Efficacy of a Hope Program for Inner-city Children
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# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>i</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>iii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>iv</td>
</tr>
<tr>
<td>List of Appendices</td>
<td>v</td>
</tr>
<tr>
<td>Chapter</td>
<td></td>
</tr>
<tr>
<td>I.   Review of the Literature</td>
<td>1</td>
</tr>
<tr>
<td>II.  Rationale and Hypotheses</td>
<td>21</td>
</tr>
<tr>
<td>III. Method</td>
<td>23</td>
</tr>
<tr>
<td>IV.  Proposed Analyses</td>
<td>32</td>
</tr>
<tr>
<td>References</td>
<td>33</td>
</tr>
<tr>
<td>Appendices</td>
<td>43</td>
</tr>
<tr>
<td>V.   Dissertation</td>
<td>71</td>
</tr>
<tr>
<td>References</td>
<td>97</td>
</tr>
<tr>
<td>Tables</td>
<td>102</td>
</tr>
<tr>
<td>Figures</td>
<td>110</td>
</tr>
<tr>
<td>Appendices</td>
<td>112</td>
</tr>
</tbody>
</table>

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List of Tables

Chapter V

<table>
<thead>
<tr>
<th>Table</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Means, standard deviations, and percentage of characteristics of the</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td>HI and RI groups with t-test or Chi Square results</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Intercorrelations among scores from the CHS, YLOT, BMSLSS, and</td>
<td>103</td>
</tr>
<tr>
<td></td>
<td>WRAT-4 Word Reading for entire sample at pre-test</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Correlations between child scores on the CHS and parent scores on the</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>HS for entire sample at pre-test</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Intercorrelations among scores from the CHS, YLOT, BMSLSS, and</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td>WRAT-4 Word Reading for the HI group at post-test</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Intercorrelations among scores from the CHS, YLOT, BMSLSS, and</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>WRAT-4 Word Reading for the RE group at post-test</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Intercorrelations among scores from the CHS, YLOT, BMSLSS, and</td>
<td>107</td>
</tr>
<tr>
<td></td>
<td>WRAT-4 Word Reading for the HI group at follow-up</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Intercorrelations among scores from the CHS, YLOT, BMSLSS, and</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td>WRAT-4 Word Reading for the RE group at follow-up</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the HI and RE groups</td>
<td></td>
</tr>
</tbody>
</table>
List of Figures

Chapter V

1. Comparison of Mean Pathways Scores from the CHS for the HI and RE Groups at Pre-test, Post-test, and Follow-up ......................................................... 110

2. Comparison of Mean Total CHS Scores for the HI and RE Groups at Pre-test, Post-test, and Follow-up ............................................................ 111
## List of Appendices

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Children’s Hope Scale (CHS)</td>
<td>43</td>
</tr>
<tr>
<td>B. Brief Multidimensional Students’ Life Satisfaction Scale (BMSLSS)</td>
<td>44</td>
</tr>
<tr>
<td>C. Youth Life Orientation Test (YLOT)</td>
<td>45</td>
</tr>
<tr>
<td>D. Hope Scale</td>
<td>48</td>
</tr>
<tr>
<td>E. Hope Program Protocol</td>
<td>49</td>
</tr>
<tr>
<td>F. Reading Literacy Group for Beginner Readers</td>
<td>63</td>
</tr>
<tr>
<td>G. Reading Literacy Group for Advanced Readers</td>
<td>67</td>
</tr>
<tr>
<td><strong>Chapter V</strong></td>
<td></td>
</tr>
<tr>
<td>H. Letter of Permission from Cincinnati Metro Housing Authority</td>
<td>112</td>
</tr>
<tr>
<td>I. Institutional Review Board Approval Letter</td>
<td>113</td>
</tr>
<tr>
<td>J. Parent/Guardian Consent Form</td>
<td>114</td>
</tr>
<tr>
<td>K. Child Assent Form</td>
<td>115</td>
</tr>
</tbody>
</table>
Chapter I

Review of the Literature

Positive Psychology

From its inception, the field of clinical psychology has placed a great emphasis upon the diagnosis of disorders and syndromes, in order to target and improve the negative aspects of an individual’s life (Sheldon & King, 2001). Much less emphasis has been placed on encouraging further development of an individual’s strengths. Ingram and Snyder (2006) have suggested that by solely focusing on repairing that which needs to be fixed, psychotherapies omit valuable information that ultimately contributes to successful treatment outcomes. Positive psychology, one of the most recent schools of thought to emerge, holds that psychologists must assess both strengths and weaknesses to provide an accurate, balanced picture of the individual (Lopez, Snyder, & Pedrotti, 2003). This view also holds that a focus of psychological intervention should be to enhance strengths that already exist. Martin Seligman, a widely known positive psychologist, has written, “Relieving the states that make life miserable, it seems, has made building the states that make life worth living less of a priority. But people want more than just to correct their weaknesses...The time has finally arrived for a science that seeks to understand positive emotion, build strength and virtue, and provide guideposts for finding what Aristotle called the ‘good life’” (Seligman, 2002, p.xi). Seligman describes positive psychology as having three pillars. One pillar reflects positive emotions. The second involves strengths, virtues, and abilities, and the third pillar utilizes positive institutions
“such as democracy, strong families, and free inquiry, that support the virtues, which in turn support the positive emotions” (Seligman, 2002, p. xiii).

An important feature of positive psychology has been resilience, which refers to an individual’s ability to flourish despite having suffered adverse life experiences (Alvord & Grados, 2005). Although people may cope with various challenges in their own ways, a wide breadth of research has indicated that the presence of certain features, which are termed ‘protective factors,’ enhance resiliency in children. Among the resiliency features that have been proposed, hope and optimism are felt to serve as protective factors and contribute to the individual’s overall sense of well-being (Seligman, 2002). Thus, interventions that focus on enhancing specific protective factors, such as hope, should aid in defending individuals against future difficulties.

Hope

Of the possible resiliency factors, hope has emerged as among the most important, according to C.R. Snyder, who is one of the leading researchers in the study of hope. Along with his colleague S. Lopez, Snyder has conducted numerous studies on the relationship of hope to positive adjustment (Feldman & Snyder, 2005; Snyder, Irving, & Anderson, 1991), and has developed programs to increase hope (Edwards & Lopez, 2000; Lopez et al., 2007). Individuals vary in terms of their levels of hope.

Snyder et al. (1991) define hope as “a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy) and (b) pathways (planning to meet goals)” (p.287). According to this conceptualization, hope consists of three steps. First, the individual sets a goal, then develops strategies to meet the goal, and ultimately carries out the plan (Snyder, 1994). Goals are the motivational
units providing the framework of the hope theory, representing destinations for the short or long-term. Although earlier research (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000) suggested that a specific goal that an individual creates for him or herself should fall within a reasonable realm (being neither too difficult nor too easy to achieve), more recent studies have found that those high in hope tend to set soaring goals. In fact, individuals high in hope set virtually impossible goals (Snyder, 2002). These individuals are more likely to demonstrate the confidence, flexibility, and diligence to work towards desired outcomes. As such, they often create several goals for themselves. If they are unable to achieve a specific goal, they are able to focus their efforts on another without becoming excessively discouraged. It is important to recognize that just because an individual may be high in hope, does not mean that he or she is necessarily setting healthy goals. Previous research has used the example that members of a gang could demonstrate high levels of hope (Snyder, Rand, King, Feldman, & Woodward, 2002).

Snyder (2002) has found that individuals may have two different types of desired goals. The first type is “approach” or positive goals. There are three variants of approach goals. They may either be mentally visualized for the first time, reflect the maintenance of a currently visualized goal, or they may reflect a desire to build on an already achieved positive goal. The second type of goal relates to negative outcomes. This goal represents a desire to avoid the occurrence altogether or delay the occurrence to a later point in time.

Snyder describes another component of hope, pathways thinking, which refers to the routes that an individual plans to take in order to reach his or her goals. Pathways
thinking includes steps to the goal and alternate routes when the original paths are unsuccessful (Snyder et al., 1991).

The last component of Snyder’s hope conceptualization, agency thinking, is the motivation and energy an individual can muster to work towards his or her goals. Agency is then applied to the activities that are successful in achieving goals.

The combination of pathways and agency thinking is an essential element in striving towards a goal. Both types of thought are considered additive and iterative, in that as one increases, the other should as well (Snyder et al., 2000). A high-hope individual who displays high pathways thinking and high agency will be able to move towards and achieve his or her goal most efficiently and in the most adaptive way. Those with high hope tend to use problem-focused coping strategies in order to face the pressing stressors in their lives. Furthermore, they are more confident than those low in hope that they will be able to overcome the future challenges in their lives (Geffken et al., 2006). In contrast, a low-hope individual (displaying low pathways thinking and low agency) will experience the slowest and least efficient journey towards the goal, with the likelihood that he or she may never achieve the goal. The individual who displays high pathways and low agency will have the strategies in place to achieve the goal, but will lack the motivation required to reach it. The low pathways and high agency individual will have the motivation to reach his or her goal, but will not have effective strategies or alternate strategies to reach the goal (Snyder, 2002).

Individuals with high levels of hope will be more confident in their proposed route than those with low levels of hope. In addition, high-hope individuals will experience much less difficulty in developing an alternative if the original route is
Hope Program 5

unsuccessful. Low hope individuals are much less flexible in their thinking, and may not be able to construct an alternative if their initial plan fails (Snyder, 2002). It is the mere perception that if there is an obstruction within the initial route an alternative route can be created. This type of flexible thinking allows for therapeutic benefits from the hope theory (Snyder et al., 1991).

In addition to the benefits that hope provides in terms of reaching goals, hope has been shown to provide copious advantages for children, adolescents, and adults. Several studies have indicated that individuals high in hope demonstrate better psychological functioning in areas such as well-being (Magletta & Oliver, 1999; Ong, Edwards, & Bergeman, 2006), life meaning (Feldman & Snyder, 2005), self-worth (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998), personal adjustment, global life satisfaction (Gilman, Dooley, & Florell, 2006; Irving et al., 2004; Valle, Huebner, & Suldo, 2004; Valle, Huebner, & Suldo, 2006), extroversion, and perceived social support (Valle et al., 2004). Furthermore, these individuals also experience enjoyment in interacting with others (Snyder, Cheavens, & Symson, 1997). Research has also found that those high in hope are better able to deal with stress (Ong et al., 2006) and experience less psychopathology (Chang & DeSimone, 2001; Cheavens, Feldman, Gum, Michael, & Snyder, 2006; Feldman & Snyder, 2005; Klausner et al., 1998; McNeal et al., 2006). Not all studies have found hope to be positively related to better outcomes; Valle et al. (2006) longitudinal research found that demonstrating high hope predicted internalizing behaviors one year later. Another study (Hagen, Myers, & Mackintosh, 2005) found that high hope was associated with fewer internalizing and externalizing problems. That is,
while high hope is related to fewer behavioral problems, there is also a positive relationship between hope and coping with stress internally. Hope has been shown to positively influence other areas of functioning as well. Youth who are high in hope tend to have higher achievement scores (Snyder et al., 1997). Snyder et al. (2002) found that as compared with their peers, college students who were high in hope at the beginning of their freshman year had higher cumulative grade point averages, higher probabilities of graduating from college, and lower chances of being expelled because of poor grades. It is important to note that these studies are correlational, so it cannot be concluded that hope causes any of the positive qualities or outcomes found in these studies. Snyder’s and Lopez’s conceptualization of hope, however, proposes a causative role of hope. Programs designed to change hope support its role as the mechanism of positive outcomes.

In summary, hope is a resiliency factor that, according to current theory, allows individuals to have the motivation and flexibility necessary to effectively strive towards their goals. Along with this process, hope provides numerous beneficial effects for children, adolescents, and adults related to psychological functioning, interpersonal relationships, academic achievement, mental illness, and healthy coping strategies for stress.

**General Interventions**

Over the past decade, interventions with underlying positive psychology components have emerged within the clinical psychology literature. The aim of these interventions is to enhance general well-being by reducing negative symptoms, such as those of depression. The literature includes several studies that seem to be addressing
resilience, by increasing factors such as hope, although none utilize the Snyder et al. (1991) terminology or objectively measure resiliency components.

Research has utilized concepts within the realm of positive psychology with an emphasis on promoting resiliency in children and adolescents while also addressing skills deficits related to a mental health disorder. For example, the Alvord-Baker Social Skills Group Model (Alvord & Grados, 2005) attempted to develop resiliency factors as part of a semester-long cognitive behavioral/parent training program for 2nd to 5th graders with a wide variety of diagnoses including ADHD, anxiety disorders, learning disabilities, and/or mild Asperger's disorder. At an early point in the program, each child chooses a goal that he or she strove for throughout the course of the program, thus introducing features of hope building. Two components of the program (teaching cognitive strategies and teaching responsibilities with subsequent exposure to feelings of accomplishment and mastery) seem similar to the pathways and agency features of hope described by Snyder et al. (1991). Alvord and Grados (2005) emphasize that the Alvord-Baker Social Skills Group Model is an effective program to use within clinical settings. More specifically, they emphasize that if used collaboratively with clinicians and parents, their approach "helps develop and enhance resilience" (Alvord & Grados, 2005, p. 244). However, empirical findings have not appeared within peer-reviewed literature.

While Ungar, Dumond, and McDonald (2005) did not target hope specifically, their outdoor educational programs may contribute to a similar increase in well-being for urban at-risk youth. The authors describe the Choice Wilderness Program, which was designed for adolescents with drug, alcohol, or gambling addictions, as one that ultimately instills outcomes that have a "remarkable similarity... (to the) characteristics
of resilient individuals” (Ungar et al., 2005, p. 325). “Goals and aspirations” and “initiative and planning” (Ungar et al., 2005, p. 326) are mentioned as resiliency factors that the program intends to enhance. The qualitative results indicate that after the Choices Wilderness Program, participants concluded learning “that I can do a lot of things I put my mind to” and “I should never say things are impossible until I at least try” (Ungar et al., 2005, p. 330). In addition, staff members noted that participants who had been reluctant at first later disclosed their experiences and considered alternative avenues for growth and change. Although hope was not directly named as a resiliency factor targeted in this research, it seems that some of the qualitative information reflects aspects of hope parallel to Snyder et al.’s (1991) conceptualization. That is, the qualitative comments from the participants and staff members suggest that the youth may have experienced an increase in agency and pathways. Unfortunately, the authors did not measure changes in any objective way.

In other attempts to enhance resiliency among youth, cognitive-behavioral depression prevention programs that include elements of hope have been implemented with children (Gillham, Jaycox, Reivich, Seligman, & Silver, 1990), adolescents (Shochet et al., 2001), and high-risk minority adolescents in an inner-city setting (Tuttle, Campbell-Heider, & David, 2006). However, research in this area merely looked at the reduction of depressive symptoms and not enhancement of specific resiliency components. While it is possible that these programs may have influenced resiliency factors, the research did not include measurements of this data.

