

Hope for the Many: Creating and Delivering Hopeful Treatments



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Acknowledgments

- C.R. Snyder, Ph.D.
- Lori M. Irving, Ph.D.
- David B. Feldman, Ph.D.
 - Santa Clara University
- Amber Gum, Ph.D.
 - University of South Florida
- Scott T. Michael, Ph.D.
 - Seattle VA
- Kevin Rand, Ph.D.
 - Indiana University-Purdue University at Indianapolis
- Clients and Participants

Karl Menninger (1959)

“Are we not now duty bound to speak up as scientists, not about a new rocket or a new fuel or a new bomb or a new gas, but about this ancient but rediscovered truth, the validity of **Hope** in human development – Hope alongside of its immortal sisters, Faith and Love.”

p. 491

Snyder's Definition of Hope

□ Hope:

- a positive motivational state involving goal-directed thinking
- Pathways + Agency

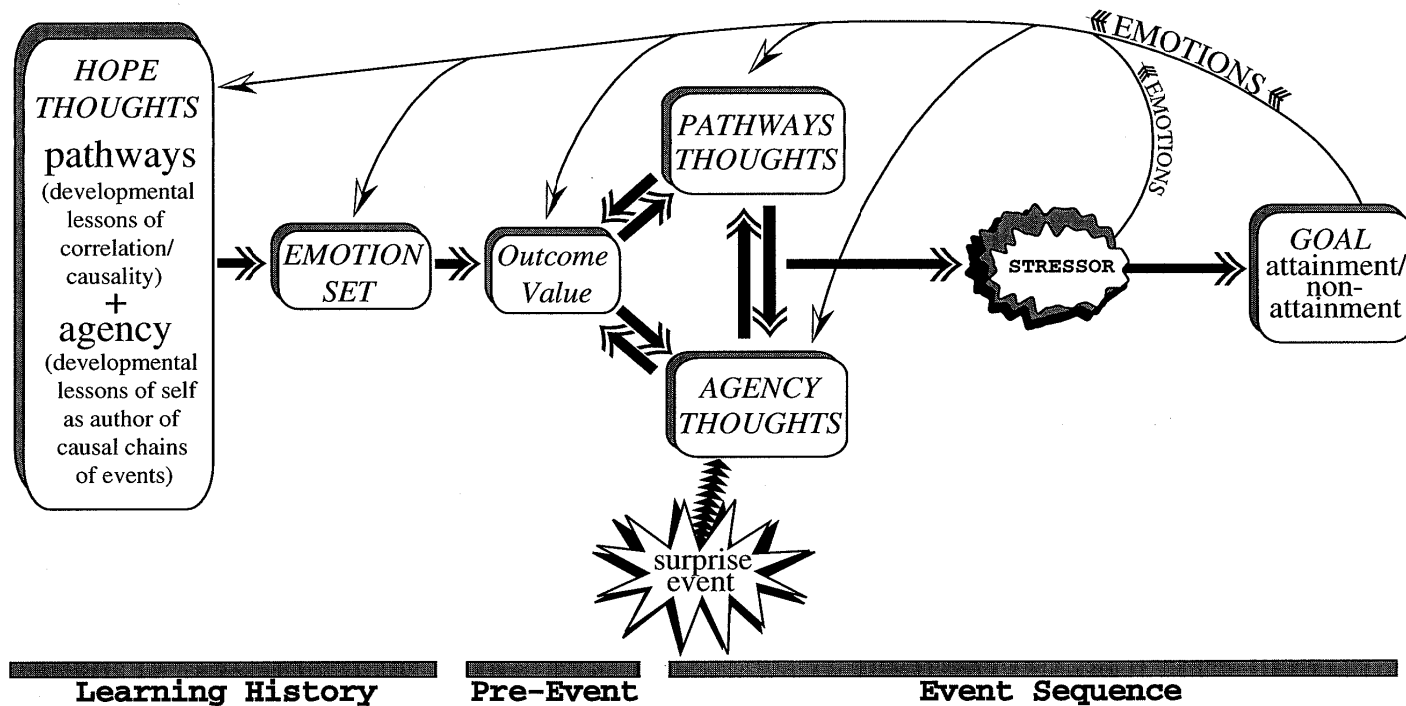
□ Pathways:

- Appraisal of one's ability to produce and utilize workable routes to desired goals

□ Agency:

- Appraisal of one's ability to initiate and sustain movement along those pathways

Expanded Hope Model



Measurement

Adult Dispositional Hope Scale *aka The Goals Scale*

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

Measurement

Adult State Hope Scale *aka Goals Scale for the Present*

1. If I should find myself in a jam, I could think of many ways to get out of it. (*P*)
2. At the present time, I am energetically pursuing my goals. (*A*)
3. There are lots of ways around any problem that I am facing now. (*P*)
4. Right now, I see myself as being pretty successful. (*A*)
5. I can think of many ways to reach my current goals. (*P*)
6. At this time, I am meeting the goals that I have set for myself. (*A*)

Hope associated with:

- Fewer depressive symptoms
- Less hostility
- Less psychopathology
- More meaning in life
- Higher levels of forgiveness
- More perceived social support
- Adaptive coping skills
- Preference for positive self-talk

Hope and Depression

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

Does hope have a role in treatment?

