20. I look forward to going to school

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Circle 1 if you STRONGLY DISAGREE with the sentence
Circle 2 if you MODERATELY DISAGREE with the sentence
Circle 3 if you MILDLY DISAGREE with the sentence
Circle 4 if you MILDLY AGREE with the sentence
Circle 5 if you MODERATELY AGREE with the sentence
Circle 6 if you STRONGLY AGREE with the sentence

21. My parents treat me fairly

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Circle 1 if you STRONGLY DISAGREE with the sentence
Circle 2 if you MODERATELY DISAGREE with the sentence
Circle 3 if you MILDLY DISAGREE with the sentence
Circle 4 if you MILDLY AGREE with the sentence
Circle 5 if you MODERATELY AGREE with the sentence
Circle 6 if you STRONGLY AGREE with the sentence

22. I like being in school

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23. My friends are mean to me

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24. I wish I had different friends

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25. School is interesting

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26. I enjoy school activities

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27. I wish I lived in a different house

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28. Members of my family talk nicely to one another

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29. I have a lot of fun with my friends

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30. My parents and I do fun things together

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31. I like my neighborhood

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32. I wish I lived somewhere else

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<th>2</th>
<th>3</th>
<th>4</th>
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33. I am a nice person

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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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34. This town is filled with mean people

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<tr>
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<th>2</th>
<th>3</th>
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35. I like to try new things

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36. My family's house is nice

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37. I like my neighbors

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<th>2</th>
<th>3</th>
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38. I have enough friends

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<th>3</th>
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39. I wish there were different people in my neighborhood

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<tr>
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40. I like where I live

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Appendix E
Interpersonal Competence Scale-Teacher Version

ICS-TV

Instruction: Please mark the appropriate rating for this student on each item. Work quickly and do not omit any item, using your own knowledge of the child as your guide. Use all of the points of the scale that apply.

Never Argues

Always Argues
Sometimes

Always Gets In Trouble At School

Sometimes
Never Gets In Trouble At School

Always Smiles

Sometimes
Never Smiles

Not Popular With

Very Popular

Boys
So-So
Boys

Not Shy

Very Shy
So-So

Very Good At Sports

Not Good At Sports
So-So

Very Good Looking

Not Good Looking
So-So

Very Good At Spelling

Not Good At Spelling
So-So

Always Gets In A Fight

Never Gets In A Fight
Sometimes

Never Sad

Always Sad
Sometimes

Not Good At Math

Very Good At Math
So-So

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Teaching Hope 64

Very Popular With Girls

<table>
<thead>
<tr>
<th>Very Popular</th>
<th>So-So</th>
<th>Not Popular</th>
</tr>
</thead>
</table>

Lots of Friends

<table>
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<tr>
<th>Lots of Friends</th>
<th>No Friends</th>
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</table>

Never Gets Their Way

<table>
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<tr>
<th>Never Gets Their Way</th>
<th>Sometimes</th>
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</table>

Never Worries

<table>
<thead>
<tr>
<th>Never Worries</th>
<th>Always Worries</th>
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Wins A Lot

<table>
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<tr>
<th>Wins A Lot</th>
<th>Never Wins</th>
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</table>

Never Friendly

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<tr>
<th>Never Friendly</th>
<th>Always Friendly</th>
</tr>
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</table>

Cries A Lot

<table>
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<tr>
<th>Cries A Lot</th>
<th>Never Cries</th>
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Appendix F
Self-Perception Profile for Children

What I Am Like

Name __________________________ Age ______ Birthday ___________ Group ______

Boy or Girl (circle which)

SAMPLE SENTENCE

1. Some kids feel that they are very good at their school work
   BUT Other kids worry about whether they can do the school work assigned to them.

2. Some kids find it hard to make friends
   BUT Other kids find it's pretty easy to make friends.

3. Some kids do very well at all kinds of sports
   BUT Other kids don't feel that they are very good when it comes to sports.

4. Some kids are happy with the way they look
   BUT Other kids are not happy with the way they look.

5. Some kids often do not like the way they behave
   BUT Other kids usually like the way they behave.

6. Some kids are often unhappy with themselves
   BUT Other kids are pretty pleased with themselves.

7. Some kids feel like they are just as smart as as other kids their age
   BUT Other kids aren't so sure and wonder if they are as smart.

8. Some kids have a lot of friends
   BUT Other kids don't have very many friends.

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<table>
<thead>
<tr>
<th></th>
<th>Really True for me</th>
<th>Sort of True for me</th>
<th>BUT</th>
<th>Really True for me</th>
<th>Sort of True for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Some kids wish they could be alot better at sports</td>
<td></td>
<td></td>
<td>Other kids feel they are good enough at sports.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Some kids are happy with their height and weight</td>
<td></td>
<td></td>
<td>Other kids wish their height or weight were different.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Some kids usually do the right thing</td>
<td></td>
<td></td>
<td>Other kids often don't do the right thing.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Some kids don't like the way they are leading their life</td>
<td></td>
<td></td>
<td>Other kids do like the way they are leading their life.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Some kids are pretty slow in finishing their school work</td>
<td></td>
<td></td>
<td>Other kids can do their school work quickly.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Some kids would like to have alot more friends</td>
<td></td>
<td></td>
<td>Other kids have as many friends as they want.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Some kids think they could do well at just about any new sports activity they haven't tried before</td>
<td></td>
<td></td>
<td>Other kids are afraid they might not do well at sports they haven't ever tried.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Some kids wish their body was different</td>
<td></td>
<td></td>
<td>Other kids like their body the way it is.</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Some kids usually act the way they know they are supposed to</td>
<td></td>
<td></td>
<td>Other kids often don't act the way they are supposed to.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Some kids are happy with themselves as a person</td>
<td></td>
<td></td>
<td>Other kids are often not happy with themselves.</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Some kids often forget what they learn</td>
<td></td>
<td></td>
<td>Other kids can remember things easily.</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Some kids are always doing things with alot of kids</td>
<td></td>
<td></td>
<td>Other kids usually do things by themselves.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Really True for me</td>
<td>Sort of True for me</td>
<td></td>
<td>Really True for me</td>
<td>Sort of True for me</td>
</tr>
<tr>
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</tr>
<tr>
<td>1.</td>
<td>Some kids feel that they are better than others their age at sports</td>
<td>BUT Other kids don’t feel they can play as well.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Some kids wish their physical appearance (how they look) was different</td>
<td>BUT Other kids like their physical appearance the way it is.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Some kids usually get in trouble because of things they do</td>
<td>BUT Other kids usually don’t do things that get them in trouble.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Some kids like the kind of person they are</td>
<td>BUT Other kids often wish they were someone else.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Some kids do very well at their classwork</td>
<td>BUT Other kids don’t do very well at their classwork.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Some kids wish that more people their age liked them</td>
<td>BUT Other kids feel that most people their age do like them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>In games and sports some kids usually watch instead of play</td>
<td>BUT Other kids usually play rather than just watch.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Some kids wish something about their face or hair looked different</td>
<td>BUT Other kids like their face and hair the way they are.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Some kids do things they know they shouldn’t do</td>
<td>BUT Other kids hardly ever do things they know they shouldn’t do.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Some kids are very happy being the way they are</td>
<td>BUT Other kids wish they were different.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Some kids have trouble figuring out the answers in school</td>
<td>BUT Other kids almost always can figure out the answers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Some kids are popular with others their age</td>
<td>BUT Other kids are not very popular.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Really True for me</td>
<td>Sort of True for me</td>
<td>Other kids are good at new games right away.</td>
<td>BUT</td>
<td>Other kids think that they are not very good looking.</td>
<td></td>
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<td>-------------------</td>
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<td></td>
</tr>
<tr>
<td>33.</td>
<td></td>
<td>Some kids don't do well at new outdoor games</td>
<td></td>
<td>Some kids think that they are good looking.</td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td></td>
<td>Some kids think that they are good looking</td>
<td></td>
<td>Other kids think that they are not very good looking.</td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td></td>
<td>Some kids behave themselves very well</td>
<td></td>
<td>Other kids often find it hard to behave themselves.</td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td></td>
<td>Some kids are not very happy with the way they do a lot of things</td>
<td></td>
<td>Other kids think the way they do things is fine.</td>
<td></td>
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Susan Harter, Ph.D., University of Denver, 1985

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Appendix G
Informational Letter to Parents

(Date)

Winton Montessori Elementary School
Address

Dear Parents,

Winton Montessori, along with the TriHealth Community Outreach Program, is pleased to offer your child the opportunity to be involved in a program that teaches problem-solving through fun, interactive activities.

The program, entitled Teaching Hope, includes activities aimed at teaching children how to set meaningful goals, ways to achieve their goals, and the confidence it takes to believe a goal is possible. Teaching these three skills has been shown to increase a child’s hope. We know that when children, and adults alike, have high levels of hope they have better school achievement, better friendships, and feel more positive overall. The program is designed to provide your child with skills to use inside and outside of the classroom. Teaching Hope will be offered as a group experience. Your child and the other children in the group will be asked to participate in a 30-45 minute class that will occur once a week for eight weeks. The groups will meet before or after school based upon the preference of the majority of the parents. Also, we want to know how well this program works, so we will ask your child and his/her teacher to complete several questionnaires before and after the program. The questionnaires will ask how hopeful they feel, how they interact with others, what their grades are like, how optimistic they feel, how confident they are of their skills, and how satisfied they are overall. The questions will take approximately thirty minutes to answer, and will also be done in a group.

In order for your child to participate in the program, which includes answering the questionnaires described, we will need your written permission. If you would like for your child to take part in Teaching Hope, please sign and return the permission form in this envelope to your child’s teacher. Thank you for your help.

Dara Delancy, M.A.
Clinical Psychology Graduate Student

Carmen Hull
Winton Montessori Principal

Joy E. McGhee, Psy.D.
Clinical Psychologist

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Appendix H
Parental Consent

Permission Form

My name is Dara Delaney, and I am a graduate student at Xavier University in the Clinical Psychology program. Some of you may remember me from last year when I worked with Dr. Joy McGhee as part of the TriHealth Community Outreach Program. As part of my educational goals at Xavier University, I must complete a research study. I feel strongly that children deserve the best chance possible to achieve their goals. One way to improve a child’s chance at success is to teach them helpful and important skills. I see the Teaching Hope Program as one possible way to do this. The results of this program at Winton Montessori could help teachers and school officials in the future to offer a program that will better the lives of children inside and outside of the classroom.

If your child participates in this program, he/she may quit at anytime with no penalty. Participation in this study does not result in a grade. The program will require activities to be completed at home. Many of those activities (i.e. reading a book) will correlate with your child’s homework assigned by his/her teacher. Your child will benefit the most if you help them think about and complete their activities.

