

Hope and Depression: Incorporating Hope into Treatment

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Acknowledgements

- Low-Vision Study: National Eye Institute, EyeSight Foundation of Alabama, UAB Clinical Research Unit and Department of Ophthalmology
- Hope Treatment Study: University of Kansas, Department of Psychology

Hope and Depression, Theoretical Relationships

	Hope Components		
	Goal Blockages	Agency	Pathways
Depressive Symptoms			
Diminished Interest	*	***	
Psychomotor Retardation/acceleration	*	**	*
Low energy/fatigue	*	***	
Inability to concentrate		*	***
Depressed mood	**	**	*
Feelings of Worthlessness	***	**	**
Suicidal thoughts/behaviors	***	*	**
Weight loss or gain	**	*	*
Insomnia or hypersomnia	**	*	

Adapted from: Cheavens, J. (2000). Hope and depression: Light through the shadows. In C. R. Snyder (Ed.), *Handbook of Hope: Theory, Measures, and Applications* (pp. 321 – 340).

Hope and Depression, Evidence

Hope and depressive symptoms strongly (inversely) correlated in samples of:

- Adults¹
- College students²
- Older Adults^{3,4}
- Adults seeking psychological treatment¹
- Cancer patients⁵
- Burn patients⁶
- Children with chronic illnesses⁷
- Post-stroke patients⁸
- Traumatically-acquired spinal cord injury⁹

Patients with Low-Vision and Their Caregivers: An Exemplar

- Vision loss represents a goal blockage for many patients and their caregivers
- Iterative and interactive process of adjustment between patient and caregiver
- Potential role of caregiver hope in the experience of depressive symptoms of both the caregiver and the patient

Characteristics of the Sample

Patients:

Age: $M = 74$ years ($SD = 13.6$)

Gender: 64% female

Race: 88% Caucasian, 11% African American, 1% Asian

Vision Diagnoses: Age-related macular degeneration (60%), diabetic retinopathy, glaucoma, and other vision impairments

Caregivers:

Age: $M = 59$ years ($SD = 13.62$)

Gender: 67% female

Race: 89% Caucasian, 9% African American, 2% Asian

Caregiver Relationship to Patient: Spouse (36%), Daughter/Daughter-in-Law (34%), Son (10%), Sibling (7%), Mother (4%), Friend (3%), Other (6%)

Procedures

- A research assistant read aloud all self-report measures to patients following their initial low vision eye examination.
- Family caregivers independently completed all demographic information and self-report measures.

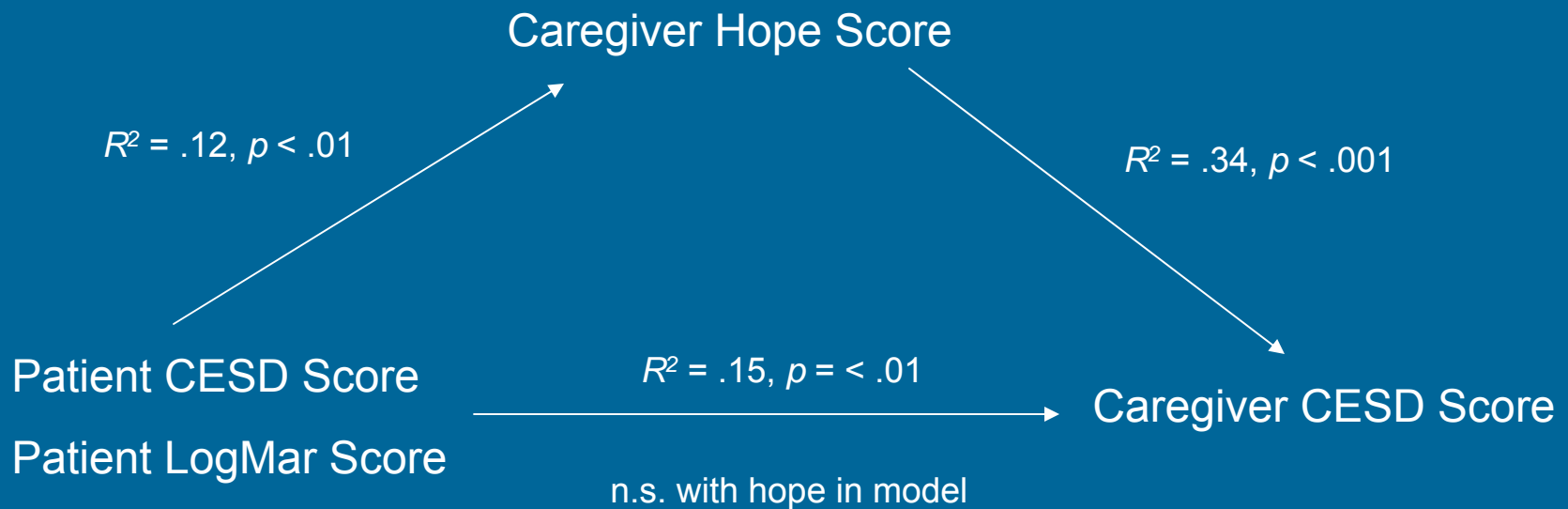
Results: Hope and Depression

- Caregiver hope related to:
 - Depressive symptoms ($r = -.59, p < .001$)
 - Satisfaction with life ($r = .58, p < .001$)
 - Subjective burden ($r = -.21, p < .05$)
 - Patient depressive symptoms ($r = -.22, p = .03$)
- Caregiver hope was not related to patient's level of impairment