□ Three treatment-related studies

■ Contagion Study:

- The importance of being the high hope person in the room

■ Prospective Treatment Study:

- The importance of utilizing hope components in a time-sensitive manner

■ Group Intervention Study:

- The importance of capitalizing on strengths in treatment

Contagion Study – Can you catch hope?

- ❑ Theory suggests that high hope individuals are interpersonally oriented and skilled¹
- ❑ Depression literature findings that depressed individuals induce depressed mood in other²
- ❑ Possible that hopeful individuals may induce hopeful stance in others

OR

- ❑ Hopeful individuals maybe disliked by low-hope individuals

Implications for Hope Contagion

- Several examples of potential high-hope/low-hope pairs
 - Therapist and Client Dyads
 - Roommate Dyads
 - Teacher and Student Dyads
 - Co-worker Dyads
 - Romantic Relationships

Measures

- Hope Scale
 - Trait hope measured prior to study
 - State hope measured at pre-interaction and post-interaction
- PANAS
 - Positive and negative affectivity
- Task Reflection Questionnaire
 - Degree to which liked partner, task contribution, forced choice work together in the future
- Research Assistant Rating Form
 - Observer judgments about contributions

Procedure

- ❑ Hope Scale completed at pre-screening
- ❑ Asked to participate in study on problem-solving if in upper or lower third of Hope Scale distribution
- ❑ Randomly created dyads (unknown to one another)
- ❑ Arrival, complete PANAS and State Hope Scale
- ❑ Work together on problem-solving task (Lifeboat or Moon)
- ❑ Separated – complete State Hope Scale, PANAS, Task Reflection Questionnaire
- ❑ Raters observed and completed RA Rating Form

Lost At Sea Task

You are adrift on a private yacht in the South Pacific. As a consequence of a fire of unknown origin, much of the yacht and its contents have been destroyed. The yacht is now slowly sinking. Your location is unclear because of the destruction of critical navigational equipment and because you and the crew were distracted trying to bring the fire under control. Your best estimate is that you are approximately one thousand miles south-southwest of the nearest land.

You have a list of fifteen items that are intact and undamaged after the fire. In addition to these articles, you have a serviceable life raft with oars large enough to carry yourself, the crew, and all the items below. The total contents of the survivors pockets are a package of cigarettes, several books of matches, and five one dollar bills.

Your task is to rate the fifteen items in terms of their importance to your survival. Place the number “1” by the most important item, the number “2” by the second most important and so on through number “15” – the least important. Please do your best to arrive at the **correct** ordering of these items.

Results: Hope Changes

- ❑ Low-hope individuals paired with high-hope individuals had a significant increase in state hope scores after task
- ❑ Low-hope individuals paired with other low-hope individuals had no change in state hope scores from pre- to post-test
- ❑ No change in high-hope state hope scores

Liking and Devaluation

- ❑ Participants in high-high dyads liked each other more than those in low-low dyads
- ❑ High hope individuals preferred working with other high hope individuals
- ❑ Low hope individuals did not differ significantly in their preferences for high- or low-hope partners

Contributions

- ❑ High-hope participants working with other high-hope participants rate contribution as 50/50 but rate own contribution as 60% when working with low-hope partners
- ❑ Low-hope participants working with other low-hopers rate contribution as 51% but rate contribution as 46% when working with high-hope partners
- ❑ High-hope participants rated contributions as more important than their partners

Research Assistant Ratings

- Research Assistant ratings indicated that 53% of high-hope individuals and 36% of low-hope individuals contributed most in their dyads (includes those paired with same-level partner)
- Rated contribution behaviors included: reading the problem, encouraging teammate to keep working, writing notes, speaking

