

University of Missouri, St. Louis
IRL @ UMSL

Dissertations

UMSL Graduate Works

7-24-2015

THE RELATIONSHIP BETWEEN HOPE AND
CAREER DECISION READINESS IN
ADOLESCENTS WITH EMOTIONAL
DISTURBANCES OR BEHAVIOR
DISORDERS IN AN ALTERNATIVE SCHOOL
SETTING

Joseph Sonis Pangelinan
University of Missouri-St. Louis

Follow this and additional works at: <https://irl.umsl.edu/dissertation>

 Part of the [Education Commons](#)

Recommended Citation

Pangelinan, Joseph Sonis, "THE RELATIONSHIP BETWEEN HOPE AND CAREER DECISION READINESS IN ADOLESCENTS WITH EMOTIONAL DISTURBANCES OR BEHAVIOR DISORDERS IN AN ALTERNATIVE SCHOOL SETTING" (2015). *Dissertations*. 166.
<https://irl.umsl.edu/dissertation/166>

This Dissertation is brought to you for free and open access by the UMSL Graduate Works at IRL @ UMSL. It has been accepted for inclusion in Dissertations by an authorized administrator of IRL @ UMSL. For more information, please contact marvinh@umsl.edu.

**THE RELATIONSHIP BETWEEN HOPE AND CAREER DECISION
READINESS IN ADOLESCENTS WITH EMOTIONAL DISTURBANCES OR
BEHAVIOR DISORDERS IN AN ALTERNATIVE SCHOOL SETTING**

by

JOSEPH SONIS PANGELINAN
M.A., Psychological Counseling, Southeast Missouri State University, 1995
B.A., Psychology, Benedictine College, 1990

A DISSERTATION

Submitted to the Graduate School of the
UNIVERSITY OF MISSOURI- SAINT LOUIS
In Partial Fulfillment of the Requirements for the Degree

DOCTOR OF PHILOSOPHY

in

EDUCATION

with an emphasis in Counseling

August 2015

Advisory Committee

Mark Pope, Ed.D.

Chairperson

Clark J. Hickman, Ed.D.

Brian Hutchison, Ph.D.

Hemla D. Singaravelu, Ph.D.

© Copyright 2015

by

Joseph Sonis Pangelinan

All Rights Reserved

Acknowledgement

Many worthwhile life journeys are rarely completed without the help and support of others. Words almost seem inadequate to describe the depth of my gratitude to the many friends, colleagues, and family members who have helped me get to this point in my career.

I am grateful for the friendships and persistent encouragement, cheerleading, and emotional support from the very beginning of my doctoral studies by Doug, Sheri, Al, Jani, Dixie, Erika, Mae, Laura, Stacy, and Alison Yawitz. In the beginning of the dissertation phase, Mike Ederer provided critical editing of the dissertation proposal. At the midpoint, Mae accompanied me to Bread Co to keep me writing. At the end, Erika's wise counsel on the eve of defense gave me a calming perspective on the process.

The Faculty and staff of Logos School inspired me with their professional and dedicated service to adolescents and their families. Many in the Logos communities of staff, parents and students cooperated to help me complete the dissertation project. My brother Mike Woods and sisters Angela and Merasia prayed for me, kept me laughing with their jokes and allowed me to lean on them for last minute typing of letters, printing, or e-mailing of my committee. Michele Kaspar organized and kept track of the parent consent forms for me. Collin and Ces, allowed me to collect data in their student groups. Kathy Fenger, my dear friend and collaborator in all good things, provided me with all the space, time, encouragement, and permission to complete this project.

My committee helped me navigate the arduous waters of the dissertation. Dr. Singaravelu's encouragement to express culture throughout my writing, big picture

feedback, and always kind support made it joyful to see her. Dr. Brian Hutchison's willingness to be on my committee and to provide helpful feedback are just two examples of the many ways and times he has been there for me professionally. Dr. Hickman's helpful and confidence building guidance as my methodologist was absolutely critical to the completion of the project. I will never forget and am eternally grateful that he stayed on after his retirement to guide me through the defense. Dr. Hickman has set an example for me about how one should be committed to helping others. Dr. Pope has had the most impact on my life as my dissertation chair, professor, supervisor, and mentor. The specific feedback, informed questions, direct instruction, quiet listening, and engaging conversations have been a tremendous influence on me personally and professionally.

My family has been my rock throughout this process. My parents who nurtured my desire to achieve academically at a young age and my loving siblings have all endured many years without seeing me, as I pursued my education. Nua and Sonis, our two older children, have been there in the ups and downs of my doctoral work. They are the constant source of my love and my motivation to be a better person. As I wrote the last chapters of the dissertation, Jacoby, our youngest child, brought me awe, laughter and companionship while he worked on his space superheroes stories next to my writing area. Sylvia, my wife, came into my life at the tail end of my dissertation work and at a time when finishing seemed hardest. Her love and partnership has given me the needed stability, focus, and determination to complete this project.

Abstract

The purpose of this study was to investigate the relationship between hope and career development in students with emotional disturbances or behavior disorders who were attending an alternative middle and high school. Additionally, this researcher wanted to see if students' participation in career counseling had an interactive effect. A total of 65 male and female middle and high school students were recruited to complete the Hope Scale, Children's Hope Scale, My Vocational Situation, and a demographic information sheet. The data analysis included calculations with Pearson's Correlational Coefficient, regression, and t-tests. Significant relationship was found between hope and career development. Statistical significance was also found between hope and males and hope and African-Americans. When career-counseling-participation data were added to the analysis, statistical significance was also found for hope and females, hope and African-Americans, and hope and age. The findings of this study point to the positive relationships between hope and career development that exist in students with emotional disturbances or behavior disorders. Participation in career counseling is related to elevated levels of hope in females, African-Americans and the students of different ages. This study discusses the findings and the important implications for parents, counselors, educators, and special education and disability programmers. Future research directions and practices are also discussed.

Table of Contents

Title.....1

Copyright Information.....2

Acknowledgement 3

Abstract.....5

List of Tables.....16

Chapter I: Introduction..... 17

 Statement of the Research Problem 19

 Disability and ED High School Exit and Dropout Rates 19

 Why Study Students with ED? 21

 Societal stigma..... 21

 Psychological challenges 21

 Police involvement..... 22

 Work and school 22

 Why Study Hope?..... 23

 Why Study Career Development? 24

 Function of career development activities 24

 Career related activities in schools 25

 Impact on students with ED. 25

ADOLESCENT HOPE AND CAREER READINESS	7
Implementing the career related component of the IEP	25
The effectiveness of career related activities	26
Hope and Career Development in Students with ED: The Gap.....	27
Purpose.....	28
Background on Educational Placement and Research Context	28
Progressive Educational Placement	29
Out-of-district Placement.....	31
Definition of Terms.....	31
Emotional Disturbance and Behavior Disorder (ED/BD)	31
Individualized Education Program (IEP).....	32
My Vocational Situation (MVS).....	32
Special Education Student:	32
Student:	33
Delimitation (Scope of the Study)	33
Limitation.....	34
Theoretical Bases of the Study	34
Hope Theory	34
Vocational Personality Types	34
Research Hypothesis and Research Questions	35

ADOLESCENT HOPE AND CAREER READINESS	8
Research Hypothesis.....	35
Significance of the Problem.....	36
Implications.....	37
Summary.....	38
Chapter II: Review of the Related Literature.....	39
Adolescents with Emotional Disturbance.....	40
Policies, Practices, and Legislations Affecting Adolescents with ED.....	40
Rehabilitation Act of 1973 (U.S. Department of Education Office for Civil Rights, 2012).	41
ADA of 1990.....	41
IDEIA of 1990, 1997, 2004	42
Transition planning	42
Regional, state, and local issues related to the identification of students with ED	44
Regional and state financial expenditure	45
State mental health policy	45
Local school level	45
Characteristics of Adolescents with ED	46
School challenges.....	47
Family challenges	47

ADOLESCENT HOPE AND CAREER READINESS	9
Peers: Compared to non-ED adolescents	47
Out-of-home placements—mental health	48
Out-of-district placements—school	49
Law challenges.....	50
Interpersonal challenges.....	50
Medication use and compliance.....	50
Drug abuse challenges	50
Gender similarity	51
Mixed responses to treatment	51
Chronicity of symptoms.....	52
Safety challenges	52
Treating the ED symptoms	52
Summary.....	53
ED and Career Development	53
Brief Career Development History	54
Efficacy of Intervention	55
Career Development and ED	56
Barriers in career development of individuals with disability.....	56
Employment of individuals with ED	57

ADOLESCENT HOPE AND CAREER READINESS	10
Summary	59
Hope	60
Hope and Religion/Spirituality in Children	61
Hope and Terminal Illness	62
Hope and ED/Mental Disorder	62
Hope, perfectionism, and depression	63
A seminal study on hope	64
Hope and mental disorders in children	64
Hope and residential treatment in adolescents with ED	65
Summary	66
Hope and Mental Strength	66
Arabic Hope Scale	67
Hope's mediating effect on health and attachment style	68
Hope, school grades, and emotional wellbeing	69
Hope as moderator and life satisfaction	71
Hope and mental health	72
Summary	73
Hope and Student Achievement.....	74
Hope and academic performance.....	74

ADOLESCENT HOPE AND CAREER READINESS	11
Work hope and achievement.....	75
Hope and future readiness.....	76
Hope and school performance, graduation, and dismissal.....	77
Summary.....	78
Hope Interventions.....	78
Summary.....	84
Hope and Career Development.....	85
Work and vocational hope	85
Work hope.....	85
Vocational hope.	86
Hope and career in international populations	87
Hope and career of youth in Ireland	87
Hope and career of youth in Ukraine.....	88
Relevant adult studies on hope and career.....	90
Hope and employability.....	90
Racial identity and hope.....	90
Summary.....	91
Hope and Career Development in Adolescent with ED	93
Summary.....	95

ADOLESCENT HOPE AND CAREER READINESS	12
Chapter III: Methodology	99
Methods.....	99
Setting	99
Participants.....	99
Gender and Age	102
Race/Ethnicity.....	102
Grade Level.....	102
SES.....	102
Career/Transition Counseling	103
Measures	103
Hope Scale (HS)	103
Children’s Hope Scale (CHS).....	105
My Vocational Situation (MVS).....	106
Background information	107
Procedures.....	107
Design and Analysis	108
Hypothesis.....	108
Research question 1a.....	108
Research question 1b	108

ADOLESCENT HOPE AND CAREER READINESS	13
Research question 2a.....	109
Research question 2b	109
Research question 3a.....	109
Research question 3b	109
Research question 4a.....	109
Research question 4b	109
Research question 5a.....	109
Research question 5b	109
Analysis.....	109
Summary	112
Chapter IV: Analyses and Results	113
Description of the Sample.....	113
Analyses	116
Results.....	116
Findings.....	116
Hypothesis.....	122
Research question 1a.....	122
Research question 1b	122
Research question 2a.....	123

ADOLESCENT HOPE AND CAREER READINESS	14
Research question 2b	124
Research question 3a.....	124
Research question 3b	125
Research question 4a.....	125
Research question 4b.	126
Research question 5a.....	126
Research question 5b	126
Summary	127
Chapter V: Discussion	128
Findings and Interpretation.....	128
Limitations of the Study.....	139
Suggestions for Practice.....	142
Suggestion for Further Research.....	145
Summary and Conclusion.....	148
References.....	150
Appendix A Adult Dispositional Hope Scale (HS)	171
Appendix B The Children’s Hope Scale.....	172
Appendix C My Vocational Situation.....	173
Appendix D Background Information Sheet.....	175

ADOLESCENT HOPE AND CAREER READINESS	15
Appendix E Informed Consent for Child Participation in Research Activities	176
Appendix F Assent to Participate in Research Activities (Minors).....	179
Appendix G Statement of Cooperation for a Research Project	181

List of Tables

TABLE 1: RANK ORDER OF HIGH SCHOOL STUDENTS WITH DISABILITIES BY DROPOUT
 RATE PERCENTAGE (2010-2011 SCHOOL YEAR)20

TABLE 2: RESEARCH PARTICIPANTS’ DEMOGRAPHIC INFORMATION.....101

TABLE 3: MEANS, STANDARD DEVIATIONS, & RANGES FOR CONTINUOUS VARIABLES.113

TABLE 4: INDEPENDENT VARIABLES FREQUENCIES AND PERCENTAGES115

TABLE 5: PRIMARY ANALYSIS: T VALUES FOR HOPE AND SES, GENDER, AND CAREER
 COUNSELING.....117

Table 6: Primary Analysis: T Values for MVS and SES, Gender, and Career
 Counseling.....118

Table 7: Primary Analysis: Regression Values for Hope and MVS and Independent
 Variables.....119

Table 8: Secondary Analysis: Interaction of Career Counseling with Hope and
 Independent Variables.....120

Table 9: Secondary Analysis: Interaction of Career Counseling with MVS and
 Independent Variables.....121

TABLE 10: INTERACTION BETWEEN GENDER AND CAREER COUNSELING FOR HOPE
124

TABLE 11: INTERACTION: HOPE, CAREER COUNSELING, AND RACE/ETHNICITY125

**The Relationship between Hope and Career Decision Readiness in
Adolescents with Emotional Disturbances or Behavior Disorders in
An Alternative School Setting**

Chapter I: Introduction

When some says [*sic*] ‘the basic essentials of life,’ most people think of water, food, shelter and the sort. But I want to add one that probably would not come to mind. Hope.

I say this because there is more than one state of living. In one state you are physically alive and you find life worth living. In another you are physically alive and don’t want to be. Hope is a life essential because it is what makes the difference between these two states, that huge overwhelming difference. For the same reason hope may also be the greatest gift that can be bestowed. So right now, I would like to take this opportunity to tell my family, friends, the teachers, therapists, and staff of ..., and all of my other loved ones, thank you for giving me among other things, the greatest gift, the gift of hope.

I will miss you.

(reprinted with permission, CM, 2013)

The quote above is from a high-school graduation speech given by a student who suffered with anxiety. The backstory is that CM would not have graduated from high school if she had given up hope and had not coped with her debilitating anxiety, an

emotional disturbance (ED) disability which often caused her to miss school. There were days when she made it to school but could not get out of her car to walk through the doors of the school. On the difficult days, she set clear goals and carefully planned how she would attend school despite her anxiety. Part of her planning included the support and active participation of her family, friends, teachers, and counselors in her daily struggle to attend school. It took tremendous energy and determination on CM's part to reach her goals, especially on the difficult days. Over time, she became better at coping with her ED disability, and her school attendance and grades improved. She even started to plan for her career after high school and made college a part of that plan. Graduating from high school was a huge accomplishment for CM, and as she said in her speech, hope was a big reason for that accomplishment.

This study focused on the relationship between hope and the career development of students who struggle with emotional disturbances (ED). Chapter 1 of this study is organized by stating the research problem, stating the purpose of the research, providing background information about ED and out-of-district placement, reviewing the delimitations or scope of the study, reviewing the limitations or variables that are not controlled in the study, reviewing the theoretical bases of the study, reviewing the research hypothesis and research questions, and explaining the significance of the problem and the implications of the study. The chapter summary and definition of terms end the chapter.

Statement of the Research Problem

In this section the research problem is presented. The context for the research problem is established by reviewing the national data on students with ED who exit schools, for all myriad of reasons, and those who dropout only; establishing why there is a need to study students with ED; establishing why there is a need to study hope; and establishing why there is a need to study career development. It ends with an explanation of the gap in research on hope and career development in students with ED. In the following section, the study will discuss the national rates on high school exit and dropout of students with a disability.

Disability and ED High School Exit and Dropout Rates

There are students who, by their characteristics or environment, are most vulnerable to becoming dropouts. For example, students who come from urban school districts, racial/ethnic minority students, older students, and low income families are statistically most vulnerable to dropping out of school (U.S. Department of Education, 2010, 2008, 1997). There is a group, however, who would be considered even more vulnerable to dropping out of school—students with an ED diagnosis (Kemp, 2006). Every year in the United States, data are collected on school exit and graduation rates for all students with disabilities (i.e. specific learning disabilities, speech or language impairments, intellectual disabilities, ED, developmental delays, autism, multiple disabilities, hearing impairments, and orthopedic impairments). In Table 1 2010-2011 school year data from the National Center of Educational Statistics (U.S. Department of

Education, 2012) on 14-21 year old high school students who have a disability and who dropout of high school are presented.

Table 1

Rank Order of High School Students with Disabilities by Dropout Rate Percentage (2010-2011 School Year)

Categories of Disabilities	Totals for High School Exit (All Reasons)	High School Dropout
Emotional Disturbance	42,889	15,866 (37%)
Specific Learning Disability	220,902	42,894 (19.4%)
Intellectual Disability	40,439	7,480 (18.5%)
Other Health Impairments	52,682	9,683 (18.4%)
Others (Visual Impairments, Speech or Language Impairments, Traumatic Brain Injury, Orthopedic Impairments, Hearing Impairments, Deaf and Blindness, and Autism)	45,126	4,916 (10.9%)

In Table 1 the major categories of disability are listed in the first column. The second column includes totals of the students with disabilities who exited high school for all possible reasons. The National Center for Education Statistics (U.S. Department of Education, 2012) listed the reasons for exiting high school as dropout, graduation with

diploma, receive certificate of attendance, reaching maximum age, and death. The third column includes data on the students who specifically dropout of high school. Column three contains the dropout numbers and percentage of total students who exit high school. As can be seen from this table, students with ED are two to three times more likely to dropout than any of the other disability categories.

Why Study Students with ED?

Students with ED face numerous challenges, including societal stigma, psychological challenges, police involvement, and difficulties at work and school. Understanding the challenges students with ED face may help in designing and implementing effective interventions and may act to prevent them from dropping out.

Societal stigma. At the societal level, individuals whose disabilities are not immediately apparent are less likely to be stigmatized (Smart, 2012). At first glance, one will not be able to distinguish a student with ED from a student without ED. Only continued interaction with a person with ED will reveal behaviors that characterize the disability category of ED. According to Smart, the uninformed public tends to look upon students with ED, and even their parents, with disdain and disapproval. As a result of negative public attitude, students with ED tend to be socially isolated or excluded from social gatherings and activities (Little & Kobak, 2003). Furthermore, they tend to face psychological challenges (Bryant, Garrison, Valois, Rivard, & Hinkle, 1995; Maag & Behrens, 1989).

Psychological challenges. At the psychological level, major depression is found in a substantial number of students with ED (Maag & Behrens, 1989). Without

appropriate treatment, major depression, especially the recurring type, is likely to lower one's overall functioning. The strong association between depression, hopelessness, and suicidal behaviors and thoughts make it critical that students with ED be monitored for signs of depression (Bryant, Garrison, Valois, Rivard, & Hinkle, 1995). In addition, students with ED are at increased risk for abuse of illicit drugs (Aarons, Brown, Hough, Garland, & Wood, 2001). Consequently, the student with ED is likely to utilize community and inpatient psychiatric and substance abuse services (Teich, Buck, Graver, Schroeder, & Zheng, 2003). Additionally, students with ED tend to be involved with the police.

Police involvement. Students with ED were more likely than those without ED to have been arrested at least once during their educational career. Furthermore, being arrested while still in school seems to be strong predictor of arrest after graduation from high school (Doren, Bullis, & Benz, 1996). Work and school is another challenging area for the student with ED.

Work and school. Students with ED who are interested in summer work tend to receive less support from schools and agencies in the job search process. Moreover, parents tend to have lower employment expectations of students with ED (Carter, Trainor, Ditchman, Swedeen, & Owens, 2011).

Students with ED tend to perform poorly in school and are more likely to be placed outside of the typical educational learning environment (Zigmond, 2006). College matriculation and persistence are often problems experienced by students with ED (Hartley, 2010). Hartley explained the different contributing factors that deter

application to and persistence in a college environment. These factors include competition and pressure to perform academically, the experience for the first time of diminished academic support, decreased opportunities to connect with faculty and peers, social isolation that may accompany being in a new environment, the “party” culture on many campuses that often involve alcohol and drug use, pressure related to the financial cost of college, temporary impairments that may accompany psychiatric conditions (e.g., cognitive impairment), the stigma associated with having an emotional disability, and difficulty creating relationships with peers out of mistrust or the fear of being treated unfairly. In the next section, the rationale for studying hope is presented.

Why Study Hope?

The study of hope is important for numerous reasons. The absence of hope has been linked to early death in individuals with chronic physical and mental illness. On the practice side, hope has been seen as central and critical in the care of individuals with psychiatric conditions (Moore, 2005). Hope is often linked to well-being, both physical and psychological (Marques, Pais-Riberio, & Lopez, 2011). Compared to mental illness variables (e.g., depression, stress, or anxiety), hope seems to be a better predictor of psychological, emotional, and social well-being (Venning, Kettler, Zajac, Wilson, & Elliott, 2011). Snyder (2004) suggested that hope, over time, acts as a balance to depression. Additionally, hope has been shown to be more effective in predicting grades in school than self-esteem and positive attribution style (Ciarrochi, Heaven, & Davies, 2007). Furthermore, hope has also been shown to have a moderating effect on the impact of victimization or witnessing of school violence (Cedeno, Elias, Kelly, & Chu, 2010).

Hope has been linked to achievement in academics (Marques et al., 2011) and sports (Rolo & Gould, 2007). And more recently, hope has been linked to career development (Niles, 2011) and work (Juntunen & Wettersten, 2006). In the next section, the justification for studying career development is presented.

Why Study Career Development?