The aforementioned resiliency programs are primarily designed to decrease symptoms (such as depression) in at-risk individuals. There were several limitations in
each of these studies. Small sample sizes were typical, (Tuttle et al., 2006) which make it difficult to determine the true effects of the intervention. Inconsistent findings also pose a challenge (Gillham et al., 2007; Gillham, Hamilton, Freres, Patton, & Gallop, 2006). Lopez and colleagues (2007) promote programs that directly address the core resiliency factor, such as hope. In line with the positive psychology school of thought, promoting strengths has shown increases in well-being and can potentially provide a buffer when faced with future challenges. In addition, it seems more beneficial in the long run to enhance a strength that an individual already possesses (which has been shown to promote several aspects of his or her functioning) rather than decrease only one symptom or negative characteristic that the individual may be currently experiencing.

**Hope Interventions**

Despite the recent increase in interest on the role that resiliency factors have on individuals' adjustment and future successes, research in the area of creating and implementing programs to increase resiliency factors has been limited. In particular, programs designed to increase hope are scarce within the literature.

**Hope Interventions with Adults.** Previous researchers have utilized aspects of Snyder and colleagues’ (1991) conceptualization of hope to increase adaptive functioning among adults. Trump (1997) found that by displaying a video consisting of hopeful stories to female survivors of incest, agency and self-esteem increased significantly as compared to that of women who viewed a control video. Klausner and colleagues (1998) found that after an 11 week goal-focused group psychotherapy, elderly patients diagnosed with major depressive disorder had increased levels of agency, pathways, and social functioning. In addition, their depressive symptomology, anxiety, and hopelessness,
which were not explicitly addressed in the program, decreased. Worthington and colleagues (1997) implemented a hope-focused couple's therapy that required that both partners agree upon and strive toward a mutual goal. They found that after five sessions of this therapy, partner satisfaction increased at post-test and a three-week follow up. In a later study, Ripley and Worthington (2002) found that, as compared with an empathy-centered forgiveness-based model, the previously mentioned hope-focused couples' intervention promoted positive interactions between the couples. However, the results indicated that couples in the hope-focused condition did not differ from a group receiving no intervention in terms of marital quality, forgiveness, and communication.

Cheavens et al. (2006) conducted a group hope intervention for adults in a community psychotherapy setting. The group met weekly over eight two hour sessions. Upon completion of the program, the participants displayed significantly higher agency thinking, self-esteem, and life meaning, whereas their depression and anxiety decreased.

The research on adult interventions is similar in that each demonstrates that hope was effectively increased. In addition, several of the studies indicate that other factors of adaptive functioning, such as life-meaning (Cheavens et al., 2006), self-esteem (Cheavens et al., 2006; Trump, 1997), and social functioning (Klausner et al., 1998) benefitted as well. Also noteworthy is that the results of the intervention that included a follow-up indicate that the increases in hope were maintained beyond the time of the post-test (Worthington et al., 1997). Similarly, in their longitudinal study on hope among college students, Snyder et al. (2002) found that hope among freshmen predicted not only higher GPAs within the first semester of college, but also a timely graduation as
compared to those low in hope. That is, this research also demonstrated that hope is significantly related to positive outcomes in the future.

*Hope Interventions with Children.* Interventions aimed at increasing hope among children have recently begun to emerge in the literature. Edwards and Lopez (2000) have developed a 5 week school-based program for children called *Making Hope Happen.* Although this research has yet to be published in a peer-reviewed journal, existing data on hope interventions suggest that this program will likely be successful in increasing hope and protecting children against future adversities. Before implementing *Making Hope Happen* with fourth grade students, Edwards and Lopez administered the Children’s Hope Scale (CHS; Snyder et al., 1997). Scores on the CHS significantly increased between pre-test and post-test, thus suggesting that the children experienced an increase in hope (Lopez et al., 2007).

In their unpublished modification of *Making Hope Happen* for adolescents in the seventh grade, Pedrotti, Lopez, and Krieshok (2000) also included pre-test and post-test measurements of hope using the CHS. In contrast to Edwards and Lopez’ (2000) research, the authors of the adolescent version compared participants’ CHS scores to those in a control group who had not received the intervention. Participants’ hope scores increased from pre-test to post-test. Also, in comparison to the control group, participants in the hope program demonstrated significantly higher levels of hope after participating in the program. At a six month follow-up, participants continued to demonstrate elevated hope scores (Lopez et al., 2007).

Researchers have made several suggestions for those interested in creating hope interventions for youth. Snyder, Lopez, Shorey, Rand, and Feldman (2003) recommend
that in assisting school-aged children in creating goals, it is important that the students create goals that they find uniquely and personally relevant. Furthermore, it is suggested that each student come up with a list of goals, and then rank each goal in terms of what he or she perceives as most important. The authors emphasize that each goal must correspond to a concrete measure indicating progress. This way, the students can acknowledge when they have achieved a goal and subsequently experience feeling successful. It is also emphasized that students should be instructed to develop goals for a greater group in addition to personal goals. The authors reason that since high hope individuals have demonstrated interest in others' goals (Snyder, Cheavens, & Sympon, 1997), it may be helpful to implement “we” goals within the school environment. This may potentially help increase positive interpersonal interactions and make the students aware of personal fulfillment in assisting others (Snyder et al., 2003).

Delancy (2005) incorporated these suggestions in conducting an eight week long hope program among high-risk children ages 8-12 at a public Montessori elementary school. She concluded that the motivational component of hope dictated the child’s perception of his or her approach to difficult times in school. According to Snyder’s (2000) criteria, those with average hope have a score of 25, while “high hopers” score a 29 or above and “low hopers” score a 21 or below. In Delancy’s (2005) study, the mean hope score at pretest (as measured by the Children’s Hope Scale) was 25.76, and the mean at posttest was 28.14. Although scores on the Children’s Hope Scale did not statistically significantly increase from pre-test to post-test, hope increased for 68% of the participants. Girls showed significantly higher pathways thinking than boys at the post-test measurement. Results from this study also indicated that the program may have
increased friendships and positive social behaviors among the participants. According to the teachers who rated the behavior of children in the study, the children’s academic performance significantly increased after participation in the program. Another finding was that African American children’s scores increased more from pretest to posttest than Caucasian children.

The previous research in the area of hope interventions suggests that hope is a concept that can be taught to children. Furthermore, in understanding the components and applying them to their own lives, interventions such as these suggest effectiveness in increasing hope among children. Since hope has shown numerous relationships with positive adjustment and well-being among children, it seems highly likely that those at-risk may benefit the most from a hope intervention.

*Other resiliency factors*

Other resiliency factors, such as self-efficacy, optimism, and life satisfaction also impact psychological functioning and behavior. Like hope, these concepts serve as protective factors; however, they can be uniquely differentiated. Several resiliency factors that have been discussed in positive psychology are presented below, along with information emphasizing the ways they are similar yet distinguished from hope.

*Self-Efficacy.* As defined by Bandura (1997), “perceived self-efficacy refers to beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments” (p.3). In other terms, self-efficacy is the judgment individuals make based upon how well they believe they will perform on a given task. Bandura (1997) described self-efficacy as a mechanism that provides resilience to
adversity insofar as it influences the cognitions and the coping strategies the individual utilizes in dealing with stress.

In comparison to the other resiliency factors, self-efficacy has been shown to be a similar yet independent construct (Magletta & Oliver, 1999). Like hope, self-efficacy is based upon a theory utilizing goals. Bandura (1997) described self-efficacy in terms of "cognitive motivation and self-directedness" (p. 128). This process requires comparison of perceived performance to preconceived personal standards, resulting in satisfaction upon meeting the goal. In striving to reach goals, individuals "create self-incentives" (Bandura, 1997, p. 128) as personal motivation. This piece of self-efficacy theory sounds strikingly similar to the agency component of the hope model, and empirical research has demonstrated a significant relationship between agency and self-efficacy (Magletta & Oliver, 1999). Consistent with this finding, recent research revealed a relationship between self-efficacy, hope, and effort in children with learning disabilities. That is, children with learning disabilities demonstrated lower self-efficacy, lower hope, and lower effort than children without learning disabilities. The authors concluded that "low levels of self-beliefs may be putting learning disabled children at more risk during rough times" (Lackaye, Margalit, Ziv, & Ziman, 2006, p. 118), which suggests that self-efficacy serves as a resiliency factor in children. Another similarity between hope and self-efficacy is that both factors are thought to reflect cognitive and affective components. While those high in hope have shown positive emotions and low hopers identify with negative affect (Snyder, Sympson, Michael, & Cheavens, 2001), self-efficacy has been shown to influence "the nature and intensity of emotional experiences" (Bandura, 1997, p. 137) through cognitive interpretations of situational factors. That is, individuals utilize
self-efficacy beliefs to alleviate negative emotional conditions, such as depression, anxiety, and stress reactions, when they arise.

Self-efficacy is similar to optimism in that it involves control. According to Carver and Scheier (2003), both theories reflect expectancies for desired outcomes; however, individuals high only in self-efficacy place more emphasis on personal efforts or control influencing outcomes in comparison to those high in optimism. It is likely the combination of both high self-efficacy and high optimism that allows an individual to utilize personal efforts in striving for goals.

In summary, self-efficacy is a related yet unique concept in comparison to hope and optimism. Research has indicated a relationship between the agency component of hope and self-efficacy. Like hope, self-efficacy also involves cognitive and emotional components. Like optimism, self-efficacy also involves control in the pursuit of desired outcomes.

**Optimism.** Another resiliency factor that has been a focus of positive psychology research is optimism, which is "the belief that good, as opposed to bad, things will generally occur in one’s life" (Scheier & Carver, 1993, p.26). Both optimism and hope are future-oriented. Whereas optimism focuses on one’s belief state, hope (at least as described by Snyder et al., (1991)) includes motivation and specific ways of thinking that are more directly related to action. Several studies have reported that although optimism contributes to the prediction of well-being in a significant and unique way, it is less influential than that of hope (Bruininks & Malle, 2005; Bryant & Cvengros, 2004; Magletta & Oliver, 1999; Snyder, 2004; Snyder et al., 2002).
In their research comparing hope and optimism among an undergraduate sample, Bruininks and Malle (2005) found two major differences between the constructs. Previous research (Snyder et al., 1991; Snyder, 2002) has indicated that hope is associated with either positive or negative emotions reflecting the individual’s vision of success in reaching the goal or failure in the lack thereof, but Bruininks and Malle (2005) cite studies indicating that hope is associated with positive emotions that drive the motivation the individual utilizes in striving towards the goal. That is, hope was found to be tied more to the actual process of working to achieve goals rather than a result of the anticipated outcome. In contrast, optimism was not found to be associated with emotions (Bruininks & Malle, 2005). However, based on their interpretation of numerous studies, Sweeny, Carroll, & Shepperd (2006) linked optimism with the emotions an individual experiences as he or she begins to realize that the final outcome is out of reach. In other words, as time dwindles and one realizes the impossible nature of his or her goal, optimism decreases in such a way as to buffer the individual from disappointment. These authors propose that this decline in optimism can, in turn, produce positive affect as the individual feels better about the unattainable goal. Unfortunately though, a general negative outlook, as captured by pessimists, poses the risk that negative affect and anxiety may become pervasive (Sweeny et al., 2006).

Further findings indicate that hope and optimism differ in terms of the amount of control that an individual can exert over his or her outcomes. To be hopeful about a goal does not mean that an individual is striving towards something attainable. As mentioned previously, individuals high in hope sometimes set impossible goals for themselves, but because they set several, they do not get discouraged if they cannot reach one. Bruininks
and Malle's (2005) findings also suggest that individuals may hope for a goal that is out of reach. In addition, they have suggested that when the individual has increased control over the outcome, his or her optimism may increase as well. In these instances, hope is in place throughout the goal setting and striving journey, but optimism increases as the goal becomes visible.

People high in optimism differ from those low in optimism, specifically with regards to coping mechanisms. Optimists cope with stress in more healthy, adaptive ways (Scheier & Carver, 1992), utilizing problem-focused, active coping methods (Scheier & Carver, 1993) or approach coping strategies, in which the goal is to remove or control stressors in one's life. Optimism negatively correlates with avoidance coping strategies that passively disregard stressors (Nes & Segerstrom, 2006). Scheier and Carver (1992) reported that even during times of stress, optimistic individuals demonstrate higher levels of subjective reports of well-being as compared to pessimists. For example, optimistic adolescent students in Singapore reported less academic stress than pessimists. Furthermore, the optimistic students were less likely to become consumed by distressful emotions or physical symptoms provoked by the stressor and instead were more actively engaged in eliminating the stressor, than were the pessimists (Huan, Yeo, Ang, & Chong, 2006). In his research on optimism among Japanese children, Koizuimi (1999) found that boys are more optimistic than girls, and older students are more optimistic than the younger ones.

In summary, research has shown that optimism is related to, but different from hope. Although research is mixed, the interaction optimism may have with emotions is different than that of hope. That is, hope is associated with emotions the individual
experiences as he or she strives towards goals, whereas optimism may only be associated with emotions as the individual approaches the outcome. While hope may remain constant as an individual strives towards his or her aspirations, optimism increases as he or she gains greater control over personal goals.

*Life Satisfaction.* Life satisfaction, another resiliency factor, is “a cognitive, global appraisal that people make when considering their contentment with their life as a whole” (Suldo & Huebner, 2006, p. 180). Along with other components, such as negative and positive affect, life satisfaction contributes to the greater domain, known as subjective well-being (Diener, 2000). Life satisfaction, also referred to as perceived quality of life (Huebner, Suldo, Smith, & McKnight, 2004), has become an area of interest within resiliency research. High life satisfaction in adults has been linked to positive social interactions, longer lives, and active participation in various organizations (Veenhoven, 1988). Similarly, youth who experience high life satisfaction also display adaptive functioning in several areas of their lives. Gilman and Huebner (2006) found that adolescents who reported high global life satisfaction experienced increased positive interpersonal relationships, less internal distress, higher levels of hope, and higher self-perceptions of personal control than youth low in life satisfaction. In addition, youth who are high in life satisfaction also have positive perceptions of school, especially with regards to their academic abilities and support from teachers (Suldo, Riley, & Shaffer, 2006). When compared to adolescents within the average range of life satisfaction, those with extremely high life satisfaction demonstrated better social, intrapersonal, and cognitive functioning. The presence of psychopathological symptoms did not significantly differ between the average group and those who were highly satisfied with
their lives (Suldo & Huebner, 2006). It should be noted that the above presented findings were based upon correlational research. Thus, it cannot be assumed that life satisfaction has caused all of these positive benefits, but rather, there is a positive relationship between life satisfaction and the above factors.

In summary, life satisfaction has been described by researchers as a broad perception that an individual has of his or her quality of life. High life satisfaction has shown to contribute to positive psychological functioning among numerous domains, including increased levels of hope.

**Summary**

Based upon research indicating that hope influences psychological functioning and well-being, helps to buffer against future challenges, and has been shown to increase as a result of interventions, it is likely that a hope program will be useful for disadvantaged, inner-city children. This population is faced with many risk-factors and obstacles in their daily lives, most of which are out of their control. Risk factors such as low socioeconomic status, lack of family support, single parent homes, and living in high crime neighborhoods are possibly salient in many of the children’s lives. A positive psychological approach to increasing hope might help these children learn to set goals and incorporate agency and pathways thinking towards facing obstacles in their future. A program geared towards building strengths could potentially instill the power and protection in overcoming future challenges.