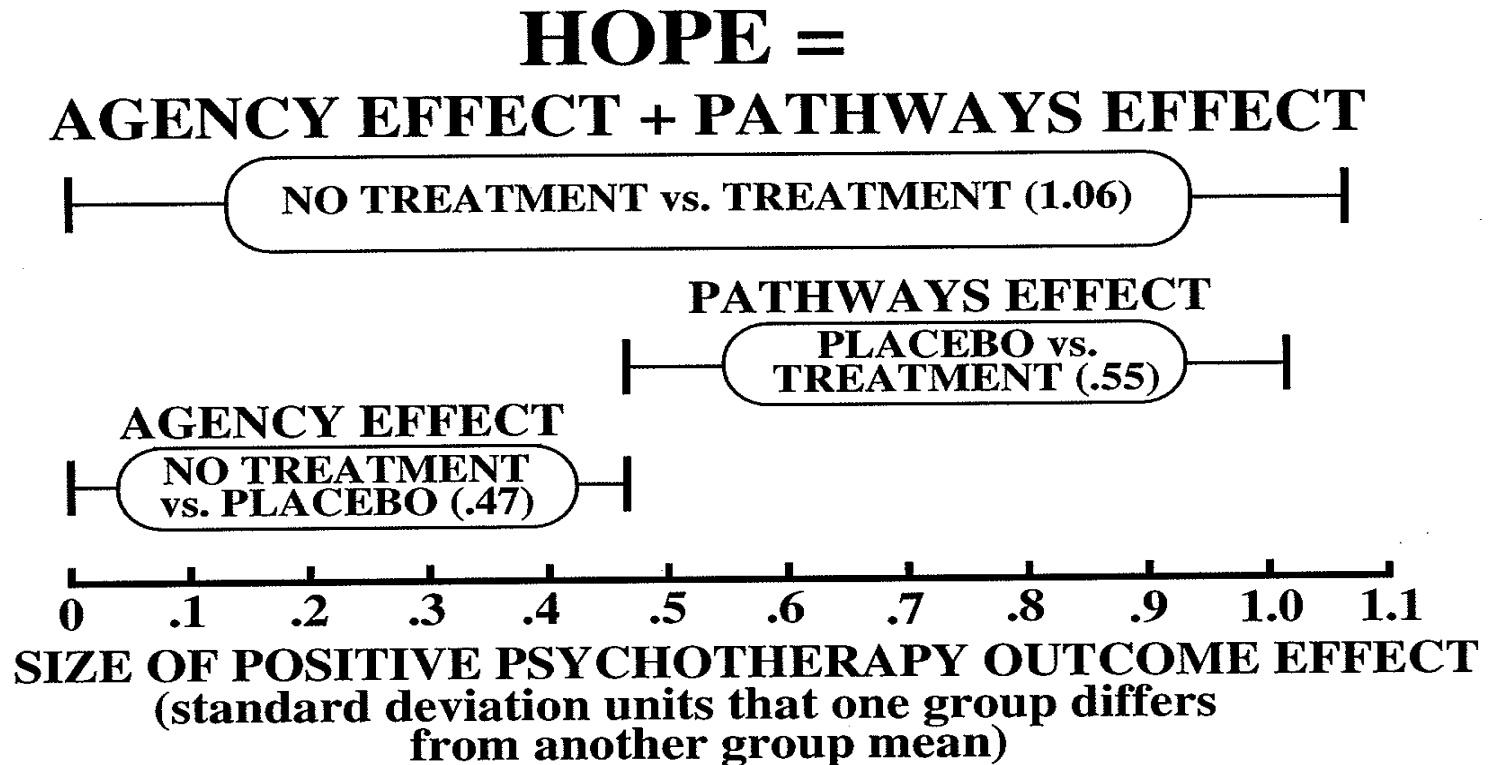
Contagion Study Conclusions

- Hope may be contagious – increase in state hope scores for low hope individuals after working with high-hope individuals
- Modeling and demonstrating hopeful thought in treatment is likely to help with both rapport and problem-solving
- High-hope therapists may need to be mindful to not “work harder” than clients

Prospective Treatment Study

- Theorists have long posited that hope plays an important role in treatment
 - Viktor Frankl reasoned that if illness is associated with a lack of hope, successful treatment must involve its restoration¹
 - Jerome Frank championed hope as crucial for positive psychological change²
- One factor believed to be common across all successful therapies is the belief that positive change can occur = hope

Theorized Hope as Common Factor



Prospective Treatment Hypotheses

- Baseline levels of hope will predict greater well-being, fewer symptoms, and better functioning across the entire course of treatment
- Agency will be most related to early therapeutic changes
- Pathways will be most related to later therapeutic changes

Participants

- Clients ($N = 98$) at a community mental health center
 - 69% female
 - Mean age = 32.05 ($SD = 8.15$)
 - 37% had not completed high school
 - 90% Caucasian, 4% Native American, 2% African American
 - 93% unemployed
 - 79% not married
 - 82% below poverty line with assistance

Psychiatric History

- ❑ 82% previously received mental health services
- ❑ 43% hospitalized for psychiatric reasons in past two years
- ❑ 62% on psychotropic medications at intake
- ❑ 72% reported presenting problem had been a concern for at least two years
- ❑ 87% MDD, 25% PTSD, 25% Axis II, 21% alcohol abuse, 17% Anxiety D/O, 16% drug abuse

Measures

- ❑ State Hope Scale (Snyder et al., 1991)
- ❑ Regulation of Emotional Distress Scale (Irving, Larson, & Leibnitz, 1995)
- ❑ COPE (Carver, Scheier, & Weintraub, 1989)
- ❑ Subjective Well-Being (4 questions)
 - How distressed have you been feeling?
 - How satisfied have you been with your life?
- ❑ Symptom Checklist-90, Revised (Derogatis, 1977)
- ❑ Level of Functioning – Six Domains