If you would like your child to participate in the Teaching Hope Program, please sign the form below and return it to your child’s teacher. Please return this form by December 3, 2004, to ensure that your child can participate in this program. If you have any questions about this program, you can reach me at 745-1039 or contact my research supervisor, Dr. Kathleen J. Hart, Ph.D., ABPP at 745-3278.

Thank you for your help!

I, __________________________, give permission for my child, __________________________, to participate in the Teaching Hope Program, including answering questions that will help determine how effective the program was.

_________________________________________  Date

When would you prefer the groups be held? (Circle one.)

BEFORE SCHOOL    AFTER SCHOOL

Will you be able to provide transportation to and from the groups so that your child will be able to consistently attend the group sessions? (Please answer “yes” or “no”).

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Hello. My name is Dara Delaney, and I am a student at Xavier University. Some of you may remember me from last year when I worked with Dr. Joy. This year, I will be at Winton Montessori doing a group called Teaching Hope. The group will teach you how to set goals that are important, how to reach your goals, and how to believe in yourself. The group will meet before or after school one day a week for 30-45 minutes. The group will last for eight weeks.

Along with the group, you and your teacher will be asked to answer some questions before the groups start and after the groups end. The groups will meet before or after school. Being in the group will also mean that you will need to be in attendance for the groups and do activities at home with your parents or other adult that you know well.

You will not get a grade for the group. It is an extra group outside of your class work. If you want to be in the group, write your name on the line below. If you do not want to be in the group, raise your hand, and I will collect the papers from you. If you begin the group and decide that you want to quit, you will not be punished for doing so. If you have questions, you can ask me or call me at 745-1039. You can also ask Dr. Joy or call my supervisor, Dr. Kathleen J. Hart, Ph.D., ABPP, at 745-3278 with your questions.

Thanks for your help!

Yes, I want to be in the group. ________________________________

Write your name on this line.
Appendix J  
Teaching Hope Program Protocol  

**Day One**  
**Group Information and Defining Hope**

1. **Introduce group facilitators.**
2. **Describe the study:**
   a. It is a program that uses fun stories, games, and activities to solve problems and reach goals.
   b. It will last for 8 weeks for 30-45 minutes on (day of week).
   c. To learn the skills the best, it is important to be present each time. However, you have the choice to quit coming at any time.
   d. Fun assignments will be completed at home. Each assignment builds on one another, and your parent or teacher can help you. If the assignments are done, you will receive a reward at the next meeting.
   e. You will also receive folders/packets to hold all your materials in. These packets can help you remember what you learned in the group even after the group if finished.
3. **Assent:**
   If you would like to be involved in these groups, please read this paper and sign your name on the line. Your parents know about what you will be doing in the groups and have already given permission for you to participate. If you do not want to participate, you will not be punished.
4. **Group Behavior:** (To best learn...)
   a. So that everyone can hear, we need to raise our hand.
   b. Respect the speaker and others.
   c. Introduce the token economy concept, the homework assignments completion table, and the explain that a reward will be given at the end of each group based upon the amount of tokens.
5. **Icebreaker:**
   Please say your name and one thing you like about yourself.
6. **Define Hope:**  
   **Rationale:**
   In the book *Hope for the Journey*, Snyder, McDermott, Cook and Rapoff (1997, p. 126) define hope for children. Introducing the definition will illustrate to the children the different parts of hope and allow them to recognize and therefore further develop the components. The definition outlines the two primary components of agency and pathways and implies the need for a goal. In general, describe hope as “something you feel inside you.” The agency component is described as, “feeling and knowing that you are able to reach your goal, that you can do or get what you want.” The pathways component is described as, “being able to think of lots of ways to reach your goal,” and goes on to describe overcoming barriers as, “when you have problems, you can think of ways to solve them.” Finally, the definition is summarized by saying, “So, hope is feeling able to do a think (agency) and finding ways to do it (pathways).”
   **Activity:**
   “It is something you feel inside you. It has two parts. One part is feeling and knowing that you are able to reach your goal, that you can do or get what you want. The second part is being able to think of lots of ways to reach your goal. When you have problems, you can think of ways to solve them. So, hope is feeling able to do a thing and finding ways to do it.”
7. **Write the three components of hope from the definition on the board.**  
   (label the components for the children as outlined above)
8. **Give an example.**  
   **Rationale:**
   Giving an example to the children of the three components of hope allows them to better
understand what those components mean. Each example should exemplify the different components of hope as defined by C.R. Snyder. The goal should be achievable, challenging, specific, and important to the individuals in the group. The agency (will) component should be the energy or motivation that sustains a person through the goal attainment process. As Snyder explains, positive self-talk and past experience can be a method in which to promote agency. The pathways (ways) should contain at least two possible solutions or paths to reach a goal. The “problems” part of the definition needs to be described as the barriers are in hope theory. The facilitator should talk through the pathways to overcoming the barrier as well.

Activity:
The example should be rather simple for the beginners, but also denote the components in a way that the children understand.

Goal: To learn to play basketball.

Will: If I work hard, I can learn how to shoot, dribble, etc.
I have played other sports in the past and did well and had fun.

Ways: I will watch a game on TV, ask my parent to show me some moves, and get some friends together to play.

Problems: I can't make a 3-pointer: First, I'll start very close and slowly back up until I get to the 3-point line. I don't have a basketball: Ask for it for my birthday. Save my allowance. Ask a friend to borrow his.

9. Who can give an example?

Rationale:
After the children have been given a model of what “hope” is, it is important to assess their understanding and further mold their conceptualizations into this specific definition of hope. To sustain the children's attention, the facilitator can act out their examples of hope.

10. Review hope components:

Once again, refer to the board to show the components of hope and review the meanings of each.

11. Homework: Create one example of hope that fits your goals. Write it down.

Rationale:
As is commonly accepted in cognitive-behavioral therapy, homework provides the participants with a way to practice and consider more intently the skills they have learned in the session. The purpose for the homework assignment is very similar in the Teaching Hope Program. The children can further contemplate the meaning of hope and apply the concept to his/her goals to make it more meaningful to them. The example created for this homework assignment will be used in the future session to reinforce the different components of hope and also allow the child to apply and generalize the concepts to his/her own life.

12. Inform:
Tell the children where and when the group will meet next week.

13. Group Folders:

Rationale:
The colorful folders will serve two primary purposes for the group. One is for the children to have an organized way to transport their homework and not loose it. Two, the group members can use the materials in the folders to remind themselves about the lessons and skills learned in previous groups. For example, the information for Day One would be a card with the definition of hope, a motivational Dr. Seuss saying (listed below), and the homework worksheet for this group. The folder should also have an envelope in which the children can carry his/her rewards or tokens.

Dr. Seuss saying: “You have brains in your head, You have feet in your shoes, You can steer yourself, Any direction you choose.”

Day Two
Define Hope

1. Review the group rules.
2. Define hope, give examples, and label the three components.
3. **Review homework:**

   Ask the children to share their examples of hope. Shape the definitions as necessary without degrading the child’s efforts. For example, prompt the children to answer a missing component by saying, “I see the goal is _______, I see the will is _______, but I can’t seem to find the ways. What were the ways in your example?” Reinforce completed homework assignments by giving the child a sticker to put on the homework assignments poster board and rewarding them with a token.

4. **Homework:**

   **Rationale:**

   In order to engage the group members, ask them to label the components of hope in another participant’s hope example. Engaging others in the process will sustain their attention and begin to build the social relationships and trust within the group. It will also allow children more practice at labeling the components of hope and seeing hope in different contexts.

5. **“Hope Is Like A Rope”**

   **Rationale:**

   Snyder, McDermott, and others have suggested the influential nature that narratives have on the hope levels of children and adults. In a study done by Trump (1997), adult incest survivors were shown a videotaped, hopeful narrative. The individuals’ hope scores increased from pre-treatment to post-treatment, showing the teaching abilities of storytelling and writing. Narratives written by children have also been used to establish or assess a child’s level of hope and ability to use and understand the different components of hope. Several stories and writing tasks will be done in the Teaching Hope program for the purposes expressed above.

   **Activity:**

   In the book, *Hope for the Journey*, Snyder, McDermott, Cook, and Rapoff., describe how one boy understood hope as a rope (1997, p. 28). The premise of the story goes as follows:

   A young boy felt as though he was climbing a rope that kept falling out of the sky on top of him. Through the help of a therapist, the boy was asked to think about the rope as a giant lasso that he could use to “catch” his goals. If he wasn’t able to successfully catch his goal on the first try, he was to continue trying until he could catch his goal finding different ways to be successful.

   Facilitating this story would involve describing this boy’s story to the group and then acting out the scenario of trying to lasso a goal (the facilitator could act this out or a volunteer from the group). The rest of the group could give ideas about how the child could lasso the target. During this process, the facilitator should solicit what the child doing the lassoing is experiencing in terms of agency (Do you think you can do it? How motivated are you to lasso the target? Can you picture yourself lassoing the target?). This story helps to illustrate hope components and hope in its entirety. Children often learn best through experience rather than through verbal instruction. The story will enable the children to see hope in motion per se and once again give them a range of contexts in which to recognize hope.

6. **Read “The Little Engine That Could”**

   **Rationale:**

   Once again, the telling and acting out of this story can teach the different components of hope and instill hopeful thinking (agency and pathways). “The Little Engine That Could” is a hopeful story because it includes the components of hope. The story presents a problem to be solved (to reach the top of the mountain) and clearly defines the agency component of hope (by saying “I think I can.”). The story is also hopeful in that it encourages the child not to give up, but to continue trying despite hardships. The child can relate to the train engine and better understand what hope looks like.

   **Activity:**

   Act out this story and stop to ask the following questions:

   1. What is his goal?
   2. What is his will?
   3. What is his ways?
4. Did he run into any problems?
5. How did he reach his goal?

7. **Homework:** (Worksheet)
Think about a goal/problem you want to reach/solve. What is the goal, will, ways, and problems you may find along the way to your goal?

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**Day Three**

**Teaching Goal Setting**

1. **Define hope. Give an example.**

   **Rationale:**
   The anchor of hope theory is the goal individuals wish to attain. An important element, therefore, is to teach the children how to set goals that are important, achievable, and set up the hope process.

   **Activity:**
   Ask the children to keep his/her goal in mind while you explain the elements of a good goal. Incorporate an example to show them the elements of a goal. As always, be sure the example is something they value.

   1. **Important:** What do I really want? (Be a good student)
   2. **Specific:** Needs to be clear and well-defined. (Get good grades: turn in homework or get a B on my math test).
   3. **Describe short-range and long-range goals:** It can be either. Which one is yours?
   4. **Large or small goal:** It can be either. Which one is yours?
   5. **Break it down into smaller steps:** (We will talk about this more next week.)
      Write down all the steps, put them in order, and add or take away steps as you go.
   6. **Is my goal possible/doable? Do I know all the steps?**
   
   What roadblocks could there be? Do I need to learn more skills before I start?