Career development begins in childhood; and as children grow older, they become more engaged in career related activities (e.g., career exploration, career information gathering, and career decision making) and their ways of thinking and attitude demonstrate increasing career maturity (Hartung, Porfeli, & Vondracek, 2005). The rationale for studying career development will include understanding the function of career development activities, the career-related activities in schools, and the effectiveness of career related activities.

Function of career development activities. Career development activities help prepare students for the changing workplace (Hughey & Hughey, 1999) by teaching career decision-making skills, providing familiarity with different career pathways, encouraging rigorous high school academic preparation, instilling an appreciation of learning as a lifelong process, developing effective communication and interpersonal skills, cultivating a flexible and adaptable attitude and solution orientation in resolving problems, and encouraging a proactive approach to exploring and responding to career opportunities. Career development activities have been used to identify student concerns and needs related to their future careers (Code, Bernes, Gunn, & Bardick, 2006). The use of career exploration programs like the Armed Services Vocational Aptitude Battery

(ASVAB) seems to decrease career indecision among adolescents (Baker, 2002). Next, the rationale for studying career development in schools is presented.

Career related activities in schools. The schools' counselors are the designated school professionals who are tasked with helping students explore and plan for any combination of post-secondary schooling, training, or working. In public schools, a student with an educational diagnosis (e.g. ED) would receive educational interventions and services outlined in an individualized education program (IEP). The IEP is a legal document, which comprehensively reports on a special education student's level of functioning, goals, interventions, accommodations, needed services and transition planning. In schools, career related activities involve understanding the career related activities' impact on students with ED and implementing the career related component of the (IEP).

Impact on students with ED. At the high-school level, career and college counseling activities seem to be related to decreased suspensions, decreased discipline rates, increased attendance, and increased likelihood of graduation from high school (Lapan, Whitcomb, & Aleman, 2012). Career related variables like planfulness and expectations seem to be linked to students being more engaged in their schooling (Kenny, Blustein, Haase, Jackson, & Perry, 2006). Next, the career component of the individualized education program (IEP) is presented.

Implementing the career related component of the IEP. For public school students with disabilities, career related activities are often referred to as transition planning, and are a required component of the IEP. According to deFur (2003), the

purpose of the IEP is to identify the needs of students with ED, provide measurable interventions to meet those needs, identify and provide additional services, and identify instructional modifications and adaptations to meet the student's educational needs. A major part of the IEP is the transition planning section of the IEP, which addresses issues of living and work that would help the student with ED live an independent life. The transition planning section of the IEP is the most relevant component to this study because it directly addresses the postsecondary career (work and schooling) plans, and implementation. Finally, the rationale for studying career development is examined through the effectiveness of career related activities.

The effectiveness of career related activities. The effectiveness of career related activities has long been established. Flynn (1994) conducted a meta-analysis of career related activities and found that career-choice classes, career-development workshops or structured groups, individual career counseling, and group career counseling were all shown to be effective interventions. Additionally, Flynn reported that the longer one engaged in career related interventions, the larger the career related gains. Furthermore, Flynn's meta-analysis reported that career education strategies were also effective with children. In a different study Whiston, Sexton, and Lasoff (1998) also found that career interventions were effective with students, especially high school students. Basically, a research participant did not need to be a client to benefit from career interventions, particularly if the intervention was provided by a trained career counselor.

In the previous sections, the arguments were presented for studying hope, career development, and students with ED. In the next section, the gap in the research on hope and career development with students with ED will be addressed.

Hope and Career Development in Students with ED: The Gap

It is common practice for school officials and educators to use grade point averages and college entrance test scores, such as the ACT or SAT, to predict how a student will perform academically at the post-secondary education level. According to Lopez (2010), one's level of measured hope has been found to be a robust and better at predicting (compared to grade point averages, ACT and SAT scores) success at the post-secondary education level. Additionally, the concept of hope has been seen as central to success in the career development process (Niles, Amundson, & Neault, 2011). Some scholars (Hughey & Hughey, 1999; Suh, Suh, & Houston, 2007) have wanted to make career development education a high priority because career related activities are seen as helpful in keeping students in school (Kemp, 2006).

Hope and career development education are critical to the educational and work futures of our youth, including those with ED. Studies on the separate constructs of hope, the practice of career development, and identity of students with ED abound. Some scholars even make the important connections between hope and career development (Niles et al., 2011), hope and future occupations (Kenny, Walsh-Blair, Blustein, Bempechat, & Seltzer, 2010) and work hope (Juntunen & Wettersten, 2006). There have not been, however, any studies looking specifically at the relationship between hope and

career development in students with ED. In the next section, the purpose of the research study will be explained.

Purpose

This study is about students like CM who suffer with an emotional disturbance, who are hopeful about accomplishing their future goals, and who plan for a career (whether it is pursuing more schooling or employment). Students who are identified with various psychiatric diagnoses are often given a formal educational diagnosis of emotional disturbance/behavior disorder (ED/BD).

This researcher investigated the relationship between the psychological constructs of hope (Snyder, 1995) and career development (Holland, Daiger & Power, 1980) with students with an ED diagnosis. The findings of the study will add to the body of literature in the areas of hope, career development, and ED. The next section will provide the background information on the educational placement setting and the rationale for the research context.

Background on Educational Placement and Research Context

It has been common practice at many public schools for students with ED to be placed in different learning environments (Mattison & Felix, 1997; Osher & Hanley, 2001; Zigmond, 2006). In accordance with the Individuals with Disabilities Education Act (IDEA, 2004) and the Rehabilitation Act (1973), every student with ED must be provided a free and appropriate public education (FAPE) in the least restrictive learning environment. The educational placement of a student with ED is largely determined by their need, their level of functioning, and the IEP team decision; therefore, the types of

services, as well as the settings in which the student with ED receives services, vary. In this section, the literature supportive of out-of-district placement will be presented and the progressive education placement of a student with ED will be explained.

Progressive Educational Placement

Depending on the needs identified by the IEP team, the student with disability may start receiving services at any of the following levels (US Department of Education, Office of Special Education and Rehabilitative Services, 2000). The different educational levels of services, which progress with increasing degree of restrictiveness, available to the student with ED:

1. Integrated regular classroom: The student with a disability is doing academic work, *without* any accommodations or modifications, in a classroom alongside students without disabilities.
2. Class within a classroom resource services: The student with a disability is completing academic work, *with* modifications and accommodations, in a classroom alongside students without disabilities.
3. Resource room: The student with a disability is in a classroom with students without disabilities and is occasionally receiving special services in a separate special education designated classroom, for specific academic subjects.
4. Self-contained classroom: The student with a disability is receiving *all* his or her academic instruction and educational accommodations and modifications in a designated special-services-only classroom.

5. Alternative education within school district: The student with a disability is pulled out of his or her home school building and sent to another school building, within the same school district boundaries, where he or she will receive educational services and instruction.
6. Alternative education day program outside of the school district: The student with a disability is transported to another school or program outside of his or her home school district boundaries, where he or she will receive educational services and instruction. The student with disability travels directly between home and the alternative education program.
7. Residential placement: The student with disability is sent to a facility that is independent of the school district where he or she will *reside* and receive educational services and instruction.

This study took place in an alternative education day program, outside of the school district (see level 6 above). The students with ED had been placed in the study setting, after the IEP team has determined that the student's academic, social, and emotional needs could not met in the original school environment or school district (Zigmond, 2006). The setting was an independent middle and high school for students with serious ED. A student with a serious ED who is placed at this particular setting receives individual and group counseling, a customized academic program, and parent support. Parents are assigned to groups for parenting support and education. Having explained the progressive out-of-district placement of a student with ED, in the next

section selected extant literature is reviewed on the effectiveness of out-of-district placements.

Out-of-district Placement

Although intensive mental health programs in schools have been shown to be effective in treating ED symptoms (Vernberg, Jacobs, Nyre, Puddy, & Roberts, 2004), many schools do not have the resources to appropriately address students' severe mental health challenges in schools. Therefore, school districts wind up referring students to out-of-district day programs or schools (Mattison & Felix, 1997; Osher & Hanley, 2001), whose aim is to address serious ED symptoms in students (Zigmond, 2006). Placing a student outside of the school district may be costly, and the placements of students who are diagnosed with ED in day programs are seen as only temporary. The long-term goal is often to re-integrate the student back to the home school (Walter & Petr, 2004). Overall, separate day treatment programs have been shown to be effective in decreasing ED symptoms (Robinson, 2000). In the next section the definitions of terms is explained.

Definition of Terms

Emotional Disturbance and Behavior Disorder (ED/BD): In some states, ED is the accepted educational diagnosis, whereas in other states ED is recognized as behavior disorder (BD). Both terms describe the same special education category. For this study, the term *emotional disturbance* (ED) is used for two reasons. First, it is the term found in the Individuals with Disability Education Act (IDEA; 2004). Individuals who have a mental health diagnosis or identified disability are protected under the law, namely by the Rehabilitation Act of 1973, the IDEA, and the Americans with Disabilities Act (ADA).

Second, ED is the educational diagnosis category that corresponds with many psychiatric diagnoses (e.g. depression, anxiety, psychosis, etc) which are found in the fourth edition of the psychiatric Diagnostic and Statistical Manual (DSM IV-TR; American Psychiatric Association, 2000). Although some participants may have a primary educational diagnosis of learning disorder (LD), other health impairment (OHI), or Autism, they also have a secondary educational diagnosis that meet the ED diagnosis requirements. The study includes participants with a primary or secondary educational diagnosis of ED.

Hope: “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)” (Snyder, et al., 1991, p. 287).

Individualized Education Program (IEP): a legal document that specifies all assessments, services, and interventions attempted and proposed to meet the educational needs of a student. A student must meet stringent criteria to qualify for an IEP. A team reviews the IEP annually. The IEP team consist of the student, parent /guardian, school administrator, special education teacher, and other professionals responsible for implementing the IEP. The IEP and all accompanying services go with the student to different educational settings.

My Vocational Situation (MVS): a career self-report instrument designed to assess a person’s vocational identity, need for occupational information, and self-perceived barriers to a career choice (Holland et al., 1980).

Special Education Student: (1) any youth receiving services through the use of an IEP as detailed in the 1997 IDEA or

(2) any youth who has a DSM IV TR (American Psychiatric Association, 1994) Axis I diagnosis other than an adjustment disorder, or V code, and

(3) any student who has been placed out of his/her home school for the purposes of receiving specialized educational assistance.

Student: For the purpose of this study, a student who is between the chronological ages of 11 and 19 years is attending a middle or high school.

In the next section the delimitation of the study is explained.

Delimitation (Scope of the Study)

This study explored the relationship between hope levels and career development in students with ED or psychiatric disorders. This study only included students of middle- and high-school age who have been diagnosed with ED. It also included students who did not have the formal educational diagnosis of ED but may have an equivalent psychiatric diagnosis. All student research participants must have had a formal IEP or a formal psychiatric diagnosis, such as bipolar disorder, major depression, anxiety disorder, and substance abuse. All research participants were taken out of their original school and placed in a separate day school or program. This study required that the research participants self-report their levels of hope and career development. This study did not involve any type of manipulation of the research participants. No attempts were made to control research participation through demographic variables. Below, the limitations of the study are explained.

Limitation

This study was limited in a number of ways. First, it did not include students without an identified educational and/or psychiatric diagnosis. Second, the study did not include individuals who did not have the ability to read or write. Finally, subjects were not included who were too emotionally or learning impaired at the time of the study that they were not able to complete the research instruments. Having explained the limitations of the study, the next section includes discussion on the theoretical bases of the study.

Theoretical Bases of the Study

This study was based on Snyder's hope theory and Holland's theory of vocational types. These two theories have both been used and applied with adults, children, and individuals with disabilities.

Hope Theory

Hope is "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)" (Snyder, et al., 1991, p. 287). The theory was appropriate for this study because it has been used to describe the levels of hope in children and adolescents (Huebner & Gilman, 2006) and in individuals with mental illness or disability (Waynor, Gao, Dolce, Haytas, & Reilly, 2012).

Vocational Personality Types

According to Holland's (1997) theory of vocational personalities and work environments, individuals can be assessed and work environments can be observed to

determine their match with six vocational types (Realistic, Investigative, Artistic, Social, Enterprising, and Conventional). Each type has associated beliefs, attitudes, interests, and values. A person would experience emotional congruence, increased job satisfaction, improved performance on the job, and have overall job stability if his or her vocational personality type matched a chosen work environment. Holland's theory has been measured with a number of different instruments (Nauta, 2010), including My Vocational Situation (MVS; Holland et al., 1980). Using MVS, Holland's vocational types have been measured in individuals with disabilities (Yanchak, Lease, & Strauser, 2005), in academically gifted adolescents (Leung, 1998), and in the career development of individuals with mental illness (Loughead & Black, 1990). In the next section, the research hypothesis and research questions are detailed.

Research Hypothesis and Research Questions

Research Hypothesis

The research hypothesis and research questions are:

Hypothesis. There is a significant relationship between the Hope Scales scores and MVS total scores of research participants.

Research question 1a. What is the strength and direction of the relationship between the Hope Scales scores and the SES of the research participants?

Research question 1b. What is the strength and direction of the relationship between the MVS total scores and the SES of the research participants?

Research question 2a. What is the strength and direction of the relationship between the Hope Scales scores and the gender of the research participants?

Research question 2b. What is the strength and direction of the relationship between the MVS total scores and the gender of the research participants?

Research question 3a. What is the strength and direction of the relationship between the Hope Scales scores and the race/ethnicity of the research participants?

Research question 3b. What is the strength and direction of the relationship between the MVS total scores and the race/ethnicity of the research participants?

Research question 4a. What is the strength and direction of the relationship between the Hope Scales scores and the research participants' age?

Research question 4b. What is the strength and direction of the relationship between the MVS total scores and the research participants' age?

Research question 5a. What is the strength and direction of the relationship between the Hope Scales scores and career counseling (specifically comparing the research participants who have received and those who have not received career counseling)?

Research question 5b. What is the strength and direction of the relationship between the MVS total scores and career counseling (specifically comparing the research participants who have received and those who have not received career counseling)?

Significance of the Problem

This study is important to educators, parents, counselors, and school administrators on many levels. On the macro level, this study's importance is in advancing the hope, work hope, and career development knowledge bases as they apply to the career development of youth with an emotional disability diagnosis. In advancing

the knowledge base, a better understanding of youth who are at-risk of school failure is expected. At the individual level, the high school students may benefit from a career intervention program, including such benefits as increased vocational personality awareness, which may lead to increased hope. Increased hope could lead to increased academic success, and increased career success later in life.

From a clinical and programming standpoint, this study added to the interventions literature with youth diagnosed with a disability and who may be a school dropout risk. From an education standpoint, since the study's hypothesis is supported by its findings and the research questions were answered, then it may be worthwhile to implement its findings as part of programming in school settings for students with ED. In the following section, the implications of the study will be presented.

Implications

This study showed a relationship between the career development and level of hope for students with ED. This study showed that the career development and hope levels of students with ED are similar in direction to the levels of non-diagnosed students who are reported in the literature. This study produced findings that were consistent with the positions of hope theory (Snyder et al.,1991) and vocational personality and work environment theory (Holland, 1997). The practical implications of the findings of this study are a contribution to existing knowledge about students with emotional disturbances, hope theory, and vocational personality theory. The findings give counselors a piece of the empirical data to justify the creation of hope- and career-related interventions for students with ED.

Summary

Research has shown that students with an educational and psychiatric diagnosis are particularly vulnerable while navigating the world of work or schooling after graduating from high school. Some investigators have identified hope as being important to persisting in many areas. This study is about the relationship between (1) the measured levels of hope and vocational situation awareness and (2) post-high-school educational or occupational planning in students who have been diagnosed with a psychiatric and/or an educational disorder. Hope and vocational situation are both well-researched psychological constructs and are therefore legitimate research tools in the investigations of individuals with academic or psychiatric diagnoses. This author hypothesized that there would be a positive relationship between one's level of hope and one's career development. Other research questions posited attempted to answer the questions regarding the strength and direction of the relationships between SES, gender, race/ethnicity, age, and utilization of career counseling with hope and career development. This study is of practical significance because it will help answer the question of whether career development seems to correspond with hope in an adolescent population.

Chapter II: Review of the Related Literature

This study explored the relationship between hope and career development in a population identified as suffering from an emotional disturbance (ED). The rationale for focusing this research on students with ED has been articulated in Chapter 1. As has been noted, students with ED have been stigmatized by society (Smart, 2012) and often face debilitating psychological challenges (Maag & Behrens, 1989). Moreover, they are likely to be arrested (Doren et al., 1996) and face challenges in post-secondary schooling and at work (Zigmond, 2006). Thus, studying the effects of hope on these young individuals is beneficial for a number of reasons. Within the mental health community, the link between hopelessness and early death in those with mental disorders has long been established. Conversely, hope is recognized as central and critical in the care of individuals with psychiatric conditions (Moore, 2005). It has also been linked, and may be a better predictor of, both physical and psychological wellbeing (Marques et al., 2011; Venning et al., 2011). Empirical studies have also established positive link between hope and academic achievement (Marques et al., 2011), and sports (Rolo & Gould, 2007), career development (Niles, 2011), and work hope (Juntunen & Wettersten, 2006). Career development is a critical aspect of this study, as it serves as the vehicle by which long term achievement may be attained. The efficacy of career interventions has been well documented (Whiston et al., 1998). Studies have shown that student involvement in career-related activities has been associated with increased engagement in their schooling (Kenny et al., 2006), improved class attendance, and increased graduation rates.

This chapter presents the review of empirical literature focusing on the aforementioned aspects, classified into four parts. First, the literature on adolescents with emotional disturbance is reviewed, followed by pertinent studies focusing on career development. In the third part, the literature on hope will be reviewed, while the last part focuses on extant studies combining adolescents with ED, career development, and hope. The review starts with published works on adolescents with emotional disturbance.

Adolescents with Emotional Disturbance

For the purpose of this study, the understanding of adolescents with ED may occur on several different levels. First, policies, practices, and legislation that have social and economic effects on students with ED need to be understood. Second, the characteristics of individuals with ED, as well as the effects of issues related to this condition, are important in understanding this population, which requires protection by law. Thus, these are the key issues the research study aimed to investigate.

Policies, Practices, and Legislations Affecting Adolescents with ED

Students with ED are affected by federal legislation and its associated policies. It is known to parents, advocates, and educators of students with a special education diagnoses that practices of transition planning and issues related to identifying those affected by ED at regional, state, and local levels have significant effect on the outcomes of this population. Among many pieces of legislation that affect students with ED, the key ones are the Rehabilitation Act, American with Disabilities Act (ADA), and the Individual with Disabilities Education Improvement Act (IDEIA), which are reviewed below in more detail.

Rehabilitation Act of 1973 (U.S. Department of Education Office for Civil Rights, 2012). When enacted, this piece of legislation was important because it offered individuals with disabilities protection from employment discrimination in the federal government and in any company that received government contracts. In education, of particular interest is Section 504, which stated that, under the civil rights law, discrimination against individuals due to their disability in programs that receive federal funds is prohibited. The law required public elementary and secondary schools to provide free and appropriate public education (FAPE) to any student with a disability who is residing within its school district. On the other hand, the civil rights law mandated that, at the postsecondary level, a student with disability be provided an equal opportunity to participate in an educational program through the provision of auxiliary learning aids, learning services, and any academic adjustments. Thus, the Rehabilitation Act is important because it offers individuals with disability protection in terms of their educational rights and against discrimination, irrespective of their age.

ADA of 1990. Title II of the ADA protects anyone with a disability from any type of discrimination in any setting, irrespective of the type of financial assistance they receive (U.S. Department of Education Office of Civil Rights, 2012). In 1990, when President George Bush signed the Americans with Disabilities Act into the US law, it was considered by many to be the most important civil rights legislation affecting individuals with disability. This legislation was critical in many ways, as it essentially provided the legal means to prohibit any employer from discriminating against an equally qualified applicant based on a disability. The Education for All Handicapped Children

Act of 1975 was passed at the time when the US Federal Government took over the education of deaf children from charitable groups (Smart, 2012). Later, it was renamed the American with Disabilities Act (ADA). In the ADA Amendment Act of 2008, the ADA sought to remove or modify any parts of the Act that contradicted or restricted remedies or rights of individuals with disability (Office for Civil Rights, 2011).

IDEIA of 1990, 1997, 2004. The Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 is the current reauthorization (Yell, Katsiyannis, Ryan, McDuffie, & Mattocks, 2008) of the Education of all Handicapped Children Act (P.L. 94-142) introduced in 1975 (Connor & Ferri, 2007). The IDEIA provides educational protection for individuals with disability from the time they enter the school system until they graduate. It mandates that students be placed in an appropriate educational setting without cost to the student.

Transition planning. Transition planning is relevant to the study because it incorporates a component on career development, which is understood as a program for disabled students that must be individualized (Trainor, 2002) and seen as an important practice. Morgan, Moore, McSweyn, and Salzberg (1992) studied the views of educators on post-high school work preparation with individuals with disabilities. The educators indicated that planning should start when disabled students are around 16 years old and should focus on involving parents, developing social and employment skills, and matching students' skills to jobs.

The IDEIA requires that, for a student with disability, a transition plan be completed at the first IEP meeting. While many scholars deem 16 the right age to start

transition planning, several lawmakers are promoting the idea that it should be started as early as when the disabled students are 14 years old. The emphasis should, however, still be on developing job search techniques and gaining skills that can be applied in practice (Morgan et al., 1992).