Procedures

- ❑ All individuals over the age of 18 invited to participate; no compensation provided
- ❑ Two-hour intake completed
- ❑ Clients scheduled for 12 individual sessions
- ❑ Data collected at baseline and prior to Session 1, Session 3, Session 6, and Session 11
- ❑ Seven outpatient and six student therapists

Hypothesis 1

- Supported
- Baseline Hope was associated with higher subjective well-being, better coping, better regulation of distress, fewer symptoms, and superior functioning
- Hope predicted coping above and beyond variance accounted for by well-being, functioning, and symptoms
- Hope predicted well-being and symptoms after accounting for variance in coping

Hypothesis 2

- Supported
- Agency predicted well-being, functioning, and symptoms at Session 1 after accounting for variance in baseline well-being, functioning, symptoms, hope, and Session 1 pathways
- Agency uniquely predictive of early success

Hypothesis 3

- Partially supported
- Pathways at Session 11 predicted well-being after controlling for baseline subjective well-being, functioning, symptoms, and hope as well as Session 11 agency
- Equations for Session 11 functioning and symptoms were not significant

Conclusions

- Agency may be particularly important to early treatment success and retention
- Pathways may be particularly important to subjective well-being in later stages of treatment
 - However, agency was significant predictor of Session 11 symptom reports
 - Neither agency nor pathways predicted Session 11 Levels of Functioning

Group Intervention Study

- Incorporating “mental health” into treatment
- 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 opportunities for positive change past symptom reduction

Study Questions

1. Can hope be taught in a group treatment format?
2. Do changes in hope correspond with symptom changes?
3. Do changes in hope correspond to increases in psychological health?

Method

- **Design:** Wait-list control psychotherapy trial.

Treatment Condition

Control Condition

Phase I

Pre-testing

Pre-testing

Phase II

8 group therapy sessions

Placed on wait list for 8 weeks (no tx)

Phase III

Post-testing

Post-testing

The 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

The Intervention Groups

- Two group leaders in each group – Clinical Psychology doctoral students
- Four to eight participants per group
- Groups conducted in a meeting room in the community

Goal Lessons

- Goal Setting
- Concrete, measurable goals
- Sub-goals
- Approach goals
- Anticipating obstacles
- Connecting goals to values

Pathways Lessons

- Multiple, workable routes to goals
- Identification of 1 or 2 primary pathways
- Planned routes around obstacles – trouble shooting
- Matching pathways to existing strengths
- Brainstorm pathways on first path without judgment

Agency Lessons

- Positive self-talk
- Sleep hygiene
- Balanced eating
- Visualization of success
- Celebration of sub-goal accomplishments
- Surround self with others who believe change is possible

Recruitment

- ❑ 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)

Participants

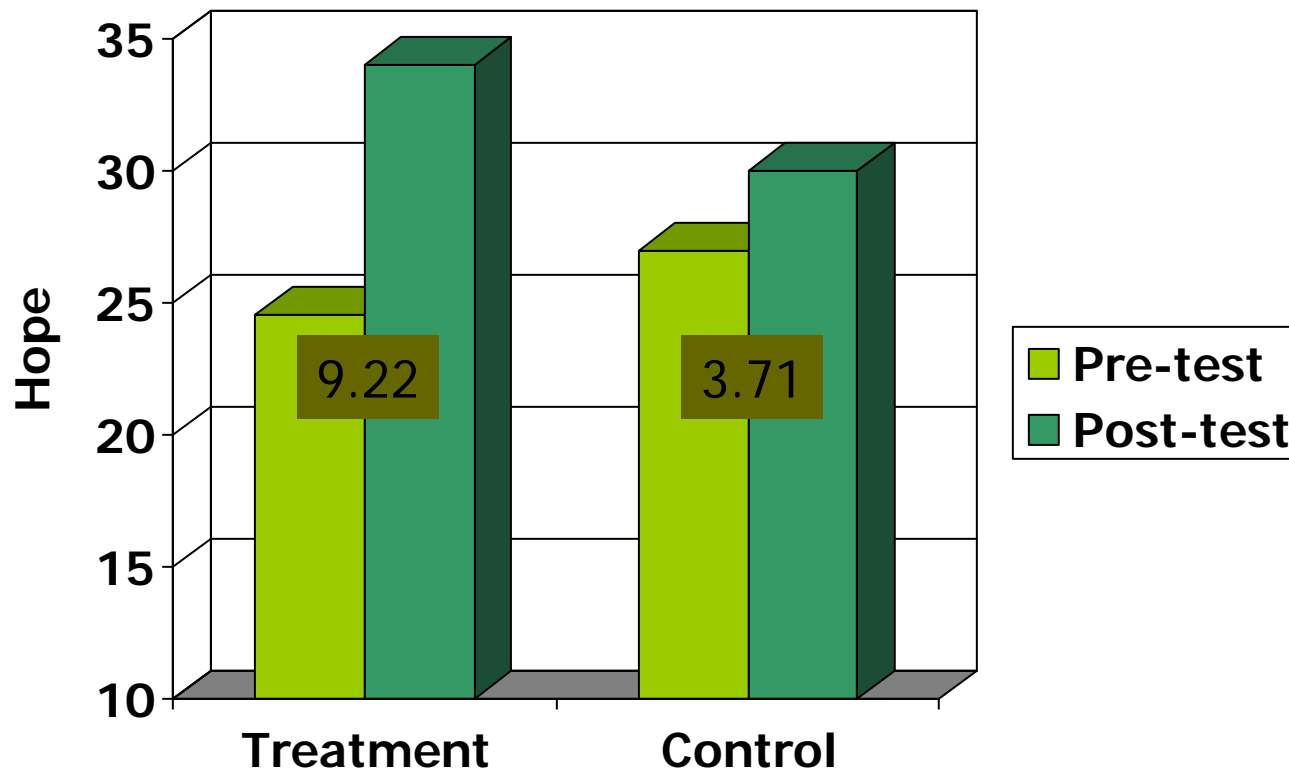
- Average age = 49 years (SD = 7.67, 32 to 64)
- 74% female
- 94% Caucasian
- Average education = 16 years (SD = 1.97, 12 to 19)
- 60% married
- 81% previous treatment, 37% current treatment
- No current SI