In addition, there are advantages of considering other resiliency factors, such as optimism and life satisfaction, within the hope intervention. While hope is similar to these constructs, it is also unique. That is, an intervention targeting hope should not
increase optimism, because the two resiliency factors are exclusive. However, hope is not as isolated from life satisfaction. In fact, life satisfaction may be a broad construct to which hope acts as a facet. Thus, an intervention targeting hope will likely increase life satisfaction as well.
Chapter II
Rationale and Hypotheses

Snyder et al. (1991) describe hope using a three-factor model, based upon goals, agency, and pathways. Research has shown that individuals with high levels of hope benefit from high functioning in various areas, including but not limited to, better academic performance and social competence (Snyder et al., 2003), lower levels of depression and anxiety, and higher self-esteem and life-meaning (Cheavens et al., 2006). Although recent literature has focused on instilling hope in adult samples (Cheavens et al., 2006; Irving et al., 2004; Klausner et al., 1998; Ripley & Worthington, 2002; Trump, 1997; Worthington et al., 1997), only a few studies have examined programs designed to increase hope in children (Delancy, 2005; Edwards & Lopez, 2000; Pedrotti et al., 2000). The proposed research intends to incorporate elements of previous hope interventions for children (Delancy, 2005; Edwards & Lopez, 2000) into an eight-week long program for at-risk, inner city youth ages 8-12. The intervention condition will be compared with a reading literacy comparison condition for children within the same age range.

Although the primary focus of the proposed hope intervention is to increase hope, other resiliency factors will likely be affected as well. Research (Diener, 2000; Suldo & Huebner, 2006) has described life satisfaction as a broad, global construct. Because of its positive relationship with hope (Gilman & Huebner, 2006), it seems as though hope may be one facet within the larger realm of life satisfaction.
In addition, the proposed research intends on examining the relationship between mothers' hope and their children's hope. This relationship is one that has never before been addressed in previous hope intervention literature. However, it seems that mothers’ hope levels may be an important factor contributing to children’s hope.

In light of the above, the following clinical hypotheses are proposed:

**H I:** There will be significantly greater increases in hope scores for participants in the hope intervention group than those in the comparison group across pretreatment through a 3-month follow-up.

**H II:** There will be significantly greater increases in life satisfaction scores for participants in the hope intervention group than those in the comparison group across pretreatment through a 3-month follow-up.

Although it is not a primary focus of the current study, the relationship between mothers’ and children’s hope scores will be explored:

**H III:** There will be a statistically significant relationship between mother’s pretest hope scores and their children’s pretest hope scores.
Chapter III

Method

Participants

The participants in this study will consist of approximately 20-24 children from low socioeconomic status families. Most likely, the majority of the children will be African American and attend schools that have struggled to meet state requirements for literacy, live in neighborhoods suffering from crime, substance abuse, and domestic violence. This population is at an increased risk for developing criminal behaviors, poverty, teen pregnancy, substance abuse, and other related issues in the future.

The participants will be divided equally between the hope intervention and reading literacy comparison groups. These 8- to 12-year-old children will be recruited from an inner-city community center located in a mid-size city in a Midwestern state. Consistent with recommendations made by McNeal and colleagues (2006), the children will be randomly assigned to the Hope Intervention and reading literacy groups.

Unlike previous research in this area, mothers of the children will also be included in this research. They will complete the adult version of the Hope Scale (Snyder et al., 1991) when the children complete their pre-test measures. None of the mothers will receive the intervention.

Power Issues

In order to obtain a medium effect size, this study would require 64 participants in each group. For a small effect size, 393 participants would be needed in each condition.
A large effect size will require 26 participants in each group (Cohen, 1992). However, previous relevant studies have utilized sample sizes ranging from eight (Pedrotti et al., 2000) to 37 (Delancy, 2005). Due to restrictions such as funding, limited supply of group leaders, and limited time, it is hoped that 10 to 12 children will complete the program in each condition. Because of the anticipated small sample size, statistical power will be limited in this research.

**Measures**

*The Children's Hope Scale (CHS).* The CHS (Snyder et al., 1997) is a self-report measure designed to assess children's goal-directed thoughts. The CHS has been validated on children ages 7-16. It has a total of 6 items which are based on a six-point Likert-type scale, ranging from “none of the time” (1) to “all of the time” (6). Three of the items measure pathway thinking and three measure agency. The total scores may range from 6-36. (See Appendix A).

The norms for the CHS were developed using several samples of children from various locations in the country; 694 schoolchildren (351 boys, 343 girls), 91 children with medical illnesses (48 boys, 43 girls), 170 boys with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and 74 boys without ADHD. Internal reliabilities for the CHS, as measured by the Cronbach’s alpha, range from .72 to .86; with a median alpha of .77 (Snyder et al., 1997). The CHS demonstrated concurrent validity by correlating positively with several measures, including parent observations, the Self-Perception Profile for Children (SPP-C; Harter, 1985). A negative correlation between the CHS and Child Depression Inventory (CDI; Kovacs, 1985) was also evidence of
Hope Program 25

concurrent validity. The CHS demonstrates discriminant validity with intelligence, \( r (159) = .03 \) (Snyder et al., 1997).

**Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS).** The BMSLSS (Seligson, Huebner, & Valois, 2003) was designed to measure children and adolescents' satisfaction with five major aspects of their lives (family, friends, school, living environment, and self), as reflected in the Multidimensional Students' Life Satisfaction Scale (MSLSS; Huebner & Gilman, 2002). In addition to the five major components of life satisfaction, the BMSLSS also includes one item used to assess global life satisfaction (i.e. “I would describe my satisfaction with my overall life as”). Each item is answered on a 7-point Delighted-Terrible Scale (Andrews & Withey, 1976), ranging from delighted, pleased, mostly satisfied, mixed, mostly dissatisfied, unhappy, to terrible. (See Appendix B). The BMSLSS was originally administered to 221 youth in a school in the southeastern United States. The mean age of the sample was 12.33. The sample was composed of 58% males, 92 African Americans, 111 Caucasians, and 18 who identified as other. The internal consistency of the BMSLSS Total score yielded a coefficient alpha of .75, whereas coefficients for each of the five items ranged from .65 to .73. Relationships were strong between the Total BMSLSS score and the Total MSLSS score \( (r = .66) \) and between the Total BMSLSS score and the Total SLSS score \( (r = .62) \). Correlations between the five BMSLSS domains were modest, with a mean of .36, as compared with the mean of .37 for the MSLSS. The BMSLSS demonstrated moderate correlations with the positive affect scale on the Positive and Negative Affect Schedule-Children (PANAS-C; Laurent et al., 1999) \( (r = .43) \) and with the negative affect scale on the PANAS-C \( (r = -.27) \) (Seligson et al., 2003).
Youth Life Orientation Test (YLOT). The YLOT (Ey et al., 2005) is a 19-item self-report questionnaire designed to measure the positive and negative expectations of the future among children in the 3rd through 6th grades. The children are required to respond to each item with either “true for me,” “sort of true for me,” “sort of not true for me,” or “not true for me.” Each response corresponds to a number value (e.g. “true for me” = 3 points, “not true for me” = 0 points). (See Appendix C). Common factor analyses utilizing varimax rotation revealed two factors; optimism and pessimism. Optimism, as measured by the sum of scores on items 5, 8, 10, 12, 14, and 16, accounted for 13% of the variance, whereas pessimism, as measured by the sum of scores on items 4, 7, 9, 11, 13, and 15 accounted for 37% of the variance. The YLOT also yields a ‘total optimism’ score, which is the sum of the scores on all of the items, including fillers. The descriptive statistics of the normative sample indicated that as compared to their Caucasian peers, African American children endorsed significantly higher levels of optimism, $F(1,200) = 12.70, p < .0001$, and total optimism, $F(1,200) = 5.84, p < .02$. They also reported lower levels of pessimism as compared to Caucasian peers, $F(1,200) = 2.84, p = .09$. Furthermore, girls endorsed higher total optimism than boys, $F(1,200) = 4.74, p < .04$. There were no significant gender and race interactions for neither optimism nor pessimism (Ey et al., 2005).

Internal consistency for optimism, pessimism, and total optimism on the YLOT was acceptable. The Cronbach alphas were .79, .78, and .83 respectively. Test-retest reliability over a seven month period indicated that optimism at Time 1 significantly correlated with optimism at Time 2, whereas pessimism at Time 1 significantly correlated with pessimism at Time 2. Over a one month period, test-retest reliability for optimism
and pessimism improved to .68 (p < .0001). Test-retest reliability improved for total optimism as well (.70; p < .0001). Spearman’s rho correlations between the YLOT’s scales of optimism and total optimism and measures of self-efficacy and hope indicated a positive and moderate correlation. The pessimism scale on the YLOT had a negative correlation with these measures (Ey et al., 2005).

*Wide Range Achievement Test- Fourth Edition, Word Reading Subtest (WRAT-4).*

The WRAT-4 (Wilkinson & Robertson, 2006) measures academic skills including word reading, sentence comprehension, spelling, and math computation among individuals ages 5 to 94 years. Its normative sample included over 3,000 individuals representative of the United States population in terms of age, gender, ethnicity, geographic region, and socioeconomic status. The WRAT-4 contains alternate versions (i.e., Blue Form and Green Form) intended for use when a short time has elapsed between retesting periods in order to reduce potential practice effects.

The Word Reading subtest “measures letter and word decoding through letter identification and word recognition” (Wilkinson & Robertson, 2006, p. 2). Internal consistency coefficients for Blue Form Word Reading range from .89 to .96, whereas internal consistency coefficients for Green Form Word Reading range from .88 to .98. When both forms were administered, the alternate form immediate retest reliability coefficients ranged from .78 to .92 for Word Reading. While the majority (77%) of the WRAT-4 items were drawn from the previous version of the achievement test, 26.4% of the items (29 items total) on the Word Reading WRAT-4 were new.

Convergent validity data revealed correlations ranging between .54 and .85 for the Word Reading subtest of the WRAT-4 and various other achievement test subtests;

**Hope Scale (for mothers).** The Hope Scale (HS; Snyder et al., 1991) is a self-report instrument designed to measure total hope, agency, and pathway thinking among adults. The HS consists of 12 items; four of which reflect agency thinking, while another four measure pathways thinking, and four serve as filler items. An example of an agency item is “My past experiences have prepared me well for my future.” One pathways item is “Even when others get discouraged, I know I can find a way to solve the problem.” (See Appendix D).

The HS was originally administered to six separate groups of undergraduate students, one outpatient clinical sample, and one inpatient clinical sample. Answers to each item are based on a four-point Likert-type scale ranging from “definitely false” to “definitely true.” The HS has shown to have acceptable internal consistency. Across the original samples, Cronbach’s alphas for the total scale varied from .74 to .84. Cronbach’s alphas for the pathways scale ranged from .63 to .80, whereas agency ranged from .71 to .76. Test-retest correlations among four undergraduate samples (revealing alphas from .73 to .85) have shown the HS to be a stable instrument over time. Factor analyses revealed that although related, the agency and pathways scales each contribute
individually to the total hope score. While the HS has demonstrated adequate convergent validity with other instruments, it is weaker in its discriminant validity. Similar to Snyder et al.'s (1991) findings, Babyak, Snyder, and Yoshinobu (1993) found no significant differences between males and females among their cross-sectional data across four undergraduate samples. The latter authors also concluded that “although agency and pathways are highly related, they do not constitute a single factor; rather, they are relatively distinct entities that converge upon a broader latent construct” (Babyak et al., 1993, p.167).

Procedure

Children ages 8-12 from an urban learning center facility will be invited to participate in this study during after school hours. The children will be randomly assigned to either the intervention or the comparison group. The intervention group will participate in an eight-week long program teaching Snyder’s Hope Theory (Snyder et al., 1991). Through stories and activities, the children will identify the components of hope and understand how they are applicable within their own lives. Similar to programs implemented by Delancy (2005) and Pedrotti et al. (2000), the groups will meet for 60 minute sessions. However, unlike previous studies, the groups will be meeting twice weekly. (See Appendix E for information on the content of the Hope Intervention.) Parent consent and child assent will be necessary in order to participate in either group. Those assigned to the comparison condition will participate in an eight-week long reading literacy program. This program will meet within the same facility and at the same time as the hope intervention group sessions. Similarly, each session will also last 60 minutes. The focus of these sessions will be increasing reading skills through group
Those children and parents who have chosen to participate will complete the consent and assent forms as well as the self-report measures at a "recruitment fun night" prior to the start of the programs. The participants will be in a quiet room, free of distractions while they are completing the self-report measures. Children who have difficulty reading the measures will have them read aloud individually. Group leaders and research assistants will administer the WRAT-4 Word Reading subtest (Blue Form) at this time as well. [Note: Alternate forms will be used at each time of measure. The Green Form will be administered at posttest and the Blue Form will be administered at the 3-month follow-up.] There will be raffles for small prizes for the mothers and refreshments will be provided. The mothers will be assured that they will receive a small gift card prize for completing the entire study. They will receive the gift cards at another "fun night" at the time of a 3-month follow-up, when the children will complete all of the follow-up measures. Children will receive small prizes at posttest as well as the 3-month follow-up. Every effort will be made to remind the mothers and children of the measurement "fun nights."

The participants will again be assessed upon completion of the program. Consistent with recommendations from existing research (Cheavens et al., 2006; Delancy, 2005; Gilman et al., 2006), the current study will consist of a series of follow-ups after the intervention. However, literature containing suggestions for post-test assessment time periods is scarce. Delancy (2005) suggested that future researchers should consider follow-up intervals of 1 week, 4 weeks, 6 months, and 1 year after the
intervention. Because of the nature of the time constraints involved in this study (i.e. keeping consistent with the school’s academic calendar), follow-up will be conducted three months after completion of the program.
Chapter IV
Proposed Analyses

The aim of the current study is to evaluate the effectiveness of an intervention designed to increase hope in school aged children. The overall design is to compare the intervention group with a comparison group, and to measure features of the participants’ thinking and belief styles from pre- to post-intervention, and at a 3-month follow-up.

Hypotheses I and II state that there will be statistically greater increases in hope scores for participants in the hope intervention group than those in the comparison group across pretreatment through a 3-month follow-up. To evaluate Hypotheses I and II, a mixed effects model will be used. More specifically, a random regression model (RRM), (also termed a hierarchal linear model) will be used to compare differences in the slopes or rates of change between participants in the hope intervention and comparison group.

A level of $p \leq .05$ will be used in order to maintain statistical power at 70% or above for detecting large effects that would be of expected clinical importance. In addition, effect sizes will be examined to detect trends in treatment response.

The third hypothesis states that there will be a statistically significant relationship between mother’s pretest hope scores as measured by the Hope Scale (Snyder et al., 1991) and their children’s pretest hope scores as measured by the Children’s Hope Scale (Snyder et al., 1997). A Pearson Correlation Coefficient will be used to evaluate this hypothesis. [Note: This analysis will involve pretest scores of all children and their mothers, regardless of their group assignment.]
References


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 □
Appendix B

Brief Multidimensional Students’ Life Satisfaction Scale

We would like to know what thoughts about life you’ve had during the past several weeks. Here are some questions that ask you to indicate your satisfaction with life. Circle the choice next to each statement that indicates how you would describe your satisfaction with each of these areas of your life.