The implementation of transition planning was studied by the U.S. Government Accountability Office (GAO, 2012), focusing on the efforts of the federal government departments (i.e., education, health and human services, labor), the Social Security Administration (SSA), and state departments and agencies (i.e., education, special education, higher education, vocational rehabilitation, developmental disabilities, and workforce agencies). Most importantly, the study sought input from the selected parent and student groups who were going through the transition process. Based on the extensive analysis, GAO arrived at several conclusions. First, the findings revealed a transition gap as the individuals with disability moved from secondary level to postsecondary level. More specifically, during the secondary education level, the school district is the sole provider of special education services, at the post-secondary level, individuals with a disability are required to apply and qualify for services through multiple government agencies. Clearly, this substantial change in the approach to the services offered to these students can be overwhelming, as students and their families first have to familiarize themselves with the process before starting to apply for services at multiple agencies. There are clients who have to wait for weeks, even months, before they are granted an interview with the appropriate agency. Second, the GAO concluded that meaningful approaches and effective interagency communication was needed if the

disabled students were to receive maximum benefit from the services offered. Based on these findings, the GAO recommended enhancing transition services for individuals with disabilities at the inter-department level, as well as inter-agency collaboration at all levels, especially the federal government.

Despite these recommendations, implementation of transition services seems to be a continuing problem faced by individuals with disabilities. Bryan, Stiles, Burstein, Ergul, and Chao (2007) conducted a study on the readiness of individuals with a disability with respect to successful transitioning to post-high school work or education. The data collection instrument for this study was a survey, in which 55 individuals took part. The findings revealed that 30% of the respondents indicated that they were aware of having a written transition plan. Only 25% of those individuals, however, had a plan on how to achieve future educational goals. Moreover, 40% of the study participants received social security income and 4% received social security disability insurance, provided to those that pay income tax. Although these findings are relevant to the study, the noteworthy limitation is the small sample size. Nonetheless, an important message that can be taken away from this study is the need for providing individuals with disabilities opportunities to partake in career development preparation activities. Moreover, it is evident that, even when career planning is legislated (for the ones who need it most), the compliance and implementation may be inadequate.

Regional, state, and local issues related to the identification of students with ED. Throughout the US, students with ED cannot be identified through interviewing and observing for diagnostic purposes. In addition to the difficulty in making a medical

diagnosis, various processes at the regional and state financial expenditure level, state mental health policy level, and local school play an important role in the identification rates of students with ED.

Regional and state financial expenditure. Oswald and Coutinho (1995) analyzed national data to determine if there were any links between the identification of students with ED and state revenue expenditure and geographic factors. Their findings revealed that, nationally, the states' increased revenue expenditure per pupil predicted increased ED identification rates. More specifically, 25% of the variation in ED identification rates among student population could be explained by the funding allocated to students in the states they resided in. The researchers also found that geographic regions (i.e., northeastern, midwestern, southern, and western parts of the US) were also predictive of identification rates of students with ED.

State mental health policy. At the state mental health policy level, adolescents with ED have not been served well by the state system. For example, Markel-Fox and Stiles (1996) reported that, at the state mental health level, the systems and practices in place at the time were ineffective and inadequate in identifying populations prioritized to receive those services (i.e. adolescents with ED).

Local school level. At the school level, those responsible for the identification of students with ED face many challenges. According to Wagner (1995), towards the end of the 20th century, there was an over-representation of African American students in special education and among those identified as having ED. As this issue persisted a decade later, Gaviria-Soto and Castro-Morera (2005) suggested that it might have been due to

bias. They recommended methodologies to detect bias in the identification of students with ED who are members of a different racial and ethnic group.

The attitudes of school personnel may also contribute to the challenge of the identifying students with ED. Mousley, Rice, and Tregenza (1993) studied 195 primary and secondary school educators' perceptions on the integration of students with disabilities into the regular classroom. Their findings indicated that most teachers worried that too much time would be allocated to the student with special education needs, thus taking away from the instruction time available to other students. An additional concern that was identified in this study was that administrative paperwork would compromise instruction and course preparation time. Given the above, it is evident that better knowledge of the characteristics of adolescents with ED is critical if the mainstream education is to serve them well. The following section thus focuses on the characteristics of the adolescents with ED.

Characteristics of Adolescents with ED

Among many challenges students with ED face, most notable are those related to school, family, peers, home placements, school placements, law, interpersonal relationships, medication compliance, drug abuse, mixed response to treatment, chronicity of symptoms, and safety issues. These issues notwithstanding, several programs are currently available that have shown promise and efficacy in the treatment of ED symptoms. In the next section, the school challenges faced by students with ED are presented.

School challenges. Although many students diagnosed with ED have an intelligence level comparable to their healthy counterparts (Mattison, Morales, & Bauer, 1993), overall, this population tends to underachieve academically (Greenbaum et al., 1996). Following their study on academic performance of students with ED, Malmgren and Meisel (2002) reported that, for 48.8% ($n = 46$) of their ED research participants, the school personnel had documented difficulty in math, reading, and language courses. Many students with ED were also reported to have tendency to act out or have conduct difficulties. Reportedly, most of the students with ED ($n = 85$, 91.7%) had special education personnel documentation of externalizing types of behaviors, such as physical aggression, defiance, bullying, oppositionality, and running away (Malmgren & Meisel, 2002). These externalizing behaviors seemed to have been the main ($n = 51$, 55.1%) reason for those students being identified for special education services. The same researchers found that 35.2% ($n = 33$) of their participants (regardless of race) with ED were likely to not be advanced a grade level, at least once in their school history. The challenge of family is presented next.

Family challenges. According to Mattison et al. (1993), ED adolescents tend to experience higher levels of family stressors. In a similar study, Malmgren and Meisel (2002) reported that 15% of their sample ($N = 93$) had a family member who had been incarcerated. In the next section, the students with ED are compared with their peers without ED.

Peers: Compared to non-ED adolescents. In the same study, Mattison et al. (1993) also reported that ED adolescent tended to be lower on SES, while Costello,

Messer, Bird, Cohen, and Reinherz (1998) found that many were living in poverty. Adolescents with ED were also shown to be highly reactive to traumatic events (e.g., Hurricane Katrina). This reactivity is believed to be a causal factor of ED in adolescents (McLaughlin et al., 2009). ED adolescents also tend to internalize their psychological symptoms. In a study conducted by Sanders, Merrell, and Cobb (1999), the tendency of the African American students with ED to internalize their symptoms (e.g., depression and anxiety) was statistically significantly higher when compared to the healthy cohorts. Moreover, compared to their healthy peers, students with disability are twice as likely to be suspended from school (U.S. Department of Education office of Civil Rights, 2012). Further, adolescents with ED tend to experience abuse, especially sexual abuse, much more frequently (Jacobs et al., 2008). In a subsample ($n = 51$) of their 2002 study, Malmgren and Meisel found that 29.4% ($n = 15$) of the ED adolescent sample had been sexually abused, 49% ($n = 25$) had been physically abused, and 75% ($n = 39$) had been neglected.

Out-of-home placements—mental health. Empirical studies have shown that, by the time they reach adolescence, many students diagnosed with ED may have been placed outside the home through a combination of brushes with the law or outright arrests. Individuals who were arrested in school were also likely to be arrested one year after leaving school (Doren et al., 1996). Other out-of-home placements among this population include hospitalizations and stays at residential treatment centers (Pierpont, 2004). Although the placement of a child out of the home may pose difficulties for the families, Richards, Bowers, Lazicki, Krall, and Jacobs (2008) highlighted benefits of

continued caregiver involvement in the child's mental health treatment. The authors reported behavioral improvements in their subjects after leaving inpatient care, as well as the caregivers being more prepared to help the children make emotional adjustments. In the following section, out of school district placement of students with ED is discussed.

Out-of-district placements—school. Some of the students with severe ED have to be placed outside of their original schools, as their educational and emotional needs could not be met by the programs or personnel in the original school (Zigmond, 2006). According to Caseau, Luckasson, and Kroth (1994), ED may be under-identified, and once the affected students are identified, their condition may be sufficiently severe to warrant hospitalization. There are, however, intensive mental health programs in schools that have been shown to be effective in treating students with severe ED symptoms (Vernberg et al., 2004). Additionally, day treatment programs have been shown to be effective in decreasing ED symptoms (Robinson, 2000). When a student who is diagnosed with ED is placed in a day program, the placement is often seen as temporary. The long-term goal is often to re-integrate the student back to the home district and, if appropriate, the home school (Walter & Petr, 2004).

There are several advantages to being placed in day school programs, including the treatment focusing on the student's mental health needs, in an environment without stigma. Their settings are often smaller, allowing greater opportunities to socialize with adults and peers. Some day school programs offer a regular school curriculum, as well as extra-curricular activities that parallel those found in typical high schools. In the next section, students with ED challenges with upholding the laws are discussed.

Law challenges. Most students with ED exhibiting delinquent behaviors tend to commit crimes against property. Malmgren and Meisel (2002) reported that 58% ($n = 54$) of their study participants committed crimes against property, while crimes committed against persons were recorded in 31% ($n = 29$) cases. Next, the interpersonal challenges faced by students with ED are discussed.

Interpersonal challenges. According to Little and Kobak (2003), students with ED tend to experience greater interpersonal conflict with peers and teachers in comparison with their non-ED counterparts. These issues may range from verbal abuse to physical conflicts and altercations. Rather than their type, it is, however, the intensity and chronicity of the interpersonal conflicts that mark the way in which individuals with ED handle their interpersonal relationships. Students with ED also have challenges with medication use and compliance, as presented in the next section.

Medication use and compliance. Most students with ED tend to be on some type of psychotropic medication to help control the ED symptoms (Connor, Boone, Steingard, Lopez, & Melloni, 2003; Hallfors, Fallon, & Watson, 1998; Jacobs et al., 2008), with many receiving therapy combining several types of medication (Mattison, 1999). Although they are encouraged to take their medication, compliance can be difficult for students with ED. Furthermore, students with ED have challenges with drug abuse, as discussed in the next section.

Drug abuse challenges. Many ED adolescents are involved in drug abuse. For example, Malmgren and Meisel (2002) found that 43.3% ($n = 40$) and 34.1% ($n = 32$) of their research participants who were involved with the juvenile justice system and the

special education system, respectively, had documentation indicative of substance abuse. In a similar study, involving 13-18-year-olds (N = 1036), who were randomly sampled from a range of sources (alcohol and drug, juvenile justice, mental health, public school, and child welfare), Aarons et al. (2001) found that 23.6% ($n = 249$) of their ED research participants were identified as substance abusers. The challenge of gender similarity is discussed next.

Gender similarity. Although it is widely known in special education that males are more likely than females to be diagnosed with ED, there is no empirical evidence suggesting a gender-related difference in the area of internalizing symptoms (e.g., depressive and anxiety symptoms) (Sanders et al., 1999). In the following section, the challenge of students with ED's responsiveness to treatment is discussed.

Mixed responses to treatment. Adolescents affected by both internalizing and externalizing ED type tend to have difficulty responding to treatment, when the diagnosis is accompanied by a history of sexual abuse (Jacobs et al., 2008). On the other hand, children with ED have been shown to respond well to interventions. In one study, after receiving an intervention, children with ED tended to perform better in tasks involving the thinking process (Richards et al., 2008). In this context, having a nurturing teacher was also shown to be beneficial to students with ED, whose negative interpersonal interactions diminished and self-esteem increased (Little & Kobak, 2003). Pierpont (2004) also reported that ED children were likely to respond positively when their caregivers exhibited appropriate coping, communicated understanding of the child's condition and treatment needs, and conveyed their positive perception of the effect the

child had on them. The issue of chronicity of symptoms in student with ED is presented next.

Chronicity of symptoms. There seems to be an element of consistency in childhood ED that predicts the likelihood of adolescent ED (Costello, Angold, & Keeler, 1999). Elementary school male students diagnosed with ED, who were exhibiting negative behaviors and were acting out, were shown to typically maintain that ED diagnosis in secondary school. Additionally, the challenge of safety with students with ED is discussed next.

Safety challenges. Students with ED have been known to hurt themselves or others (Bryant, et al. 1995; Malmgren & Meisel, 2002). Safety challenges may involve self-mutilation, assaults, or suicidal behaviors. The issue of treating ED symptoms is addressed below.

Treating the ED symptoms. There have been some promising programs designed to address the ED challenges. For example, Grimes et al. (2011) reported that the mental health service program for youth, wrap-around case management, multi-systemic therapy (MST; Rowland et al., 2005), and day school program (Robinson, 2000) were effective in the treatment of ED symptoms. Additionally, job application completion has been shown to be an effective intervention in this population, as it assisted the ED youth in gaining employment (National Secondary Transition Technical Assistance Center, 2008).

Summary

In the above section, understanding the characteristics of adolescents with ED and the challenges they are facing has been achieved by reviewing the extant literature, categorized into two levels. First, policies, practices, and legislation that have social and economic effects on the students with ED were discussed, followed by the characteristics of individuals with ED and its related issues. Calls for improvement in the treatment of this student population have been made, followed by the suggestions for the laws to be enacted in order to protect individuals with disabilities, especially those with ED. The literature sources reviewed in the preceding sections have highlighted the seemingly extensive and pervasive challenges and problems students with ED face at the individual level, as well as in their relationship circles, at the organization and institutional levels, and in terms of the general public perceptions. Thus, the laws and the enforcing and implementing bodies or agents must be in place to safeguard this vulnerable population. In the next section, the literature review will take a slight shift to career development available to those affected by ED.

ED and Career Development

As early as 1989, Herr had argued that career development and mental health are interrelated. Intuitively, Herr's claim can readily be observed. The commonly accepted terms, such as "work stress," "burn out," etc. suggest that work activities somehow strain emotional and psychological wellbeing of even healthy individuals. For the purpose of this paper, career development has to be understood in the context of its history, through the efficacy of its interventions, and as it relates to adolescents with ED.

Brief Career Development History

The career counseling profession traces its roots as far back as 1909, when Frank Parsons promoted focusing on finding job placements for the young people of his time (Engels, Minor, Sampson Jr., & Splete, 1995). The professional career-related activities of that period were published in the first career-related periodical, the Vocational Guidance News-Letter (Pope, 2008; Savickas, Pope, & Niles, 2011).

Since the beginnings of career development, many changes have taken place, and the language used to describe the developmental process, preparation, identification, and coping with work has been varied. Terms such as career, occupation, and vocation have often been used interchangeably. According to Pope (2000), the terms career development, career counseling, and vocational guidance have been used in the US and around the world to describe strategies used to assist an individual in finding work. Initially, the term vocational guidance was favored, and was first introduced in the US, from where its use spread to the rest of the world. Later, in the 1950s, owing to the work of the popular career development theorist, Donald Super, the terms career counseling and career development became widely accepted. The late 1960s and early 1970s was a period of career counseling growth, because of the US Federal Government investing millions of dollars in the schools for career education (Hoyt, 2001). Given that the US Federal Government has since spent considerable part of the taxpayer money on career education, it would be reasonable to expect efficacy in the career programs and interventions.

Efficacy of Intervention

Efficacy of career intervention initiatives aimed at youth has been empirically supported. For example, Turner and Conkel (2010) conducted a post-test experimental research designed study, with 142 inner city middle school students as research participants. The aim was to test the efficacy of a new career counseling model against a traditional career intervention and no intervention. The study participants were 69 male (48.6%) and 73 female (51.4%) students with a mean age of 13.2 years ($SD = .62$). The multiethnic research participants included African Americans ($n = 39, 27.5%$), Asian Americans ($n = 30, 21.1%$), Caucasian Americans ($n = 7, 5%$), Hispanic/Latino ($n = 15, 10.6%$), Native Americans ($n = 50, 35.2%$) and other ($n = 1, .7%$). The research participants were randomly assigned to three different groups, traditional career intervention treatment 1 ($n = 24$), new career counseling model treatment 2 ($n = 53$), and a no treatment control ($n = 65$).

The comparison of the post-test scores achieved by the new career counseling intervention and the no treatment control group revealed that the former performed better. Similarly, when the researchers compared the new career intervention and the traditional intervention, the findings revealed that the former received greater emotional support. Finally, no statistically significant differences on any of the intervention variables were found when the no treatment control group and the traditional career counseling group were compared. The key limitation of the study, as identified by the authors, resulted from the fact that the researchers, rather than school counselors conducted the interventions, which may have put the study at risk for experimenter bias. The strength

of this study is in the use of an experimental research design, which enabled the researchers to establish that career interventions are effective with adolescents. Benefits of career development, however, are not limited to students without disabilities, as can be seen in the following studies.

Career Development and ED

Among disability scholars (Brown, 2009), there is a recognition that a customized career development program for individuals with mental disabilities is necessary, as their needs are likely to be unique when compared to individuals with other disabilities. Kelley, English, Schwalie-Giddis, and Jones (2007) have suggested that vocational education and counseling is an important counseling cluster of interventions for adolescent women with a mental disorder. Expanding on Brown's position, Condon and Callahan (2008) have suggested that a model combining career exploration, community agency collaboration, and government work programs would be effective in creating career planning and interventions for individuals with disabilities. In this subsection, several studies will be reviewed, focusing on employment issues pertaining to adolescents with ED and the barriers in the career development of individuals with disabilities.

Barriers in career development of individuals with disability. Lindstrom, Harwick, Poppen, and Doren (2012) conducted a qualitative study on the career barriers and supports needed to help female high school graduates with disabilities find employment. In order to collect data for their study, the researchers conducted five focus groups with high school ($n = 25$, 73%, age range 15-19 years old), and college age female

students ($n = 9$, 26%, age range 21-57 years old) with disabilities. The racial/ethnic composition of the study sample was White ($n = 24$, 70%), Native American ($n = 4$, 12%), Unknown ($n = 3$, 9%), and one each (or 3% each) for African American, Asian/Pacific Islander, and multiple races. The researchers also interviewed employers and school personnel (i.e., special education teachers and administrators).

The major themes that emerged from the focus group and interview data included individual/interpersonal skills (self-esteem and confidence), career options (need for role models and exposure to career opportunities), school systems (limited career transition services and under identification), and disability needs (lack of disability awareness). The limitation of this study stemmed from the inability to generalize the findings due to the sampling procedure and study design. The strengths of the study, however, stemmed from the fact that it identified some critical issues that may be unique to females with a disability, and thus may prompt further investigation with larger samples. In sum, the study findings revealed that, in addition to career development focus, programs designed to assist female students with disabilities should address their intra- and inter-personal, school system, and educational needs. Based on the barriers identified by the aforementioned studies as the key issues faced by individuals with disabilities, the following two studies will address more specific issues, namely those that students diagnosed with ED face when seeking employment.

Employment of individuals with ED. In a longitudinal study, Zigmond (2006) interviewed 33 students with ED to determine their post-secondary work and school status. The study participants were interviewed while still attending high school, as well

as at 3, 6, 12, 18, 24 months post-high school. The study sample was predominantly male ($n = 21$, 63%), with 12 females (37%), and most students were Caucasian ($n = 26$, 79%), with only 7 African Americans (21%). Zigmond reported that the youth in the study all participated in varying amount of work, school, or both. At the three-month mark, the youth declared their status as a combination of work only ($n = 10$, 30%), work + school ($n = 5$, 15%), school only ($n = 8$, 24%), and not engaged in either work or school ($n = 10$, 30%). Throughout the 24-month post-high school period, only those in the work + school group were continuously engaged in those two activities.

In the other two groups (work only or school only), a few participants reported that either work or school activities were disrupted. By the end of the 24-month study period, however, only five (15%) out of 33 youth were not engaged in any type of work, school, or a combination of both activities. This shows a marked improvement in the status of the group, which started out as not engaged in work or school three months after graduation. The importance of this study is that it shows that students with ED are capable of being engaged in school, work, or a combination of work and school, upon graduation from high school. Due to the small sample size, potential for generalization of these findings is, however, limited. In addition, as the data collection relied on the research participants' self-reports, without any verification, the results could have been affected by bias. Similar issues of employment prevalence in individuals identified as ED were, however, addressed in the following study.

In an attempt to understand employment aspects of youth ($N = 220$), Carter et al., (2011) conducted a study based on the survey research design. The research participants

were identified as ED ($n = 66, 30\%$), IDD ($n = 57, 26\%$), and LD ($n = 97, 44\%$), and were mostly males ($n = 150, 68.2\%$) with a mean age of 17.2 years ($SD = 1.3$). Most research participants identified as European American ($n = 174, 79.1\%$), followed by African American ($n = 33, 15\%$), and other races and ethnicities ($n = 3, 5.6\%$). The study findings revealed that, irrespective of disability type, majority of youth ($n = 124; 58.5\%$) participated in summer work. Youth with LD ($n = 68, 72.3\%$) were, however, much more likely than youth with ED ($n = 33, 53.2\%$) or IDD ($n = 23, 41.1\%$) to take part in this activity. The work they engaged in varied, including positions in the hospitality or retail sectors; thus, the hourly pay was significantly different across the groups ($F_{(2, 97)} = 4.22, p = .018$). More specifically, the youth with ED ($M = 7.84, SD = 2.08$) were the highest paid, followed by youth with LD ($M = 6.93, SD = 1.38$), and youth with IDD ($M = 6.56, SD = 1.37, p = .037$). Finally, the youth with disabilities found their summer jobs through a variety of means, including individual effort, help of a family member or a friend, or school staff. Although this study indicated that youth with disabilities were capable of working and finding jobs, as the findings were based on data collected via questionnaires and personal interviews, they could be subject to bias. Another limitation is the generalizability of the findings due to sampling.