Participants – “Primary” Diagnoses

- Recurrent MDD = 6
- Recurrent MDD in partial remission = 1
- MDD single episode = 1
- Dysthymic Disorder = 1
- Panic Disorder = 1
- Social Phobia = 4
- General Anxiety Disorder = 1
- Specific Phobia = 3

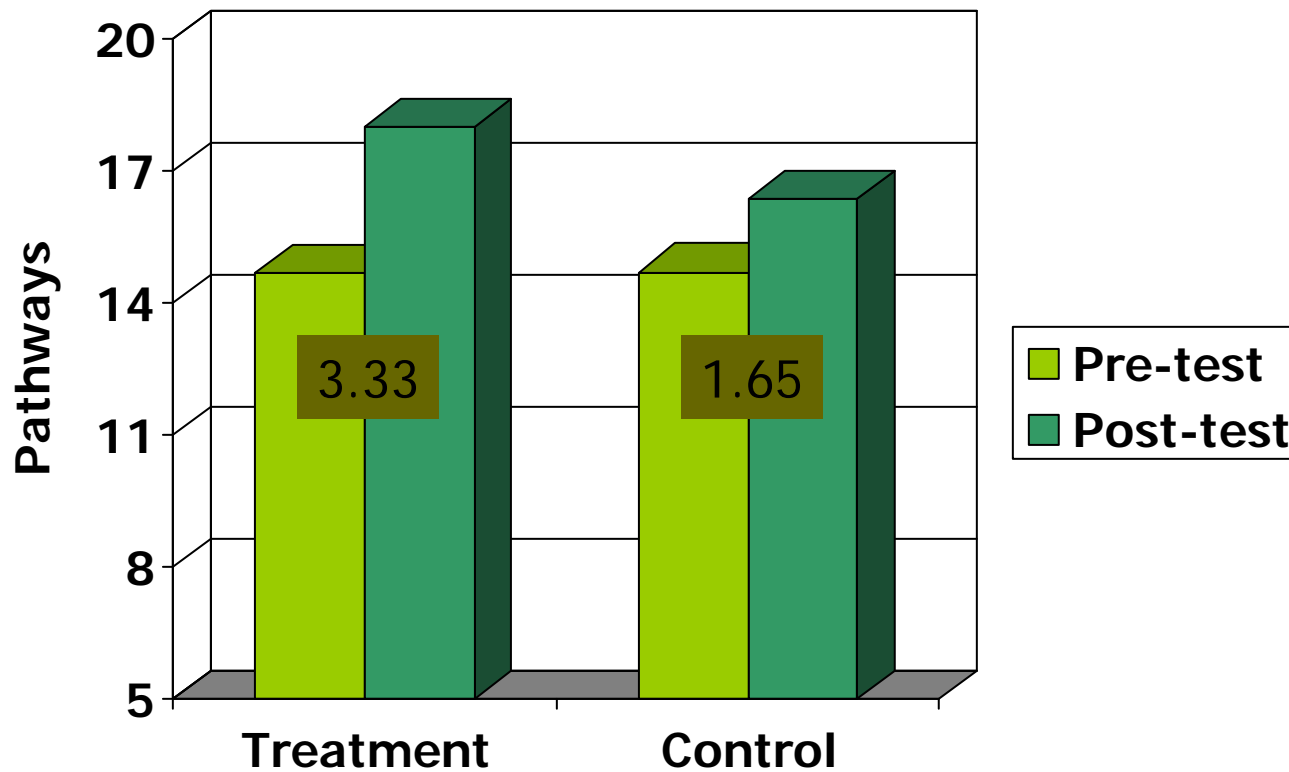
Results: Hope

Hypothesis 1: The intervention will increase hope scores.