I would describe my satisfaction with my family life as:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

I would describe my satisfaction with my friends as:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

I would describe my satisfaction with my school experiences as:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

I would describe my satisfaction with my environment as:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

I would describe my satisfaction with myself as:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

I would describe my satisfaction with my overall life as:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted
Appendix C
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
for me  for me  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
for me  for me  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
for me  for me  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
for me  for me  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
for me  for me  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
for me  for me  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
for me  for me  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
for me  for me  for me
16. When things are bad, I expect them to get better.

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

17. Even when people around me are sick, I expect to be healthy.

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

18. If some illness is going around, I am sure to get it.

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

19. When I do not feel well, I expect that I will feel better soon.

true for me  sort of true  sort of not true  not true for me
for me           for me
Appendix D

The Hope Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1 = Definitely False, 2 = Mostly False, 3 = Mostly True, 4 = Definitely True

1. I can think of many ways to get out of a jam.
2. I energetically pursue my goals.
3. I feel tired most of the time.
4. There are lots of ways around any problem.
5. I am easily downed in an argument.
6. I can think of many ways to get the things in life that are most important to me.
7. I worry about my health.
8. Even when others get discouraged, I know I can find a way to solve the problem.
9. My past experiences have prepared me well for the future.
10. I've been pretty successful in life.
11. I usually find myself worrying about something.
12. I meet the goals that I set for myself.
Appendix E

Hope Program Protocol

(Delancy, 2005; Edwards and Lopez, 2000)

Day One:

Group Welcome and Getting to Know Each Other (Part One)

1. Welcome and Group Facilitator Instructions.
2. Icebreaker Activity:
   a. Children and leaders will decorate nametags and draw a picture of something that is important to them. Then each person will share his or her name and what he or she drew.
3. Description of 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 eight weeks for 60 minutes twice weekly on Mondays and Wednesdays.
   c. To learn the skills best, it is important to be present each time. However, you will 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 to hold all of your materials. These folders can help you remember what you learned in the group even after the group is completed.
4. Assent:
   a. If you would like to be involved in these groups, please read this paper and sign your name on the line. Your parent(s) 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.
5. Rules:
   a. As a group, create approximately three basic rules. On a poster board to be present for each session, one leader will record relevant suggestions from the participants.
   b. Introduce token economy concept, the homework assignments completion table, and explain that a reward will be given at the end of each group based upon the amount of tokens.
7. Distribute group folders and have a healthy snack.
   a. Folders: The folders provide the children with a way to organize their homework and group handouts and to transport them from group meetings.
to home. The folders will contain this week’s homework assignment, a card with the definition of hope, and a card with a motivational Dr. Seuss saying (see below). The folder will also have an envelope for each child to collect his or her tokens.

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

**Day Two:**

**Getting to Know Each Other (Part Two)**

1. Brief Welcome and Introduction of Group Leaders:
   a. Group leaders will introduce themselves again by telling the children three things about themselves. The leaders will prepare creative and interesting facts in advance to engage the children.

2. Icebreaker Activity:
   a. Ask children to talk about what others drew for their nametags. This activity will be a way for the leaders to review names and also for everyone to get to know each other.

3. Description of Study:
   a. Review concepts from last week. Ask for a participant or two to recall for everyone what the groups entail.
   b. If new children are present, ask for a volunteer to explain to the child what the study entails. Group leaders will help as needed. One group leader can take the new child(ren) away from the group to briefly explain the assent form.

4. Review of Rules
5. Fun Activity: Musical Chairs
6. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Three:**

**Getting to Know Each Other (Part Three)**

1. Brief Welcome and Introduction of Group Leaders
2. Introduction of any new children
3. Brief review of study description and rules
   a. Ask for a volunteer (a different child than last week) to explain the procedure and rules. Group leaders will help as necessary.
4. Fun Activity: Stretching Exercise
   a. Group leaders will instruct children to stretch several muscles including neck, shoulders, abdomen, arms, and legs.
5. Fun Activity: Read a story to the children.
6. Snack Time and Collection of Tokens for Prizes (Stickers)
Day Four:

Getting to Know Each Other (Part Four)

2. Brief review of study description and rules
   a. Ask for a volunteer (a different child than last week) to explain the procedure and rules. Group leaders will help as necessary.
3. Fun Activity: Deep breathing and relaxation.
   a. Explain the reasoning for deep breathing and relaxation techniques.
   b. With relaxing nature sounds playing in the background, teach the children how to breathe through the diaphragm.
4. Fun Activity: Read a story to the children.
5. Snack Time and Collection of Tokens for Prizes (Stickers)

Day Five:

Group Welcome and Introductions to Hope

1. Introduction to hope theory
   a. Define hope: "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" (Delancy, 2005, p. 72).
   b. Label the components of hope: willpower, pathways, and goals
   a. Explain the picture of hope with the example of a boy whose goal is to learn how to ride a bike. Explain and label willpower and pathways.
   b. Ask for volunteers to act out the hope picture. Tape goal sign about six feet away from the child. The individual’s goal is to read a book. Have other volunteers be obstacles, wearing stop signs around their necks. Another volunteer will hold the pathway arrow and explain to the group what the pathway is. One more volunteer will hold the agency/ willpower arrow and explain to the group what the willpower thought is.
   c. Repeat activity with different volunteers. This time the individual’s goal is to go outside to play. The obstacle is a parent or babysitter who tells the child that he or she needs to clean his or her room before going outside. Throughout examples, reinforce vocabulary (goals, obstacles, willpower, pathways) and encourage group members to volunteer ideas.
3. Who can give an example?
   a. 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
Hope Program 52

children’s attention, the facilitator can act out their examples of hope” (Delancy, 2005, p. 73).

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

5. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Six:**

**Define Hope**

1. Define hope, give examples, and label the three components.
   a. Use picture model to review and act out one to two scenarios (Edwards & Lopez, 2000).

2. Review homework:
   a. “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 reward them with a token” (Delancy, 2005, p. 74).
   b. Ask each participant to label the hope components of another participant’s 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 see hope in different contexts” (Delancy, 2005, p. 74).

3. “Hope is Like a Rope” Activity (Delancy, 2005)
   a. Rationale: Trump’s (1997) research indicated that after viewing a hopeful narrative, adult incest survivors’ hope scores significantly increased. Snyder, McDermott, Delancy, and others, have suggested that a child’s level of hope can be assessed through personal written stories.
   b. Activity: from Hope for the Journey (Snyder, McDermott, Cook, and Rapoff, 1997, p.28) as used in Delancy’s (2005) hope intervention: “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 the hope components and hope in its entirety. Children often learn best through experience than through verbal instruction. The story will enable children to see hope in potion per se and once again give them a range of contexts in which to recognize hope” (Delancy, 2005, p. 74).

4. Read “The Little Engine That Could” (Delancy, 2005)
   a. Act out this story and stop to ask the following questions:
      i. What is his goal?
      ii. What is his will?
      iii. What are his ways?
      iv. Did he run into any problems?
      v. How did he reach his goal?

5. Homework: (Worksheet)
   a. Think about a personal goal you would like to set for yourself. What is the goal, will, ways, and problems you may run into along the way?

6. Snack Time and Collection of Tokens for Prizes (Stickers)

   **Day Seven:**

   **Defining Hope and Teaching Goal Setting**

1. Define hope. Give an example.
2. “Go WP!” Story (Edwards & Lopez, 2000)
   a. Introduce the activity by stating that the children are to listen carefully to a story about Wendy Parker. The leaders will ask questions about the story once they are finished.
   b. Read “Go WP” story.
   c. On a chalk/ marker board or individual handouts, divide the writing space into three columns entitled “goals,” “obstacles,” “pathways,” and “willpower.” Facilitate group discussion and brainstorming for each construct.
3. Goal Activity (Delancy, 2005, p.75)
   a. 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.
      i. Important: What do I really want? (Be a good student)
      ii. Specific: Needs to be clear and well defined. (Get good grades: Turn in homework or get a B on my math test.)
      iii. Describe short-term and long-term goals: It can be either. Which one is yours?
      iv. Large or small goal: It can be either. Which one is yours?
      v. Break it down into smaller steps: There will be further discussion of this topic next week.
      vi. Is my goal possible/ doable? Do I know all the steps?
1. What roadblocks could there be? Do I need to learn more skills before I start?

4. Read Molly's story (Delaney, 2005, p.75)
   a. See *The Great Big Book of Hope* (McDermott and Snyder, 2000, p. 129). The story is about a girl named Molly who wanted a puppy, but her parents did not think she could handle the responsibilities involved in taking care of a dog. Molly started to read and learn about different breeds of dogs and began walking her neighbors' dogs. Eventually, her parents noticed her efforts and decided she was ready to own a dog. "In order to distinguish if Molly's goal was a good one, ask the following questions:
      i. Is the goal clear and well defined?
      ii. Is it a long-range or short-range goal?
      iii. Is the goal large or small?
      iv. Is the goal doable?
      v. Can the goal be broken down into small steps?
      vi. How much did Molly really want her goal?" (Delaney, 2005, p.75)

5. Homework:
   a. Evaluation of personal goals. Using a modified version of the worksheet provided on pg 148 of *The Handbook of Hope* (Snyder, 2002), the children will evaluate each of their goals to determine if they are good goals. They will have to modify the goals if necessary. This is a way for the children to apply what they have been learning about the hope process to their own personal goals. The leaders will give the children cards with the elements of good goals listed to aid them in this assignment (Delaney, 2005, p, 76).

6. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Eight:**

**Defining Hope and Teaching Goal Setting (Part Two)**

1. The HOPE game (Edwards and Lopez, 2000)
   a. The HOPE game involves a board game and dice. Split the children into two teams. Each team has a game piece. Every player gets a turn. After rolling the die, he or she moves his or her team game piece to a space marked with a G (goal), O (obstacles), W (will), or P (pathways). The player will choose a card from that letter pile and read it aloud to the group. If the player cannot do as the card instructs him or her, he or she can ask teammates for help. The first team to get to the goal wins.

2. Pull the goal out of the hat (Delancy, 2005)
   a. This activity requires that each child pull a goal out of a hat and tell the group what might be a barrier in the way of that goal for the particular person and how the character could overcome the obstacle.

3. Ongoing Homework:
   a. 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" (Delaney, 2005, p. 76)

b. 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 thereafter. 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:

i. What is the goal or problem?
ii. How was it solved?
iii. Did they run into any problems or roadblocks?
iv. What feelings (energy) were involved? How motivated were they?
v. Did they succeed or fail?
vi. If they failed, what could they have done differently?
vii. How did the character in the story feel when they were successful or failed?" (Delancy, 2005, p.76)

4. Snack Time and Collection of Tokens for Prizes (Stickers)

Day Nine:

Teaching Pathways

1. Have two to three children tell about their stories.
2. Define hope.
   a. Give examples and review components.
3. Define Ways.
4. Pathways Activity: In pairs.
   a. Rationale: Pathways thinking involves brainstorming various routes to take in order to reach a goal. Part of pathways thinking requires that the children break down the ultimate goal into smaller subgoals. This prevents the final goal from seeming too overwhelming. In striving towards almost any goal, obstacles arise that pose as challenges. While individuals low in hope are unable to think flexibly enough to overcome these challenges, those with hope have better chances of moving forward. Delaney (2005) suggests in line with the social learning component of hope that children ask someone for help. Asking for help is likely to increase social skills and pathways thinking. Another technique that may be useful is imagery, which helps to increase agency thinking or motivation towards reaching goals.

   b. 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.

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i. Pick a goal (Write it down).
   1. Get your mom/dad a birthday gift.
   2. Get your friends together to watch a movie.
ii. Ask yourself the goal questions from your homework.
iii. Once your goal is ready...(you may need to change it along the way)
iv. Write the steps of one way to get to your goal. (One step per sheet of paper)
   1. You may need to ask someone who has done it before (friend, teacher, coach, principal, etc)
   2. Send the child out to ask the help of others if necessary.
v. Put the steps in order. (Arrange papers in order).
vi. Brainstorm roadblocks (or mistakes). What could get in your way (Write them on blocks).
vi. Brainstorm ways to get around the roadblocks. (Write them on bridges or arrows).
viii. Imagery: The facilitator should walk the children through the following:
   1. Close your eyes. Imagine yourself doing what my words say.
   2. 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.” (Delaney, 2005, p. 77)

5. Read story:
   a. Following the story in the Great Big Book of Hope (McDermott and Snyder, 2000, p.183), the children must choose the next step for the main character. Decisions should be consistent with those for low hope and high hope individuals. The story helps to teach the children the differences between wills and ways and high hope versus low hope. In addition, the children will learn about breaking down a big goal into subgoals, as well as the influence of hopeful thoughts and unhopeful thoughts in striving to reach goals.
   b. 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 imagine going through the steps, conquering roadblocks, and successfully reaching his/her goals.

6. Tell three children that they will present their book next week.
7. Snack Time and Collection of Tokens for Prizes (Stickers)

Day Ten:

Teaching Agency
1. The three children chosen from last week will present their stories.
2. Review the components of hope.
3. Define wills.
4. Using past successes
   a. Rationale: Snyder's conceptualization of hope involves the influence of past successes. That is, when an individual has had a previous success experience, he or she can revisit or reimagine that experience to give him or her the motivation and energy to try to reach other goals.
   b. 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 and you succeeded. Write down your goal and the feeling you had about it" (Delancy, 2005, p.78).
5. Imagery
   a. Rationale: Using imagery is helpful in training the mind to realize that a goal is not out of reach. Imagery is a mental exercise for the children to practice working towards their goals.
   b. 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” (Delancy, 2005, p.78).
6. Imagery
   a. Rationale: Imagery can also provide for a mental exercise depicting failure and allowing the child to experience how that may feel.
   b. Activity: "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” (Delancy, 2005, p. 78)
7. Self-talk
   a. Rationale: Self-talk is a technique promoted by Snyder and colleagues as a way to define and instill agency.
   b. 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” (Delancy, 2005, p. 78).
8. Read a story about self-talk
   a. *Making Hope Happen* (McDermott and Snyder, 1999) contains two stories about Sarah; one that utilizes negative self-talk and one with positive self-talk. The group leader should facilitate a discussion about what it would feel like to talk to themselves negatively, in the way Sarah does in the first story versus the positive story. These stories help further teach the concept of agency and point out how different types of self-talk leads to different outcomes.
9. Read a story about self-talk
   a. Use Caleb's story from *The Great Big Book of Hope* (McDermott and Snyder, 2000) to demonstrate how positive self-talk can be helpful in achieving goals.
10. Homework: Identifying your own self-talk
a. The scenario is that you need to ask an adult for help. Write down the type of self-talk you use.