Hope accounts for unique variance in the prediction of depressive symptoms

Variable	<i>Adj. R²</i>	<i>R² Δ</i>	β	<i>F Δ/t</i>	<i>p</i>
Step 1	.14	-	-	7.15	.001
LogMAR			.25	2.30	.024
Patient CESD			.33	3.06	.003
Step 2	.38	.24	-	28.95	<.001
LogMAR			.16	1.78	n.s.
Patient CESD			.14	1.47	n.s.
Hope			-.53	-5.38	<.001

Results: Hope and Depression



Summary: Low Vision Study

- Hope may be protective for caregivers
- Pathways related to perceived burden of caregivers
- Agency related to patients' depressive symptoms
- Potential for intervention with caregivers

Developing a “Hopeful” Intervention

- Two problems with a solely pathology focus:
 - 1. Many people who present for treatment are not “mentally ill”
 - 2. Focus primarily on deficits may result in missed opportunities for change other than symptom reduction
- Incorporate lessons learned from research on high hope people

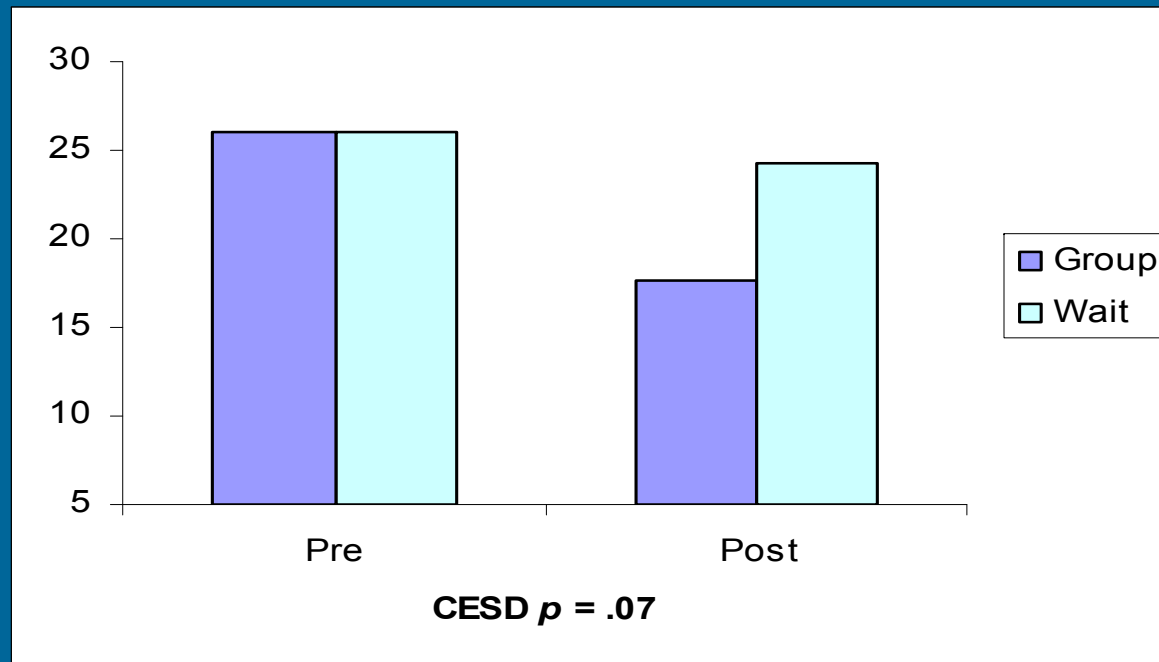
Hope Intervention Study - Protocol

- Closed group format – two hours per week for eight weeks
 - 40 minutes review of homework from previous week
 - 25 minutes psycho-education
 - 30 minutes discussion of new material with focus on individualized application to goal
 - 10 minutes homework commitment

Hope Group Sample

- 39 participants recruited from the community – newspaper story, flyers
- 32 completers with no significant differences on demographic variables or pre-treatment variables between completers and non-completers
- Completers – 75% of intervention (N = 15) and 88% of wait-list control (N = 17)

Hope Intervention Resulted in Reduced Depressive Symptoms



Cheavens, Feldman, Gum, Michael, & Snyder
(2006). Social Indicators Research, 77, 61-78.

Results:

- Using Hierarchical Linear Regression models for both depressive symptoms:
- After entering pre-treatment depressive symptom scores in the first step.....
- Both pre-treatment hope and hope change scores remained significant predictors in a second step and resulted in $R^2\Delta = .30$

Summary

- Promising first step in the development of a hope intervention
- Potential for application in samples such as the caregiver sample
- Need more research, bigger samples, stronger controls

Thank You!