Summary

In this section, the history of career development, its effectiveness, and its application to individuals with ED was reviewed. In sum, career development has a long history, and many interventions are applicable to both healthy individuals and those diagnosed with ED. In the next section of the chapter, the construct of hope is discussed.

Hope

Hope is a construct that has been used widely, in different contexts, and may thus be difficult to define. For example, one might describe it as a positive emotion related to one's expectations of the future. Others might describe it as a cognitive process, or give it a religious or spiritual meaning. For centuries, the Christians viewed hope as one of the cardinal virtues (McEvoy, 2011), thus giving it importance equal to that of faith and love. In theological circles, the understanding of the virtue of hope and its position in the Catholic Church beliefs system can be traced back to the theologian and saint, Thomas Aquinas.

Hope was discussed by many important thinkers from all over the world. In analyzing the most frequently mentioned values ($N = 50$) by those receiving the Nobel Peace Prize, Kinnier et al. (2007) found that hope was praised in 92% ($n = 46$) of speeches, and came second only to world peace, which was mentioned in 100% of the speeches.

In 1959, the world famous psychiatrist and psychotherapist Karl Menninger lectured on the importance of cultivating hope for the wellbeing of our patients/clients. Since the early 1990s, Snyder and his colleagues created and validated hope measures and made them available for research and clinical use. Snyder and his colleagues' efforts in operationalizing the hope construct has allowed other researchers to use the instruments in conducting their investigations, thus further contributing to the growing body of literature related to hope. In this vein in this study, the role of hope in career development of students with ED was explored.

The review of the empirical studies focusing on hope will be organized into following themes: Hope and Religion/Spirituality in Children; Hope and Terminal Illness; Hope and ED/Mental Disorders; Hope and Mental Strength; Hope and Student Achievement; Hope Interventions; and Hope and Career Development. In the first subsection on hope, two studies on hope and religion or spirituality in children are reviewed.

Hope and Religion/Spirituality in Children

In an Australian study, Ciarrochi and Heaven (2012) aimed to determine whether the development of hope and self-esteem was likely to stem from religious values. The study participants were 393 urban Catholic high school students (M age = 16.6 years old, $SD = .48$), who were first assessed in grade 11 and then again in grade 12. The researchers found that, in grade 12, religious values significantly predicted hope in their sample, but not self-esteem. The inverse relationship, however, was not established, i.e., the level of hope did not increase the level of religious values that the students upheld.

Using a longitudinal survey as data collection tool, Marques, Lopez, and Mitchell (2013) studied the role of hope, spirituality, and religion in the life satisfaction of their sample of Portuguese adolescents ($N = 227$, M age = 17 years, $SD = 1.37$, females = 58.14%). The authors reported that both hope and spirituality were linked to life satisfaction. Hope was found to be a predictor of life satisfaction at different study periods (six months and 1 year). The next section reviews two articles focusing on issues of cancer, death, and hope are reviewed.

Hope and Terminal Illness

According to Sullivan (2003), the prevailing medical perception that hope can be equated to having a positive prognosis is too narrow. Sullivan, instead, argued for a broader understanding of hope, as it relates to terminally ill individuals. The author stated that, in the end of life context, one may hope “for cure, for survival, for comfort, for dignity, intimacy, and [sic] for salvation” (p. 340).

In a survey study of 22 terminally ill cancer patients Sachs, Kolva, Pessin, Rosenfeld and Breitbart (2012) examined the role of hope, hopelessness, and acceptance. The researchers found that, for most of their study participants, hope and hopelessness were distinct constructs. More specifically, the terminally ill patients viewed acceptance as opposite of hopelessness, while considering hope as an outlook developed through positive relationships with other people. In the next subsection, four studies exploring the role of hope in managing ED or mental disorder are reviewed.

Hope and ED/Mental Disorder

Hope has long been seen as a cognitive process that affects one’s psychological states (Snyder et al., 1991). Renowned mental health practitioners recognized the importance of understanding hopelessness in depression (e.g., Beck, Steer, Kovacs, & Garrison, 1985). Thus, efforts were made to measure these constructs, and several questionnaires emerged that could be used in research and clinical practice (e.g., Beck, Weissman, Lester, & Trexler, 1974). For example, in an attempt to link hope and mental disorders, Beck et al. (1985), and Ashby, Dickinson, Gnilka, and Noble (2011) conducted studies that explored the relationship among hope, maladaptive perfectionism, and

depression (Ashby et al., 2011; Huebner & Gilman, 2006; Snyder et al., 1991; Tol et al., 2008) as a result of exposure to political violence. Finally, McNeal et al. (2006) conducted a study to determine the effect of mental health treatment on the youths' ED symptoms and levels of hope. These studies will be reviewed in the forthcoming sections, commencing with the link between hope, perfectionism, and depression.

Hope, perfectionism, and depression. Ashby et al. (2011) studied the relationship between hope and adaptive/maladaptive perfectionism and hope's role in the depression that results from perfectionism in a sample of 153 male ($n = 60$) and female ($n = 93$) middle school students. The racial/ethnic composition of the student sample was largely Caucasian ($n = 104$ students, 68%), followed by African American ($n = 38$ students, 25%). Students who did not identify their race or ethnicity made up the third largest group ($n = 8$, 5%), while the smallest identified racial/ethnic groups were Asian Americans ($n = 2$ students, 1%), and Latino/Latina ($n = 2$ students, 1%). The students were aged 11-15 years, with a mean age of 13 years. The researchers reported that students who had high levels of hope tended to have high levels of adaptive perfectionism ($m = 28.09$, $sd = 4.50$, $p < .001$), compared to the maladaptive perfectionist ($m = 25.49$, $sd = 4.64$, $p < .001$), and non-perfectionist group ($m = 23.81$, $sd = 5.96$, $p < .001$). Further analysis revealed a significant (path coefficient $.42$, $p < .05$) positive relationship between hope and adaptive perfectionism, while hope and maladaptive perfectionism were negatively related at a significant level (path coefficient $-.42$, $p < .05$). Finally, the researchers also reported an inverse relationship between hope and

depression (path coefficient $-.32, p < .05$), whereby hope increased as the level of depression decreased.

Based on these findings, the researchers recommend that counselors be aware that adolescent clients who present with maladaptive perfectionist tendencies may likely have low levels of hope. Thus, given the importance of perfectionism and hope in goal setting or attainment, it is essential to explore these relationships, as they may help counselors make informed decisions about the type of perfectionism that is helpful. This study also provided statistical support for the inverse relationship between hope and depression.

A seminal study on hope. In order to explore the role of hope in the outcomes of mentally disordered clients, Snyder et al. (1991) conducted a national study, whereby a self-report hope measurement instrument was used. As the aim was to validate this data collection instrument, college students were recruited as a control group for this study. The study group consisted of 97 female patients from a stress center and 109 adult female patients from a state psychiatric hospital. The study findings revealed that the clinical samples scored significantly ($t = 17.38, p < .001$) lower on the Hope Scale than the university students. In this particular study, the researchers found that the Hope Scale and the Beck Depression Inventory were correlated ($r = -.42, p < .005$) on the level of depression.

Hope and mental disorders in children. Tol et al. (2008) conducted a study in order to assess the effectiveness of school-based mental health services offered to students with mental disorders. Their study population consisted of a clinical sample of 403 children, of whom 207 (51.4%) were boys and 196 (48.6%) were girls, aged 7-15

years. The participants had various religious backgrounds—Christian (48.6%), Moslem (31%), Hindu (12.9%), other (5.2%)—and had all been exposed to violence. The student sample was screened and identified as suffering with symptoms related to PTSD, depression, anxiety, diminished hope, and functional impairment. The researchers reported that the participants' hope levels increased between the pre-treatment ($M = 15.38$, $SD = .49$) and 6-month follow-up ($M = 17.59$, $SD = 1.15$, $CI = - 3.52$ to $- 0.91$), while PTSD symptoms decreased from the initial levels ($M = 17.28$, $SD = .84$) and the 6-month follow-up ($M = 14.5$, $SD = 1.78$, $CI = 1.02$ to 4.53). The strength of the study was that it was based on a research design employing a randomized cluster sampling and treatment and control groups. Moreover, although paraprofessionals administered the intervention, the researchers still found statistically significant levels of increased hope in their study population.

Hope and residential treatment in adolescents with ED. McNeal et al. (2006) conducted a study based on a pre-/post-test research design to study ED youth ($N = 185$; aged 10-17, $M = 14.5$ years old, $SD = 1.5$). The aim was to determine the effect of mental health treatment provided in a residential setting on the youths' levels of hope. Of the 185 research participants, 121 (65%) were males and 64 (35%) were females. Majority of the participants were Caucasian ($n = 120$, 65%), followed by African American ($n = 33$, 18%), Hispanic ($n = 19$, 10%), Multiethnic ($n = 6$, 3%), Native American ($n = 6$, 3%), and Asian ($n = 4$, 2%). The researchers found a significant improvement of ED symptoms at the post-test the dimensions of hope (agency and pathway). However, both the agency effect size ($d = .52$), and the pathway effect size

($d = .40$) were moderate. The limitation of the study is the lack of a control group, which does not allow the researchers to claim that an intervention at the residential facility is what caused the improvement in hope scores. This study is nonetheless important for this dissertation research, as it examines hope levels in mentally ill US youth.

Summary

In the preceding section, the empirical literature on the relationship between hope and behavior and mental disorders in clinical populations was reviewed. It indicated that hope was positively related to adaptive perfectionism and negatively related to maladaptive perfectionism and depression (Ashby et al., 2011). Moreover, the seminal study on hope conducted by Snyder et al. (1991) provided a hope construct measure, which was normed on a clinical population. In the Tol et al. (2008) study post-intervention hope has been shown to increase, whereas symptoms of PTSD have been shown to decrease in a clinical sample of schoolchildren. Similarly, adolescents receiving mental health treatment in a residential facility showed decreased ED symptoms and increased hope levels (McNeal et al., 2006). Thus, motivated by these findings, the empirical literature pertaining to hope and mental strength will be reviewed next. More specifically, five studies most relevant to the research will be reviewed in detail.

Hope and Mental Strength

Since Snyder et al. (1991) published the seminal work on hope; scholars have studied its relationship with various psychological constructs. For example, the relationship between levels of hope and negative emotions had been observed in the

validation results of the Arabic Hope Scale (Abdel-Khalek & Snyder, 2007). In a different study, the hope construct was shown to play a mediating role between attachment styles and health (Simmons, Nelson, & Quick, 2003). Hope has also been shown to be positively related to optimistic thinking, self-esteem, and wellbeing of adolescents, while its inverse negative relationship with teacher ratings and self-ratings of negative emotional adjustment was identified (Ciarrochi, Heaven, & Davis, 2007). Furthermore, evidence suggested that one's high levels of hope may be stable and consistently linked to general life satisfaction. This, in turn, may lead to using coping strategies, and serve as a buffer to adverse life events (Valle, Huebner, & Suldo, 2006). The first article to be reviewed reported on a study that validated the Arabic Hope Scale.

Arabic Hope Scale. Abdel-Khalek and Snyder (2007) conducted a study in an attempt to validate a translated version the Hope Scale. The study participants were male ($n = 130$, 40%) and female ($n = 193$, 60%) volunteer students at Kuwait University. The male and female research participants had the mean age of 21.55 ($SD = 2.66$ years) and 21.04 ($SD = 2.47$), respectively. Based on their findings, the authors reported that the Arabic Hope Scale had adequate reliability and validity. The researchers found that hope showed a statistically significant positive relationship with self-esteem, optimism, positive affect, self-rating of happiness and satisfaction with life, mental health, extraversion, physical health, and religiosity. Furthermore, there was a statistically significant negative relationship between levels of hope and negative emotions, pessimism, and anxiety. This study was selected for this review, as it demonstrated the diverse application of the Hope Scale in its successful use with international population.

Moreover, it indicated the presence of the hope construct's relationship with other positive mental constructs, such as self-esteem. In the next study, hope's mediating role in health and attachments styles of healthcare workers is demonstrated.

Hope's mediating effect on health and attachment style. Simmons et al. (2003) studied the mediating effect of hope on female home health nurses' self-assessed health and their attachment style (interdependent or secure, over-dependent or anxious-ambivalent, and counter-dependent or avoidant). The study participants were 175 home health nurses, of whom 166 were women. Gender of the remaining nine participants was not specified. In order to collect the data for the subsequent analyses, the participants were asked to complete the Hope Scale (Snyder et al., 1996), an attachment questionnaire, and a health perception questionnaire. The researchers used regression modeling to test their research hypotheses. The regression analysis of the researchers' model examining the relationship between hope and the three attachment styles revealed that hope was significantly positively related to the interdependent (secure) attachment style ($B = .323, p = .000$), as well as significantly negatively related to the counter-dependent (avoidant) ($B = -.216, p = .002$) and the over-dependent (anxious-ambivalent) attachment style ($B = -.208, p = .004$). In the second regression model, looking at the relationship between health and the three attachment styles, the researchers found a significant relationship between health and the interdependent (secure) attachment style ($B = .165, p = .03$), as well as the counter-dependent (avoidant) attachment style ($B = -.163, p = .31$). There was no significant relationship between health and the over-dependent (anxious-ambivalent) attachment style. In the third regression model that

included all variables, only hope was significantly and positively related to the participants' health ($B = .513, p = .000$), thus affirming the mediating role of hope in the attachment styles and health of home nurses.

This study is important because the researchers were able to identify a significant statistical relationship between hope and attachment styles, as well as hope and health (as reported through self-assessment), in their female professional study sample. Additionally, the researchers also found that hope played a mediating role between health and attachment styles among certain healthcare workers. In the following study, the researchers explored the impact of hope and other psychological constructs on adolescents' school grades and wellbeing.

Hope, school grades, and emotional wellbeing. In a longitudinal study that was conducted over a two-year period, Ciarrochi et al. (2007) explored the impact of hope on adolescents' wellbeing, as well as its effect on their emotional self-ratings and their behaviors, as rated by their teachers. At the first assessment, the study sample consisted of 784 Australian adolescents ($M_{age} = 12.30yr, SD = 0.49, 382$ males, 394 females, 8 undeclared). In the second assessment, however, the number of participants increased to 942. The researchers explained that the increase in the number of research participants in year two was due to an administrative error in the data collection in year one, which excluded some students. Thus, information on 600 students that participated in both stages of data collection was used in subsequent analyses; mean, standard deviation, or gender make up were, however, not reported for this group. The authors reported that hope correlated significantly with self-esteem ($r = .44, p < .001$) and positive attribution

style ($r = .46, p < .001$). Hope was also found to be correlated with adolescents' self-reports of joy ($r = .33, p < .0001$) and teacher ratings of adolescents' positive adjustment ($r = .17, p < .001$), described by constructiveness, compliance, and social activity.

Ciarrochi et al. (2007) also found that hope had a significant negative relationship with adolescents' behavioral problems ($r = -.22, p < .001$) in school. Further analysis revealed that hope negatively predicted behavioral problems ($B = -.11, SEB = .046, T = -2.39, p < .01$).

For the purpose of their study, the authors defined behavioral problems as teacher-observed ratings of adolescent hyperactivity-impulsivity, aggression, and inability to maintain prolonged attention. The findings also revealed a significant negative correlation between hope and emotional problems ($r = -.10, p < .01$), defined as teacher-rated observations of adolescent's level of depression and anxiety. Hope was also shown to be negatively correlated with hostility ($r = -.22, p < .001$) and sadness ($r = -.15, p < .001$), both of which were self-reported by the study participants.

The importance of this study for the research study stems from its longitudinal design and the fact that it examined the effect of hope on behaviors based on adolescents' and teachers' ratings. Generally, studies identified in the literature search, which examined hope in adolescents, have been based on self-reports only. This study, however, included reports of teacher observations, thus making its findings particularly relevant. However, due to the confusion over data collection methods in two assessment periods, the findings could have been affected by bias. In the next study, the hope's moderating role and life satisfaction are explored.

Hope as moderator and life satisfaction. In a longitudinal study, Valle et al. (2006) explored different aspects of hope with rural and public middle school and high school students. The researchers were interested in investigating the consistency of hope scores over a period of one year, and have also examined the moderating effects and the predictive role of hope in increasing global life satisfaction and decreasing symptoms of psychopathology among their study participants. In this longitudinal study data collection took place on two occasions, approximately one year apart. The research participants in year one were 860 students, aged 10-18 ($M = 13.74$, $SD = 1.81$), who attended grades 6 to 11. They were predominantly African American ($n = 499$, 58%), followed by Caucasian ($n = 310$, 36%), Asian American ($n = 17$, 2%), Hispanic ($n = 8$, 1%), and other undefined racial/ethnic backgrounds ($n = 26$, 3%). In addition, 20% ($n = 172$) of the participants were attending grade 6, 17% ($n = 146$) grade 7, 15% ($n = 129$) grade 8, 14% ($n = 120$) grade 9, 17% ($n = 146$) grade 10, and 17% ($n = 146$) grade 11. The researchers did not report any other identifying demographics on gender with respect to the data collection in year one. In year two, however, 699 of the original research participants remained ($n = 447$, $M_{age} = 14.78$, $SD = 1.82$) females, while the exact numbers for males were not reported), and agreed to retake the same measures. The grade level composition of the participants in year two was not reported. The authors did, however, report the participation rates by ethnicity and race, which was similar to the previous year, as there were 58% ($n = 405$) African Americans, 36% ($n = 252$) Caucasians, 2% ($n = 14$) Asian Americans, 1% ($n = 7$) Hispanic Americans, and 3% ($n = 21$) students were unidentified.

The researchers reported four major findings, one of which was that the hope construct had trait-like properties. The test-retest reliability after year one was $R = .47$. Regression analysis results showed that, for the adolescents with high levels of hope scores, these were predictive of higher level of overall life satisfaction. In addition, low hope scores at time one were predictive of students being withdrawn, suffering from anxiety and depression, and reporting somatic complaints. Finally, the life satisfaction scores of research participants were significantly predicted by the interaction between hope and stressful life events. These findings indicated that hope serves as moderating variable. In the final study to be reviewed in this section, the researchers explored the relationship between hope and mental health.

Hope and mental health. Venning et al. (2011) conducted a study to understand the relationship between hope and mental health (focusing on mental illness) in a sample of 3,913 South Australian youth, aged 13-17, of whom 52% ($n = 2,035$) were females and 48% ($n = 1,878$) were males. Mental illness was considered to include depressive and anxiety symptoms. Mental health measures included psychological, emotional, and social wellbeing, while hope was defined as including pathways and agency dimensions. The research participants were drawn from schools in the metropolitan and regional areas of South Australia. The findings revealed significant correlations at the $p < .001$ significance level between pathways dimension of hope and depression (-.19), anxiety (-.07), stress (-.09), psychological wellbeing (.46), social wellbeing (.36), and life satisfaction (.38). Further, significant correlations at the $p < .001$ level were found between the agency dimension of hope and depression (-.32), anxiety (-.17), stress (-.18),

psychological wellbeing (.58), social wellbeing (.49), and satisfaction with life (.52).

Although the results show a statistically significant relationship between hope variables and mental illness and mental health variables, the latter relationship was much more statistically significant. The main limitation of this study is that generalizing the results to US adolescent population should be done with caution, due to the sample being entirely from South Australia. The strength of the study was its large and diverse sample.

Summary

In this section, the empirical literature related to hope and mental strength was reviewed, revealing that hope appears to be linked to pro-social emotions, such as happiness and life satisfaction (Abdel-Khalek & Snyder, 2007). Moreover, levels of stress in female nurses seem to affect their hope beliefs in interpersonal relationships (Simmons et al., 2003). In a longitudinal study, a strong link between hope with self-esteem, positive attribution style, joy, and positive adjustment was also found. On the other hand, hope was shown to be negatively correlated with, and negatively predicted by, teacher ratings of adolescent behavioral problems in schools, as well as the students' self-reported depression and anxiety levels. Further, the adolescents rated their level of hope as being negatively related to hostility and sadness (Ciarrochi et al., 2007). These findings imply that high levels of hope may consistently related to life satisfaction and coping efficacy (Valle et al., 2006). Finally, it has been shown to be negatively related to both mental illness and positively related to mental health, with the link between hope and mental health variables being the strongest (Venning et al., 2011).

The impact of hope on student achievement was cited in several studies. In the following section, four studies exploring the link between hope and student achievement will be examined.

Hope and Student Achievement

In empirical studies and practice, student achievements in academic and athletic areas are often tied to hope. Snyder, Lopez, and Shorey (2003) conducted a literature review, revealing that many of the studies they reviewed reported positive effects of school-based focus groups that promote hope, recognizing the role of hope in students' academic and athletic performance. Moreover, the authors found that hope levels were not gender-specific.

In this section, the empirical literature sources focusing on the impact of hope on student achievement are reviewed. Specifically, studies of the hope construct, as they relate to academic performance (Ciarrochi et al., 2007), work hope (Kenny et al., 2010), college success (Lopez, 2010), and school completion (Snyder et al., 2002) are discussed in detail. In the following section, the studies on hope and academic performance will be reviewed.