11. Stereotypes:
   a. 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."
   b. Activity: "Define a stereotype. Ask a few volunteers to act out scenes that portray stereotypes. Discuss them. Dispute the stereotype and find ways to get around them. An example could be: Why hasn't the US had an African American president?" (Delaney, 2005, p. 79)

12. Tell two children they will present their books next week.
13. Snack Time and Collection of Tokens for Prizes (Stickers)

Day Eleven:

Defining Hope and Teaching Goal Setting (repeated)

1. Have two children present their stories.
2. Review the components of hope, as needed.
3. The HOPE game (Edwards and Lopez, 2000)
   a. The HOPE game involves a board game and dice. Split the children into two teams. Each team has a game piece. Every player gets a turn. After rolling the die, he or she moves his or her team game piece to a space marked with a G (goal), O (obstacles), W (will), or P (pathways). The player will choose a card from that letter pile and read it aloud to the group. If the player cannot do as the card instructs him or her, he or she can ask teammates for help. The first team to get to the goal wins. (This week there will be different cards in comparison to the last time.)
4. Pull the goal out of the hat (Delancy, 2005)
   a. This activity requires that each child pull a goal out of a hat and tell the group what might be a barrier in the way of that goal for the particular person and how the character could overcome the obstacle. (This week there will be different goals as compared to last time.)
5. Tell remaining children they will be presenting their books next week.
6. Snack Time and Collection of Tokens for Prizes (Stickers).

Day Twelve:

Defining Hope and Teaching Goal Setting (repeated)

1. Have remaining children present their books.
2. Review the components of hope, as needed.

3. Hope Picture Activity (Edwards & Lopez, 2000):
   a. Explain the picture of hope with the example of a girl whose goal is babysit for families in her neighborhood in order to make some money. Explain and label willpower and pathways.
   b. Ask for volunteers to act out the hope picture. Tape goal sign about six feet away from the child. The individual’s goal is to read a book. Have other volunteers be obstacles, wearing stop signs around their necks. Another volunteer will hold the pathway arrow and explain to the group what the pathway is. One more volunteer will hold the agency/willpower arrow and explain to the group what the willpower thought is.
   c. Repeat activity with different volunteers. This time the individual’s goal is to play on a sports team. The obstacle is a parent who tells the child that he or she must prove to them that he or she is responsible enough to play on the team. Throughout examples, reinforce vocabulary (goals, obstacles, willpower, pathways) and encourage group members to volunteer ideas.

4. Who can give an example?
   a. 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” (Delancy, 2005, p. 73).

5. The HOPE game (Edwards and Lopez, 2000)
   b. The HOPE game involves a board game and dice. Split the children into two teams. Each team has a game piece. Every player gets a turn. After rolling the die, he or she moves his or her team game piece to a space marked with a G (goal), O (obstacles), W (will), or P (pathways). The player will choose a card from that letter pile and read it aloud to the group. If the player cannot do as the card instructs him or her, he or she can ask teammates for help. The first team to get to the goal wins. (This week there will be different cards in comparison to the last time.)

6. Snack Time and Collection of Tokens for Prizes (Stickers)

Day Thirteen:

Bringing the components together

1. Define Hope. Label the three parts.
2. “The Race” Activity
   a. 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.
   i. Goal: Always start with a goal. The goal here is: I want to finish the race. The start line will represent the goal.
ii. 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.

iii. 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.

iv. Both: Finish the race. Now we know we need a goal, the wills, and the ways.” (Delaney, 2005, p. 79)

3. Problem solving Activity:
   a. This problem solving activity further demonstrates that both pathways and agency are necessary to reach goals. Split the group in half. One half of the group will become the “cheerleaders” and demonstrate agency, while the other half demonstrates pathways. Split the pathways group into three separate sections. Have all the pathways children stand at the far end of the room, each group with their own stack of papers. Each stack of papers will be pre-counted, allowing for each group to use all of the papers to get to the other end of the room without stepping directly on the floor. That is, each team will have to plan out and use their papers to step on the floor and make it to the goal of crossing the room, while the agency children on the other end of the room will cheer them on and encourage them to try different routes if one fails. This activity incorporates team work and building social relationships to the hope model.
      i. The leaders must explain the roles of each group and the objective of the activity.
      ii. Each pathways group has three minutes to decide upon their plan. While they are strategizing, one leader will give the agency or wills group instructions. (Delaney, 2005)

4. Summary of today’s activities

5. Homework:
   a. Ask a parent, other relative, or teacher if he or she has ever achieved a goal. After discussing their responses, the child must distinguish the different parts of hope (goals, wills, ways) and write one sentence about this experience. This homework assignment entails that the children give the parents the definition of hope and its three components.

6. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Fourteen:**

**Teaching Hope through Social Means**
1. Making Friends Activity
   a. Rationale: Research has shown that individuals high in hope typically have many friends. Furthermore, Snyder suggests that WE goals, or goals that friends can strive for together, help to build social skills and friendships and are reflective of social learning theory.
   b. Activity: The leader will introduce this session by saying, “The skills we have been learning can help us make friends...We can work together to reach a goal. We can be each other’s cheerleaders. We can be flexible when working with others so we can reach our goal” (Delaney, 2005, p.80).

2. Discussion after prompting the question “What do you look for in a friend?”

3. A WE goal activity
   a. The tower
      i. “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 the ‘way’ did not work and now they will know to pick another way next time” (Delancy, 2005, p. 80).

4. Create a hopeful story
   a. Rationale: Hopeful narratives have shown to install hopeful thinking. This activity requires the children to work together to make a hopeful story. Through incorporation of problem-solving and teamwork, this activity evaluates the children’s abilities to understand and utilize the components of hope.
   b. Activity: Described by Snyder and McDermott, yet outlined in Delaney (2005, p. 81) as follows
      i. The group will pass an object to designate turn-taking.
      ii. On the board write the steps in creating a story:
         1. Introduce the main character.
         2. Tell about a problem and come up with a plan.
         3. Talk to a wise person.
         4. Try a new approach.
         5. What did the character learn?
      iii. The turn-taking rules are:
         1. Say the first thing that comes to mind.
         2. Trust the process.
         3. If you can’t think of anything you can pass.
         4. If you want the person before you to keep going, point to them.
      iv. After the story:
         1. Who were the main characters?
         2. What was the goal?
3. How did he or she reach the goal?

5. Homework: Talk about the homework due today. For next session, have the children think about one WE goal they could have with their friends.

6. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Fifteen:**

**Review**

1. Discuss homework. What WE goals did the children think about?

2. Review: Today’s review should consist of:
   a. “Define hope and label the three parts.
   b. Define the elements of a good goal.
   c. Have many different ways to reach your goal. Be able to recognize and conquer roadblocks. Imagine yourself being successful.
   d. Have will. Have energy and motivation. Use positive self-talk and dispute stereotypes.
   e. You will need all three components of hope to be successful.
   f. Use the skills from hope to help you make and keep friends.

3. Read a story.
   a. In the *Handbook of Hope* (Snyder, 2000, p. 197), Ryan’s example outlines the components of hope and how one can successfully achieve his or her goals.

4. Write about one goal you would like to reach in the future.
   a. This task encourages the child to put together information learned from this program in order to reach future goals. It helps them to generalize and become comfortable with the goal setting process for future endeavors.

5. Snack Time and Collection of Tokens for Prizes (Stickers).

**Day Sixteen:**

**Post-Test and Graduation**

1. Complete post-test measures

2. Graduation Ceremony
   a. Each child will receive a personalized certificate pointing out their unique contribution to the group and praising them for successfully completing the hope program.

3. Reminder of follow-up measures in three months.

Appendix F

Reading Literacy Group for Beginner Readers

**Day One:**

1. Welcome and Group Facilitator Instructions.
2. Icebreaker Activity:
   a. Children and leaders will decorate nametags and draw a picture of something that is important to them. Then each person will share their name and what they drew.
3. Description of the study:
   a. It is a reading program that involves a main series of novels as well as additional texts. Children will read aloud, silently, and listen to stories. Discussion and activities will follow.
   b. It will last for eight weeks for 60 minutes twice weekly on Mondays and Wednesdays.
   c. It is important to be present each time. However, you will have the choice to quit coming at any time.
   d. You will also receive folders to hold all of your materials. These folders can help you remember what you learned in the group even after the group is completed.
4. Assent:
   a. If you would like to be involved in these groups, please read this paper and sign your name on the line. Your parent(s) 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.
5. Rules:
   a. As a group, create approximately three basic rules. On a poster board to be present for each session, one leader will record relevant suggestions from the participants.
   b. Introduce token economy concept, the homework assignments completion table, and explain that a reward will be given at the end of each group based upon the amount of tokens.
6. Leader reading: Captain Underpants Chapters 1-4 (pp. 12-28).
7. Distribute group folders and have a healthy snack.
   a. Folders: The folders provide the children with a way to organize their handouts. The folder will also have an envelope for each child to collect his or her tokens.

**Day Two:**
1. Brief Welcome and Introduction of Group Leaders:
   a. Group leaders will introduce themselves again by telling the children three things about themselves. The leaders will prepare creative and interesting facts in advance to engage the children.

2. Icebreaker Activity:
   a. Ask children to talk about what others drew for their nametags. This activity will be a way for the leaders to review names and also for everyone to get to know each other.

3. Brief Review of Rules
4. Leader Reading: Magic Tree House #1: Chapters 1 & 2 (pp. 1-12)
5. Activity: Mystery Dinosaur
6. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Three:**

1. Brief Welcome and Introduction of Group Leaders
2. Introduction of any new children
3. Leader Reading: Magic Tree House #1: Chapters 3 & 4 (pp. 13-23)
4. Activity: Captain Kids’ Treasure Maze
5. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Four:**

2. Leader Reading: Captain Underpants (pp. 29-38)
3. Activity: Interview with author, Dave Pikey
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Five:**

1. Leader Reading: Magic Tree House #1: Chapter 5 (pp. 24-32)
2. Activity: Knights at Dawn
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Six:**

1. Leader Reading: Captain Underpants Chapter 8 (pp. 39-46)
2. Activity: Create your own monster/alien that Captain Underpants has to fight off.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Seven:**

1. Partner Reading: Magic Tree House #1: Chapter 6 (pp. 32-42)
2. Activity: Greek and Roman Gods
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Eight:**

1. Leader Reading: Captain Underpants Chapters 9 & 10 (pp. 47-56)
2. Activity: Write a song/poem about underwear.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Nine:**

1. Partner Reading: Magic Tree House #1: Chapters 7 & 8 (pp. 43-53)
2. Activity: Writing Lesson #1- Pretend that Jack and Annie have an adventure in your neighborhood. Make a list of five characters they might meet. Describe each character.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Ten:**

1. Leader Reading: Captain Underpants Chapters 11 & 12 (pp. 57-66)
2. Activity: Draw/ use magazine cutouts to create your own special pair of underwear.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Eleven:**

1. Volunteer Child Read Aloud: Magic Tree House #1: Chapter 9 (pp. 54-60)
2. Activity: Writing Lesson #2- Create your own setting where Jack and Annie could have an adventure.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Twelve:**

1. Leader Reading: Captain Underpants Chapters 13-15 (pp. 67-89)
2. Activity: Create your own superhero. Draw and write about what his/her special powers are.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Thirteen:**
1. Silent Reading: Magic Tree House #1: Chapter 10 (pp. 61-68)
2. Activity: Writing Lesson #3- Imagine Jack and Annie climb into the tree house and find a note from Morgan. The note says that Morgan is in trouble and needs their help! Decide where Morgan is and what trouble she is in.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Fourteen:**

1. Leader Reading: Captain Underpants Chapters 16-18 (pp. 91-100)
2. Activity: Coloring Day!
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Fifteen:**

1. Leader Reading: Captain Underpants Chapters 19-22 (pp. 101-116)
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Sixteen:**

1. Complete post-test measures
2. Leader Reading: Captain Underpants Chapters 22-25 (pp. 117-140)
3. Graduation Ceremony
   a. Each child will receive a personalized certificate pointing out their unique contribution to the group and praising them for successfully completing the hope program.
4. Reminder of follow-up measures in three months.
5. Pizza Party and Prizes.
Appendix G

Reading Literacy Program for Advanced Readers

Day One:

1. Welcome and Group Facilitator Instructions.
2. Icebreaker Activity:
   a. Children and leaders will decorate nametags and draw a picture of something that is important to them. Then each person will share their name and what they drew.
3. Description of the study:
   a. It is a reading program that involves a main series of novels as well as additional texts. Children will read aloud, silently, and listen to stories. Discussion and activities will follow.
   b. It will last for eight weeks for 60 minutes twice weekly on Mondays and Wednesdays.
   c. It is important to be present each time. However, you will have the choice to quit coming at any time.
   d. You will also receive folders to hold all of your materials. These folders can help you remember what you learned in the group even after the group is completed.
4. Assent:
   a. If you would like to be involved in these groups, please read this paper and sign your name on the line. Your parent(s) 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.
5. Rules:
   a. As a group, create approximately three basic rules. On a poster board to be present for each session, one leader will record relevant suggestions from the participants.
   b. Introduce token economy concept, the homework assignments completion table, and explain that a reward will be given at the end of each group based upon the amount of tokens.
6. Leader reading: Captain Underpants Chapters 1-4 (pp. 12-28).
7. Distribute group folders and have a healthy snack.
   a. Folders: The folders provide the children with a way to organize their handouts. The folder will also have an envelope for each child to collect his or her tokens.

Day Two:

1. Brief Welcome and Introduction of Group Leaders:
b. Group leaders will introduce themselves again by telling the children three things about themselves. The leaders will prepare creative and interesting facts in advance to engage the children.

2. Icebreaker Activity:
   a. Ask children to talk about what others drew for their nametags. This activity will be a way for the leaders to review names and also for everyone to get to know each other.