2. **What are goals?**

   **Rationale:**
   The premise of the story is that Molly wanted a pet puppy, but her parents did not think she was ready for the responsibility. Molly began to walk her neighbors’ dogs, read books about how to care for a puppy, and learned about the different breeds of dogs. She showed her parents she was ready for a pet and they got one for her. In order to distinguish if Molly’s goal was a good one, ask the following questions:

   1. Is the goal clear and well-defined?
   2. Is it a long-range or a short-range goal?
   3. Is the goal large or small?
   4. Is the goal doable?
   5. Can the goal be broken down into small steps?
   6. How much did Molly really want her goal?

   **Rationale:**
   The story allows the children to critically consider Molly’s goal of wanting a pet puppy. The goal is clear in the story, and the children will easily be able to distinguish the characteristics of her goal. The story also is hopeful in that it describes Molly’s agency thoughts (“I am ready and responsible enough to have a dog.”) and the pathways (walking neighbors’ dogs) she chose to pursue in order to reach her goal. With some assistance, the children can also see how setting a good goal makes the agency and pathways thoughts more clear.

3. **Read a story about Molly:**

   **Activity:**
   The story about Molly can be found in *The Great Big Book of Hope* by McDermott and Snyder on page 129 (2000). The premise of the story is that Molly wanted a pet puppy, but her parents did not think she was ready for the responsibility. Molly began to walk her neighbors’ dogs, read books about how to care for a puppy, and learned about the different breeds of dogs. She showed her parents she was ready for a pet and they got one for her. In order to distinguish if Molly’s goal was a good one, ask the following questions:

   1. Is the goal clear and well-defined?
   2. Is it a long-range or a short-range goal?
   3. Is the goal large or small?
   4. Is the goal doable?
   5. Can the goal be broken down into small steps?
   6. How much did Molly really want her goal?

   **Rationale:**
   The story allows the children to critically consider Molly’s goal of wanting a pet puppy. The goal is clear in the story, and the children will easily be able to distinguish the characteristics of her goal. The story also is hopeful in that it describes Molly’s agency thoughts (“I am ready and responsible enough to have a dog.”) and the pathways (walking neighbors’ dogs) she chose to pursue in order to reach her goal. With some assistance, the children can also see how setting a good goal makes the agency and pathways thoughts more clear.

4. **Game:** **Pull the goal out of the hat.**

   **Activity:**
   The point of this game is for the child to draw a goal out of a hat (i.e. Shawna wants to be friends with her classmate Anita) and then discuss what might keep the person from reaching their goal.
and how the person could get around the roadblock.

**Rationale:**
One characteristic of a high hope individual is that he/she does not get discouraged when roadblocks occur, but create a different route to his/her goal. It is also important to emphasize that a roadblock is not the result of a child's lack of skill, but, rather, that the path chosen does not work and another needs to be employed. This activity will aid the children in conceptualizing pathways that don't work, and how they can not get discouraged, but create different pathways to reach that goal. The activity also emphasizes that poorly defined goals will be more difficult to attain.

5. **The Ongoing Homework:**

**Rationale:**
On the premise that stories are a good way to describe, teach, and model hope, the children will be reading a book about a hopeful role model, a character overcoming adversity, or a character using the components of hope theory to attain their goal.

**Activity:**
Each child will be asked to read one book and share it with the group. Two or three children will be asked to share their story each session hereafter. The child will be asked to draw, act out, write out, or use puppets to describe the following questions which will appear on a worksheet in their folder:
1. What is the goal or problem?
2. How was it solved?
3. Did they run into any problems or roadblocks?
4. What feelings (energy) were involved? How motivated were they?
5. Did they succeed or fail?
6. If they failed, what could they have done differently?
7. How did the character in the story feel when they were successful or failed?

6. **Check for last week's homework:** Reward

7. **Homework:**
The homework asks the children to reconsider the goal that they have been working with. Using a modified version of a worksheet provided by Snyder in *The Handbook of Hope* on page 148, the children check their goal to see if it is a "good" goal and change it accordingly. This homework, like the others, require the child to consider a personal goal and generalize the hope process to him/herself. It also reinforces the skills learned in group and give the child more practice.

Give the children a card with the elements of a good goal on it.

**Day Four**

**Teaching Pathways**

1. **Have children (2) tell about their stories.**
2. **Define hope.**
   
   Give an example and reiterate the components.
3. **Define Ways:**
   
   The different way to reach your goal.
4. **Pathways Activity:** (6 groups of 2)

**Rationale:**
Pathways involve brainstorming multiple ways to reach a goal. It is important for children to be able to break down large goals into smaller steps and be rewarded at those subgoals. If pathways are not broken down into smaller steps, the process may seem overwhelming which promotes low hope. The steps provide a way for the child to monitor how far along he/she is in the process of
Teaching Hope 77

goal attainment and what the next step will be. Inevitably, the child will experience roadblocks when going through the goal attainment process. Low hope individuals become stuck at this point and cannot find the energy or ways to overcome the roadblocks. Teaching how to overcome the roadblocks instills coping mechanisms and resiliency. A social learning component of hope and a way to develop pathways thinking is to ask someone else who has done the process before. Encouraging the children to ask others for help not only increases their social skills, but also develops their pathways thinking. Using imagery allows the child to experience the agency component of hope. It allows the child to engage in the energy or motivational component of hope.

Activity:
This activity will walk the children through choosing a goal, being sure it is a good goal, recognizing the steps to achieve that goal, putting the steps in order, anticipating roadblocks, and finding ways to overcome the roadblocks. After the children have created the pathways, the facilitator should walk the children through the goal attainment process through the use of imagery being sure to cover roadblocks, mistakes, alternative pathways, self-talk, how it feels to be successful, and the idea that a failed pathway does not reflect upon the individual’s skills.

1. Pick a goal. (Write on a big/red paper)
   a. Get your mom/dad a birthday gift.
   b. Get your friends together to watch a movie.

2. Ask yourself the goal questions from your homework.

3. Once your goal is ready (you may need to change it along the way)

4. Write the steps of one way to get to your goal. (On sheets of paper.)
   a. You may need to ask someone who has done it before (friend, teacher, principal, etc.)
   b. Send the child out to ask the help of others if necessary.

5. Put the steps in order. (Put papers in order.)

6. Brainstorm roadblocks (or mistakes). What could get in your way? (Write them on blocks.)

7. Brainstorm ways to get around the roadblocks. (Write them on bridges or arrows.)

8. Imagery: The facilitator should walk the children through the following:
   a. Close your eyes. Imagine yourself doing what my words say.
   b. Go through roadblocks, mistakes, alternative ways, being successful and how it feels and the path not working (failing) and how that feels. If the path fails, you will need to find a new path.

5. Read story:

   Activity:
   The story on page 183 in the Great Big Book of Hope (2000) written by McDermott and Snyder tells a story in which the children in the group pick the next step for the main character. The choices are consistent with choices low hope and high hope individuals will pick. The children can learn about wills and ways and how low hope and high hope choices differ. The story also illustrates the small steps that are components of a larger goal. The story shows the children the importance of hopeful thoughts and how unhopeful thoughts can end the goal attainment process.

6. Homework:
   Complete a worksheet which asks the child to think of different ways (at least two) to his/her goal and write them down. The child is asked to consider the roadblocks and mistakes and how they can get around them. Finally, the child is asked to close his/her eyes and image going through the steps, conquering roadblocks, and successfully reaching his/her goals.

7. Tell three children that they will present their book next week.

Day Five
Teaching Agency

1. Have three children present their stories.

2. Review the components of hope:
   Does anyone remember the part of hope we haven’t talked about?

3. Define wills:
   The feeling, energy, or motivation part.
4. **Using past successes:**

**Rationale:**
Snyder talks about using past successful experiences to introduce the concept of agency to children. Past successful experiences teach children what those experiences feel like. Once an individual knows what that inner agency feels like, he/she can pull from that to motivate them to try other goals and expect positive outcomes.

**Activity:**
The following activity seeks to remind and instill the concept of agency and what it “feels” like.

Think about a time when you reached your goal, you succeeded. Write down your goal and the feeling you had about it.

5. **Imagery:**

**Rationale:**
Using imagery in the goal attainment process is similar to using it with athletic achievement. It has been shown that when individuals image the process to and reaching a goal, he/she is usually more successful. It is using the brain to train, in a sense. Using imagery can instill the thought that reaching the goal is possible and gives the children mental practice of how to navigate the goal attainment process.

**Activity:**
Now imagine (close your eyes, think, etc.) about your goal you have been doing for homework. You did it! You succeeded! Write down your goal and how it feels to succeed.

6. **Imagery:**

**Rationale:**
Imagery can also be used to prepare or anticipate negative outcomes so that the individual is better able to cope when confronted with a failure. Imagery can help the children get a sense of how it may feel to be unmotivated or have low hope.

**Activity:**
The following activity instills those thoughts of failure, but also gives the children a tool to work through it.

Now imagine your goal and not reaching it. Write your goal. Think back to last week, what if we tried a different way? Would you be successful? Sometimes we need to use our back-up plans.

7. **Self-talk:**

**Rationale:**
Snyder and colleagues describe self-talk as a way to define and teach agency. It defines agency by giving insight into what the person believes is his/her potential. Teaching agency can be done through self-talk by shaping what a person says to his/herself and make it more positive.

**Activity:**
Sometimes we get in our own way of reaching our goals. We tell ourselves or make ourselves believe that we cannot reach our goal. This is called self-talk. We talk to ourselves.

8. **Read a story about self-talk.**

**Activity:**
In the book *Making Hope Happen*, by McDermott and Snyder (1999), there are two stories about Sarah and the different things she says to herself. It talks about how saying negative things to ourselves can decrease our will power. The facilitator should point out the negative self-talk to the children and ask them how they would feel if they said those things to themselves. The second story about Sarah uses positive self-talk. The facilitator should discuss the difference between the two stories. The stories about self-talk further define agency thoughts and describe how different agency thoughts lead to different outcomes.

9. **Read a story about self-talk.**

**Activity:**
Similarly, in *The Great Big Book of Hope*, McDermott and Snyder (2000) describe a boy named Caleb who uses positive self-talk to motivate himself to reach his goals.

10. **Homework:**
The homework will require the child to seek assistance from an adult. The goal of the homework for the child to recognize what type of self-talk they use.

11. **Stereotypes:**

**Rationale:**
Snyder has found that individuals who belong to a minority have lower levels of hope. Minority children have higher hope than their parents, but their hope levels decrease with age. Snyder suggests one reason that minorities have lower levels of hope is because of the stereotypes that entrap them and the resulting perception that their goals are less accessible to them. Since the sample for this study is primarily African American, it seems imperative to discuss stereotypes and ways to solve the roadblocks they present.