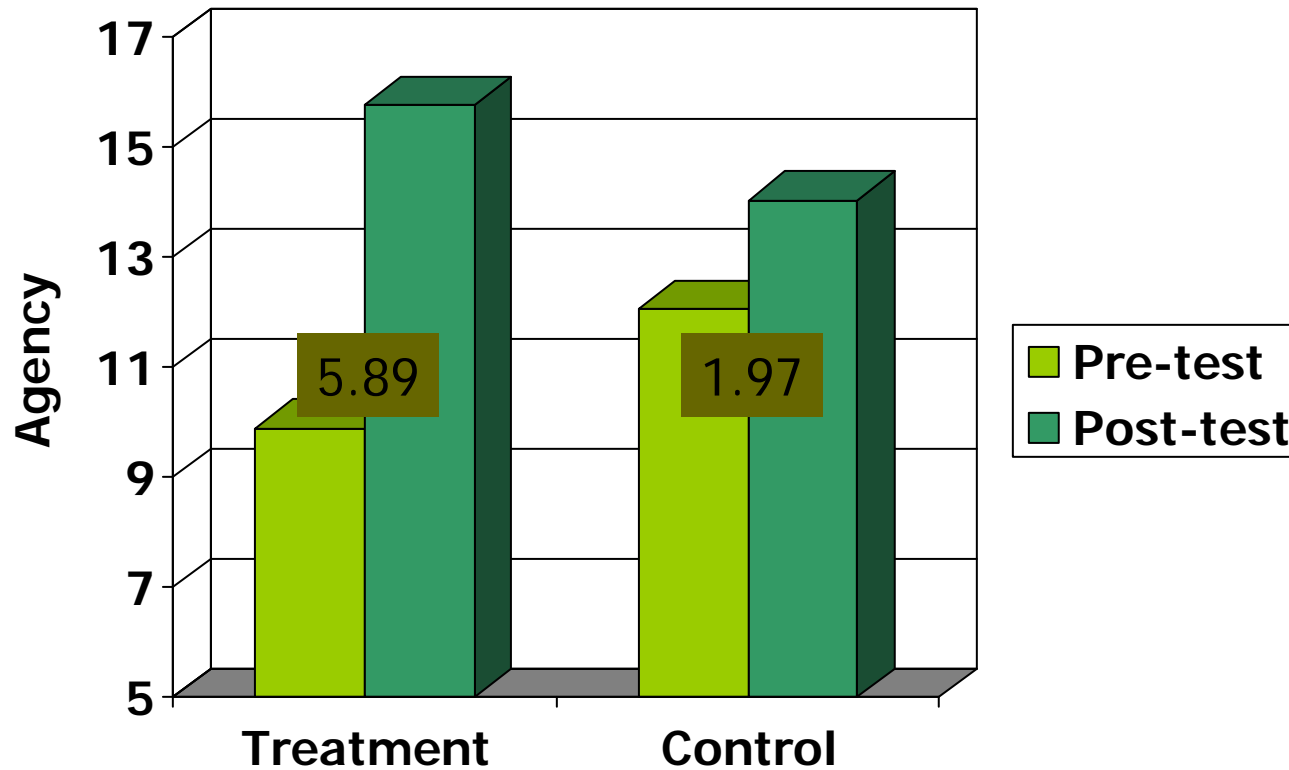
$$F(1, 30) = 3.56, p = .07$$

Results: Pathways



$F(1, 30) = 1.15, p = n.s.$

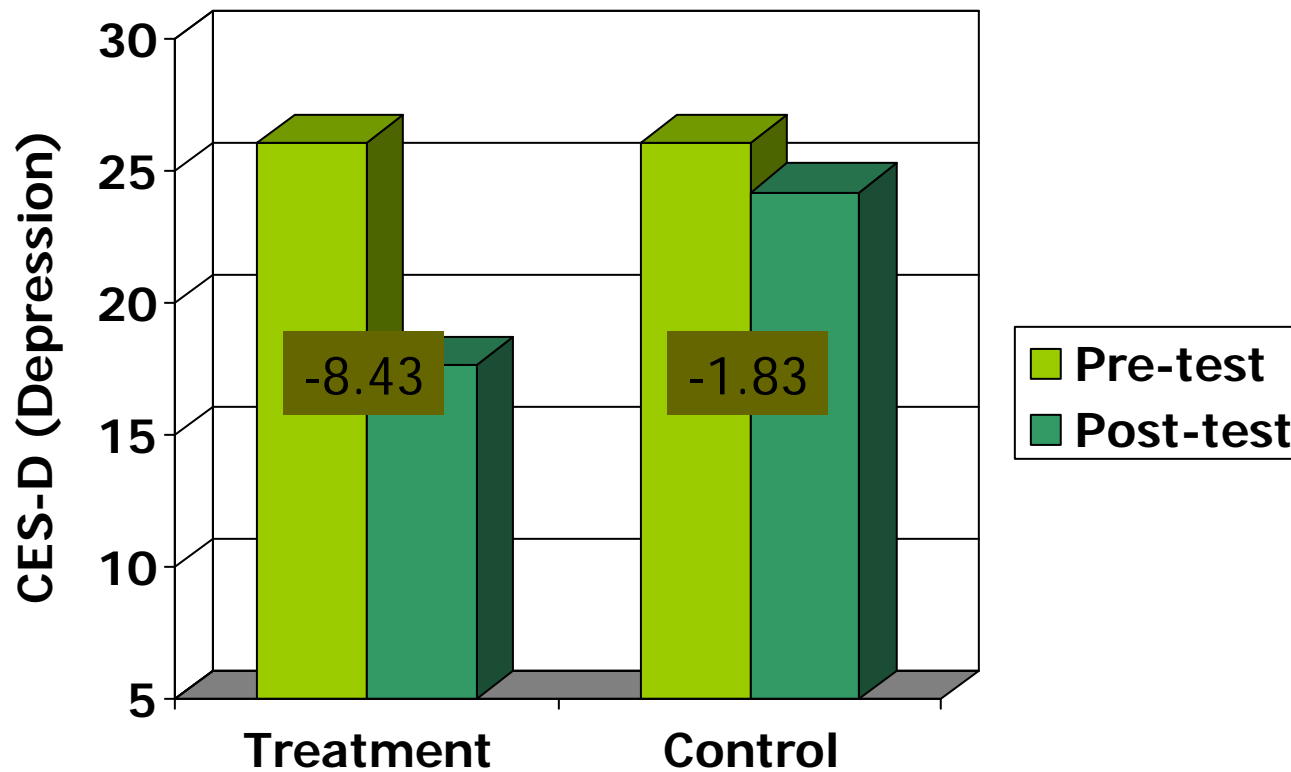