Hope and academic performance. In many secondary schools, when attempting to predict the educational future of students, the focus tends to be on the grade point averages and tests scores. In a longitudinal study (Ciarrochi et al., 2007) that was conducted over a two-year period, 784 Australian adolescents ($M_{age} = 12.30$ yr, $SD = 0.49$, 382 males, 394 females, 8 undeclared) participated in year one. In year two, however, the number of participants increased to 942, due to an

administrative error in the data collection in year one, when data were not collected from an estimated 158 students. Consequently, 600 students participated in both assessments (no mean, standard deviation, and gender composition were reported). The researchers explored, among other questions, the impact of hope on school achievement. Their findings revealed that hope significantly ($B = .100$, $SEB = .028$, $T = 3.57$, $p < .001$) predicted the students' grades at time two (academic year eight) after controlling for verbal ability, numerical ability, and sex. Additionally, hope was significant in predicting grades in specific subjects, such as English ($r = .22$, $p < .001$), religious studies ($r = .25$, $p < .001$), math ($r = .19$, $p < .001$), science ($r = .22$, $p < .001$), and design ($r = .24$, $p < .0001$). The advantage of this study is that the researchers collected data on two occasions (one year apart), using the participants' self-reports, teacher ratings, and research participant grades. This allowed for data triangulation and helped validate their research findings. In the following study, work hope and achievement in a sample of high school students will be reviewed.

Work hope and achievement. Kenny et al. (2010) studied work hope, career planning, autonomy perceptions, and achievement beliefs in a multi-racial urban adolescent sample. The study participants were 201 Catholic high school students (80 males and 121 females), who were in a work-based learning program. Over the course of their high school years, these students followed an academically challenging schedule, as well as one day a week placement at a work site. The religious identities of the study participants were described as Catholic ($n = 113$, 56%), non-Catholic ($n = 89$, 44%). The racial/ethnic identities of the study participants were described as Black/African

American ($n = 75, 37.3\%$), Hispanic/Latino ($n = 75, 37.3\%$), White ($n = 9, 4.5\%$), Asian American ($n = 4, 2\%$), other ($n = 24, 11.9\%$), and no answer ($n = 14, 7\%$). The findings of particular relevance for the study included work hope being significantly related to career planning ($R = .627, M = 75.73, SD = 11.46, p < .01$). The researchers also found a robust positive relationship between work hope and academic achievement efficacy ($R = .415, M = 19.81, SD = 3.30, p < .01$), and with mastery of goal orientation achievement ($R = .399, M = 20.83, SD = 3.50, p < .01$). In addition, hope had a negative relationship with achievement skepticism ($R = -.487, M = 11.56, SD = 4.78$). The next article to be reviewed reported on the hope and future readiness findings, based on a national sample.

Hope and future readiness. Utilizing a survey research design with a national sample, Lopez (2010) asked 642 students aged 10-18 about their level of readiness for the future, defined as being hopeful, engaged, and thriving in their school-related experiences. Although only 34% ($n = 218$) of the respondents were considered to meet the definition of readiness for their future, over 53% ($n = 340$) expressed being hopeful, in terms of having positive ideas and energy for their future. In contrast, 31% ($n = 199$) of the sample expressed feeling stuck, and 16% ($n = 103$) feeling discouraged about their energy and ideas of their future.

Lopez reported that the research respondents were “generally confident in their future but lack the necessary strategies to reach the big goals of graduation and employment” (p. 4). For example, Lopez found that slightly above 50% ($n = 321$) of the

sample held strong beliefs about obtaining satisfactory employment after completing high school, 92% ($n = 591$) saw themselves as graduating from high school, and 62% ($n = 398$) firmly believed they were capable of academic strategies to obtain good grades. A drawback of this study stems from the lack of specific reporting on the research participant demographics, as the researcher merely indicated that the findings were based on a sample that was demographically representative of the US youth. The study was also based on child and adolescent self-reports, which may be subject to self-bias. In the next study the link between hope, school performance, graduation, and dismissal will be reviewed.

Hope and school performance, graduation, and dismissal. In a six-year-long longitudinal study of male and female college students, Snyder et al. (2002) set out to discover the relationship between academic performance (grade point average, GPA), graduation from school, and dismissal from school due to poor grades and hope. The research participants in the study were 213 college freshmen ($M_{age} = 18.17$ years, $SD = 0.44$, range 18-21 years). According to their measured level of hope (range of possible scores 12-100), the participants were organized into three groups. The high hope group consisted of 70 participants (33 males and 37 females, mean score = 58.76, $SD = 1.83$, range = 56-63). In the medium hope group were 71 students (34 males, 37 females, mean score = 51.93, $SD = 1.07$, range = 49-53), and the low hope group comprised 72 participants (35 males, 37 females, mean score = 40.76, $SD = 3.87$, range = 27-46). The research participants' hope scores predicted grade point averages [$F_{(2, 210)} = 5.51, p < .01$, eta squared = 0.05]. Their Hope Scale scores and graduation status were also

significantly related [Pearson $X^2(6, N = 213) = 14.92, p = .02$, Cramer's $V = .19$].

Although the researchers were able to demonstrate the relationship between hope and academic achievement in a college population, their study would benefit from being replicated with students in middle schools and high schools that are found to have high incidence of dropouts.

Summary

In the section above, the empirical literature related to hope and achievement was examined. Academically, the hope construct has been shown to predict grades (Ciarrochi et al., 2007); to be related with work hope (Kenny et al., 2010); to predict grade point average, college retention, and college success (Lopez, 2010); and to predict graduation, grade point average, and school dismissal rates (Snyder et al., 2002). It is the hope of many students and their parents that academic achievements would lead to a fruitful career. Thus, six studies on hope interventions will be reviewed next.

Hope Interventions

From the time Snyder's theory of hope was published (Snyder et al., 1991), its use in research with children, adults, various research populations, and even clinical patients, has been documented. In an important literature review by Snyder et al. (2003), the authors recommended that school personnel with expertise in psychology should work to help create an atmosphere of hope through group and individual sessions. This section will review a number of studies where hope interventions have been applied. More specifically, Robitschek (1996) developed an intervention with at-risk youth, while Hui and Ho (2004) studied forgiveness with high school students. Cheavens, Feldman, Gum,

Michael, and Snyder (2006) used hope group therapy with a community sample. Green, Grant, and Rynsaardt (2007) reported on a life coaching intervention with high school students, and Rolo and Gould (2007) tested a hope intervention with college students. Finally, Tol et al. (2008) studied the efficacy of school-based mental health services for children exposed to political violence.

Robitschek (1996) created an intervention to test whether the vocational goals of at-risk youth might be developed if hope is enhanced in the vocational programming. The study participants were 98 ethnically mixed adolescents (50 boys, 48 girls) aged 14-18 ($M_{age} = 14.86$, $SD = 1.05$). More specifically, the study had a representative sample of African Americans ($n = 36$), Anglo Americans ($n = 17$), Hispanics ($n = 41$), Native Americans ($n = 1$), and biracial students ($n = 3$). As a part of the study protocol, the researcher developed a one-day experiential program involving activities designed for the youth to get to know others, take part in teamwork, and problem solve. For this study, the researcher assessed hope's sub-dimensions of pathways and agency. The findings revealed statistically significant changes in the research participants' scores in both the agency [$T_{(96)} = -3.87$, $p < .001$], and the pathways [$T_{(96)} = -5.35$, $p < .001$] dimensions of hope, at post-test. In addition, minimum to moderate effect size (Cohen $d = .31$) in the agency dimension of hope, as well as moderate effect size (Cohen $d = .56$) in the pathways dimension of hope, were identified. Although the youths' levels of hope improved at the post-test, the findings cannot be directly attributed to their vocational goals, as the study did not include a control group or random assignment.

Hui and Ho (2004) conducted a study in an attempt to establish whether a forgiveness intervention with 63 nonclinical Hong Kong male high school students ($M_{age} = 16$) would increase one's level of hope and self-esteem. The researchers randomly assigned 63 students to two intervention groups, while 58 students were assigned to the control group. All groups were given self-esteem, forgiveness, and hope measures at the pre- and post-testing stages. The program intervention consisted of 18 educationally and experientially focused units on forgiveness, which were presented in eight sessions. The study findings indicated that the forgiveness intervention did not have an effect on hope and/or self-esteem. The researchers explained the lack of significance in their findings as probably due to a shortened intervention period of four weeks, versus the eight-week duration typical for such interventions.

Cheavens et al. (2006) explored the effects of an eight week hope group therapy treatment protocol with a community sample of 32 research participants, who were mostly female ($n = 24, 74\%$), and Caucasian ($n = 30, 94\%$), aged 32-64 ($M_{age} = 49$ years old, $SD = 7.76$). The participants were recruited from the community and completed a pre-test interview, which was conducted by graduate students with advanced clinical training. They were subsequently randomly assigned to the treatment group, or the control group. The treatment groups had group members ranging between 4-8 participants along with two doctoral students, with advanced clinical training, facilitating the group. The groups met on eight occasions, each session lasting two hours. The intervention followed a manualized group approach, whereby each session commenced with 30 minutes for check-in and homework review, followed by 20 minutes of psycho-

education on a hope related topic, 50 minutes of learning the ways to apply the hope skills to one's life, and ended with 20 minutes of creating an assignment, where the participants could apply the hope skills in their daily lives.

The authors found a significant effect for an increased level in agency (will or motivation) hope ($F = 4.84, p = .04$), as measured on the State Hope Scale (Snyder et al., 1996), and meaning of life ($F = 6.12, p = .02$), as measured on the Purpose In Life Test (Crumbaugh & Maholick, 1964). They also found a significant effect for a decrease in levels of self-esteem difficulties ($F = 5.16, p = .02$), as measured on the Index of Self-Esteem (Hudson & Proctor, unpublished manuscript), and anxiety ($F = 10.73, p = .003$), as measured on the State-Trait Anxiety Inventory, Form Y (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). The other aspects of hope (pathways subscale and global scale) and depression levels, although approaching significance, did not reach statistical significance. The researchers attributed the lack of statistical significance to the more rigorous two-tailed analysis used in their study. Although this study was conducted with an adult and largely Caucasian sample, it is being covered in this review to show the efficacy of hope interventions with a general population sample using an experimental study design with a small number of participants in the experimental group.

Green et al. (2007) reported on an individual life coaching intervention with 56 Australian female high school students ($M_{age} = 16$), who were assigned to either the control or the experimental group. The research participants completed pre- and post-test measures including the Trait Hope Scale (Snyder et al., 1991), Cognitive Hardiness Scale (Nowack, 1990), and Depression Anxiety and Stress Scale-21 (Lovibond & Lovibond,

1995). The intervention program described in the study consisted of 10 individual sessions, attended by the participants over a 28-week period. In each session, the research participants in the experimental group worked with the coach/teacher on one school related issue and one personal related issue. Each session consisted of setting session goals, reporting recent life happenings, increasing personal awareness / current situation, and identifying personal resources. The interventions used in the individual sessions were reportedly derived from the cognitive behavior and solution-focused therapy models. The researchers found significant treatment by time interaction effects in both cognitive hardiness [$F_{(1,33)} = 7.631, p < .05$] and hope [$F_{(91,35)} = 6.65, p < .05$], and decreased depression ($T = -1.968, p < .05$) at post-test. This study showed that existing counseling frameworks, such as cognitive-behavioral and solution-focused therapies, might be effective in increasing hope in a nonclinical and adolescent population. The findings also indicated that female high school students likely benefited from such interventions.

Rolo and Gould (2007) used pre- and post-intervention measures to detect any increases in the levels of hope (state and dispositional) in 44, predominantly US, college student athletes. State hope (Snyder et al., 1996) scores indicated ones' hope level at a given moment. The researchers utilized a quasi-experimental design, where 22 students (9 females, 13 males) were assigned to the control group, and 22 (10 females, 12 females) were assigned to the intervention group. Although Rolo and Gould reported a mean age of 19 for control and intervention groups, no standard deviation data were reported. The intervention group was allowed to perform hope-promoting activities in 12 one-hour

sessions (two individual sessions and ten group sessions) over six weeks. The researchers found a statistically significant [$F(1, 42) = 7.20, p = .01$] increase in the overall state hope scores of the university athletes at post-intervention. Although this study was performed with adult university students, it was included in this review because it was the most recent attempt at utilizing a quasi-experimental design to measure hope-producing interventions with a US student population.

Although the Tol et al. (2008) study was reviewed in the Hope and ED/Mental Disorders section of this chapter, its study design and findings are relevant to this section as well. As previously noted, this study is unique, as it was conducted during a politically violent period in Indonesia and its participants were schoolchildren. Tol et al. assessed the efficacy of school-based mental health interventions in the treatment of children who suffered with symptoms of post-traumatic stress disorder (PTSD), depression, symptoms related to anxiety disorders, levels of functional impairment, and levels of hope. The children were screened for at least one incident of exposure to violence prior to inviting them to participate in the study and were attending randomly selected schools in Indonesia. The students were assigned to either a controlled wait-list or a manualized intervention group, consisting of 15 students, who met for 15 sessions over a five-week period.

The school-based mental health service was deemed efficacious, based on the improvement in PTSD symptoms and increased levels of hope (Mean change difference = 2.21, $SD = 0.66$, $CI = 95\%$, -3.52 to -0.91). Interestingly, symptoms associated with depression, anxiety-related disorders, and functioning did not change from the pre-to the

post-test, taken after the intervention. The other unique aspect of this study was the qualification of the interventionists. They only had to be 18 years of age with a high school diploma and needed to complete a role-play interview procedure and a two-week training program in order to qualify for the position.

Summary

In the section above, the empirical literature on interventions related to hope was reviewed. The first study revealed that hope levels might be raised in a vocational development program through the use of a ropes course activity (Robitschek, 1996). In the second study, a forgiveness intervention with Chinese high school students did not show a significant difference in pre- and post-test measures of hope (Hui & Ho, 2004). The third study revealed that raising hope through a group intervention with a clinical sample could be achieved. Self-esteem, meaning of life, and agency hope have been shown to improve through the use of a hope treatment protocol (Cheavens et al., 2006). In the fourth study, the hope scores of the Australian high school sample increased after taking part in individual life coaching sessions (Green et al., 2007). Moreover, hope-producing interventions have also been shown to be effective in raising hope levels in a US college student athlete sample (Rolo & Gould, 2007). Finally, hope scores significantly improved through school-based interventions offered to an international clinical sample (Tol et al., 2008).

In the next section, eight studies on hope and career development will be reviewed. These two variables are important for this study, as its focus is on examining the effects of these two constructs on individuals with ED.

Hope and Career Development

As early as 1989, Herr concluded that there was an important link between hope and career development. Later, other researchers (Diemer & Blustein, 2007; Hinton, 2012; Juntunen & Wettersten, 2006) started studying the relationship between the concepts of hope and career development. In this section, articles that addressed the link between career development and hope will be reviewed. The selected articles are organized into three main categories, namely those on work and vocational hope, hope and career in international populations, and relevant adult studies on hope and career.

Work and vocational hope. The following studies have significantly contributed to the extant knowledge in this field by combining the work/vocation and hope constructs in one study focusing on an urban adolescent population.

Work hope. Juntunen and Wettersten (2006) based their study on a well-articulated hope theory (Snyder et al., 1991), making a direct link between work and hope through the development and validation of the Work Hope Scale. Their study included 304 male and female adolescents and adult participants of mostly American-European and American-Indian ethnicities, whose educational levels ranged from lack of high school diploma to a graduate degree. The study findings demonstrated that the Work Hope Scale was a reliable measure of the global hope construct, and had both research and treatment utility.

Kenny et al. (2010) studied the work hope, career planning, autonomy perceptions, and achievement beliefs in a multi-racial urban adolescent sample. The study participants were 201 Catholic high school students (80 males and 121 females),

who were in a work-based learning program. Over the course of their high school years, these students followed an academically challenging schedule, as well as one day a week placement on a work site. As previously noted, the religious and racial/ethnic identities of the study participants were described as Catholic (56%), non-Catholic (44%), Black/African American (37.3%), Hispanic/Latino (37.3%), White (4.5%), Asian American (2%), other (11.9%), and no answer (7%). The study findings that are relevant to this review included work hope being related significantly with career planning ($R = .627$, $M = 75.73$, $SD = 11.46$, $p < .01$). The researchers also found a positive relationship between work hope and academic achievement efficacy ($R = .415$, $M = 19.81$, $SD = 3.30$, $p < .01$) and with mastery of goal orientation achievement ($R = .399$, $M = 20.83$, $SD = 3.50$, $p < .01$), and a negative relationship to achievement skepticism ($R = -.487$, $M = 11.56$, $SD = 4.78$). The next study explored vocational hope.

Vocational hope. Diemer and Blustein (2007) explored the concepts of vocational hope and vocational identity in an urban adolescent population. The sample consisted of 220 students (105 male, 115 female, $M_{age} = 15.57$, $SD = .93$) in a racial/ethnically diverse urban high school. The research participants were described as coming from poor and working-class neighborhoods with the racial/ethnic make-up that included African-Americans ($n = 53$, 24.1%), Black/Caribbean ($n = 53$, 24.1%), Latino/a ($n = 59$, 26.8%), White/European-American ($n = 19$, 8.6%), Asian ($n = 9$, 4.1%), Native American ($n = 1$, .5%), Middle Eastern/Arabic ($n = 4$, 1.8%), and multiethnic/multiracial ($n = 22$, 10%). The researchers used the Career Commitment Measure (Carson & Bedian, 1994) to measure vocational hope of their study participants. Through exploratory and

confirmatory factor analysis, Diemer and Blustein identified the vocational hope factor as vocational identity development in connection with one's vocational future. The drawback of this study stems from the identification of the vocational hope factor without the knowledge of its relationship with the core element of hope, as defined by Snyder et al. (1991). Nonetheless, this study is relevant for the research as it promotes the centrality of the hope construct in career development, even when it is developed independently of the hope construct identified by Snyder et al. (1991). Numerous researchers in the US have used Snyder et al.'s hope measures, and their uses by international researchers have been observed.

Hope and career in international populations. The study of the hope construct and its relationship to career development has expanded internationally. The following three studies were conducted with adolescents residing in Ukraine and Ireland.

Hope and career of youth in Ireland. In a longitudinal study on the future career hopes and fears of middle class children ($N = 119$; males = 54, 45.4%; females = 65, 54.6%) in Northern Ireland, McCallion and Trew (2000) asked the participants to identify their hopes and fears about their imagined future school and jobs at two different time points, labeled as T1 and T2. Their findings were statistically significant in the school and jobs domain. Future school hopes were statistically significant at T1 ($M = 0.82$, $SD = 0.97$, $R = 0.31$, $p < .01$) and at T2 ($M = 1.48$, $SD = 1.28$, $R = 0.31$, $p < .01$). Future school fears were also statistically significant at T1 ($M = 0.69$, $SD = 0.91$, $R = 0.33$, $p < .01$) and at T2 ($M = 0.96$, $SD = 1.00$, $R = 0.33$, $p < .01$). Results were also statistically significant for future job hopes at T1 ($M = 1.37$, $SD = 1.11$, $R = .35$, $p < .01$) and T2 ($M = 1.71$, $SD =$

1.09, $R = 0.35$, $p < 0.01$). Future fears about jobs were also statistically significant at T1 ($M = 1.03$, $SD = 0.81$, $R = .50$, $p < .01$ and T2 ($M = 1.28$, $SD = 0.88$, $R = 0.50$, $p < .50$).

The strength of the study was its longitudinal design, although the main limitation was lack of generalizability of the findings to a US children population. Still, it is relevant to the research due to the emphasis placed on understanding the children's hopes and fears related to future career (school and job). The immediately following review focuses on a study on hope and career, conducted in the Ukraine.

Hope and career of youth in Ukraine. Nikolayenko (2009) researched the impact of personal hope on 200 adolescent students (77 male, 121 female, 2 undeclared) in Ukraine. The research participants were aged 10-12, with 66% 11-year-olds ($n = 132$), 25% 10-year-olds ($n = 50$), and 9% 12-year-olds ($n = 18$). The finding revealed that 35.4% ($n = 70.8$) of the research participants had personal hopes that related to job or education. The single category of job aspiration ranked highest, with most participants (23%, or 46) selecting it as a personal hope. It should be noted that this particular study was not based on the hope theory developed by Snyder et al. (1991).

Yakushko and Sokolova (2010) further extended hope theory (Snyder et al., 1991) in a study with Ukrainian college students, whose attitudes toward work hope, self-esteem, and career development were examined. The research participants consisted of 312 Ukrainian college students (250 males, 62 females, 16-38 years old, M age =18.5, $SD = 2.5$). The researchers noted that, at age 16, adolescents (by US standards) are considered legal adults in Ukraine. The Work Hope Scale was translated into Russian for the purpose of their study. Yakushko and Sokolova's research yielded some findings

regarding work hope, including the fact that work hope attitudes were not gender-specific. In addition, some aspects of the work hope (agency, goals, and pathways) attitudes were significantly correlated ($r = .55, p < .001$) self-esteem. Specifically, both the goal aspect and the agency aspect of work hope were significantly influenced by self-esteem, $F(1, 276) = 6.41, p < .05$, and $F(1, 266) = 6.71, p < .01$, respectively. On the other hand, the pathway aspect of work hope was not correlated with self-esteem. Still, work hope was related to aspect of self-esteem and thoughts of beginning a career. For instance, work hope was positively correlated with an individual's belief about the important role of education in a successful career (global scores for work hope were $r = .18, p < .01$). Work hope was also positively correlated ($r = .18, p < 0.05$) to an individuals' skill level in finding a job. Self-confidence was also found to be significantly correlated to work hope ($r = .16, p < .05$).