**Activity:**
The following activity seeks to do this.
Define stereotype.
Ask a few volunteers to act out scenes that portray stereotypes. Discuss them.
Dispute the stereotypes and find ways to get around them.
An example could be: Why hasn’t the United States had an African American president?

12. **Homework:** Tell the 2 readers that they will present next session.

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**Day Six**

**Bringing the components together**

1. **Homework:**
   Have two children present their stories.

2. **Define hope. Label the three parts.**
   Today we are going to use all three parts of hope in some activities.

3. **The Race**
   **Rationale:**
   Snyder emphasizes that all three components of hope are necessary to have high hope and reach a goal. For example, if a child has low wills and high ways, he/she will have several different routes to his/her goal but will not be able to motivate or have energy to sustain the process and will not reach the goal.

**Activity:**
The idea of the activity is to give the children a concrete example of why we need all three parts of hope to be successful. The activity describes wills, ways, and goals as different physical activities.

1. **Goal:** Always start with a goal. The goal here is: I want to finish the race. The start line will represent the goal.

2. **Wills:** You are very excited to win the race, you believe you can do it, you have won the races in the past, BUT there is no finish line. GO! In this example, the motivation to win the race is there (agency), but the ways (pathways) to reach the goal are not present.

3. **Ways:** The finish line is in the distance, you know the way to get there, just run straight, BUT you have no energy to win, you could really care less about this race, you say to yourself “there is no way I could ever win—I’m not fast enough and I’ve never won before.” GO! In this example, the way to get to your goal (pathways) is there, but the energy or motivation (agency) to reach your goal is not.

4. **Both—Finish the race.** Now we know we need a goal, the wills, and the ways.

4. **Problem-Solving**
   **Activity:**
   In this activity, the group will be split into two groups of six each. One group will represent the ways and the other will represent the wills. This activity teaches the children to work together to achieve their goals and also differentiates between wills and ways. The activity is described to the children as one group being the wills (the cheerleaders) and the other group being the ways. The ways group will be separated into two groups of three. Each of these groups will stand at opposite sides of the room. Each of these groups will have a predetermined amount of pieces of paper.
The pieces of paper will be enough to reach each group of three half-way across the room. The idea is that the two groups of three will need to use each others pieces of paper to go all the way across the room, which is the goal. The children will have to get across the room without touching the floor and only touching the paper. The children on the sidelines (cheerleaders) will be the motivation for the children of the pathways group to keep trying different routes. The activity further illustrates all three components of hope and also incorporates the idea of teamwork and the building of social relationships.

1. Explain the roles of each group. Explain the object of the activity (get across room by only stepping on the paper).
2. Give each the split ways group three minutes each to decide on their plan. During this time, the facilitator will instruct the wills group to observe the wills of the ways group.

5. Summarize:
   Today we have seen that we need all three parts of hope for it to work the best.

6. Homework:
   Check for last week’s homework and reward.
   The homework assignment for this week requires the child to ask parents, grandparents, aunts, teachers, etc. if they have ever reached a goal. If they have reached a goal, the child is to ask the adult about his/her experience and pick out the different parts of hope (wills, ways, and goals). The children are asked to record this experience by writing one sentence about it. Be sure to give the parents the definition of hope, including the three parts.

   Ask three children to present their books next session.

Day Seven
Teaching hope through social means

1. Homework: Have three children present their stories.
2. Making friends:
   Rationale:
   Researchers have found that high hope individuals generally have a lot of friends and that those friendships are mutually rewarding. Social learning theory is an integral part of how to teach hope. Snyder and others have suggested that teaching hope in groups is most effective because of the impact that peers have on their fellow classmates. WE goals, as Snyder refers to them, are goals that a group or friends tackle together. Generally, these goals build social skills and are also more likely to be obtained. The concepts of hope theory can be used to teach children how to make and maintain friendships, including how to resolve conflicts.

   Activity:
   The children will be introduced to the session by the facilitator saying, “The skills we have been learning can help us make friends.”
   Further explain by saying, “We can work together to reach a goal. We can be each others cheerleaders. We can be flexible when working with others so we can reach our goal.”

3. What do you look for in a friend?
   Rationale:
   The question will encourage the children to consider what kind of traits they want in friends and will help them establish the goal of what kind of people to befriend. It will also encourage them to consider if they are portraying the qualities of a good friend.

4. A WE goal activity:
   Rationale:
   As mentioned earlier, Snyder describes WE goals as a goal that several individuals work together on in order to achieve it. It promotes social skills and teaches children teamwork and the benefits of working together.

   Activity:
   The Tower
   The goal of the game is for each team to make a tower out of cups, plates, paper, straws, and tape that will be the tallest and able to withstand a small wind. The teams are given seven minutes to
plan the “ways” in which they will build. They will be reminded to be each other’s cheerleaders and encourage positive talk. The children will be given six minutes to put together their tower. The team that “fails” will be reminded that it is not their lack of skill, but just that the “way” did not work and how they will know to pick another way next time.

5. **Create a hopeful story.**

*Rationale:* As described earlier, hopeful narratives are a way to teach and assess hopeful thinking. In this activity, the children will have to work together to create a hopeful story. The creation of the story can further assess if the children are able to incorporate the components of hope. Creating a story such as this one, also gives the children practice in problem-solving and teamwork.

*Activity:* Snyder and McDermott have described the process of creating a hopeful story as listed below.

1. The group will pass an object to designate turn-taking.
2. On the board write the steps in creating a story:
   a. Introduce the main character.
   b. Tell about a problem—come up with a plan.
   c. Talk to a wise person.
   d. Try a new approach.
   e. What did the character learn?
3. The turn-taking rules are:
   a. Say the first thing that comes to mind.
   b. Trust the process.
   c. If you can’t think of anything you can pass.
   d. If you want the person before you to keep going, point to them.
4. After the story:
   a. Who were the main characters?
   b. What was the goal?
   c. How did she/he reach the goal?

6. **Homework:** Check for last week’s homework and reward. Ask two children to present their stories next session. What is one WE goal you could have with a friend?

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**Day Eight**

**Review**

1. **Review:**
   The primary goal of day eight is to remind the children of the skills they have learned. The facilitator should focus on the following topics:
   1. Define hope and label the three parts.
   2. Describe the elements of a good goal.
   3. Have many different ways to reach your goal. Be able to recognize and conquer roadblocks. Imagine yourself being successful.
   4. Have will. Have energy and motivation. Use positive self-talk and dispute stereotypes.
   5. You need all three components of hope to be successful.
   6. Use the skills from hope to help you make and keep friends.

2. **Read a story.**

*Activity:* On page 197 of Snyder’s book *Handbook of Hope* (2000), the story of Ryan is a final example of the parts of hope and how to use them to be successful.

*Rationale:* The story can serve to remind the children of the components of hope and how they can be used to be successful. The story is a fun, uplifting story and the children will likely remember and reflect on this story in the future.

3. **Write about one goal you would like to reach in the future.**

*Rationale:* The purpose of this task is to facilitate the child to generalize what he/she has learned to future
endeavors. It encourages the child to not stop with the one goal he/she used in the sessions, but to also continue using those skills to reach other goals.

**Activity:**
Ask the child to write down his/her future goal. The facilitator should make a copy to keep and distribute the originals back to the children.

4. **Reminder:**
Remind the children when graduation will be and that they will also be asked to fill out the same questionnaires at the graduation. Thank them.
November 29, 2004

Dear Teachers,

As an extension of the TriHealth Community Outreach Program, a program called Teaching Hope is being offered to the children in the 3rd-6th grade who are 8-12 years old. The program will use fun, educational activities to teach problem-solving and goal-setting. It will also incorporate skills such as social skills and setting academic goals. The program will require the children to complete some homework (i.e. reading books and completing worksheets). The children may be encouraged to ask his/her teacher for help if they do not have another adult available. The groups will meet once a week before or after school for 8 weeks. We also want to know the effectiveness of this program. In order to do this, we will ask you to complete two short checklists (10-20 ratings each) before and after the program for each of the children in your class who participate. We will also ask the children to answer some questions before and after the program. Before the student begins the program, we will have written consent from the parent/guardian, and ask the student if they would like to participate.

Please return the enclosed questionnaires for the participating students by December 10, 2004. If you have any questions, please contact Joy McGhee, Psy.D. at 363-6200, Dara Delancy, M.A. at 745-1039, or Kathleen J. Hart, Ph.D., ABPP at 745-3278.

Thank you for your support!

Dara Delancy, M.A.
Psychology Graduate Student
Xavier University
Chapter V

Abstract

The present study examined the effectiveness of a program designed to teach the cognitive model of hope, as described by C.R. Snyder (2000), to 37 children 8- to 12-years-old who attended an urban, public, Montessori school. Similar programs have been successful in teaching hope to adults, but few have examined the benefits of teaching hope to children. As expected, scores on the Children’s Hope Scale increased after the program, as did scores on measures of academic achievement. Overall, the study provided some support for programs that teach hope to children.
Teaching Hope: A Path to Resilience

Positive psychology is a fairly new approach in psychology that focuses on prevention and strengths rather than psychopathology. A tenet of positive psychology is that by focusing on individuals' strengths and the resources of their environment, the individual will be able to succeed and flourish. Put another way, positive psychology "seeks a detailed understanding of positive human experience at both individual and social levels" (Miller, 2002, p. 6).

A focus of positive psychology is resiliency, which refers to "the process of coping with adversity, change, or opportunity in a manner that results in the identification, fortification, and enrichment of resilient qualities or protective factors" (Richardson, 2002, p. 308). Some resilient qualities include happiness, optimism, wisdom, and hope (Richardson). A growing literature indicates that resiliency skills can be learned. Since hope has been noted as a strength and resiliency factor, it appears to be an important characteristic in promoting resiliency and success in children.

C.R. Snyder has defined hope as "a positive motivational state that is based on an interactively derived sense of successful agency (goal-directed energy) and pathways (planning to meet goals)" (2000, p. 8). First, Snyder suggests that goals are "the endpoints or anchors of mental action sequences" and "the anchors of hope theory" (p.9). It is thought that hope is "the facilitator of goal attainment," meaning that individuals who are high in hope have some mastery over how to attain goals through the primary components of pathways and agency (Snyder, Cheavens, & Sympson, 1997, p. 111).

Pathways thinking, the first component of hope to develop in children, is the ability to create routes or strategies to attain a desired goal. The main technique used to
Teach pathways thinking is to break a larger, end goal down into smaller subgoals and reward the achievement of that subgoal (Snyder, et al., 2003). Pathways is only one component of hope theory. To successfully teach hope, the other component must be taught also. Agency is the motivational component of hope theory and helps people to initiate and maintain drive to navigate the routes to their goals (Snyder, 2000). Agency provides the "energy" that enables an individual to start toward a goal and pursue the different routes to goal attainment (Snyder, 2000). This feature is typically taught by describing and practicing positive self-talk, eliciting social support from others, and pulling from past positive experiences to "energize" you.