Results: Agency



$$F(1, 30) = 4.84, p = .04$$

Results: Depression

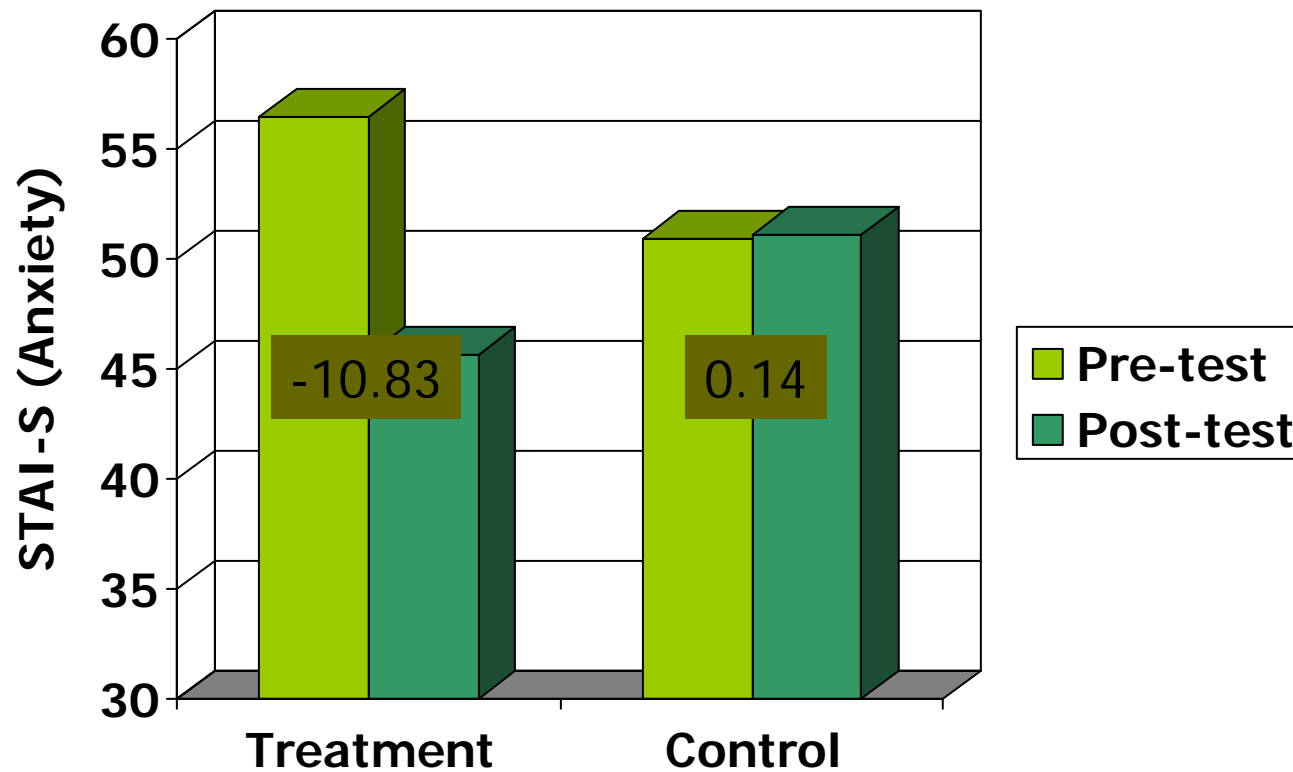
Hypothesis 2: The intervention will lower depression scores.