Presently, scholars are conducting valuable research on hope in many countries and with international samples. The studies reviewed above produced several findings. For example, children in Ireland were able to identify their hopes and fears about career futures, in both school and work. Similarly, the findings of the Ukrainian studies on hope and career development showed that adolescents had hopes of future job aspirations, and that work hope was statistically significantly related to self-esteem, beliefs about the importance of education to career success, individual's skill level in find a job, and self-confidence. The following two studies, although conducted with adult samples, were included in the review, as they illustrate the breadth of hope-related career studies.

Relevant adult studies on hope and career. Although all of the studies reviewed so far have concentrated on adolescents and examined constructs of hope and career development, there are some valuable insights which can be gained from other studies, as shown below. The two studies reviewed focus on adults and explore hope and employability, and racial identity and hope, respectively.

Hope and employability. Hinton (2012) studied the impact of hope on employability, hypothesizing that a relationship between hope and employability exists. Hinton's study participants were 266 Master of Business Administration (MBA) graduate students attending a university in the Midwest, of whom 63% were males and 37% females. The majority (89%) of the sample participants were aged 25-36. The study findings supported the hypothesis that there was a statistically significant relationship ($r = .334, p < .001$) between hope and employability and that the hope sub-factor of agency significantly ($B = .316, T = 4.835, p < .001$) predicted employability. Hinton also found that the hope sub-factor of agency was statistically significantly linked to perceived employability ($r = .326, p < .001$) and ambition ($r = .480, p < .001$). The other hope sub-factor of pathways was also found to have a statistically significant relationship with self-perceived employability ($r = .242, p < .001$) and ambition ($r = .279, p < .001$). Although the study provides some data about employability and hope in adult MBA students, the findings cannot be generalized to an adolescent population. Further study of this type focusing on high school students' level of hope and employability would thus be helpful.

Racial identity and hope. In a study that aimed to understand the influence of racial identity attitudes on vocational identity and hope, Jackson and Neville (1998)

employed a sample of 122 (41 male, 77 female, 4 missing) African-American university students. The age range of the sample was 17 to 45 ($M_{age} = 21.29$, $SD = 4.52$). The study findings indicated 1) a significant relationship between racial identity attitude, hope, and vocational identity in both male and female research participants; 2) higher positive relationships in internalized racial identity attitudes and hope in both males and females; 3) and moderately negative relationship conformity of racial identity attitude measure and Hope Scale scores in males only. In addition, the levels of hope were not significantly different between the two genders and racial identity attitudes seemed to influence hope more than demographics. Finally, a significant positive relationship between male and female hope scores and vocational identity scores was established.

These two studies indicate that hope is highly correlated with, and can be a predictor of, employability in adults. Moreover, racial identity and hope appear to be highly related.

Summary

The literature that was reviewed in the sections above included studies that could be broadly classified into three categories. The studies reviewed in this section of hope and career development achieved statistical significance in the constructs being studied. In the work and vocational hope category, one may find the scholars validating scales to measure the hope and career constructs (Juntunen & Wettersten, 2006). In addition, a strong relationship between work hope and one's hope and beliefs of academic achievement was identified (Kenny et al., 2010). Finally, in the third study, one's

persistence against barriers in pursuit of one's vocational identity was shown to be critical to the success of urban adolescent study participants (Diemer & Blustein, 2007).

The reviewed studies on the effects of hope on career aspirations and development in international populations indicated that male and female middle class children from Northern Ireland were capable of identifying their future career hopes and fears (McCallion & Trew, 2000). Similarly, hope, when conceptualized differently, was shown to be less important than family and work, but more significant for local community and personal future in an adolescent Ukrainian population (Nikolayenko, 2009). Finally, work attitude was not gender-specific, as relationships seem to be the most influential factor in one's level of work hope (Yakushko & Sokolova, 2010).

In the section on hope, employability and racial identity, the first study reviewed made the link between hope and employability. Moreover, the link between the sub-factors of hopes (agency and pathways) and self-perceived employability and ambition was statistically significant. According to Hinton (2012), agency hope was, however, a better predictor of employability. In the second study, vocational programming was shown to be related to gains in levels of hope in an at-risk youth sample (Robitschek, 1996). In the final study on a college student sample, hope seemed to be statistically significantly linked to racial and vocational identity (Jackson & Neville, 1998). As previously noted, the relationship between hope and career development in students with ED is at the heart of this dissertation project. The literature search using terms hope, career development, and adolescent students with ED, and all their combinations, yielded no studies, however, that specifically addressed these issues. A few studies that

addressed related topics have, however, been identified and are reviewed in the next section. In this part of the chapter, the literature on hope was reviewed. Discussion on hope as it relates religion and spirituality, terminal illness, ED and mental disorders, mental strength, student achievements, and career development was presented. In the final part that follows the focus will be on literature that focused on all three of the main variables of adolescent ED, career development, and hope.

Hope and Career Development in Adolescent with ED

After entering into the electronic database the combined search terms that included all the variables pertaining to adolescents with ED, career development, and hope, it was surprising that no studies were found. The following two studies are reviewed here because they covered related issues.

Bell (2010) conducted a two-year longitudinal study focusing on hope, career development, and mentoring in youth. The research participants included legally blind youth ($N = 49$; males = 21, 43%, females = 28; 57%, Age range = 17 to 26 years old, M age = 21.6, $SD = 2.93$), of whom 57% were Caucasian, 25% African American, 10% Hispanic, 2% Native American, 2% Asian/Pacific Islander, and 4% declared their race/ethnicity as other. The study findings pertaining to the hope variable were not statistically significant. There was, however, a significant relationship ($R = .44, p < .01$) with the career decision variable ($F(1, 97) = 28.41, p < .01, R = .221, d = 1.08$). The reported means on the career measure increased from Time 1 ($M = 85.32, SD = 21.29$) to Time 2 ($M = 105.83, SD = 21.29$). The Bell study, although significant for this dissertation research study, has some notable limitations. First, it used the Miller Hope

Scale, which is different from Snyder's Hope Scale that is used in the dissertation study. Second, Bell reported that the Bell's research subject Hope scores were probably depressed as the age range is at the upper end of youth age. Nonetheless, the Bell study was reviewed because it focused on the effects of hope on career development of disabled youth. Thus, this is one of the few studies that addressed issues similar to those of the dissertation research (hope, career development, and ED).

Waynor et al. (2012) conducted a correlational design study, investigating the relationship between mental illness symptoms and hope in a sample required to receive employment services. The sample consisted of adults ($N = 74$; males $n = 40$, 54.1%; females $n = 34$, 45.9%), most of whom were Caucasian ($n = 44$), followed by African American ($n = 25$), Hispanic ($n = 2$), and other ($n = 3$). The authors found a statistically significant negative relationship between hope and psychiatric symptoms (Pearson $r = 0.326$, $p = .01$) and hopelessness and psychiatric symptoms (Pearson $r = 0.382$, $p = .01$). The researchers also reported moderate effect between hope and psychiatric symptoms ($r^2 = .106$), as well as between psychiatric symptoms and hopelessness ($r^2 = .146$). The limitation of the study was its small sample size, which limited the potential for identifying statistically significant relationships and affected generalizability of its findings. This study is still relevant to this dissertation research because it addressed all the major elements, namely hope and career development with a psychiatric population.

Although the above two studies were reviewed because they addressed the issues most closely related to those on which the dissertation study will focus. The study conducted by Waynor et al. (2012) focused on adults rather than adolescents, and thus its

findings were less relevant to the dissertation research. Clearly more research is needed in this field, in order to expand the existing knowledge on the effects of hope on the career development of adolescents with ED.

Summary

In this chapter, a review of the extant empirical literature focusing on hope and career development, as it applies to adolescent populations with ED, was presented. It was organized into four main parts, which respectively focused on adolescents with ED, career development, hope, and a combination of the three previous terms.

In sum, all relevant empirical literature that addressed hope, behavioral and mental disorders, and included research on clinical populations, was reviewed. The key finding that emerged was that the hope has been primarily measured in clinical populations (Snyder et al., 1991). When evaluated in school settings, hope was shown to be negatively correlated with, and negatively predicted by, teacher ratings of adolescent behavioral problems. More specifically, teachers negatively correlated hope and emotional problems, such as depression and anxiety, whereas the adolescents rated hope as being negatively related to hostility and sadness (Ciarrochi et al., 2007). Additionally, hope seems to be positively related to adaptive perfectionism and inversely related to depression (Ashby et al., 2011). Furthermore, in post-intervention measures, hope has been shown to increase, while symptoms of PTSD decreased in a clinical sample of school children (Tol et al., 2008).

The second area of focus in the review presented in this chapter was the empirical literature on relationship between hope and mental strength. The evidence suggested that

hope is linked with positive emotions, such as happiness and life satisfaction (Abdel-Khalek & Snyder, 2007). Moreover, there was a strong link between hope and self-esteem, positive attribution style, joy, and positive adjustment (Ciarrochi et al., 2007). Additionally, self-esteem, meaning of life, and agency hope have been shown to improve through the use of a hope treatment protocol (Cheavens et al., 2006). In female nurses, levels of stress seemed to affect their hope beliefs in interpersonal relationships (Simmons et al., 2003). According to Valle et al. (2006), hope, when present, may be related to life satisfaction and coping efficacy.

Next, the review focused on the empirical literature on hope and achievement. In the academic field, the hope construct has been shown to predict grades rather well in adolescent samples, as higher levels of hope were good predictors of better grades (Ciarrochi et al., 2007; Lopez, 2010). This seemed to be true with college students too, where the hope construct has been shown to predict grade point average, college retention, and college success (Lopez, 2010). In another related study, the hope construct had been found to predict high school graduation, as well as school dismissal rates (Snyder et al., 2002). In the area of work hope, a strong relationship with career planning and academic achievement was identified (Kenny et al., 2010).

The fourth area of focus in this review was the empirical literature on hope-related interventions. The findings seemed to suggest that levels of hope could be changed at any age. Moreover, hope levels may be raised in a vocational development program (Robitschek, 1996). A forgiveness intervention had even been attempted with Chinese high school students (Hui & Ho, 2004). The effect of raising hope through a group

intervention with a clinical sample had been successfully demonstrated (Cheavens et al., 2006). Raising hope had been possible in an Australian high school sample, which received individual life coaching (Green et al., 2007). Hope-producing interventions had also been reported to successfully increase hope levels in a US college student athlete sample (Rolo & Gould, 2007). Finally, increasing hope levels were also shown to be possible through school-based interventions with children during a politically violent period in Indonesian history (Tol et al., 2008).

The final area of empirical research that was reviewed in this chapter focused on hope and career development. It was shown that persistence against barriers in pursuit of one's vocational identity was critical in an urban adolescent sample (Diemer & Blustein, 2007). Given the benefits of hope, in particular as it applies to work, many researchers had attempted to measure it. For example, a scale based on the theory developed by Snyder et al. (1991) was the basis for the instrument proposed by Juntunen and Wettersten (2006). Additionally, the link between hope and employability, as well as between the sub-factors of hope (agency and pathways) and self-perceived employability and ambition, was found to be statistically significant. Agency hope was, however, a better predictor of employability (Hinton, 2012). In an at-risk youth sample, vocational programming seemed to be related to improvements in the hope levels (Robitschek, 1996). At a different level, hope seemed to be statistically significantly linked to racial and vocational identity in a college sample (Jackson & Neville, 1998). When conceptualized differently, hope was shown to be less important than family and work, but more significant for local community and personal future, in an adolescent Ukrainian

population (Nikolayenko, 2009). There was also a strong relationship between work hope and one's hope and beliefs pertaining to academic achievements (Kenny et al., 2010). Finally, work attitude was not gender-specific, as relationships seemed to influence one's level of work hope to a much greater extent (Yakushko & Sokolova, 2010).

Having reviewed the empirical literature on hope, career development, and adolescents, the next chapter details the methodology used in the dissertation study.

Chapter III: Methodology

This study was conducted at an alternative education day program, independent school, with students who have a special education diagnosis of ED. In this chapter, all elements of the research process are presented. Specifically, the research participants, setting, measures, procedures, design and analysis, and study limitations are described in detail.

Methods

Setting

The research study was conducted at a private and independent alternative education day program. It consists of a middle and high school and is located in suburban Saint Louis, Missouri. The unique features of the school were its small annual enrollment census of 80-130 students, who receive individualized academic instruction and counseling services (individual, group, and parent education) for the duration of their enrollment at the school. The research participants came from rural, urban, and suburban communities to attend this school. At the time the research study was conducted, 90 total students were attending the school. All the students had either an educational diagnosis of ED.

Participants

Prior to participating in this research project, the students were formally referred by parents and the IEP team and matriculated into the school by the school's admission committee. The students had been deemed by an IEP team as likely to benefit from programs targeting the social, psychological, academic, and family wellbeing of students

with disabilities. The school has programs designed to engage the student with disability through participation in individual and group counseling, individualized academics instruction, parent psycho-education, and support groups. Essentially, these students had not been successful in the public or private regular school setting and had required an educational placement in an alternative therapeutic school setting. All the students met the IDEA criteria for an educational diagnosis of ED through the individualized education program (IEP) processes. Typically, the students attending the educational facility where the research took place were admitted to this school on the basis of serious diagnosis of ED. It is from this student body that 65 students were recruited to participate in this research project. Table 2 has the research participants' demographic information.

Table 2

Research Participants' Demographic Information

Variables	N	%
Research Participants	65	100
Gender	65	100
Male	41	63.1
Female	24	36.9
Age	65	100
12	3	4.6
13	8	12.3
14	5	7.7
15	15	23.1
16	17	26.2
17	12	18.5
18	5	7.7
Race/Ethnicity	65	100
African-American	11	16.9
European-American/Caucasian	41	63.1
Hispanic-American	3	4.6
Native-American	1	1.5
Multiracial/Multiethnic	6	9.2
Other	3	4.6
Grade Level	65	100
6 th Grade	1	1.5
7 th Grade	4	6.2
8 th Grade	7	10.8
9 th Grade	11	16.9
10 th Grade	12	18.5
11 th Grade	20	30.8
12 th Grade	10	15.4
SES	65	100
Qualifies for Free and Reduced Lunch	15	23.1
Does NOT Qualify for Free and Reduced Lunch	50	76.9
Career Counseling	65	100
Yes—Participated	28	43.1
No—Did NOT Participate	37	56.9

Gender and Age. Study participants were male ($n = 41$, 63.1%) and female ($n = 24$, 36.9%) students of varying ages between 12 and 19 years-old ($M = 15.4$ yrs., $SD = 1.598$), who were recruited from an alternative educational day program or school located in Saint Louis, Missouri.

Race/Ethnicity. During the data collection phase, the race/ethnicity categories included African-American ($n = 11$, 16.9%), European-American/Caucasian ($n = 41$, 63.1%), Hispanic-American ($n = 3$, 4.6%), Native-American ($n = 1$, 1.5%), Multiracial/Multi-ethnic ($n = 6$, 9.2%), and other ($n = 3$, 4.6%). As result of the small numbers in all categories excluding the European-American/Caucasian and African-American, the final categories were combined into three major categories of European-American/Caucasian ($n = 41$, 63.08%), African-American ($n = 11$, 16.92%), and Other ($n = 13$, 20%).

Grade Level. The research participants were in grades both in the middle and high school levels. Grade levels and the number of research participants were as follows: 6th grade ($n = 1$, 1.5%), 7th grade ($n = 4$, 6.2%), 8th grade ($n = 7$, 10.8%), 9th grade ($n = 11$, 16.9%), 10th grade ($n = 12$, 18%), 11th grade ($n = 20$, 30.8%), and 12th grade ($n = 10$, 15%).

SES. The social economic statuses (SES) of the research participants were determined based on school records. The school was only willing to release SES based on students' eligibility to meet the US Federal Government's guidelines on free and reduced lunch (Child Nutrition Programs—Income Eligibility Guidelines, 2014). The majority ($n = 50$, 76.92%) of research participants did not meet the US Government

guidelines to qualify for the free and reduced lunch program. Some ($n = 15$, 23%) of the research participant, however, did meet the US Government's guidelines for free and reduced lunch.

Career/Transition Counseling. At the school research setting, each of the research participants have a school counselor with whom they meet with individually on a weekly basis for academic, personal, and career/occupational related issues. Each counselor of all ($N = 65$) the research participants were asked whether they had focused on career/transition related topics in their sessions. The majority of research participants ($n = 37$, 56.92%) did not receive career/transition oriented counseling compared to some ($n = 28$, 43.08%) of the research participants who received career/transition counseling.

Measures

Three measures were utilized in this study: Hope Scale (HS, Snyder et al., 1991), Children's Hope Scale (CHS, Snyder, Hoza et al., 1997), and My Vocational Situation (MVS, Holland et al., 1980).

Hope Scale (HS). The HS (Snyder et al., 1991) is a 12-item self-report inventory intended to measure an adult's (age 15 years and older) hope disposition (see Appendix A). The 12 items are broken down into three groups, with four items measuring agency, four items measuring pathways, and four distracter items. Snyder (1991) recommended introducing the HS as a "goals scale" for administration purposes. Reportedly, the scale can be completed in five minutes and hand scored in even less time. This claim was largely accurate. Researchers can elect to use either the 4-point or 8-point scale on this instrument. Research participants can respond by marking their response on either a 4-

point or 8-point continuum Likert-type Scale, respectively ranging from 1 = definitely false to 4 = definitely true, or 8 = definitely true. This study used the 4-point continuum because it was considered easier for the subjects. As only the eight items measuring pathways and agency are used in the scoring, the respondents' scores can range from 8 to 32.

The psychometric properties of the HS appear to be adequate, as reviewed and reported by Lopez et al. (2000). Reliability statistics showed Cronbach's alphas ranging from .74 to .84. The test-retest reliability after 10 weeks was reported as $r = .80$. Moreover, the two (agency and pathways) components of hope have been supported in both exploratory and confirmatory factor analysis (Snyder et al., 1991).

The HS has high concurrent, construct, discriminant, and predictive validity properties. The HS has been reported to have high concurrent validity with other instruments measuring similar constructs. More specifically, it was positively correlated to the Life Orientation Test (Scheier & Carver, 1985) with $r = .50$ to $.60$, was negatively correlated with the Hopelessness scale (Beck, Weissman, Lester, & Trexler, 1974), with $r = -.51$ and negatively correlated with the Beck Depression Inventory (Beck, Rial, & Rickels, 1974) with $r =$ to $-.42$. Other authors have reported non-significant correlations (score ranges between $.06$ and $-.03$) between the HS and the Self Consciousness Scale (Fenigstein, Scheier, & Buss, 1975). When variance was statistically removed, the HS has been shown to predict coping, high achievement, wellbeing, and psychological health (Lopez, 2000).

Children's Hope Scale (CHS). The CHS (Snyder, Hoza et al., 1997) is a 6-item self-report measure of the pathways and agency components of the hope construct. It is appropriate for use with children aged 7-16 (see Appendix B). The CHS internal reliability was reported as having Cronbach's alpha of .72 – .86 and test-retest reliability after one month was reported to be in .70 – .80. The construct validity of the CHS showed an inverse correlation with the Children's Depression Inventory ($r = -.27$ and $-.48$). In addition, the convergent validity with parent ratings was reported as $r = .38$ and $r = .37$, one month later.

Both the HS and the CHS are deemed appropriate for use with middle and high school age students (Snyder et al., 1991; Snyder, Hoza et al., 1997; & Valle, Huebner, & Suldo, 2004). The CHS (Snyder, Hoza et al., 1997) covered the lower age range (7-16 years old), whereas the HS (Snyder et al., 1991) covered the higher age range (15 years and older). The research participants were only required to respond to the instrument appropriate for their age group.

The uses of both scales in this research with the different age groups are justifiable because the HS and CHS are equivalent on theoretical and psychometric grounds. Theoretically, both the HS and CHS are both based on the same Hope theory by C. R. Snyder. Both the HS and CHS measure the same constructs (agency and pathway) of the Hope theory. The agency and pathway constructs have been supported through principle component factor analysis and confirmatory factory analysis on both the HS (Snyder et al, 1991; Babyak, Snyder, & Yoshinobu, 1993) and the CHS (Valle, Huebner, & Sudo, 2004). Further evaluation of the CHS by Valle, Huebner, and Sudo, (2004)

found that the CHS can be used with students up to the age of 19 years old, effectively extending the appropriate age range use between 7 to 19 years old. Moreover, by looking at the items on both the HS and CHS, one can recognize the shared items; therefore, both HS and CHS have good face validity. Additionally, both HS and CHS have been concurrently validated against other measures. For example, hope researchers found that the HS (Snyder et al., 1991) is negatively correlated with the Beck Depression inventory with $r = -0.42$ and the CHS (Snyder, Hoza, et al., 1997) negatively correlated with the Children's Depression Inventory (Kovac, 1985) with $r = -0.48$.

My Vocational Situation (MVS). The MVS (see Appendix C) was used in this study, as it has shown substantive evidence of reliability in a study focusing on career development of individuals with disabilities (Yanchak et al., 2005). Further findings indicated that the vocational identity of individuals with cognitive impairment did not differ statistically from those of individuals with physical disability. The MVS has also been used to measure the vocational identity in a sample of high school students who were attending a program for academically gifted and talented children (Leung, 1998). The MVS has also been used to help determine the appropriateness of a career development program to be used with individuals with a mental illness (Loughead & Black, 1990).