Research that has been done primarily with adults has found several positive outcomes to be correlated with increased levels of hope. Most of the available studies on hope outcomes are dissertations, master's theses, or unpublished works that have been summarized by Snyder and colleagues (1991). Below is a summary of the findings from those studies.

In a correlational study conducted with 158 college students, Holleran and Snyder (1990, as cited in Snyder, et al., 1991) found that Hope Scale scores were significantly negatively correlated with negative affect as measured by the Taylor Manifest Anxiety Scale and the State-Trait Anxiety Inventory. In a similar study, Sigmon and Snyder (1990, as cited in Snyder, et al., 1991) found that the Hope Scale scores of 128 college students were correlated positively with the positive affect items and negatively with the negative affect items of the PANAS (a measure of positive and negative affect). Hope Scale scores were found to be positively correlated with self-esteem as measured by the Rosenberg Self-Esteem Scale (Snyder, et al., 1991), and the Children's Hope Scale
(CHS) and the Children’s Depression Inventory (CDI) were found to be negatively correlated in a sample of 166 boys diagnosed with ADHD and 345 non-clinical children ages 8 to 16. Based on the findings from these studies, Snyder (2000) concluded that high hope individuals are more likely to experience positive emotions than negative ones.

Snyder, et al. (1997) also suggested that an increased sense of self-worth in high hope individuals contributes to their perceived competence and ability to attempt more difficult goals. They measured children’s self-perceived competence in four samples of children using the Self-Perception Profile for Children (SPPC) and CHS. The samples included clinical and non-clinical participants. All scales of the SPPC, including the global self-worth index, were significantly positively correlated with the CHS. In a study of 158 college students, Holleran and Snyder (1990, as cited in Snyder et al., 1991) obtained similar findings. The students completed a revised form of the Ways of Coping Checklist and the Hope Scale. They found that the Hope Scale had unique predictive variance of problem-solving coping that was not explained by negative affectivity.

High hope individuals have also been shown to have more goals than low hope individuals. In a study with adults ages 20-50 years of age recruited from the community, the number of self-reported goals and Hope Scale scores were found to have a low but significant correlation, .24 (Langelle, 1989, as cited in Snyder, et al., 1991). Similarly, Harris (1988, as cited in Snyder, et al., 1991) had 88 college students complete a measure of optimism (Life Orientation Test) and the Hope Scale, and provide their cumulative high school grade point averages to assess the relationship between goal difficulty, optimism, hope, and high school grade point average. Goal difficulty was measured by giving participants a series of lengthy multiple-choice tests varying in
degree of difficulty that were not possible to finish in the time allotted, then they were asked to select the level of difficulty for their next test (1 = very easy to 5 = very difficult). The researchers found that Hope Scale scores correlated with the level of difficulty chosen for the next test with high hope individuals choosing more difficult tests. A hierarchical regression was completed and showed that although high school GPA and Hope Scale scores were correlated, hope scores predicted task difficulty beyond the influence of high school GPA. Additionally, LOT scores (optimism) did not predict task difficulty beyond hope scores.

Other studies have found that optimism, well-being, and an internal sense of control are related to high hope (Curry, Snyder, Cook, Ruby, & Rehm, 1997; Snyder, 1994). Hope Scale scores and Life Orientation Test scores (a measure of dispositional optimism) have been found to be moderately correlated .60 (Gibb, 1990, as cited in Snyder, et al., 1991). Likewise, the Hope Scale has been found to be correlated .54 with a measure of perceptions of control (Burger-Cooper Life Experiences Survey), which suggests that individuals with high hope want to exert personal control in his/her life (Gibb, 1990, as cited in Snyder, et al., 1991). The Hope Scale, PANAS, STAI (negative affectivity measure), and the Mental Health Inventory were given to 210 college students. Sigmon and Snyder (1990, as cited in Snyder, et al., 1991) found that hope, positive affect, and negative affect all contributed unique variance to overall self-reported well-being. In general, they have concluded that high hope individuals come to expect positive outcomes in areas such as athletic achievement, psychological adjustment, and overall life satisfaction (Snyder, 2002; Snyder, et al., 2002).
Hope has also been correlated with positive psychological adjustment. For example, researchers gave the Hope Scale, MMPI-2, and the Rotter Incomplete Sentences Blank (ISB) to inpatient adults and found that those who had higher scores on the Hope Scale reported less psychological disturbance and more positive responses on those measures (Irving, et al., 1990, as cited in Snyder, et al., 1991). Similarly, Anderson (1988, as cited in Snyder, et al., 1991) gave 130 college students the Hope Scale, the Schedule of Life Events (a measure of life stress), the Life Orientation Test (a measure of optimism), the Locus of Control Scale, and the Psychological Symptoms Measure. Based on a hierarchical regression, negative life stress and hope contributed unique variance to the prediction of mental health symptoms as measured by the Psychological Symptoms Measure and the Symptom Distress Checklist (Anderson, 1988, as cited in Snyder, et al., 1991).

Although high hope is not correlated with intelligence, it is positively related to academic achievement (Snyder, 1994). Several different studies have examined this relationship. Based on a t-test analysis comparing group differences, high hope individuals have been found to have better problem-solving abilities, use fewer avoidance techniques when encountering stress, and take on more leadership roles than low hope individuals (Snyder, et al., 2002). Hope has been found to predict academic achievement as measured by test-taking abilities, semester grade point average, and dropout rates. Curry and Snyder (2000) asked a sample of college athletes and non-athletes to complete the Dispositional Hope Scale and the Self-Perception Profile for College Students and to provide their semester grades. They found that hope scores were significantly correlated with global self-worth and that the hope scores predicted semester grade point average.
Yoshinobu (1989, as cited in Snyder, et al., 1991) examined hope experimentally by giving 133 college students no feedback about their goal (receiving a “B” in the course). Agency and pathways were measured in the study by a questionnaire designed particularly for the study. Agency was assessed by five items (e.g., How much effort are you exerting to reach your grade goal of B?) The average of the ratings for the items were standardized to produce an agency score. Pathways were measured by asking the participants to list possible strategies for reaching their goal, and to rate their level of certainty that this strategy would work and their likelihood of using this strategy (scale of 1 to 7). The pathways score was obtained by summing the certainty ratings and likelihood ratings across the number of activities. The results suggested that individuals with high Hope Scale scores had no change in their agency with positive or negative feedback and exhibited more pathways than low hope individuals. Low Hope Scale scorers reported significant decreases in agency thinking in the negative feedback situation and generated fewer pathways. In another study, 130 college students completed the Hope Scale and set a goal for their final grade in an introduction to psychology course. After the first exam, the students were given feedback comparing their goal to their actual grade. Regardless of the first exam grade, higher hope individuals felt they would reach their goal, and Hope Scale scores were significantly correlated with the final course grade (Anderson, 1988, as cited in Snyder, et al., 1991). The researchers concluded that high hope students set higher grade goals, perceive they will be more successful, and attain higher grades than lower hope individuals (Snyder, et al., 1991). In another sample of college freshman, a one-way analysis of variance showed that higher hope scores reliably predicted higher cumulative GPA.
likelihood of graduating college, and lower likelihood of being dismissed due to poor grades (Snyder, et al., 2002).

High hope individuals also have been found to have a larger social support system and be more socially competent (Snyder, 1994; Snyder & Lopez, 2002). In a study by Barnum, Snyder, Rapoff, Mani, and Thompson (1998), researchers asked 29 adolescents including 15 burn survivors and 14 of their same-gender friends to complete the CHS, Self Perception Profile for Children, the Social Support Rating Scale, and the Child Behavior Checklist. They found that high hope scores were unique and significant predictors of lower externalizing behavior scores and were robustly correlated with self-esteem and social support. The adolescents with higher hope scores had higher levels of perceived social support (Barnum, et al., 1998).

Snyder (1994) sees hope as a critical feature of resiliency, as it serves as a coping mechanism. He asserts that high hope individuals focus more on the situation than emotions, which reduces anxiety and allows them to manage difficult situations. Finding different paths to be successful, not being disrupted by stressful events, and finding benefits in the approach to the situation enable high hope individuals to better cope with distress in the present and face challenges with more confidence in the future.

If hope can be taught, the positive outcomes described may be obtainable by individuals who have initial low levels of hope. Snyder (2000) has described approaches to teaching hope, generally using a psycho-educational approach to enhance hopeful thinking in children and adults. Specific strategies proposed by Snyder (2002) include: reading books that explain the process of hopeful thinking; discussing the goal attainment process and possible obstacles; revisiting past successful experiences; using role models;
using physical education to teach skills; creating a play that acts out the process; encouraging group goals; and writing personal narratives. These activities enhance an individual’s ability to be creative and brainstorm alternative routes, which result in unique multiple paths to success. Snyder (2000) has also claimed that group intervention is most effective. He feels that children, in particular, need a positive role model who can teach and encourage hopeful thinking. Additional techniques to help children be successful are to reward agency thinking and completion of subgoals, increase positive self-talk, and use imagery to vividly picture successful goal attainment. While struggle is inevitable and beneficial, being able to laugh and increase problem-solving skills allows resiliency in the face of adversity. Snyder suggests “hope reminding,” which is recalling successful hope processes, and defining the different components of hopeful thinking as successful techniques in teaching hope. Snyder holds that the most effective means of teaching hope is within the classroom structure, preferably with a high hope teacher, but it is also possible to teach hope at home and in other settings.

Several programs to teach hope have been developed, showing an encouraging start to the development of hope programs. The majority of the programs have been for adults, specifically college students, but some programs within primary and secondary schools have begun. Irving and colleagues (1997) taught the cognitive process of hope to clients before they began treatment, and, as compared to a control group, they had far better treatment outcomes. Trump (1997) presented adult female incest survivors with a video-taped, hopeful narrative. After viewing the narratives, the women’s hope scores increased. Within the educational system, a six-year project at the University of Wyoming has been implemented through a course teaching hopeful thinking. Curry and
Snyder (2000) found that participants reported increased self-esteem, academic performance, confidence in athletic ability, and overall levels of hope.

Hope programs have also been implemented with younger students. Lopez and his colleagues (2000) conducted a five-week program that included cognitive and narrative components with elementary, middle, and high school students. The program, much of which is described in McDermott and Snyder’s *Making Hope Happen* (1999), provides preliminary evidence that it can predict components of student achievement. Snyder, Lopez, and colleagues (2003) suggest the use of the Children’s Hope Scale (CHS) and the Hope Scale to measure hope and the use of other “standard testing instruments aimed at tapping interests and aptitudes” to evaluate hope programs (p. 127).