3. Brief Review of Rules
4. Leader Reading: Diary of a Wimpy Kid (pp. 1-31)
5. Activity: Interview with author, Jeff Kinney
6. Snack Time and Collection of Tokens for Prizes (Stickers)

Day Three:

1. Brief Welcome and Introduction of Group Leaders
2. Introduction of any new children
3. Leader Reading: Diary of a Wimpy Kid (pp. 32-62)
5. Snack Time and Collection of Tokens for Prizes (Stickers)

Day Four:

2. Leader Reading: Captain Underpants (pp. 29-38)
3. Activity: Interview with author, Dave Pikey
4. Snack Time and Collection of Tokens for Prizes (Stickers)

Day Five:

1. Leader Reading: Diary of a Wimpy Kid (pp. 63-93)
2. Activity: Summarize one of Greg’s problems and related events.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

Day Six:

1. Leader Reading: Captain Underpants Chapter 8 (pp. 39-46)
2. Activity: Create your own monster/alien that Captain Underpants has to fight off. Older children will be encouraged to assist the younger children.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

Day Seven:
1. Partner Reading: Diary of a Wimpy Kid (pp. 94-120)
2. Activity: Write a song about Greg or another character in the book.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Eight:**

1. Leader Reading: Captain Underpants Chapters 9 & 10 (pp. 47-56)
2. Activity: Write a song/poem about underwear. Older children will be encouraged to assist the younger children.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Nine:**

1. Partner Reading: Diary of a Wimpy Kid (pp. 121-151)
2. Activity: T.V. Talk show. Create a mock TV. talk show. Include a host, Greg, his mom, dad, Roderick, Manny, etc.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Ten:**

1. Leader Reading: Captain Underpants Chapters 11 & 12 (pp. 57-66)
2. Activity: Draw/use magazine cutouts to create your own special pair of underwear.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Eleven:**

1. Volunteer Child Read Aloud: Diary of a Wimpy Kid (pp. 152-182)
2. Diary of a Wimpy Kid activity.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Twelve:**

1. Leader Reading: Captain Underpants Chapters 13-15 (pp. 67-89)
2. Activity: Create your own superhero. Draw and write about what his/her special powers are.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Thirteen:**
1. Silent Reading: Diary of a Wimpy Kid (pp. 183-217)
2. Activity: Start your own journal. You may follow Greg’s style or make your own. You can draw yourself or use magazine cutouts.
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Fourteen:**

1. Volunteer Child Reading/ Leader Reading: Captain Underpants Chapters 16-18 (pp. 91-100)
2. Activity: Coloring Day!
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Fifteen:**

1. Volunteer Child Reading/ Leader Reading: Captain Underpants Chapters 19-22 (pp. 101-116)
3. Read Aloud Activity
4. Snack Time and Collection of Tokens for Prizes (Stickers)

**Day Sixteen:**

1. Complete post-test measures
2. Leader Reading: Captain Underpants Chapters 22-25 (pp. 117-140)
3. Graduation Ceremony
   a. Each child will receive a personalized certificate pointing out their unique contribution to the group and praising them for successfully completing the hope program.
4. Reminder of follow-up measures in three months.
5. Pizza Party and Prizes.
Chapter V
Dissertation
Abstract

The present study implemented an intervention designed to increase hope as conceptualized by Snyder et al.'s (1991) Hope Theory. The eight week Hope Intervention (HI) and comparison group in the present study included 24 children ages 7-to 11-years old from an urban after-school center in a subsidized housing community. In contrast to previous studies that have shown increased hope scores as a result of the intervention, participants in the comparison (control) group actually showed greater increases in Pathways scores on the Children's Hope Scale from pre- to post-test and follow-up than those in the HI. The present findings are discussed with reference to the ways to increase hope in children.
Efficacy of a Hope Program for Inner-city Children

An important feature within the field of positive psychology is resilience, which refers to an individual’s ability to thrive despite having experienced challenges or suffered adverse life experiences (Alvord & Grados, 2005). Although people may cope with various challenges in their own ways, a wide breadth of research has indicated that the presence of certain features, which are termed ‘protective factors,’ enhance resiliency. Among the proposed resiliency features, hope is thought to serve as a protective factor by buffering individuals from life’s challenges while also contributing to one’s overall sense of well-being (Seligman, 2002).

Snyder et al. (1991) define hope as “a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy) and (b) pathways (planning to meet goals)” (p.287). Goals are the motivational units providing the framework of Snyder and colleagues’ Hope Theory, and represent destinations for the short or long-term. Snyder (1994) suggested that hope consists of three steps. First, the individual sets a goal, then develops strategies to meet the goal, and ultimately carries out a plan to achieve the goal.

Another component of hope is pathways thinking, which refers to the routes that an individual plans to take in order to reach his or her goals. Pathways thinking consists of the actual route the individual has in mind, as well as the ability to create alternate routes in the case that the original route is unsuccessful. The last component of hope, agency thinking, is the motivation and energy an individual can muster to work towards his or her goals. Agency is then applied to the activities that are successful in achieving goals (Snyder et al., 1991).
Although the majority of research on hope has been correlational rather than experimental, available literature suggests that children, adolescents, and adults who are high in hope experience a multitude of psychological advantages. Research has linked high hope to greater well-being (Magletta & Oliver, 1999; Ong, Edwards, & Bergeman, 2006), life meaning (Feldman & Snyder, 2005), self-worth (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998), personal adjustment, global life satisfaction (Gilman, Dooley, & Florell, 2006; Irving et al., 2004; Valle, Huebner, & Suldo, 2004; Valle, Huebner, & Suldo, 2006), extroversion, perceived social support (Valle et al., 2004), positive interactions with others (Snyder, Cheavens, & Sympson, 1997), and better coping skills (Ong et al., 2006). Furthermore, high hope is linked to lower levels of psychopathology (Chang & DeSimone, 2001; Cheavens, Feldman, Gum, Michael, & Snyder, 2006; Feldman & Snyder, 2005; Klausner et al., 1998; McNeal et al., 2006). Hope has also been linked to higher achievement scores for children (Snyder et al., 1997) and higher GPAs for college freshman (Snyder et al., 2002).

Despite the plethora of literature examining the positive relationships between hope and various psychological factors, little research has determined causative effects of hope. In particular, little intervention research focuses on hope specifically as a protective factor. The majority of resiliency intervention research seems to enhance general well-being by reducing negative symptoms, such as symptoms of depression. While several resiliency intervention studies address enhancing protective factors, none utilize the Snyder et al. (1991) terminology or objectively measure resiliency components.
Ungar, Dumond, and McDonald (2005) described a resiliency intervention that consisted of an outdoor educational program designed to increase well-being for at-risk urban youth. “Goals and aspirations” and “initiative and planning” (p. 326) are mentioned as resiliency factors that the program intended to enhance. Qualitative outcomes reported by the participants and staff suggested that the youth may have experienced an increase in agency and pathways, although these terms were not identified by the authors nor measured objectively.

Similarly, other research has attempted to enhance resiliency among youth without objectively measuring protective factors at pre-treatment and post-treatment. Various cognitive-behavioral depression prevention programs that include elements of hope have been implemented with children (Gillham, Jaycox, Reivich, Seligman, & Silver, 1990), adolescents (Shochet et al., 2001), and high-risk minority adolescents in an inner-city setting (Tuttle, Campbell-Heider, & David, 2006); however, each study lacks quantitative measurements of potential resiliency factors affected by the interventions.

Although research aiming to increase hope specifically is sparse, authors have demonstrated that hope is a resiliency factor that can be enhanced within adults. Trump (1997) found that by displaying a video consisting of hopeful stories to female survivors of incest, agency and self-esteem increased significantly as compared to that of women who viewed a control video. Klausner and colleagues (1998) found that after an 11 week goal-focused group psychotherapy program, elderly patients diagnosed with major depressive disorder had increased levels of agency, pathways, and social functioning. Worthington et al. (1997) found that partner satisfaction within couples increased at post-test and a three-week follow-up after a hope-focused couples’ intervention. Other
research (Cheavens et al., 2006) found that after eight two-hour sessions of a group hope intervention for adults in a community mental health setting, agency, self-esteem, and life meaning significantly increased, whereas depression and anxiety decreased. Furthermore, some hope intervention research with adults suggests that adaptive results can be maintained beyond the time of post-test (Worthington, 1997). Similarly, Snyder et al. (2002) reported that hope among freshmen predicted not only higher GPAs within the first semester of college, but also a timely graduation as compared to those low in hope. That is, this research also demonstrated that hope is significantly related to positive outcomes in the future.

Although published hope intervention research is scarce, related studies have recently begun to emerge within the literature. Edwards and Lopez (2000) have developed a 5 week school-based program for children called *Making Hope Happen*. This research has yet to be published in a peer-reviewed journal, but existing data on hope interventions suggests that this program will likely be successful in increasing hope and protecting children against future adversities. Furthermore, this research also includes objective pre-test and post-test data on hope. Edwards and Lopez administered the Children's Hope Scale (CHS; Snyder et al., 1997) at pre-test and post-test to their fourth grade participants. Scores on the CHS significantly increased between pre-test and post-test, thus suggesting that the children experienced an increase in hope (Lopez et al., 2007).

Similarly, in their unpublished modification of *Making Hope Happen* for seventh graders, Pedrotti, Lopez, and Krieshok (2000) also included pre-test and post-test measurements of hope using the CHS. In this modification of the *Making Hope Happen*
program, participants' hope scores also increased from pre-test to post-test. Furthermore, in comparison to a non-intervention control group, participants in the hope program demonstrated significantly higher levels of hope after participating in the program and at a six-month follow-up (Lopez et al., 2007).

Delancy (2005) implemented an eight-week long intervention designed to increase hope in high-risk 8-12 year-old children at an urban Montessori elementary school. Mean scores on the CHS did not statistically significantly increase from pre-test to post-test, but the scores increased for 68% of the sample. In addition, at post-test, girls showed significantly higher pathways thinking than boys. These results also indicated that African American children's scores increased more from pretest to posttest than the Caucasian children's scores. Moreover, the results indicated that various additional factors, such as friendships, positive social behaviors, and academic performance may have increased as a result of the intervention.

Because previous research in the area of hope interventions suggests that hope can be taught to children, the present study replicated Delancy's (2005) intervention and also included activities from Edward and Lopez's (2000) *Making Hope Happen* program. In contrast to hope interventions that were previously offered in school settings, the present study was conducted at an after-school center located in an urban, subsidized housing community. In addition, the present study added a comparison group and collected follow-up data four months after the completion of the programs.
Method

Participants

Twenty-three children (16 girls, 7 boys) who attended an after-school center located in an urban, subsidized housing community in a large city in the Midwest participated in the present study. The participants were of low socio-economic status, predominantly from single parent families. Twenty-one participants (92%) were African-American and two (8%) were Biracial. The participants ranged in age from 7- to 11-years-old with a mean age of 9.02 (SD = 1.33). All parents (n = 19) participated in pre-testing; five of these parents had two children participate in the study and one parent had three children participate. Twelve parents were African American (75%), three parents were African (16%), and one parent was Caucasian (6%).

The participants were randomly assigned to either the Hope Intervention (HI) or the Reading Enhancement (RE) comparison group. Table 1 represents the demographic characteristics of each group. Independent samples t-tests and Chi-Square analyses did not indicate significant differences between the groups in age (t = - .85, p = .41), number of sessions attended (t = - .71, p = .48), sex ($\chi^2 = .86, p > .05$) or race ($\chi^2 = .06, p > .05$).

Measures

The Children’s Hope Scale (CHS). The CHS (Snyder et al., 1997) is a self-report measure designed to assess children’s goal-directed thoughts (see Appendix A, p. 43). The CHS has been validated on children ages 7-16. It has a total of 6 items that are rated on a six-point Likert-type scale, ranging from “none of the time” (1) to “all of the time” (6). Three of the items measure Pathways thinking and three measure Agency, which are elements of Snyder’s Hope Theory (Snyder et al., 1991). The total scores can range from...
Previous studies have found the average score to be 25 (Snyder et al., 1997; Delancy, 2005). The norms for the CHS were developed using several samples of children from various locations in the country including schoolchildren, children with medical illnesses, boys with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and boys without ADHD (Snyder et al., 1997). Using data from one of the school samples, Snyder et al. (1997) concluded that the CHS demonstrates predictive, convergent, discriminant, and incremental validity. Test-retest reliability over a one month period was .71. Across each of the normative samples, Cronbach alphas ranged from .72 to .86. Furthermore, the correlations between the subscales of the CHS, Agency and Pathways, range from approximately 0.50 to 0.70. Snyder and colleagues (1997) warn against using the subscales separately, because the Hope Theory (Snyder et al., 1991) implies that the components must be combined in order to effectively measure hopeful goal-directed thinking and only three items per subscale limits internal stability.

**Brief Multidimensional Students’ Life Satisfaction Scale (BMSLSS).** The BMSLSS (Seligson, Huebner, & Valois, 2003) was designed to provide a relatively short (six item) measure of children’s and adolescents’ satisfaction with five major aspects of their lives (family, friends, school, living environment, and self) (see Appendix B, p. 44). In addition to the five major components of life satisfaction, the BMSLSS also includes one item used to assess global life satisfaction (i.e., “I would describe my satisfaction with my overall life as”). Each item is answered on a 7-point scale, ranging from delighted, pleased, mostly satisfied, mixed, mostly dissatisfied, unhappy, to terrible. Possible scores range from zero to 42. The BMSLSS was originally administered to 221 youth in a school in the southeastern United States. Results of this research indicated the
BMSLSS has adequate internal consistency and strong convergent and discriminant validity (Seligson, Huebner, & Valois, 2003).

**Youth Life Orientation Test (YLOT).** The YLOT (Ey et al., 2005) is a 19-item self-report questionnaire designed for children in the 3rd through 6th grades to measure their positive and negative expectations of the future (see Appendix C, p. 45). The children indicate one of four options for each item: “true for me” (3 points), “sort of true for me” (2 points), “sort of not true for me” (1 point), or “not true for me” (0 points). Six items (5, 8, 10, 12, 14, and 16) yield an optimism score, and six items (4, 7, 9, 11, 13, and 15) produce a pessimism score. The scores on the YLOT range from zero to 57. The optimism and pessimism subscale scores each range from zero to 18. The descriptive statistics of the normative sample indicated that as compared to their Caucasian peers, African American children endorsed significantly higher levels of optimism. They also reported lower levels of pessimism as compared to Caucasian peers. Furthermore, girls endorsed higher total optimism than boys. There were no significant gender and race interactions for optimism or pessimism. The subscales on the YLOT demonstrate acceptable internal consistency and significant test-retest reliability over one month and seven month periods. Convergent and discriminant validity was established for the YLOT (Ey et al., 2005).

**Wide Range Achievement Test- Fourth Edition, Word Reading Subtest (WRAT-4).** The WRAT-4 (Wilkinson & Robertson, 2006) measures academic skills including word reading, sentence comprehension, spelling, and math computation among individuals ages 5 to 94 years. Its normative sample included over 3,000 individuals representative of the United States population in terms of age, gender, ethnicity, geographic region, and
socioeconomic status. The WRAT-4 contains alternate versions intended for use when a
short time has elapsed between retesting periods in order to reduce potential practice
effects. The Word Reading subtest "measures letter and word decoding through letter
identification and word recognition" (Wilkinson & Robertson, 2006, p. 2). The WRAT-4
subtests have standard scores with a mean of 100 and standard deviation of 15.

Hope Scale (for mothers). The Hope Scale (HS; Snyder et al., 1991) is a self-
report instrument designed for adults to measure Agency and Pathways thinking, and it
provides a Total Hope Score (see Appendix D, p. 48). The HS consists of 12 items, four
of which reflect Agency thinking, another four measure Pathways thinking, and four
serve as filler items. An example of an Agency item is "My past experiences have
prepared me well for my future." One Pathways item is "Even when others get
discouraged, I know I can find a way to solve the problem." The norms for the HS were
developed using six samples of college students, one sample of clients receiving
outpatient mental health treatment, and one sample of individuals receiving inpatient
psychiatric services in a state hospital. Cronbach alphas ranged from .74 to .84 for the
Total Hope score, .71 to .76 for the Agency subscale, and .63 to .80 for the Pathways
subscale. The results indicate the HS demonstrates convergent, discriminant, and
construct validity. The authors report that based upon the Hope Theory (Snyder et al.,
1991) which suggests that the components of hope are iterative and additive, analyses
were not conducted in attempts to validate the separate components.