The MVS is a brief self-report instrument that is used as an initial screener in the area of career decision-making (Holland et al., 1980). The MVS scale consists of 26 items, organized into three subscales, covering vocational identity (18 items requiring "true" or "false" response), occupational information subscale (4 items requiring "yes" or

“no” response), and a barriers subscale (4 items requiring “true” or “false” response).

Holland and his colleagues reported Kuder-Richardson-20 reliability estimates between .86 and .89 on the vocational identity subscale. They also reported test-retest reliability of .75, for 1-3 months after the initial screening. Finally, in terms of the construct validity, the MVS was shown to have low to moderate, correlations between the subscales, or internal consistency.

The MVS subscales attempt to measure different aspects of the career decision-making process. More specifically, the vocational identity subscale measures a subject’s ability to clearly and consistently see his/her goals, interests, talents, and personality. Similarly, the occupational information subscale allows the research participant to indicate his/her need for career information, while the barriers subscale addresses the perceived challenges and occupational goals.

Background information. This study’s participants were asked to disclose their demographic information on the background information sheet, which asked for the participant’s gender, race/ethnicity, and age (see Appendix D). All participants were assigned a research number, in order to protect their identity, and this number was used as an identifier on all instruments they completed, thus facilitating subsequent coding and comparison of the scores on the measures.

Procedures

Several steps were taken in conducting this study. First, parents or guardians were provided a consent form detailing the intended purpose of the study and requesting permission for their adolescent to participate in the study (see Appendix E). Second,

students who agreed to take part in the research were asked to complete an assent form (see Appendix F) and *Background Information Sheet* (see Appendix D). Because SES is a variable being studied, the research participant's SES was identified through school records of students who qualified for the free and reduced lunch program. Participation in school counseling was determined through the reporting of the research participant's counselor. Third, during their group counseling hour, the participating students were asked to complete either the HS (see Appendix A) or CHS (see Appendix B) and the MVS (see Appendix C). Students absent on the day of the data collection were sought individually to complete the instruments at their next day of school attendance.

The data collection period was completed during the fall 2014 semester. The Institutional Review Board at the University of Missouri-St. Louis approved the procedures and instruments used in the study. The research study was approved by the Head of School to be conducted at the research location (see Appendix G for a copy of the *Statement of Cooperation for a Research Project*).

Design and Analysis

The following hypothesis and research questions guided the study:

Hypothesis. There is a significant relationship between the Hope Scales scores and MVS total scores of research participants.

Research question 1a. What is the strength and direction of the relationship between the Hope Scales scores and the SES of the research participants?

Research question 1b. What is the strength and direction of the relationship between the MVS total scores and the SES of the research participants?

Research question 2a. What is the strength and direction of the relationship between the Hope Scales scores and the gender of the research participants?

Research question 2b. What is the strength and direction of the relationship between the MVS total scores and the gender of the research participants?

Research question 3a. What is the strength and direction of the relationship between the Hope Scales scores and the race/ethnicity of the research participants?

Research question 3b. What is the strength and direction of the relationship between the MVS total scores and the race/ethnicity of the research participants?

Research question 4a. What is the strength and direction of the relationship between the Hope Scales scores and the research participants' age?

Research question 4b. What is the strength and direction of the relationship between the MVS total scores and the research participants' age?

Research question 5a. What is the strength and direction of the relationship between the Hope Scales scores and career counseling (specifically comparing the research participants who have received and those who have not received career counseling)?

Research question 5b. What is the strength and direction of the relationship between the MVS total scores and career counseling (specifically comparing the research participants who have received and those who have not received career counseling)?

Analysis. The data analysis included pre-analysis preparation of the data, primary analysis, secondary analysis, rationale for the statistical tests used, and the *p* level used to determine statistical significance.

In the pre-analysis phase, the researcher collected and coded the data. Because the Children Hope Scale and Hope Scale (for adults) have different numbers of questions, they were equated by first finding the maximum score for each – this was 64 for the adult scale and 20 for the child scale – and then multiplying the child scale by the ratio of these maxima (64/20). The research participants' demographic data, Hope Scale scores, and MVS scale scores were entered into the SPSS statistical program for data treatment and to conduct the statistical analysis.

In the primary data analysis phase, two major statistical procedures were used in the analysis of the data. First, the hypothesis was tested with Pearson Correlation Coefficients to see if any relationship existed between the Hope Scales and MVS scores in the research population.

Second, the general linear model (GLM) procedures were used to test all research questions: The t-test was used to test research questions 1a and 1b to determine the strength and relationship between the Hope Scale scores, the MVS scores, and SES of the research participants. The t-test was used to test research question 2a and 2b to determine the strength and relationship between the Hope Scale scores, the MVS scores, and the gender of the research participants. Regression was used to test research questions 3a and 3b to determine the strength and direction of the relationship between the Hope Scale scores, the MVS scores, and race/ethnicity of the research participants. Regression was also used to test research questions 4a and 4b to determine the strength and direction of Hope Scale scores, MVS scores, and age of the research participants. A t-test was used to test research question 5a and 5b, to determine the strength and the direction of the

Hope Scale scores and the MVS scores with those who received career counseling and those who did not receive career counseling.

In the secondary analysis phase, the researcher wanted to see if there were any interaction between the reported levels of receiving career counseling and the hypothesis and each of the eight research questions. Regression analyses were used to test these interactions. Research question 5a and 5b were not included in the secondary analysis because the questions were written to directly answer the questions on strength and direction between hope and receiving career counseling and between MVS and receiving career counseling.

In quantitative studies, there is always a rationale for the statistical techniques used to test the data. Correlation is often used to look for a linear relationship between two quantitative variables without specifying one as the dependent variable and one as the independent variable. The hypothesis of the study is stated in such a way that the quantitative variables of hope and MVS are not identified as either dependent or independent variables. The general linear model looks for linear relationships between a single, quantitative variable (the dependent variable) and one or more independent variables. Research questions 3a, 3b, 4a, and 4b have identified dependent variables (hope and MVS) and independent variables (race/ethnicity and age). T-tests compare the means of one variable in two groups. Research questions 1a, 1b, 2a, 2b, 5a, and 5b look at either hope or MVS in those who qualify or do not qualify for free and reduced lunch (SES), male and female groups, or those who received career counseling or those who did not receive career counseling.

The probability (p) value of less than or equal to .05 at a minimum was adopted for all statistical tests in order to claim that a level of statistical significance had been reached. The chosen (p) value of 0.05 follows commonly accepted (p) level used in counseling research. Probability values were reported for the hypothesis and the 10 research questions.

Summary

In this chapter, all elements of the research methodology were detailed. The research setting was described. The research participants' demographic variables were described. The psychometric properties of the measures chosen for use in this study were reported. Additionally, the theoretical and psychometric rationale for using the HS and CHS were articulated. The procedures used to obtain permission for research participants to participate and for obtaining data were all explained. The design and method of analysis were clarified. In the next chapter, the result of the analysis will be reported.

Chapter IV: Analyses and Results

The purpose of the study was to investigate the relationship between the psychological constructs of hope (Snyder, 1995) and career development (Holland, Daiger & Power, 1980) in students with emotional disturbance (ED). This chapter will include the description of the sample, analyses used for the hypothesis and the research questions, and the results obtained.

Description of the Sample

This section includes the demographic variables of the sample that are directly relevant to the study. See Table 3 for more details including the ranges for each continuous variable.

Table 3

Means, Standard Deviations, & Ranges for Continuous Variables

<u>Variable</u>	<u>N</u>	<u>M</u>	<u>SD</u>	<u>Min.</u>	<u>Max.</u>
Hope	65	48.30	9.01	22.40	64.00
MVS	65	14.32	5.91	3.00	26.00
Age	65	15.40	1.60	12.00	18.00
Hope Scale	49	47.02	8.48	30.00	64.00
Children Hope	16	16.31	3.05	7.00	20.00

There were 65 research participants who completed the Hope Scales ($M = 48.30$, $SD = 9.014$), and the MVS ($M = 14.32$, $SD = 5.91$). The mean age of the research participants was 15.4 years old ($SD = 1.60$). Research participants who completed the Hope Scale had a mean of 47.02 ($SD = 8.48$) and Children Hope Scale had a mean of 16.31 ($SD = 3.05$).

The research participants ($N = 65$) had characteristics that included SES (based on one's ability to qualify for the federal government's free and reduced lunch program), gender, race/ethnicity, age, and career counseling received. Table 4 shows the frequencies and percentages of the research sample, on these variables.

Table 4 identifies the independent variables frequencies and percentages of this study, including whether or not they qualified for free and reduced lunch, gender, race/ethnicity, age (the table shows age as a categorical variable but it is treated as a continuous variable in the analysis), and whether or not the subject had received career counseling.

Table 4

Independent Variables Frequencies and Percentages

<u>Variables</u>	<u>Frequency</u>	<u>Percentage</u>
------------------	------------------	-------------------

SES (Free/Reduced)

Qualify	15	23.08
Not Qualify	50	76.92

Gender

Male	41	63.1
Female	24	36.9

Ethnicity/Race

Caucasian	41	63.08
African-American	11	16.92
Other	13	20.00

Age

12-14 years-old	16	24.62
15-19 years-old	50	76.92

Career Counseling

Yes	28	43.08
No	37	56.92

Analyses

There were two statistical analyses used to test the hypothesis and research questions. Different primary analyses were used to test the hypothesis and the ten research questions. The hypothesis was tested with the Pearson Correlation to see if any relationship existed between the Hope Scales and MVS scores in the research population. Research questions 1a, 1b, 2a, 2b, 3a, 3b, 4a, 4b, 5a, and 5b were tested with the GLM procedures. Research questions 3a, 3b, 4a, and 4b were tested with a linear regression model. Research questions 1a, 1b, 2a, 2b, 5a, and 5b were tested using t-test.

The secondary analysis involved adding the career counseling variable to the hypothesis and the eight research questions 1a, 1b, 2a, 2b, 3a, 3b, 4a, and 4b. There were no secondary analyses conducted for research question 5a and 5b because they directly attempted to answer the questions of direction and strength of relationship between Hope Scales and career counseling and MVS and career counseling.

Results

Findings

In this section, the primary and secondary analyses of the hypothesis and research questions are reviewed and reported. The secondary analysis is not reported for research question 5a and 5b because it is calculated in the primary analysis.

After calculating a Pearson Correlation Coefficient (r) to test the hypothesis and the general linear model to test the 10 research questions, the statistical findings were mixed.

The primary analyses and findings for research questions 1a (Hope and SES), 2a (Hope and Gender), and 5a (Hope and Career Counseling) are summarized in the primary analysis t-test table 5.

Table 5

Primary Analysis: T Values for Hope and SES, Gender, & Career Counseling

HOPE						
	SES*		Gender		Career Counseling	
	Not					
	Qualify	Qualify	Male	Female	Yes	No
N	15	50	41	24	28	37
Mean	49.13	48.04	51.00	43.66	50.47	46.65
Lower CL Mean	44.60	45.40	48.64	39.60	47.83	43.26
Upper CL Mean	53.67	50.69	53.38	47.71	53.11	50.04
Standard Deviation	8.19	9.31	7.52	9.60	6.82	10.16
Lower CL Std.Dev	5.99	7.78	6.17	7.46	5.39	8.26
Upper CL Std Dev	12.91	11.60	9.62	13.47	9.28	13.19
Standard Error	2.11	1.32	1.17	1.96	1.29	1.67
DF	63		63		63	
t Value	0.41		3.43**		1.72	
Probability Level	0.69		0.001		0.09	

*SES is based on the qualification for the free and reduced lunch program.

**Significant at $p < 0.05$

The primary analyses and findings for research questions 1b (MVS and SES), 2b (MVS and Gender), and 5b (MVS and Career Counseling) are summarized in the t-test table 6.

Table 6

Primary Analysis: T Values for MVS and SES, Gender, and Career Counseling

	MVS					
	SES*		Gender		Career Counseling	
	Qualify	Not Qualify	Male	Female	Yes	No
N	15	50	41	24	28	37
Mean	13.07	14.70	14.98	13.21	14.93	13.87
Lower CL Mean	9.79	13.02	13.03	10.92	12.42	12.04
Upper CL Mean	16.34	16.38	16.92	15.49	17.44	15.69
Standard Deviation	5.91	5.91	6.15	5.41	6.48	5.48
Lower CL Std.Dev	4.33	4.94	5.05	4.20	5.12	4.46
Upper CL Std Dev	9.32	7.37	7.87	7.58	8.82	7.12
Standard Error	1.53	0.84	0.96	1.10	1.23	0.90
DF	63		63		63	
t Value	-0.94		1.17		0.72	
Probability Level	0.35		0.25		0.48	

*SES is based on the qualification for the free and reduced lunch program.

The primary analyses and findings for research questions 3a (Hope and Race/Ethnicity), 3b (MVS and Race/Ethnicity), 4a (Hope and Age), and 4b (MVS and Age) are summarized in the regression table 7.

Table 7

Primary Analysis: Regression values for Hope and MVS and Independent Variables

	HOPE			MVS	
	One Outlier Removed				
	Race/Ethnicity	Race/Ethnicity	Age	Race/Ethnicity	Age
DF, Error DF	2,62	2,61	1,63	2,62	1,63
Sum of Squares	359.23	592.02	183.11	34.46	3.35
Error Sum of Squares	4841.17	4268.43	5017.30	2197.75	2228.87
Mean Square	179.62	296.01	183.11	17.23	3.35
Error Mean Squares	78.08	69.97	79.64	35.45	35.38
F-Value	2.30	4.23***	2.30	0.49	0.09
F-Probability Level	0.11	0.02	0.13	0.62	0.76
R-Square	0.069	0.12	0.04	0.015	0.0015

***significant at $p < 0.05$

The secondary analyses (interaction of Career Counseling) for research questions 1a (Hope and SES), 2a (Hope and Gender), 3a (Hope and Race/Ethnicity), and 4a (Hope and Age), are summarized in the regression table 8.

Table 8

Secondary Analysis: Interaction of Career Counseling with Hope and Independent Variables

CAREER COUNSELING + HOPE + ...				
	SES*	Gender	Race/Ethnicity	Age
DF, Error DF	3,61	3,61	5,58	3,61
Sum of Squares	238.08	1428.71	1085.89	702.32
Error Sum of Squares	4962.33	3771.70	3774.56	4498.08
Mean Square	79.36	476.24	217.18	234.11
Error Mean Squares	81.35	61.83	65.08	73.74
F-Value	.98	7.70***	3.34***	3.17***
F-Probability Level	0.41	0.0002	0.01	0.03
R-Square	0.05	0.28	0.22	0.14

*SES is based on the qualification for the free and reduced lunch program.

***significant at $p < 0.05$

The secondary analyses (interaction of Career Counseling) for research questions 1b (MVS and SES), 2b (MVS and Gender), 3b (MVS and Race/Ethnicity), and 4b (MVS and Age) are summarized in the regression table 9.

Table 9

Secondary Analysis: Interaction of Career Counseling with MVS and Independent Variables

Career Counseling + MVS +...				
	SES*	Gender	Race/Ethnicity	Age
DF, Error DF	3,61	3,61	5.59	3,61
Sum of Squares	183.69	99.93	135.51	83.11
Error Sum of Squares	2048.52	2132.29	2096.71	2149.11
Mean Square	61.23	33.31	27.10	27.70
Error Mean Squares	33.58	34.96	35.54	35.23
F-Value	1.82	0.95	0.76	0.79
F-Probability Level	0.15	0.42	0.58	0.51
R-Square	0.08	0.05	0.06	0.04

*SES is based on the qualification for the free and reduced lunch program.

Hypothesis. There is a significant relationship between the Hope Scales scores and MVS total scores of research participant.

For the research hypothesis, the MVS scores were significantly correlated with the Hope Scale scores ($r = 0.37$, $p = 0.002$). The positive correlation was somewhat stronger for those who did not have career counseling ($r = 0.43$) versus those who did (0.30). This difference, however, was not statistically significant ($p = 0.56$).

Research question 1a. What is the strength and direction of the relationship between the Hope Scales scores and the SES of the research participants? There was no significant statistical difference between Hope Scale scores and SES (see Table 5, columns 2 and 3). The means for those who qualified for free and reduced lunch was 49.13 ($sd = 8.19$) and for those who did not qualify for free and reduced lunch was 48.04 ($sd = 9.31$) ($t_{63} = 0.41$, $p = 0.69$).

When career counseling and its interaction were added to Hope and SES (see Table 8, column 2), the overall model was still not statistically significant: $F_{3, 61} = 0.98$, $p = 0.41$. There was almost no indication of an interaction ($t = 0.12$, $p = 0.90$). The parameter estimate for the interaction was .66, indicating that the relationship between SES and hope was weaker when career counseling was used.

Research question 1b. What is the strength and direction of the relationship between the MVS total scores and the SES of the research participants? There was no significant statistical difference between MVS scores and SES (see Table 6, columns 2 and 3). The means for those who qualified for free and reduced lunch was 13.07 ($sd =$

5.9) and for those who did not qualify for free and reduced lunch was 14.7 ($sd = 5.9$) ($t_{63} = -0.94, p = 0.35$).

When career counseling was added to MVS and SES, the overall model was not statistically significant: $F_{3,61} = 1.82, p = 0.15$ (See Table 9, column 2). The interaction, however, between MVS and career counseling approached statistical significance ($t = -1.96, p = 0.055$). The parameter estimate for the interaction was -6.73, indicating that the relationship between SES and MVS was weaker when career counseling was used

Research question 2a. What is the strength and direction of the relationship between the Hope Scales scores and the gender of the research participants? The statistical mean for males were significantly higher than for females on the Hope Scale; the mean for males was 51.01 ($sd = 7.52$) and the mean for women was 43.66 ($sd = 9.60$) ($t_{63} = 3.43, p = 0.001$) (see Table 6, columns 4 and 5).

There was a statistically significant interaction between career counseling and gender ($F_{3,61} = 7.70, p = 0.0002$). See Table 8 for more information. In the analysis, the predicted mean values of Hope for the four combinations of gender and career counseling are shown in Table 10. Career counseling made a much bigger difference for women (10.10 points) than for men (0.56 points).

Table 10

Interaction Between Gender and Career Counseling for Hope

<u>Gender</u>	<u>Career Counseling</u>	<u>Predicted Mean for Hope</u>	<u>Difference</u>
Female	Yes	49.13	
Female	No	39.03	10.10
Male	Yes	51.34	
Male	No	50.78	0.56

Research question 2b. What is the strength and direction of the relationship between the MVS total scores and the gender of the research participants? There was no significant statistical difference between males or females on MVS (see Table 6). The mean for males was 14.98 (*sd* = 6.15) and for females was 13.21 (*sd* = 5.41) ($t_{63} = 1.17, p = 0.25$). Nor was there a statistically significant interaction between gender and career counseling for MVS ($F = 0.95, p = 0.42$; see Table 9).

Research question 3a. What is the strength and direction of the relationship between the Hope Scales scores and the race/ethnicity of the research participants? There were no statistically significant differences among the racial/ethnic groups on Hope ($F_{2, 62} = 2.30, p = 0.11$), see Table 7. The median for African-Americans was, however, higher and there was one outlier among this group. When the outlier value was removed, the differences became statistically significant ($F_{2, 61} = 4.23, p = 0.02$). African-Americans were significant higher than European-American/Caucasians.

There was also a statistically significant interaction between career counseling and race/ethnicity with regard to Hope ($F_{5, 58} = 3.34, p = 0.01$), see Table 8. For African-Americans, career counseling was related to higher Hope; for European-Americans it

made almost no difference, for “others” it was associated with lower Hope. The predicted mean values of hope for the six combinations of race/ethnicity and career counseling are shown in Table 11. Career counseling made a much bigger difference for African-Americans (6 points), than for either European-Americans (-1.50 points) or other (-5.84 points).

Table 11

Interaction: Hope, Career Counseling, & Race/Ethnicity

Race/ Ethnicity	Career Counseling	Predicted Means for Hope	Difference
African-American	Yes	50.45	
African-American	No	44.22	6.23
European-American/Caucasian	Yes	54.50	
European-American/Caucasian	No	56.00	-1.50
Other	Yes	46.50	
Other	No	52.34	-5.84

Research question 3b. What is the strength and direction of the relationship between the MVS total scores and the race/ethnicity of the research participants? There was no statistically significant differences among the racial/ethnic groups on MVS ($F_{2, 62} = 0.49, p = 0.62$), see table 7. Nor was there any statistically significant interaction between race/ethnicity and career counseling for MVS ($F_{5, 59} = 0.76, p = 0.58$), see Table 9.

Research question 4a. What is the strength and direction of the relationship between the Hope Scales scores and the research participants’ age? For each one point increase in age there was an estimated 1.0579-point decrease in Hope Scale scores. This

relationship was not statistically significant $F_{1, 63} = 2.30, p = 0.13$, see Table 7. There was, however, a statistical significant interaction between career counseling and age with regard to Hope ($F_{3, 61} = 3.17, p = 0.03$), see Table 8..

Research question 4b. What is the strength and direction of the relationship between the MVS total scores and the research participants' age? For each one point increase in age there was a predicted 0.14 point decrease in the MVS scores. This relationship was not statistically significant ($F_{1, 63} = 0.09, p = 0.76$), see Table 7. Nor was there any statistically significant interactions between age and career counseling for MVS ($F_{3, 61} = .79, p = 0.51$), see Table 9.

Research question 5a. What is the strength and direction of the relationship between the Hope Scales scores and career counseling (specifically comparing the research participants who have received and those who have not received career counseling)? There was no statistically significant relationship between the Hope Scales scores and career counseling, see Table 5.