Several psychological concepts are similar to hope, especially optimism, self-efficacy, and life satisfaction. Each of these concepts include components similar to that of hope theory and are measured in this current study to ascertain if an individual’s optimism, self-efficacy, or life satisfaction is affected by changes in the level of hope. Seligman (2002) defines optimism as “a pattern of making external, variable, and specific attributions for negative outcomes rather than internal, stable, and global attributions” (p. 13). Peterson (2000) elaborates that optimism contains cognitive, emotional, and motivational characteristics. Hope and optimism scales correlate strongly, yet hope has been shown to provide unique variance beyond optimism on criteria variables such as self-efficacy (Magletta & Oliver, 1999). Self-efficacy is defined by Bandura (1994, p. 71) as “people’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives.” Self-efficacy is seen as a cognitive, motivational, and affective process (Pastorelli, et al., 2001).
Characteristics of individuals with high self-efficacy resemble those of high hopers in that they engage in challenging goals, generally reach their goal, and overcome barriers (Pastorelli, et al.). Despite their similarities, self-efficacy and hope have been found to be separate constructs that contribute significant and unique variance when measuring criterion variables such as well-being (Magletta & Oliver, 1999). The cognitive judgment about one’s fulfillment in life, including how well important needs, goals and wishes have been fulfilled, is referred to as life satisfaction and is an indicator of well-being (Agarwal, 2003; Huebner, Suldo, Smith, & McKnight, 2004). Ryff and Singer (1998) stated that life satisfaction is related to having a purpose in life and a direction and meaning towards which to strive, which are essential for personal growth and well-being. Given that optimism, self-efficacy, and life satisfaction have components that are similar to those of hope theory, they have been measured in this study to determine how increasing hope influences these concepts.

Social competence, or the possession of a wide variety of social skills and abilities, and academic achievement have also been shown to be related to hope (Zsolnai, 2002). The positive relationships between hope and social competence is thought to result from high hope individuals enjoyment of social interactions, interest in others’ goals, ability to take others’ perspectives, confidence in their approach to others, and ability to maintain reciprocal relationships (Snyder, et al., 2003; Snyder, et al., 1997). Zsolnai (2002) stated that a “contributor to the development of social competence is the individual’s ability to solve problems creatively and in alternate ways while taking into consideration their own interests and those of the group” (p. 319), which implies the use of skills involved in hope.
Hope is thought to increase academic achievement because of the emphasis on strategy, effort, and the process of goal attainment rather than the outcome (Snyder, et al). Similarly, failure is seen as a path that did not work, not the lack of ability by the individual. These skills could apply to academic challenges.

As discussed in this review, the application of Snyder’s hope theory is related to several positive outcomes for hopeful individuals. Likewise, it is also apparent that not all people are hopeful and do not receive the benefits that hopeful individuals do. Snyder and Lopez (2000; 2003), with the help of their colleagues, have shown that hope can be taught and maintained, especially in adults. Considering the positive effect hopeful thinking has on academic achievement, teaching hope could give school counselors, child psychologists, and others another approach to improving a student’s well-being. The present study will evaluate a program that is designed to teach hopeful thinking to elementary students.

Method

Participants

Thirty-seven students (22 boys, 15 girls) who attended an urban public, Montessori elementary school during the 2004-2005 school year agreed to participate in the present study. The participants were primarily of low socio-economic status. Thirty participants (81%) were African-American and seven (19%) were Caucasian. This reflects a higher proportion of Caucasians than the overall racial distribution of the school, in which 93% of the students are African-American and 6% are Caucasian. The
participants ranged in age from 8- to 12-years-old with a mean age of 9.87 (SD = 1.29). Grade level ranged from second to sixth, with a mean grade level of 4.19 (SD = 1.13).

The participants were assigned to one of four groups based on order of enrollment in the program and preference for group time. Table 1 represents the demographic characteristics of each of these groups. One-way analyses of variance (ANOVA) and Chi-Square analyses were computed on demographic characteristics to examine possible differences across the groups. The groups did not differ in age (F = 1.94, p = .14), but there were significant differences in grade level (F = 3.26, p = .03), with students in Group 2 having a significantly lower grade level (M = 3.5, SD = .53) compared to students in Group 3 (M = 5.0, SD = .63). Additionally, there were significant differences in the number of absences across groups (F = 10.07, p = .001). Group 4, which was held during the school day, two times per week, had significantly fewer absences than the other three groups, which did not differ from one another. Also, chi square analyses indicated significant differences in race ($\chi^2 = 8.10, p = .04$) and gender ($\chi^2 = 7.68, p = .05$). Groups 3 (100% African American) and 4 (93% African American) had higher percentages of African-American students, relative to groups 1 and 2. Group 1 (100% male) and 3 (33% male) differed in the proportion of boys.

Measures

*The Children's Hope Scale* (CHS), developed by Snyder, et al. (1997; See Appendix A, p. 55), is a 6-item, self-report measure consisting of three pathways thinking items (even) and three agency items (odd). The CHS is a measure of dispositional hope for children ages 7 to 16 years of age (grade 2 or higher) and uses a six-point scale (1-6) from “none of the time” to “all of the time.” Snyder described that the top 15% of scores
(29 or higher) denotes strong beliefs in having both pathways and agency thinking. The lower 15% of scores (21 or less) denote pathways or agency thinking only some of the time and the children in this range doubt their abilities to use hopeful thinking. The normal or average score is 25 and suggests hopeful thinking most of the time. The scale has been used with a variety of samples, including boys with ADHD, children with medical problems, health children in public schools, and adolescents exposed to violence (Snyder, et al., 2003).

Youth Life Orientation Test (YLOT; Ey, et al., 2004, p. 3; See Appendix B, p. 56) developed for children in the 3rd through 6th grades, is a measure of “children’s positive and negative expectations of the future.” The YLOT consists of 19 items (two fillers) that produce three scores: pessimism, optimism, and total optimism. Responses are on a four-point scale from “true for me” to “not true for me.” Each descriptor was given a value (i.e. “True for me” = 3 points, etc.) and the subscale scores were produced by adding the designated items. Ey, et al. (2004) found that the average score for the optimism scale is 14.40 and the average score for the pessimism scale is 5.87.

Perceived Self-Efficacy Scale. (See Appendix C, p. 59) In his Guide for Constructing Self-Efficacy Scales, Bandura (2001) states that “there is no all-purpose measure of perceived self-efficacy,” instead he suggests measures should be constructed for each individual variable (p.1). In light of these suggestions, a 29-item Perceived Self-Efficacy measure was constructed to focus on the following domains: enlisting social resources, social self-efficacy, and enlisting parental and community support. The scale required the children to rate themselves using a 7 point scale on how capable they feel they are at a variety of tasks (i.e., working in a group).
Multidimensional Students' Life Satisfaction Scale (MSLSS), developed by Huebner and Gilman (2002; See Appendix D, p. 61), consists of 40 items and can be administered to students in grades 3 through 12. The scale is designed to measure a child’s subjective perception of life satisfaction in five specific domains: school, self, family, friends, and living environment. It also provides an overall or general measure of life satisfaction. The MSLSS has been described as “one of the most comprehensive investigations in the area of children subjective well-being to date” (Greenspoon & Saklofske, 1998).

Interpersonal Competence Scale – Teacher Version (ICS-TV; Cairns, et al., 1995; See Appendix E, p. 63), served as one of two measures of social competence. The ICS-TV is an 18-item scale completed by the student’s teacher with a 7-point answer scale ranging from “never” to “always.” The scale is grouped into five subscales consisting of aggressiveness, popularity, academic achievement, social affiliation, and “Olympian” qualities (i.e., sporting prowess, attractiveness, and tendency to win at games, sports, etc.). The higher the point on each scale, the more descriptive the scale is for that individual (Cairns, et al., 1995).

Self-Perception Profile for Children (SPPC; Harter, 1985; See Appendix F, p. 65) served as the second measure of social competence and assessed self-esteem, or an individual’s feelings of worthiness and competence (Muris, Meesters, & Fijen, 2003). The SPPC contains 36 items representing five subscales that measure perceptions of competence: scholastic, behavioral conduct, social acceptance (peer likeability), physical appearance, and athletic domains. A sixth scale measures global self-worth which is not
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the sum of all the subscales, but is a set of designated items that assesses "how much the individual evaluates his/her overall worth as a person" (Harter, 1999, p. 120).

*Academic Achievement* was measured through three components, including teacher ratings, the Interpersonal Competence Scale – Teacher Version described above, and the Self-Perception Profile for Children also described above. Teacher ratings of students' classroom behavior have been found to be reliable and valid (Greenwood, Walker, Hill, & Hops, 1977), therefore the Academic Attitudes Teacher Rating Scale (See Appendix L, p. 126) was created for the present study. In past research, teacher rating scales have been developed by asking teachers to select behaviors essential to academic achievement and noticeable to teachers (Koizumi, 1999).

The teacher rating scale for this study, the Academic Attitudes Teacher Rating Scale, was developed by asking five teachers in the third through sixth grades what they considered to be necessary skills to achieve academic goals. From their responses, stems were generated for ten items, and the teachers were asked to rate how often the child used those skills based on a 5-point scale including "poor," "fair," "good," "very good," and "excellent." A total score was computed by summing the ratings.

*Procedure*

Permission to conduct this study was granted by the principal and the clinical psychologist at the school, and was approved by the Xavier University Institutional Review Board (IRB) (see Appendix M, p. 127). All students ages 8- to 12-years-old (grades 2\textsuperscript{nd} to 6\textsuperscript{th}) were offered the opportunity to participate through the distribution of informational letters and parental consent forms. Consent was obtained from the parent or guardian for forty-five students (see Appendix H, p. 70) and each student provided
his/her assent (see Appendix, p. 65). Of the forty-five students who initially participated, eight students’ data were not included due to the following reasons: five students failed to meet a pre-established criterion of 60% attendance, two students did not complete post-test measures, and one student chose not to participate.

The children were assigned to a group based upon when they were able to attend. Although we had hoped to make group assignments that would allow for equal distribution of age, gender, grade level, and race, the needs of the sample (i.e., transportation, tutoring, and after-school activities) prevented this distribution. The first three groups had a designated day in which to meet after school for 10 weeks; the first and last week consisted of completing test measures. The fourth group was assembled by asking teachers to refer students in their classroom that they felt would enjoy and/or benefit from the program as defined in an informational letter. Consent was then obtained from those students’ parent or guardian. The fourth group met two times a week during the school day for five weeks; the first and last sessions were used to complete test measures. All group sessions lasted for 45 minutes. Each group was given the same information for each session, although there may have been subtle differences in presentation based upon the ability of each group.

Program Description. Group 1, 2, and 3 met weekly and Group 4 met twice weekly; all sessions lasted 45 minutes. The content of the sessions was designed to help students learn basic features of Snyder’s Hope Theory, and how to use those ideas in their lives (see Appendix J, p. 72) During the course of the program, each student was asked to complete homework (i.e., reading books, composing narratives, etc.) and received stickers for its completion. A token economy was implemented during the groups,
rewarding students who have a designated number of tokens at the end of each session. The tokens were given based upon group participation and homework assignments completed. Content for the sessions was provided by the primary investigator; a co-facilitator executed the token economy and helped maintain order in the sessions. The students were given a notebook that contained stories, quotes, their homework, and worksheets to maintain during the program.