$$F(1, 30) = 3.67, p = .07$$

Results: Anxiety

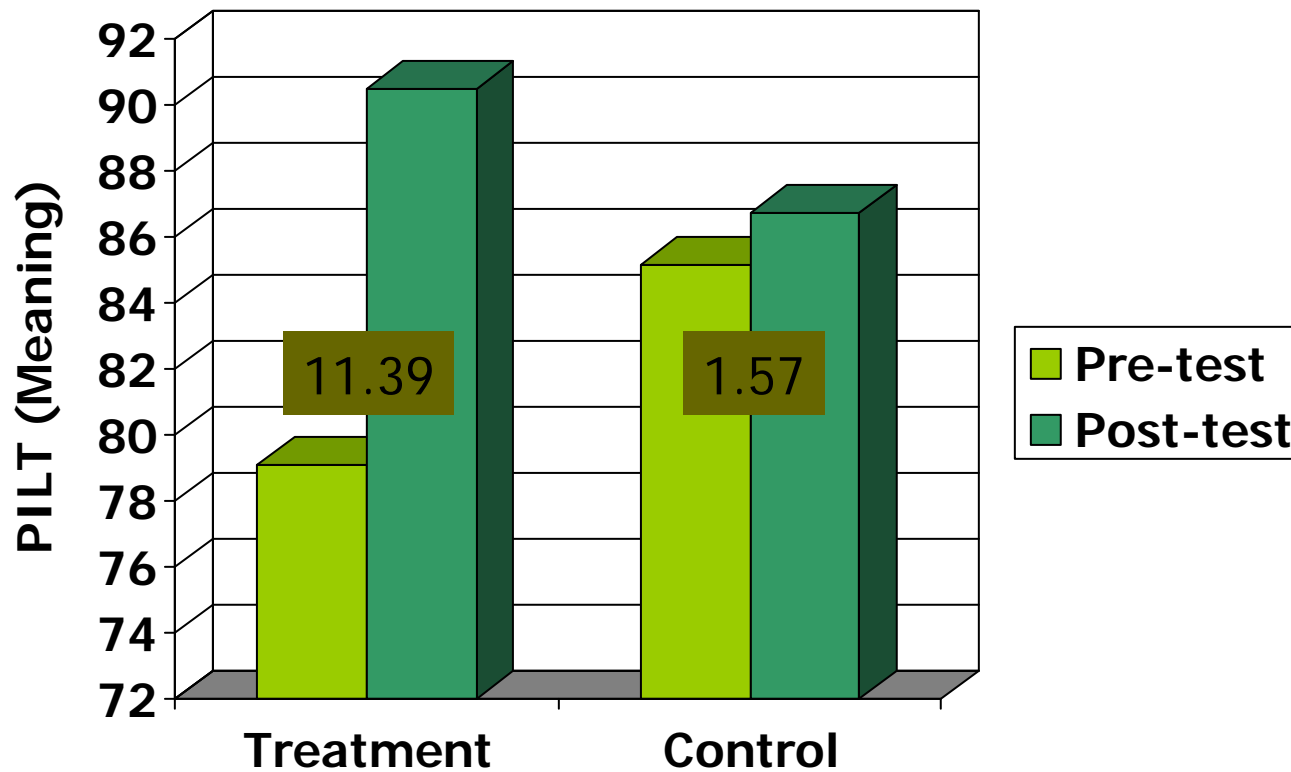
Hypothesis 3: The intervention will lower anxiety scores.



$$F(1, 30) = 10.73, p = .003$$

Results: Meaning

Hypothesis 4: The intervention will increase meaning scores.



$$F(1, 30) = 5.16, p = .02$$

Hope predicts change in therapy

- After entering pre-treatment symptom scores in the first step.....
- Both pre-treatment hope and hope change scores remained significant predictors in a second step and resulted in $R^2\Delta = .30$ for symptoms of both depression and anxiety

Conclusion

- Hope may play a role in response to treatment, reduction of anxiety and depressive symptoms, and increases in meaning and self-esteem
- Preliminary evidence that hope can be changed – promise in terms of hope for the many
- Further research needed on role of pathways in treatment

Overall Conclusions

- ❑ The therapist must be an agent of hope in sessions – Use the contagion effect
- ❑ Pay special attention to agency (i.e., motivation) in early course of treatment and pathways (specific problem-solving and strategy interventions) in later course of treatment
- ❑ Changes in hope play an important mediating role in outcome changes