Procedure

Permission to conduct this study was granted by the Cincinnati Metropolitan
Housing Authority (see Appendix H) and it was approved by the Xavier University
Institutional Review Board (IRB) (see Appendix I). Although originally the intent was to include children ages 8- to 12-years-old, the age range was adjusted to match available children. All English speaking children who participated in the afterschool activities at this community center and were within this age range were offered the opportunity to participate through the distribution of informational flyers and parental consent forms. Consent was obtained from the parent or guardian for 27 children (see Appendix J) and each child provided his/her assent (see Appendix K). Of the initial 27 children who chose to participate, four children’s data were not included in the final analyses because they failed to attend more than four sessions.

The children were randomly assigned to either the Hope Intervention (HI) or the Reading Enhancement (RE) group. Both groups met two times each week during September to November 2008 (15 total sessions) on the same days at the community center. The groups met for one hour sessions. The original schedule for both programs consisted of 16 sessions; however, one session was eliminated due to a holiday. The Principal Investigator led the HI group, which involved explaining the program and details of the daily activities, reading hopeful passages, and leading group discussions. Two doctoral clinical psychology graduate students and one undergraduate student were also present in each session. These individuals supervised the token economy system and assisted the children in various tasks and activities (see Appendix E, p. 49 for more detail about the content of the HI program). The HI was created based upon exercises recommended by Edwards and Lopez (2000) and Delancy (2005). This program contained a variety of exercises intended to teach the basic components of Snyder’s Hope Theory and encouraged the children to apply these principles to their own lives.
The RE group was led by one doctoral clinical psychology graduate student and three undergraduate students, with the graduate student serving as group leader. At each session, she greeted the group and explained the daily activities. The undergraduate students administered the token economy system, directed the children when divided into small groups (i.e., reading books aloud and instructing the children on various activities), and became leaders on two separate occasions when the graduate student was absent. The RE comparison group involved daily reading of popular children’s book series, including *Captain Underpants* (Pilkey, 1997-2008), *Diary of a Wimpy Kid* (Kinney, 2007-2008), and *The Magic Tree House* (Osborne, 1992-2008). In each session, the children engaged in an activity based upon the reading. See Appendix F (p. 63) for further information about the RE group.

The pre-test measures were administered at a “recruitment fun night.” Parents and children attended this event, which occurred one and one-half weeks before the start of the programs. On this night, the principal investigator introduced herself and explained the nature of both programs. Several graduate and undergraduate student research assistants read aloud consent forms and assent forms to small groups of parents and children. Once these were completed, the research assistants proceeded to read aloud the pre-test self-report measures to parents and children. Each child was individually administered the WRAT-4 Word Reading subtest (Blue Form). Dinner, refreshments, and small prizes were available. The mothers were assured that they would receive a small gift card prize at the time of the follow-up night if their child(ren) completed the entire study.
The participants completed the post-test measures at the last session (Session 15). For six of the seven children who were absent at the last session, the post-test measures were administered by the principal investigator within the three weeks following the program. One child remained unavailable for post-testing. Each participant received a certificate and a small prize upon completion of the post-test measures.

The participants completed the follow-up measures approximately four months after completion of the programs, at a “fun night” similar to the night of the pre-test data collection. It is important to note that the learning center where the groups were held was closed in December 2008, shortly after the completion of the programs. To remind parents and children of the follow-up data collection night, the principal investigator mailed invitations to each family’s home. She also called each family to remind and inform them that the building would be open for the event. Unfortunately, several of the phone numbers had been disconnected. Slightly over one-half (57%) of the children participated in the follow-up assessment. Of the 13 children who attended this event, 5 participated in the HI (38%) and 8 in the RE condition (62%). Parents whose child(ren) attended the follow-up “fun night” received a gift card for their participation.

Results

Pearson product-moment correlations were used to examine the relationships among the dependent variables for pre-test, post-test, and follow-up data. Apart from significant correlations among subscales within measures (e.g., the Total CHS score was significantly correlated with its subscales), the only significant correlation at pre-test was between Optimism (a subscale of the YLOT) and Life Satisfaction ($r = .41$, $p < .05$) (see
Table 2). Table 3 shows the correlation between parents’ Hope score and their child(ren)’s Total CHS score at pre-test. None of the scores were significantly correlated. However, an interesting finding was that within the HI group, parents’ pre-test level of hope was significantly negatively correlated with the number of sessions his/her child attended \( (r = -0.62, p < 0.05) \). Thus, the more hopeful a parent was at the start of the program, the fewer HI sessions his/her child attended. There was no significant relationship between level of parent hope and attendance in the RE group.

At post-test, there were several significant relationships among dependent variables for both groups. Table 4 shows the correlations among the dependent variables for the HI group at post-test. The Total CHS score was significantly correlated with subscales from the YLOT, Optimism \( (r = 0.80, p < 0.01) \), and Pessimism \( (r = -0.74, p < 0.01) \). In addition, Pathways was significantly positively correlated with Optimism \( (r = 0.79, p < 0.01) \), significantly negatively correlated with Pessimism \( (r = -0.83, p < 0.01) \), and significantly positively correlated with the Life Satisfaction total score from the BMSLSS \( (r = 0.77, p < 0.01) \). For the HI group, Agency was significantly positively correlated with Optimism \( (r = 0.62, p < 0.05) \) and Word Reading \( (r = 0.65, p < 0.05) \) from the WRAT-4, while Optimism was also significantly positively correlated with Life Satisfaction \( (r = 0.66, p < 0.05) \) at post-test.

Table 5 shows the correlations among the dependent variables for the RE group at post-test. Total CHS score was significantly negatively correlated with Word Reading \( (r = -0.77, p < 0.01) \). Furthermore, Pathways was also significantly negatively correlated with Word Reading \( (r = -0.84, p < 0.001) \). Agency was also significantly negatively correlated with Pessimism \( (r = -0.70, p < 0.05) \).
Table 6 shows the correlations among the dependent variables for the HI group at follow-up. The Total CHS score was significantly positively correlated with Word Reading ($r = .95, p < .01$). Agency was significantly positively correlated with Word Reading ($r = .95, p < .01$) and Life Satisfaction ($r = .89, p < .05$). In addition, Life Satisfaction was significantly positively correlated with Word Reading ($r = .88, p < .05$) and significantly negatively correlated with Pessimism ($r = -.87, p < .05$).

Table 7 shows the correlations among the dependent variables for the RE group at follow-up. The Total CHS score was significantly negatively correlated with Optimism ($r = -.81, p < .01$). Furthermore, Agency and Optimism were also significantly negatively correlated ($r = -.83, p < .01$).

In order to explore the differences between pre-test, post-test, and follow-up and compare the slopes of both conditions, a random regression model (RRM) (also termed a hierarchal linear model) was used. The results indicated that the RE group experienced an unexpected, statistically significant increase in Pathways ($t = 2.05, p < .05$). Interestingly, the HI group experienced a trend level decrease in Pathways ($t = -1.75, p = .09$). The slope difference between conditions for this dependent variable was significant ($t = -2.67, p < .05$). In addition, the HI group experienced a trend level decrease in Total CHS score ($t = -1.91, p = .07$); however, there was no significant difference between the slopes of the groups for Total CHS score ($t = -1.70, p = .11$). Neither the HI group nor the RE group experienced any other significant changes in scores. The differences in slopes were not significant between the groups for any other variables (see Table 8).
Discussion

According to Snyder and colleagues’ (1991) Hope Theory, agency and pathways are components of hope that allow individuals to set, work towards, and achieve their goals. Correlational research has indicated that individuals high in hope experience numerous psychological advantages (Barnum et al., 1998; Chang & DeSimone, 2001; Cheavens et al., 2006; Feldman & Snyder, 2005; Gilman et al., 2006; Irving et al., 2004; Klausner et al., 1998; Magletta & Oliver, 1999; McNeal et al., 2006; Ong et al., 2006; Valle et al., 2004; Valle et al., 2006), social advantages (Snyder et al., 1997; Valle et al., 2004), and academic advantages (Snyder et al., 1997; Snyder et al., 2002). The current research intended to measure changes in hope in children who participated in an eight-week intervention, based on programs designed by Edward and Lopez (2000) and Delancy (2005). In addition, the present study intended to compare those in the HI group to a RE comparison group at pre-test, post-test, and follow-up.

At pre-test, hope (as measured by the total CHS score) did not significantly correlate with any of the other dependent variables measured by other instruments. This finding is consistent with previous literature that indicates that although related to other constructs, such as optimism and life satisfaction, hope is its own distinct variable (Bruininks & Malle, 2005; Bryant & Cvengros, 2004; Magletta & Oliver, 1999; Snyder, 2004; Snyder et al., 2002). Interestingly, the present study also found that at pre-test, children’s levels of hope were not significantly related to the levels of hope reported by their parent. This was the first research to examine the relationship between child and parent hope levels prior to implementing a hope intervention based upon Snyder et al.’s (1991) theory. An interesting finding was that a significant negative correlation existed
between parent hope and the number of sessions of the HI group that his/her child attended. Perhaps these hopeful parents spent more time with the children (taking away from time in the group) or they saw less need for participation in a program instilling hope. Future research may benefit from examining relationships between child and parent hope at post-test and again at follow-up.

Interestingly, at post-test and follow-up, there were several significant relationships among dependent variables (although different) for the HI and RE groups. Similar to Delancy’s (2005) findings, at post-test, Total CHS scores were significantly related to Total Life Satisfaction scores on the BMSLSS among participants in the HI. In contrast to previous research (Bruininks & Malle, 2005; Bryant & Cvengros, 2004; Delancy, 2005; Magletta & Oliver, 1999; Snyder, 2004; Snyder et al., 2002), Total CHS scores were significantly correlated with Optimism scores at post-test in the HI. Thus, it seems possible that perhaps the measures were not measuring the constructs for which they were intended. Perhaps there is more overlap between resiliency factors such as hope and optimism than previously thought. Or maybe the significant correlations among Optimism and Total CHS scores reflect emotional state rather than specific constructs. The post-test measures were completed at the final group session, which may have provoked either negative emotions related to termination, or positive emotions related to the small awards ceremony and fun activities at the last session.

Furthermore, at post-test, Total CHS scores were significantly negatively related to Pessimism for the HI group. In addition, the Pathways scores were significantly correlated with Optimism scores, and significantly negatively correlated with Pessimism scores. Agency also was significantly correlated with Optimism and Word Reading,
while Optimism was also significantly correlated with life satisfaction. Again, it seems that the measures reflecting positive emotions and cognitions demonstrated strong relationships, perhaps because the children experienced positive affect at the time. At follow-up, Agency and Life Satisfaction were also significantly related. Life Satisfaction was negatively correlated with Pessimism. Total CHS score, Agency, and Life Satisfaction were significantly correlated with Word Reading. The relationships among these constructs and Word Reading are quite interesting. Perhaps the combination of having energy and motivation to reach one's goals in addition to general overall satisfaction with one's life is necessary in order to predict performance on an academic task, such as Word Reading on the WRAT-4. Or perhaps having better reading skills makes one more hopeful and satisfied with life in general. This explanation seems plausible, especially if the children have subsequently experienced school as an environment in which they have achieved success.

Interestingly, there were different relationships among the dependent variables within the RE group at post-test and follow-up. Total CHS score and Pathways were significantly negatively correlated with Word Reading. Agency was also significantly negatively correlated with Pessimism. At follow-up, Total CHS score and Optimism were significantly negatively correlated. This finding is in contrast to the post-test data from the HI group. In addition, Agency and Optimism were also significantly negatively correlated. Such findings may suggest that children who show an increase in a component of hope (as described below), focus their motivation and efforts towards achieving meaningful personal goals, rather than an academic task, such as Word Reading.
The only statistically significant difference between the groups was with regards to Pathways scores. The RE group experienced a significant increase in Pathways, whereas the HI group experienced a trend level decrease in Pathways. However, because Snyder et al. (1997) recommend that the subscales should not be examined separately, it is unclear as to how to interpret these findings. Furthermore, the HI group also experienced a trend level decrease in Total CHS scores. These results seem to suggest that the content of the RE group may have inadvertently increased a component of hopeful thinking, while the content of the HI group did not. It may be important to note that at pre-test and post-test, Total CHS scores in both the HI and RE groups were above the previously reported mean of 25 (Snyder et al., 1997; Delancy, 2005). That is, the HI group Total CHS scores at pre-test and post-test were $M = 27.33$ and $M = 26.18$, although at follow-up, the Total CHS scores were below the previously reported mean ($M = 23.8$). In contrast, the RE group Total CHS scores were $M = 27.73$, $M = 27.73$, and $M = 28$ respectively. Given that the Total CHS scores in both groups were above the mean before the interventions began, it might be quite challenging to significantly increase the scores.

Although the current findings indicate that after an intervention based upon Snyder et al.’s (1991) Hope Theory at-risk children did not increase in hope, previous research has implied that the concept of hope has been successfully increased in adults (Cheavens et al., 2006; Klausner et al., 1998; Trump, 1997; Worthington et al., 1997). Even in more recent times, researchers have continued to use Snyder and colleagues (1991) theory to increase hope in adults. Pretorius, Venter, Temane, and Wissing (2008)
found that after six two-hr sessions of teaching goal setting, pathways, and agency, African adults' hope scores increased from pre-test to post-test.

Despite the success in teaching the Hope Theory (Snyder et al., 1991) to adults, few studies have documented similar success in programs for children. Although a small number of researchers found significant pre-test to post-test increases in hope in their unpublished literature on the Making Hope Happen program (Edwards & Lopez, 2000; Pedrotti et al., 2000), this has not been the case for all research designed to increase hope in children. Delancy's (2005) eight-week long intervention designed to increase hope in 8-12 year-old children at an urban Montessori elementary school did not produce statistically significantly increases in mean CHS scores from pre-test to post-test for this sample, although hope scores increased for the majority (68%) of the children.

Similarly, Buchanan (2008) recently implemented the Making Hope Happen program and did not find significant changes in Total CHS scores in a sample of 20 students in the 5th to 8th grade receiving special education services. She also did not find significant changes in life satisfaction, as measured by the Multidimensional Students' Life Satisfaction Scale (MSLSS; Huebner & Gilman, 2002).

Perhaps such findings indicate that hope is different for children than it is for adults. Maybe the construct of hope differs between developmentally different groups. Perhaps adults have the cognitive capacity to better understand hopeful concepts. Alternatively, perhaps hope cannot be taught to children in the same way it is taught to adults. For example, the current research found that a component of hope, pathways, significantly increased in the RE comparison group. Although it was not the principal investigator's intention, perhaps we inadvertently created a hopeful experience.
throughout the reading activities within the group. While the RE group did not define or discuss hopeful terms such as “goals,” perhaps in completing various reading assignments and subsequently several books within a series, the children experienced for themselves the feelings and cognitions involved in setting and achieving goals. Thus, perhaps it was the active experience of setting and achieving personal goals throughout the course of the group that allowed the children in the RE group to increase in hopeful thinking. While the children in the HI group read hopeful narratives and discussed personal goals, they did not have a similar experience in which they reached a personal goal within the agenda of the group.

Furthermore, perhaps it is time to consider revising the longstanding notion set forth by Snyder and colleagues (1991) that implies that interventions should attempt to increase both agency and pathways in children. Perhaps the process of undergoing a hopeful experience and subsequently increasing pathways thinking is enough to enhance resilience for the future. It is suggested that future research in this area examine the long-term effects of such “hopeful experience” interventions.