The participants completed the pre-test measures during the first session. The measures were read aloud, although some participants chose to work on their own. The after-school groups returned 4 weeks after the final psycho-educational session to complete the post-test measures. Students in Group 4, the fourth group, which met during the school day, completed the post-test measures the week after the last psycho-educational session because of the approaching end to the school year. Each participant was given a certificate and small prize to acknowledge his/her completion of the program.

Results

Before examining pre- and post-test changes in test scores, we examined the relationship among the dependent variables measured in this study using Pearson product-moment correlations at both pre- and post-test (see Table 2). At pre-test, the CHS was not significantly correlated with any other dependent variable (self-efficacy, optimism, life satisfaction, social competence, or academic achievement). In contrast, six of the 10 correlations among the other measures were significantly positively correlated, ranging from .44 to .63. These correlations fall within the moderate to high range and suggest that the concepts measured are related, but do not measure the same constructs.
Self-efficacy was significantly positively correlated with all other dependent variables, except academic achievement. Likewise, life satisfaction had a significant positive correlation with optimism and academic achievement. Lastly, social competence and academic achievement also were significantly positively correlated.

Table 3 presents the correlations among the dependent variables at post-test. Notably, two of the five correlations between the CHS and the other measures were significant at post-test (self-efficacy and life satisfaction). Other variables had a significant positive correlation, including optimism with life satisfaction and self-efficacy with life satisfaction and social competence. Life satisfaction and academic achievement were no longer significantly positively correlated.

Table 4 shows the means and standard deviations for the dependent variables at both pre-test and post-test, along with the paired samples t-test results comparing pre-post means. Due to the large number of t-tests conducted, a p-value of .01 was set in order to offset the possibility of Type 1 error. As can be seen in the table, there was an increase in scores on the measures of hope, life satisfaction, the Academic Attitudes Teacher Rating Scale, and the SPPC scholastic competence subscale. A significant difference was found for the ICS-TV subscale measuring academic achievement from pre-test to post-test. The effect size (eta squared statistic, .29), suggests a large effect and therefore substantial difference.

In order to further explore the significant pre-post differences, paired-samples t-tests were also conducted for each subscale of the dependent measures (Table 5). No subscales, other than the one previously mentioned, suggested statistically significant differences at the .01 level. However, several subscales showed increases from pre- to
post-test at the .05 level of significance, including the CHS subscale of pathways, the Academic Attitudes Teacher Rating Scale, the total life satisfaction score, the MSLSS subscales of friend satisfaction and self satisfaction, the SPPC subscales of scholastic competence and athletic competence, and the ICS-TV overall competence scale.

Overall, the current results seem to provide preliminary support for the Teaching Hope program. Specifically, in this study, students showed increases in all scores with significant increases in academic achievement as measured by the ICS-TV.

Discussion

Hope is seen as a resiliency factor and attempts to teach hope to individuals have been successful (Curry & Snyder, 2000; Irving, et al., 1997; Lopez, et al., 2000; Richardson, 2002; Trump, 1997;). High hope individuals have better resiliency, and experience better social support, academic achievement, overall well-being, and others (Curry, et al., 1997; Snyder, 1994; Snyder & Lopez, 2002). Teaching hope to children, like those in this study, who face several environmental, educational, familial, and financial obstacles may help build resiliency against these challenges. The aim of the present study was to evaluate the impact of the curriculum designed to teach hope to an “at risk” group of children by using measures of hope, optimism, self-efficacy, life satisfaction, social competence, and academic achievement.

At pre-test, hope (as measured by the CHS) was not significantly correlated with measures of self-efficacy, optimism, and life satisfaction. Several studies have found that while hope is related to other variables, it provides its own distinct variance to several constructs, including well-being (Magletta & Oliver, 1999). The present results provide
additional support for those findings. At post-test, hope was correlated with other measures more frequently. The correlation between hope and self-efficacy, optimism, and life satisfaction suggests that elements of hope (i.e., agency, goals, and pathways) can influence, and in this case, increase components of other variables. For example, hope and self-efficacy were not correlated at pre-test, however were correlated at post-test. Carifio and Rhodes (2002) describe self-efficacy as a narrow and focused subset of hope. The Teaching Hope program likely focused upon several of the components that make up self-efficacy, including situation-specific goals and a person’s perceived capacity to act. The Teaching Hope program used several situation-specific goals to teach the hope process and allow the children to see how the hope process works in many situations. The children’s level of confidence in how they would act likely increased, which would affect their feelings of self-efficacy. As mentioned previously, individuals with high self-efficacy, like high hope individuals, are more likely to have challenging goals, be successful at reaching those goals, and overcome barriers in the process. Each of these components were focused upon in the Teaching Hope sessions.

At pre-test, the children’s optimism was not related to hope. The relationship between the two at post-test is likely due to the components of hope found in optimism. Optimism and hope’s agency component are thought to be similar. Increasing agency may also increase optimism. Increasing hope also allowed the children to see that not reaching their goal was not a personal defeat, but contingent upon external and variable factors. In addition, they were more able to predict what problems (a.k.a., variables or specific attributions) were likely to impede their goal attainment process and could troubleshoot those obstacles.
Life satisfaction was only correlated with hope at post-test. An important component of life satisfaction, goals, was a focus of the Teaching Hope program. The children were asked to conceptualize future goals and ways in which to reach that goal. This practice, along with an increased sense that they could now reach the goals they set, likely affected their ratings on the measure of life satisfaction.

Although the subscale scores were not initially proposed to be examined, they provided additional information about students' response to the program. In order to examine the possibility that portions of measures were examining the same construct, we computed Pearson product-moment correlations on subscale scores. These are provided in Table 6 for the pre-test scores. The total CHS score and the agency subscale of the CHS were significantly positively correlated with the SPPC scholastic subscale. This correlation suggests a relationship between the motivational and confidence component of hope (agency) and perceived scholastic competence as reported by the child. Likewise, total CHS also plays a role in perceived scholastic competence, but to a lesser degree than the agency component. Similarly, the agency component of hope relates to perceived athletic competence. These relationships suggest that the motivational component of hope (agency) significantly impacts a child's sense of how well he or she is able to meet scholastic challenges.

Table 7 shows the correlations between the subscales at post-test. The MSLSS friends component, which measures a child's satisfaction with friendships, is correlated with hope at post-test. The relationship between the two, and the increase from pre-test, suggests that the group intervention may have increased the likelihood of positive social interaction for the children. One of the goals of the Teaching Hope program was to
encourage the children to elicit the help of others, encourage others' success, and work as a team to reach goals, which may relate to the report of more positive social interactions.

Satisfaction with scholastics, as measured by the MSLSS, is correlated with hope at post-test, however, perceived scholastic competence as measured by the SPPC is only positively significantly correlated with the agency component of hope at post-test. Perhaps the failure to maintain a significant correlation with the total hope score signifies an awareness that obstacles or problems could impede the goal attainment process. An interesting correlation at post-test is that of satisfaction with self, as measured by the MSLSS, and hope. The relationship supports the previously supported finding that life satisfaction increases as problem-solving skills, which are inherent in the Teaching Hope program, increase (Huebner, Suldo, Smith & McKnight, 2004).

While the CHS scores did not statistically significantly increase from pre- to post-test, several individual students increased their hope scores over the period of the program. Snyder (2000) suggests that the average score for the CHS is 25, labeling those children having a 29 or above as “high hopers” and those with a score of 21 or below as having “low hope.” At pre-test, the mean score for the participants of this study was 25.76, while at post-test the mean score had risen to 28.14. Looking at each individual participant at pre-test, 40% of the participants fell within the high hope category and 14% of the participants fell within the low hope category. At post-test, 51% of the participants had CHS scores in the high hope range, whereas only 5% of the participants were within the low hope range at the end of the program. Increases in CHS scores were evident for 68% of the participants, 8% had the same score, and 24% had lower scores than at pre-test. Sixty-seven percent (n = 25) of those children with lower scores at post-test had
scores that decreased by 4 or fewer points. Overall, these findings suggest that the program was beneficial for many participants.

In order to further understand the findings, differences across race, gender, and groups were also explored. Independent-samples t-tests were conducted to compare the dependent variable scores of Caucasian and African-American students. Table 8 represents the statistically significant differences for the subscale scores by race. Given the number of significant differences by race, paired-samples t-tests were conducted to examine separately the Caucasian (n = 7) and African-American students' (n = 30) response to the program. The scores of the Caucasian sample did not change significantly from pre- to post-test on any dependent variable. However, the scores for the African-American students suggested statistically significant differences on several scales. There was a statistically significant increase in the Academic Attitudes Teacher Rating Scale scores from pre- (M = 26.03, SD = 8.74) to post-test (M = 28.23, SD = 7.83), t (29) = -2.63, p<.01. The eta squared statistic (.19) indicated a large effect size. There was a statistically significant increase in the ICS-TV academic achievement subscale from pre- (M = 3.32, SD = 1.51) to post-test (M = 3.93, SD = 1.50), t (29) = -3.22, p<.01. The eta squared statistic (.26) also indicated a large effect size. Other dependent variables, including hope, MSLSS self satisfaction, SPPC scholastic competence, and life satisfaction were all statistically significantly increased from pre- to post-test at the .05 level of significance. These results suggest that at least in this particular sample, African-American students tended to benefit more from the program than did the Caucasian students. In some previous studies, CHS scores have been found to be higher for Caucasians (Snyder, et al., 2003) while others have shown that the minority groups have
scored higher (McDermott, et al., 1997). Although Caucasians scored slightly higher on the CHS at pre- and post-test, the difference did not reach statistical significance.

Similarly, an independent-samples t-test was conducted to compare the dependent variable scores for boys versus girls, given the unequal sex distribution in the sample. Table 9 represents the statistically significant differences for the subscale scores based upon gender. CHS scores have consistently shown no significant differences between genders in previous studies (e.g. Snyder, 1995; Snyder, et al., 2003). The current study repeats that finding for the total hope score of the CHS, however the pathways component of the CHS did show significant differences between boys and girls, with girls scoring higher at post-test.