Based upon the current findings, it is suggested that future hope interventions incorporate the pursuit of concrete, meaningful goals throughout the course of the intervention. It seems more beneficial for the children to experience for themselves the cognitions and emotions involved in successfully reaching goals, rather than abstractly discussing the pursuit of goals. It is suggested to include small steps in each session that help the children to work towards goals to be achieved near the conclusion of the program. It also seems beneficial to incorporate homework assignments or ways to keep
the children thinking about materials from session and keep them focused on their goals outside of sessions.

Challenges

During the course of this study, several challenges arose. Because of the limited number of English-speaking children at the learning center, the present study expanded the age range of individuals to include seven-year olds. Originally, it was thought that there would be enough children within the 8-12 age range to participate. This age range was suggested by previous authors, including Delaney (2005) and Edwards and Lopez (2000).

In addition, the pre-test data collection unfortunately did not run entirely smoothly. Several other children (who were part of the after-school program but not part of the present study) as well as siblings unaffiliated with either program attended the pre-test data recruitment night. In addition, several of the parents came with friends. Because of the large number of people present, there was a great deal of confusion about where and how to complete the pre-test measures.

Attendance was a challenge for both programs. Attendance among the HI participants ranged from six to 15 sessions \((M = 10.83, SD = 2.59)\), whereas attendance among the RE group participants ranged from eight to 15 sessions \((M = 11.55, SD = 2.16)\). On several occasions, parents picked their children up early, so the child was not able to remain in the group for the entire hour. In addition, on Mondays the groups overlapped with a weekly group for girls that involved fun activities including movies, skating, and pizza parties. Three girls (who were in the HI) consistently missed Monday sessions. Although attendance appeared to be a problem throughout the duration of both
programs, the results indicated that attendance was not significantly correlated with any of the dependent variables. Furthermore, subsequent analyses conducted using participants who attended 10 sessions or more did not produce different results.

Some major unanticipated challenges that occurred during the present study had to do with the undergraduate and graduate student group co-leaders. In particular, there were many problems particularly with regards to attendance inconsistency and lack of enthusiasm by some of the co-leaders within the HI group. In addition, there were problems with the RE group leaders. One undergraduate student co-leader chose to leave the RE group after two weeks. For four sessions, the RE group was led by only three co-leaders, until another undergraduate student co-leader joined the group. Furthermore, none of the co-leaders in either group attended the follow-up event.

Such challenges posed by the co-leaders may have drastically impacted the overall tone of the groups and potentially the results. It is very likely that the participants in this study have experienced many transient adult figures throughout their lives. If the children could sense the co-leaders’ lack of enthusiasm, this could potentially have interfered with their attachment to these role models and consequently negatively impacted hopeful thinking.

Another challenge involved in the HI related to homework assignments between sessions. It seems very important to keep the children thinking about goal-related hopeful material outside of sessions. Because of the lack of participation in homework assignments, the Principal Investigator chose to include time for assignments in-session. However, it is suggested that future interventions strongly encourage the children to keep
focused on their goals and related hopeful material outside of session in order to further emphasize the experience of achieving personal goals.

Limitations

A small sample size was used in this study, and the participants were not randomly selected. In order to be able to generalize the results, the programs should be replicated with a larger number of participants. However, based upon the findings, it may be more beneficial to replicate the RE program, or a similar program that instills a hopeful experience.

Another potential limitation of this study is that it seems questionable as to whether or not the measures truly reflect the constructs they attempt to measure. The CHS only has six items. Thus, three items attempt to measure agency and three items attempt to measure pathways. Furthermore, Snyder and colleagues (1997) even warn against interpreting the subscales individually, which makes it unclear as to how this measure could provide information about the constructs. Perhaps these items measure something other than the constructs for which they were intended. Despite the good psychometric properties of the measures, it seems that the children may have answered in a negative or positive way based upon a variety of external factors. For example, many of the children voiced their unhappiness about the conclusion of the groups. It seems possible that as a result they could have answered the items on their measures in a negative fashion, thus appearing as though hope and potentially some other variables did not increase (or instead decreased). In addition, the children demonstrated difficulty understanding the items on the measures (e.g. “I would describe my satisfaction with my school experiences as” from the BMSLSS). At the pre-test, post-test, and follow-up, the
children asked many questions about the measures. Thus, their responses may not accurately reflect the variables measured.

It seems as though the results of this research may have been impacted by a variety of variables. The lack of enthusiasm and responsibility demonstrated by several of the co-leaders likely may have impacted the children’s hopefulness. Furthermore, it seems as though the measures may have reflected affect more than the actual constructs. It is important to note that the post-test and follow-up data collection events potentially triggered many emotions in the children. The post-test data collection marked the final session for both groups. At this point in time, the children were aware that the after-school center would be closing in the near future. They also knew that they would no longer see the Principal Investigator or any of the co-leaders on a regular basis. Although there was a small celebration on the last day of the groups, this could potentially have triggered sad feelings in many of the children.

Similarly, the follow-up data collection night may have also brought upon sad emotions for several of the children. This was their first time back in the after-school center since its close. The once vibrant, beloved, decorated after-school center was now completely empty. In addition, the Principal Investigator was the only face they recognized, as the other co-leaders did not choose to participate in this event. These factors may have instilled a sense of sadness or disappointment, which could have influenced the way the children responded to the measures.

Based upon the findings from this study, it seems as though at-risk children may benefit more from an intervention yielding a “hopeful experience,” or one in which the children have the opportunity to actively set and achieve goals within the framework of
the group. Future research should utilize measures that accurately reflect the constructs, rather than emotions targeted by the intervention (as much as possible). Follow-up data as well as parent data will be interesting and useful. It will also be extremely important for the co-leaders to be responsible, engaged, and enthusiastic about working with the children.
References


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Table 1

Means, standard deviations, and percentage of characteristics of the HI and RI groups with t-test or Chi Square results.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Hope Group</th>
<th>Reading Group</th>
<th>t/χ²</th>
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<td>n = 11</td>
<td></td>
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<td>1.33</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>boys %</td>
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<tr>
<td>girls %</td>
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<td>Race</td>
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<tr>
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<td>SD</td>
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Table 2

*Intercorrelations among scores from the CHS, YLOT, BMSLSS, and WRAT-4 Word Reading for entire sample (N = 23) at pre-test.*

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>Hope</th>
<th>Agency</th>
<th>Pathways</th>
<th>Optimism</th>
<th>Pessimism</th>
<th>Life Satisfaction</th>
<th>Word Reading</th>
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<td></td>
<td></td>
<td>p</td>
<td></td>
<td></td>
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Note: Children's Hope Scale (CHS), Youth Life Orientation Test (YLOT), Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS), Wide Range Achievement Test-Fourth Edition (WRAT-4)

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

*Correlations between child scores on the CHS ($N = 23$) and parent scores on the HS ($N = 19$) for entire sample at pre-test.*

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>Parent Total Hope</th>
<th>Parent Agency</th>
<th>Parent Pathways</th>
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<td></td>
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<td>.91</td>
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Note:

Children’s Hope Scale (CHS), Hope Scale (HS)

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

Intercorrelations among scores from the CHS, YLOT, BMSLSS, and WRAT-4 Word Reading for the HI group (n = 11) at post-test.

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<th>Dependent Variables</th>
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<th>Agency</th>
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Note: Children's Hope Scale (CHS), Youth Life Orientation Test (YLOT), Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS), Wide Range Achievement Test- Fourth Edition (WRAT-4)

*p < .01  **p < .001
Table 5

*Intercorrelations among scores from the CHS, YLOT, BMSLSS, and WRAT-4 Word Reading for the RE group (n = 11) at post-test.*

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<th>Pessimism</th>
<th>Life Satisfaction</th>
<th>Word Reading</th>
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Note: Children's Hope Scale (CHS), Youth Life Orientation Test (YLOT), Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS), Wide Range Achievement Test- Fourth Edition (WRAT-4)

*p < .01  **p < .001
Table 6

*Intercorrelations among scores from the CHS, YLOT, BMSLSS, and WRAT-4 Word Reading for the HI group (n = 5) at follow-up.*

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Note: Children’s Hope Scale (CHS), Youth Life Orientation Test (YLOT), Brief Multidimensional Students’ Life Satisfaction Scale (BMSLSS), Wide Range Achievement Test- Fourth Edition (WRAT-4).

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

*Intercorrelations among scores from the CHS, YLOT, BMSLSS, and WRAT-4 Word Reading for the RE group (n = 8) at follow-up.*

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</table>

Note: Children's Hope Scale (CHS), Youth Life Orientation Test (YLOT), Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS), Wide Range Achievement Test- Fourth Edition (WRAT-4)

*p < .01  **p < .001
<table>
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<th>Pretest HI (n=12)</th>
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<th>Posttest RE (n=11)</th>
<th>Follow-up HI (n=5)</th>
<th>Follow-up RE (n=8)</th>
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<td>6.0 ± 3.0</td>
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<tr>
<td>Life Satisfaction</td>
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<td>31.2 ± 10.0</td>
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<td>Reading</td>
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<td>96.3 ± 13.5</td>
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Note: Data are reported as Mean ± Standard Deviation
Figure Caption

*Figure 1.* Comparison of Mean Pathways Scores from the CHS for the HI and RE Groups at Pre-test, Post-test, and Follow-up
Note:

Upper darker line (at pre-treatment) = HI group
Lower lighter line (at pre-treatment) = RE group
Figure Caption

*Figure 2.* Comparison of Mean Total CHS Scores for the HI and RE Groups at Pre-test, Post-test, and Follow-up
Note:

Lower darker line = HI group
Upper lighter line = RE group
Appendix H

Letter of Permission from Cincinnati Metro Housing Authority

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August 21, 2008

RE: Efficacy of a Hope Program for Inner City Children

Dear Ms. Dinolfo:

I am writing to express my support of your dissertation project, “Efficacy of a Hope Program for Inner City Children”. As the Director of Community Relations at Cincinnati Metropolitan Housing Authority (CMHA), I am excited that you have chosen our Millvale Children’s Learning Center as a location for both recruiting families and carrying out the activities of your proposed program. Your program as defined meets the needs of the children and families in the Millvale community and is very much in line with the kind of supportive services that CMHA would like to offer.

As we discussed with Mrs. Vivian Strauss, the site coordinator at the Learning Center, she will work with you to help recruit eligible children and their parents. CMHA will also provide space in the Millvale Center for you to carry out the activities across the duration of this program, September 2008-February 2009, and help with coordinating your efforts.

I look forward to hearing about the data and outcomes of your program given that it is our wish to offer evidence-based programs to our community members. I strongly believe that this program will be of significant benefit to the children and families who participate.

Best regards,

Jackie Davis
Director of Community Relations

cc: Vivian Strauss
Appendix I

Institutional Review Board Approval Letter
September 15, 2008

Christa Dinolfo, MA
4232 Marburg Ave.
Cincinnati, OH 45209

Dear Ms. Dinolfo:

The IRB received your response and has completed the review of your protocol #0541-3, Efficacy of a Hope Program for Inner City Children using expedited review procedures. Your study is approved in the Expedited category. Approval expires September 15, 2009. A progress report, available at http://www.xavier.edu/irb/forms.cfm, is due by that date.

If you wish to modify your study, it will be necessary to obtain IRB approval prior to implementing the modification. If any adverse events occur, please notify the IRB immediately.

We wish you success with your research!

Sincerely,

Charles J. Grossman, Ph.D.
Vice Chair

C: Dr. Kathleen Hart, Faculty Advisor
Appendix J

Parent/Guardian Consent Form
Permission Form

Christa Dinolfo, a graduate student at Xavier University in the Clinical Psychology program, is working with the Millvale Step Ahead Learning Center and Harmony Garden to evaluate some programs offered at the Learning Center. As part of her educational requirements, she will be using information she gathers in the evaluation of the programs to conduct a research project. You and your child are invited to participate in this project. She will be comparing how the children respond to the groups we are offering this fall. Each child who enrolls will be assigned to one of two groups. Both groups will involve reading and talking about stories, although one will only work on reading skills and the other will involve positive thinking and problem solving along with reading. We hope that all children learn from the groups and enjoy them. What we find out about the groups from this project will help us choose what programs to offer in the future.

If you and your child are interested in participating, you must both attend two “Fun Night” events; one before the program begins and one 3-months after the program ends. At each of the “Fun Night” events, you and your child will fill out surveys. Your child will take a brief reading test. Refreshments will be provided and each mother and child will have the opportunity to win a prize. Mothers who participate and have a child who participates in the entire program, will receive a $10.00 Kroger gift card at the last “Fun Night.” Each “Fun Night” will last approximately 1 to 1.5 hours.

Both of the groups for the children will meet on Mondays and Wednesdays from September 15, 2008 - November 5, 2008. Each group will begin promptly at 5:00 pm and end at 6:00 pm. Your child will earn small prizes for attendance. Healthy snacks will be provided at each group.

There are no foreseen risks for you or your child’s participation in the groups or their evaluation. Your names will be not be on any of the forms that you complete. Only the researchers from Xavier will see the answers of individuals. When the findings are described, only the responses of groups of people will be presented; your answers and your child’s answers will stay private.

You do not have to participate in this program, and either of you may quit at any time. However, you will not earn the $10 gift card if you do not complete the program and the questionnaires.

If you and your child would like to participate in one of the programs, please sign the form below and return it to the person explaining it to you. If you have any about the project or the groups, you can reach Christa Dinolfo through the Learning Center or you can contact the research supervisor, Dr. Kathleen J. Hart, Ph.D., ABPP at (513) 745-3278. Questions about your rights as a participant in research can be directed to the Xavier University Institutional Review Board at (513) 745-2870.

I, ____________________________, freely agree to participate in this project. I also give permission for my child, ____________________________ to participate in his/her assigned program. I understand that as part of our participation, we will answer questions to help determine how effective the program was.

Parent Signature ____________________________ Date ________________

THE TIME APPROVAL STAMP ON THIS CONSENT FORM INDICATES THAT THIS PROJECT HAS BEEN REVIEWED AND APPROVED BY THE XAVIER UNIVERSITY INSTITUTIONAL REVIEW BOARD.

APPROVED SEP 15 2008

Xavier University IRB

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Student Assent Form

Students from Xavier University are working with CMHA and the Millvale Step Ahead Learning Center to run groups for kids. The groups will involve reading fun stories and playing games and activities. Being in the group will also mean that you will need to be there (at A Step Ahead Learning Center) for the groups and also do activities at home with your mother or another adult that you know well.

Along with the group, you and your mother will be asked to come to a “Fun Night” before the groups start and another one 3 months after the groups end. At the “Fun Nights” you will be asked to answer some questions. You will also have snacks and a chance to win prizes.

If you want to be in the group, write your name on the line below. If you begin the group and decide that you want to quit, you can do that at any time. If you have questions, you can ask Christa Dinolfo or call the supervisor, Kathleen J. Hart, Ph.D., ABPP, at (513) 745-3278.

Thanks for your help!

Yes, I want to be in the group. ____________________________________________

Write your name on this line.

APPROVED SEP 15 2008
Xavier University IRB