Given the unequal number of participants across groups, the scores for measures representing the primary variables were examined for differences. Groups 1 and 2 differed significantly on the ICS-TV academic and popularity subscale at the .05 level. Group 1 (which met Tuesday after school) had a significantly lower mean score for both of the subscales than the other groups. Likewise, group 2 (which met after school on Wednesday) had significantly higher mean scores on the subscales as compared to the other groups. There were no significant differences in CHS scores at pre- or post-test among the groups. The differences suggest that the groups were not equally distributed and some differences were inherent in the groups. Likewise, the differences suggest that the individuals in Group 1 were perceived by their teachers to be less academically successful and less popular than the teachers perceived the individuals to be in Group 2. There were no significant differences between the groups based upon whether they were during or after school.
Overall, this study seems to suggest that programs designed to teach hope may successfully change students’ thinking styles. However, there are limitations to present that bear mention. This study involved a small sample size, and students were not randomly selected. To ensure that the results of this program can be generalized, the program should be conducted with a larger number of participants from diverse populations. The amount of error was increased by the statistical method used to analyze the data. Having multiple t-tests increased the error, however by using a .01 level of significance the effect of the error was controlled. The lack of a control group made it difficult to determine the cause of the changes from pre- to post-test (i.e. the presence of a token economy, the effect of being in any group, seasonal affect or maturation, and/or increase in skills as the year progressed). In the future, the long-term effectiveness of the program should also be better evaluated. The current study measured effectiveness four weeks after the psycho-educational groups ended. Perhaps, post-test measures could be given at intervals of time after the program (i.e., 1 week, 4 weeks, 6 months, 1 year, etc.) to measure how effective this program is in the long-term. Additionally, the program asked the children to complete several tasks in one session. In the future, the more poignant activities should be chosen and serve as the points of focus. Likewise, a longer program (i.e. 12 weeks) would likely provide more time to teach, generalize, and practice hopeful strategies.

As mentioned previously, the results of this study provide preliminary evidence that children between the ages of 8 and 12 years will derive benefits from the Teaching Hope program. As suggested by previous authors (McDermott & Snyder, 1999; Snyder, 2000) and as supported in this study, hope can be taught to children. Increases in the
children’s self-report of hope, life satisfaction, and scholastic competence and teachers’ reported improvements in academic attitudes and academic achievement suggest that the program was successful and beneficial. Although it is known that individuals with higher hope have better academic achievement (Snyder, 1994; Snyder, et al., 2002; Curry & Snyder, 2000), this study shows preliminary evidence that teaching hope can also increase a child’s academic performance as reported by their teachers. While there was not a statistically significant increase, the study suggests that children may perceive that their competence in academics also increases. Replicating this study with more participants could confirm or disprove this suggestion. The results of the current study support the benefits of having a Teaching Hope Program. Given the effects of the program on academics, such a program would be greatly beneficial within a school setting.
References


Ey, S., Hadley, W., Nuttbrock Allen, D., Palmer, S., Klosky, J., Deptula, D., Thomas, J.,


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Miller, M.C. (2002). The benefits of positive psychology. Harvard Mental Health
Teaching Hope 114

Letter, 18, 6-8.


Table 1

Means, standard deviations, and percentage of characteristics of each Teaching Hope group with ANOVA or Chi Square results.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
<th>( F / \chi^2 )</th>
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<td>N = 8</td>
<td>N = 6</td>
<td>N = 15</td>
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<td>9.25</td>
<td>10.50</td>
<td>10.20</td>
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<td>1.17</td>
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<td>1.21</td>
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<tr>
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<td>3.75</td>
<td>3.50</td>
<td>5.00</td>
<td>4.47</td>
<td>3.26**b</td>
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<tr>
<td>SD</td>
<td>1.39</td>
<td>.53</td>
<td>.63</td>
<td>1.13</td>
<td></td>
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<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>boys %</td>
<td>100</td>
<td>50</td>
<td>33</td>
<td>53</td>
<td>7.68*</td>
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<tr>
<td>girls %</td>
<td>0</td>
<td>50</td>
<td>67</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Race</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>African-American %</td>
<td>75</td>
<td>50</td>
<td>100</td>
<td>93</td>
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<tr>
<td>Caucasian %</td>
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<td>50</td>
<td>0</td>
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<td>Absences</td>
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<td>.76</td>
<td>.75</td>
<td>.35</td>
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</table>

a. Groups 1, 2, and 3 met after school, once per week; group 4 met twice a week during the school day.

b. A significant difference in grade level was found between Group 2 and Group 3.

c. A significant difference in number of absences was found between Group 1 and Group 4 with Group 1 having significantly more absences. A significant difference was also found between Group 3 and Group 4 with Group 3 having significantly more absences.

*p < .05  **p < .01

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Table 2

*Intercorrelations between dependent variables at pre-test*

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>Self-efficacy</th>
<th>Optimism</th>
<th>Life Satisfaction</th>
<th>Social Competence</th>
<th>Academic Achievement</th>
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<td>Hope</td>
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<td>0.18</td>
<td>0.31</td>
<td>0.16</td>
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<tr>
<td></td>
<td>p 0.35</td>
<td>0.18</td>
<td>0.28</td>
<td>0.06</td>
<td>0.34</td>
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<tr>
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<td>r —</td>
<td>0.44*</td>
<td>0.63**</td>
<td>0.45*</td>
<td>0.37</td>
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<tr>
<td></td>
<td>p —</td>
<td>0.01</td>
<td>0.001</td>
<td>0.01</td>
<td>0.03</td>
</tr>
<tr>
<td>Optimism</td>
<td>r —</td>
<td>—</td>
<td>0.47*</td>
<td>0.26</td>
<td>0.31</td>
</tr>
<tr>
<td></td>
<td>p —</td>
<td>—</td>
<td>0.004</td>
<td>0.12</td>
<td>0.06</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>r —</td>
<td>—</td>
<td>0.37</td>
<td>—</td>
<td>0.59**</td>
</tr>
<tr>
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<td>p —</td>
<td>—</td>
<td>0.02</td>
<td>—</td>
<td>0.001</td>
</tr>
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<td>Social Competence</td>
<td>r —</td>
<td>—</td>
<td>—</td>
<td>0.48*</td>
<td>—</td>
</tr>
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<td></td>
<td>p —</td>
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<td>0.003</td>
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Note: N = 37

*p < .01  **p < .001
### Table 3

*Intercorrelations between dependent variables at post-test*

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<th>Dependent Variable</th>
<th>Self-efficacy</th>
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<th>Life Satisfaction</th>
<th>Social Competence</th>
<th>Academic Achievement</th>
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</thead>
<tbody>
<tr>
<td>Hope</td>
<td>r .43*</td>
<td>.33</td>
<td>.43*</td>
<td>.06</td>
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<tr>
<td></td>
<td>p .01</td>
<td>.04</td>
<td>.01</td>
<td>.73</td>
<td>.97</td>
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<td>r __</td>
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<td>.67**</td>
<td>.51**</td>
<td>.12</td>
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<tr>
<td></td>
<td>p __</td>
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<td>.001</td>
<td>.001</td>
<td>.49</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>r __</td>
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<td>p __</td>
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<td></td>
<td></td>
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Note: N = 37

*p < .01  **p < .001*
Table 4

Means, standard deviations, and t-test results for the dependent variables.

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<td>N = 37</td>
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<tr>
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<td>SD</td>
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<td>11.94</td>
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<td><strong>Optimism</strong></td>
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<tr>
<td>M</td>
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<td><strong>Life Satisfaction</strong></td>
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<tr>
<td>M</td>
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<td>187.62</td>
<td>-2.07</td>
<td>.05</td>
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<td>37.25</td>
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<td><strong>Social Competence</strong></td>
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</tr>
<tr>
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<td>5.12</td>
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<tr>
<td>SD</td>
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<td>ICS-TV: Popularity</td>
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<td>4.41</td>
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<td>.11</td>
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<tr>
<td>SD</td>
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<tr>
<td>SPPC: Social Acceptance</td>
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<tr>
<td>Academic Attitudes</td>
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<tr>
<td>Teacher Rating Scale M</td>
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<td>SD</td>
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<tr>
<td>SPPC: Scholastic Competence</td>
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<td>-2.12</td>
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<tr>
<td>SD</td>
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<td>.09</td>
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<tr>
<td>ICS-TV: Academic Achievement M</td>
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**p < .001
Table 5

*Means, standard deviations, and t-test results for subscales.*

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<tr>
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<td>.05</td>
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<td>Friend Satisfaction</td>
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<td>.04</td>
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*p < .01

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Table 6

*Intercorrelations between subscales at pre-test*

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<tr>
<th>Subscales</th>
<th>Self-Efficacy</th>
<th>YLOT-Pessimism</th>
<th>Academic Attitudes Teacher Rating Scale</th>
<th>CHS-Agency</th>
<th>CHS-Total Hope</th>
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<td>Family</td>
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<td>.30</td>
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<td>p .001**</td>
<td>.001**</td>
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<td>.53</td>
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<td>.01*</td>
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<td>.47</td>
<td>.11</td>
<td>-.05</td>
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<td>.01*</td>
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<td>.001**</td>
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<td>.31</td>
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<td>.19</td>
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Note: N = 37

*p < .01  **p < .001
Table 7

*Intercorrelations between subscales at post-test*

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Note: N = 37

*p < .01  **p < .001
Table 8

Means, standard deviations, and the results of an independent-samples t-test comparing the differences in scores between Caucasian and African-American students.

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*p < .01  **p < .001

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Table 9

*Means, standard deviations, and the results of an independent-samples t-test comparing the differences in scores between male and female students.*

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*p < .01

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Appendix L
Academic Attitudes Teacher Rating Scale

Directions: Please circle the appropriate rating based upon how well developed the child’s skills are in the following areas:

1. Attention and Concentration
   1  2  3  4  5
   poor  fair  good  very good  excellent

2. Self-Discipline
   1  2  3  4  5
   poor  fair  good  very good  excellent

3. Motivation
   1  2  3  4  5
   poor  fair  good  very good  excellent

4. Interest in Learning
   1  2  3  4  5
   poor  fair  good  very good  excellent

5. Organizational Skills
   1  2  3  4  5
   poor  fair  good  very good  excellent

6. Self-Confidence
   1  2  3  4  5
   poor  fair  good  very good  excellent

7. Regular Completion of Homework
   1  2  3  4  5
   poor  fair  good  very good  excellent

8. Determination and Persistence
   1  2  3  4  5
   poor  fair  good  very good  excellent

9. Engages in Independent Reading
   1  2  3  4  5
   poor  fair  good  very good  excellent

10. Helps Others in Class
    1  2  3  4  5
    poor  fair  good  very good  excellent
Appendix M
Institutional Review Board Approval Letter

December 7, 2004

Dara Delancy, M.A.
902 Sugarball Lane
Cincinnati, OH 45215

Dear Ms. Delancy:

The IRB reviewed your Protocol #0315-1, Teaching Hope: A Path to Resilience at its December 6th meeting. Your study involves good pedagogy by evaluating the results of your teaching. Your study qualifies as exempt due to the fact that it is conducted in an established or commonly accepted educational setting and involves normal education practices. Your research is approved in the Exempt category.

We wish you every success in your research.

Sincerely,

Robert C. Baumiller, S.J.
Chair and Administrator

RCB: nm

cc: Dr. Kathleen Hart, ML 6511