For Hope, the means were 50.47 ($sd = 6.82$) for those who did participate in career counseling and 46.65 ($sd = 10.16$) for those who did not receive such counseling ($t_{63} = 1.72, p = 0.09$).

Research question 5b. What is the strength and direction of the relationship between the MVS total scores and career counseling (specifically comparing the research participants who have received and those who have not received career counseling)? There were no statistically significant differences between those who did or did not receive career counseling, see Table 6.

For MVS, the mean was 14.93 ($sd = 6.48$) for those who received career counseling and was 13.87 ($sd = 5.48$) for those who did not receive such counseling ($t_{63} = 0.72, p = 0.48$).

Summary

In this chapter, the research sample was described, the statistical analyses used were explained, and the results were reported. Pearson Correlation Coefficients and GLM were used to test and analyze the data. Information from 65 male and female students who had an educational and psychiatric diagnosis of ED was used in the research. Means, standard deviations, frequencies, and percentages were provided for the sample and variables.

The findings were mixed with statistical significance found with the research hypothesis, research question 2a (gender), research question 3a (race/ethnicity), and research question 4a (age). Follow-up analyses also showed statistical significance in the relationship between hope and participation in career counseling with females (research question 2a), African-Americans (research question 3a), and participants of all ages (research question 4a).

The focus of the next chapter will be a discussion and interpretation of the findings, making recommendations for future course of action, reveal researcher reflections, make suggestion for further research, and end with the summary and conclusion.

Chapter V: Discussion

The purpose of the study was to investigate the relationship between the psychological constructs of hope (Snyder, 1995) and career development (Holland, Daiger, & Power, 1980) in students with ED. This chapter discusses in further detail the findings and interpretations of the findings, makes recommendations for future course of action, reveals researcher reflections, makes suggestion for further research, and ends with the summary of the findings and conclusions based on those findings.

Findings and Interpretation

This study had one hypothesis and five two- part research questions. In this section, the findings, relationship with published literature, and interpretations of the hypothesis and research questions will be discussed.

Hypothesis

This study's hypothesis was stated as the following: There is a significant relationship between the Hope Scale scores and MVS total scores of research participants.

Finding. There was a statistically significant relationship between the research participants' level of hope and career development. The secondary analysis did not show significant relationship between receiving career counseling and hope and career development.

Convergence with the literature. The findings of this research study seems to be consistent with a recently published study by Hirschi, Abessolo, and Froidevaux (2015) where they found a statistically significant relationship between hope and career

development in a Swiss and German sample of adolescents and college students. Their Swiss adolescent sample was similar to the sample used in the study on some of the demographic factors (adolescents and students receiving special education programming).

Interpretations. Although there have been previous research conducted on adolescents with psychiatric diagnoses, this study is the first to look at a research participants' levels of hope and career development in a school for individuals with an educational or psychiatric diagnosis. Individuals with ED had high Hope scores when their career development scores were also high. This suggests that individuals with ED who are career minded are also likely to be hopeful. Individuals with ED, like adolescents in the general population, have high hope levels when their levels of career development are also high. The finding of this research and the Hirschi, Abessolo, and Froidevaux (2015) study suggest that the relationship between hope and career development may be cross-national as well as cross-demographic.

Although the secondary analysis did not show statistically significant relationship between the hope and career development and receiving career counseling services, the probability approached the statistically allowed p level. Sample size and a loose definition of career counseling may have contributed to the low statistical significance finding.

Research Question 1a

The research question 1a was stated as the following: What is the strength and direction of the relationship between the Hope Scales scores and the SES of the research participants?

Finding. No significant statistical relationship was found between the research participants SES and their levels of hope.

Convergence with the literature. The finding of the research was consistent with Kaylor and Flores (2007), where they found hope levels were not statistically significantly related to SES.

Interpretation. There may be a several explanations for the findings. First, although many social scientist, education, and counseling researchers often include SES as a variable in their studies, it may not have any bearing on levels of hope. Second, the students who are on the lower SES continuum may be just as likely to be hopeful as other students who come from different SES. Third, the definition of SES used in this study may not be consistent with how students may identify themselves. This researcher used the U.S. guidelines for meeting the requirements for the free and reduced lunch program to define SES. This SES definition may not have been adequate.

Research Question 1b

The research question 1b was stated as follows: What is the strength and direction of the relationship between the MVS total scores and the SES of the research participants?

Finding. No significant statistical relationship was found between the research participants SES and their career development.

Convergence with the literature. The finding of the research is consistent with findings from the Schmitt-Wilson (2013) study, where career development did not have a statistically significant relationship with the SES.

Interpretation. There may be several explanations for the lack of relationship between SES and career development. First, SES, although an important factor in other studies, may not have a bearing on career development. Second, students with ED may be just as career minded as other students of other SES. Third, the definition of SES used in this study may not be consistent with how students may identify themselves. The research used the U.S. guidelines for meeting the requirements for the free and reduced lunch programs for the levels of SES. This SES definition may not have been adequate to explain SES.

Research Question 2a

The research question 2a was stated as the following: What is the strength and direction of the relationship between the Hope Scales scores and the gender of the research participants?

Findings. Male research participants had statistically significant higher levels of hope when compared to female research participants. Career counseling was statistically related to hope for females.

Convergence with the literature. Regarding hope and gender, the statistically significant finding of males' scores on the Hope Scale in this research is consistent with

Heaven and Ciarrochi (2008). Interestingly, Heaven and Ciarrochi found female students had significantly higher scores on measures of hope during the 7th grade while males scored significantly higher on the measures of hope in their 10th grade

Interpretation. The statistically significant male scores on the Hope Scales compared to females may be due to the larger number of male research participants compared to female research participants. Another way of interpreting the statistical significance of the male research participants' scores on the Hope Scale is that males may tend to over-estimate their levels of hope. Conversely, females' assessment of their levels of hope may be grounded in reality, due to their social emotional development, during the teenage years.

Another interesting finding emerged regarding research participants' involvement in career counseling. The female research participants who received career counseling had also shown to have higher levels of hope. This finding is critical considering the widely known challenges females face in the workplace and because of the disproportionately high dropout rates for individuals with disabilities, especially individuals with ED diagnosis (U.S. Department of Education, 2012). This may also mean that hopeful females may have tended to seek or utilize career counseling than males.

Research Question 2b

The research question 2b was stated as the following: What is the strength and direction of the relationship between the MVS total scores and the gender of the research participants?

Findings. There were no statistically significant differences between males and females and career development. There were no statistically significant differences between males and females and career development and those who received career counseling.

Convergence and divergence with literature. The lack of statistical relationship between gender and career development is consistent with the findings by Hirschi and Lage (2007) and Rojewski (1996).

Interpretations. The finding may mean that in this particular research sample, no remarkable differences exist between male and female participants in their self-reported career development. The lack of significance of gender on career development may also be due to the fewer female research participants. Further research with a larger female sample with the current research population would be helpful to compare with the Hirschi and Lage's (2007) findings.

Research Question 3a

Research question 3a was stated as the following: What is the strength and direction of the relationship between the Hope Scales scores and the race/ethnicity of the research participants?

Findings. Compared to research participants in the Caucasian and Others groups, the African-American group had statistically significant higher levels of hope.

Another interesting finding emerged involving research participants who took part in career counseling with their counselors. African-American research participants

showed the highest level of hope. Career counseling did not seem to impact hope for the Caucasian students, and was associated with lower hope for the Others group.

Divergence with the literature. Although research by Hirsch, Visser, Chang, and Jeglic (2012) found that there were significant correlations between race/ethnicity and hope, their findings were contradictory (hope as a statistically significant moderator in Caucasian compared to African American research participants) to the findings of this research.

Interpretation. Although the findings on the African American student were based on a limited sample size, the statistically significant level of hope may be consistent values held by members of racial and ethnic minority groups regarding education. Education has widely been perceived by many individuals, especially those who are members of racial/ethnic minority groups, as one's pathway (a component of Snyder's Hope Theory) to fulfilling the American dream or promise for a better career, and maybe even improved social status and economic standing. The relationship between the research's African American participants' hope and career counseling may be related to the commonly held beliefs in many racial/ethnic minority households that education leads to a better career, and persisting (another component Snyder's Hope Theory) toward that career goal is critical.

Career counseling seems to work for African Americans in relationship to hope. It may mean that the brand of career counseling practiced at the research location is more helpful to African American students with ED. It may also indicate that the African Americans students who received career counseling were also hopeful. The condition of

the research participants who were in the Caucasian and Others groups may have other conditions, which may require other interventions different than career counseling. Or, the kind of career counseling needed to be helpful with the Caucasian and Others groups may need to be individualized.

Research Question 3b

Research question 3b was stated as the following: What is the strength and direction of the relationship between the MVS total scores and the race/ethnicity of the research participants?

Finding. There were no differences between different racial/ethnic groups (African-American, Caucasian, and Others) and their perceptions of their level of career development. Additional analysis of perceived level of career development and participation in career counseling was not related to any of the racial/ethnic groups.

Convergence with literature. The findings of the research seems to be consistent with Gushue and Whiston (2006) who found that racial/ethnic identity was not statistically significant in relationship to career decision and outcomes expectations in their sample of African American high school students.

Interpretation. Ethnic identity seems to have less to do with perceived career development. Participation in career counseling does not seem related to increased career development in all racial/ethnic groups. The lack of significance between race/ethnicity, career development, and career counseling should be interpreted with caution. The small sample size may have been a contributing factor in the lack of significance in the findings. Also, career counseling was loosely defined as either having or not having

received career counseling without determining if the interventions were conducted by a counselor trained in career counseling.

Research Question 4a

The Research question 4a was stated as the following: What is the strength and direction of the relationship between the Hope Scales scores and the research participants' age?

Finding. There was no statistically significant relationship between hope and age in the research sample; however, career counseling was found to have a statistically significant interaction with hope and age.

Convergence with literature. The finding of the research study is consistent with the findings by Bell (2010), where hope scores may have been depressed due to the age of the research participants.

Interpretation. Although hope alone was not significantly related to age, that changed with the introduction of career counseling to the analysis. It would seem that career counseling would be important with individuals with ED at any age—middle or high school. The findings of the research statistically supports the provision of the IDEA (2004) that requires transition planning (which involves career counseling) to start before age 16.

Research Question 4b

The research question 4b was stated as the following: What is the strength and direction of the relationship between the MVS total scores and the research participants' age?

Finding. There was no statistically significant relationship between self-reported perception of career development and age in the research sample.

Divergence with literature. Unlike the current study findings, the Bell (2010) study found research participants showed statistical significance on the career development variable.

Interpretation. The lack of statistical relationship between MVS and age may have less to do with age and more to do with the small sample size used in the study. Also it may have more to do with what it means to receive or not receive career counseling. Career counseling was not well articulated or accurately defined in this study, therefore it might have been likely that there was underreporting of career counseling services being provided to the research participants.

Research Question 5a

What is the strength and direction of the relationship between the Hope Scales scores and career counseling (specifically comparing the research participants who have received and those who have not received career counseling)?

Finding. There were no differences between those who participated in career counseling and hope and those who did not participate in career counseling and hope.

Interpretation. Earlier findings of the research showed that participation in career counseling had higher levels of hope in females, African Americans, and in students of all ages. The lack of statistically significant findings may be due to the larger Caucasian sample, which had been shown in research question 3a as neither having a statistical relationship with hope nor an interactive effect with career counseling.

Research Question 5b

What is the strength and direction of the relationship between the MVS total scores and career counseling (specifically comparing the research participants who have received and those who have not received career counseling)?

Finding. There were no differences between those who participated in career counseling and those who did not participate in career counseling and self-reported perception of career development

Divergence with literature. The findings of the research does not support the findings of Bardick et al. (2012). Bardick et al. found that middle school students who needed help with career counseling and also perceived career development activities to be important. Additionally, Lapan, Whitcomb, and Aleman (2012) found that career counseling was beneficial to high school students.

Interpretation. The lack of statistical findings between career development and those who received or not received career counseling may be due to the larger Caucasian sample, which had been shown in research question 3a as neither having a statistical relationship with career development nor an interactive effect with career counseling. Furthermore, it may have to do with the overall small sample size used in the study. It may also mean that career counseling as has been loosely used and ill-defined in this study may have caused an error in the findings.

Summary

In this section, the hypothesis and questions were reviewed; the findings and supportive literature were reported, and the interpretations discussed. There are some

overall observations made of the findings. First, there is high level of hope present in students diagnosed with ED, especially males, African-Americans, and middle and high school age. Second, career counseling worked for students with ED diagnoses. Third, hope seems to go up when students also participate in career counseling, especially for females, African-American, and middle and high students. In the next section, the limitations of the study are discussed.

Limitations of the Study

As in any research study, the research had limitations, which affected the impact of the findings. The research was limited in the areas of generalizability (sample size, convenience sampling), design, data collection methods (instruments, self-report, collection format), and access.

Generalizability

In most research, the ultimate goal is to be able to infer findings from a limited sample to the general population. The research has limited generalizability of the findings for a couple of reasons—sample size and sample of convenience.

Sample size. Although the research participants sample ($N=65$) was approximately 60% of the student population at the research setting, it was not large enough to represent the number of students with ED.

Sample of convenience. This researcher opted to use an identified sample in a particular setting (independent day middle and high school). Because the census of the school at the time of the research data collection was small, the researcher used a sampling method that was voluntary instead of random.

Design

The research study focused on the relationship between variables. Correlational studies are appropriate to investigating relationships between variables and are primarily concerned with direction and strength of the relationships between variables. The research asked the subjects to use instruments to self-report their perceptions about hope and career development. Since the research did not manipulate any variables, it is not possible to determine causal relationships from the results of this study. Because the research participants' self-reported their responses, exaggerated and inaccurate reporting would bias the findings of the research.

Data Collection Methods

The instruments, procedures, and definitions used to collect data were also areas of limitation for the research.

Instruments. The instruments used to measure the research variables were limited in two ways, which may have produced an unintended instrumentation effect. First, there were two different instruments used to measure the hope construct and one instrument to measure the MVS construct. The use of two different instruments with different number of items (6 and 12) on each instrument (CHS and HS) respectively, to measure the hope construct may have provided an instrumentation effect on the study findings. Second, the wording on a couple of items of the Hope Scale and the MVS Scale were confusing to some of the research participants and the researcher had to explain the items.

Procedure. The overall procedure to collect data included both group and individual data collection. The group data collection seemed to be the least effective method as it provided added social pressure for individuals with learning difficulties to ask clarification questions. The individual data collection method with someone familiar seemed to be the better way for individuals to participate. There seemed to be more openness for individuals to ask questions about items that were difficult to understand.

Definitions. In determining whether a student received any career counseling services, the researcher simply asked the counselors if they provided any career counseling to the research participants. There was no attempt to vet the level of career training received by the counselor, experience of the counselor in providing career counseling, nor the appropriateness of interventions used.

A related definition limitation is the counselor. The presumption of the study is that the counselors at this particular school site all have the same professional discipline and training. Although all the counselors, who are also licensed mental health practitioners, provide the same type of services to the research participants, the counselors in fact come from different disciplines related to counseling. Their level of academic and professional preparation in career counseling is likely varied from the counselors coming from counseling accredited programs.

Access

Due to this particular school's data collection practices and electronic storage capacities, there were severe limitations for the researcher to access data that would have helped in determining a more nuanced determination of SES. Instead, the school

administration was only able to provide information to help determine if a student met the qualifying guidelines for the free and reduced lunch program.

Suggestions for Practice

In order to stem the dropouts of adolescents from high schools, many individuals and entities have a stake in paying attention to the findings and dissemination of this research. Suggestions for practice are typically based on empirical findings of the study. Even though the study did not demonstrate empirically some of the suggestions--due to procedural issues, definitions, and sample size—nonetheless theory and literature support these suggestions to be valid.

Counselors

Often in schools, the high achieving students are the ones who seek out career counseling services. It is highly unusual that the student with an ED diagnosis would seek career counseling. Counselors need to know that students with educational diagnoses of ED, especially females and African-American students, would likely have higher levels of hope if they were involved in some type of career counseling.

Counselors can educate special education professionals, school administrators, parents, and the students on the importance of participating in career development and hope building programs for all ages. Counselors can disseminate information on the relationship between hope and career development through different media like bulletin boards (fixed or electronic), blogs, posters, emails, newsletters, guest speakers, etc.

School Teachers and Staff

School teachers and staff have the good fortune to interact with and see students daily. Their impact on the lives of students with ED can be maximized by encouraging students with ED to participate in career exploration activities setting goals, problem-solving how to achieve those goals, and helping them find motivation to pursue those goals. Teachers and staff can simply start by listening to what career interest, regardless of feasibility, the student with ED has. Academic lessons can be integrated with lessons about workplace and a variety of different occupations. Because of the influence teachers and staff have on students with ED, they can encourage the students with ED to seek career counseling. Often most students would be more likely to talk to someone about career aspirations versus a personal emotional challenge.

Counselor Educators and Supervisors

Counselor educators may incorporate several strategies in the teaching and supervision of counselors-in-training. First, they can highlight career development activities as being beneficial to high achieving students as well as for those with emotional challenges. Second, counselor educators may teach a specific curriculum on how to provide effective career counseling to students with ED. Third, counselor educators may promote the development of hope building counseling skills and models. Counselor educators may even consider making Snyder's theory on hope a required reading for counseling students.

School Administrators

School administrators must understand that career development contributes to the emotional wellbeing of students with ED educational diagnoses. Students with ED would be served best when school administrators allocate resources to programs promoting the development of students in the areas of hope and career development. School administrators may incorporate hope and career counseling into the school's mission. This will emphasize to all school personnel the importance of cultivating hope in their students by connecting it to their future lives. The findings of this study may be immediately applied to students with ED, by having counselors work with special education teachers to implement the required transition component of the IEP.

Juvenile Justice

Often students' with ED diagnoses journeys may find an overlap between the education and juvenile justice systems. Juvenile justice personnel would be helpful by arranging career counseling for the juveniles under their supervision. Group career counseling and hope building groups with females and African Americans may help the youth bridge their way back to school or an occupational training program.

Parents, Guardians, Advocates

The parents', guardians', or advocates', especially of students with disabilities, level of engagement in their child's education is critical to their educational success. They can encourage, monitor, and participate in their child's participation in career counseling and hope building skills, regardless of their child's diagnosis.

Student with ED

All the exposure and encouragement students receive about hope and career development would be beneficial if the students internalize the message. In other words, students must act by participating in career counseling activities in order to receive the benefits.

Suggestion for Further Research

This research has only produced a slice of the knowledge regarding hope, career development, career counseling, and students with ED. In this section, suggestions for further research are discussed, specifically the need for more longitudinal data and larger data sets, the need to study all educational settings, the need to consider other data collection sources, the need for qualitative research, and the need for studies with experimental designs.

Longitudinal and Larger Data

At the time of the theses data collection, there were 65 research participants, who volunteered from a participant pool of 80 total students. Three months later, the research participant pool at the research location rose to 110 total students, which is an artifact of the enrollment practices of the institution. In future research with a larger sample, we may be able to answer the research questions with confidence. The findings of this study was a snapshot of a segment in time when students with ED self-reported their levels of hope and career development. Collecting data at different points of their middle and high school years would likely improve the accuracy and usefulness of the findings.

One area that did not show statistical significance was in the relationship between SES hope, and career development. Future investigations may include larger samples where SES is a variable and include educational expectations. Schmitt-Wilson (2013) found rural students' education expectations predicted career expectations.

Although the research results showed a statistically significant relationship between male and hope scores, it was not possible due to the small sample size to determine if females had higher and more statistically significant Hope scores than males at a different grade level as suggested by Heaven and Ciarrochi (2008). Heaven and Ciarrochi found that females showed higher levels of hope in 7th grade and males showed higher levels of hope closer to the end of high school. Future studies should include more males and female participants whose levels of hope are compared over the all the high school years.

It would also be helpful to investigate the relationship between scores on the MVS and completion of career counseling. In the current study, further analysis of the data showed strong trends toward statistical significance on the variables of gender and race and those receiving career counseling.

Study All Educational Settings

The current research site is an independent day school. The field of counseling would benefit from future research findings that would compare research participants with the ED diagnoses from the current research site (classified as private-separate-day program) with those who attend private-residential schools, public-separate schools,

public-self-contained classroom, public-resource classroom, and public-regular classroom.

Other Data Collection Sources

The current study was largely research participant self-report. Future research should also compare research participants' self-reported levels of hope and career development with the parents, teachers, and counselors ratings on these variables. Such studies would show if the student self-reports were consistent with parents, teachers and counselors; Inconsistencies may expose any exaggeration in self-reporting, which if present, would lead to skewed findings.

Qualitative Research

The characteristics of the research population make it unique among studies on children. Therefore, a qualitative study looking at their personal views on hope and career development could be rich and might add a deeper understanding of these phenomena to the literature.

Experimental Design

A research methodology involving random selection of research participants with experimental and controlled groups would yield robust findings that would be a huge contribution to the literature. Experimental research in this area would answer cause and effect type of questions.

Summary and Conclusion

In this chapter, the research findings were discussed and interpreted, limitations of the studies were elucidated, suggestions for practice were specified, and suggestions for further research were offered.

There are several key findings of the research. First, students with ED have high levels of hope, especially males, African-Americans, and middle and high school age. Second, career counseling is helpful with students diagnosed with ED. Third, hope seems to go up for students with ED when they also participate in career counseling, especially for females, African-American, and middle and high students. Fourth, career counseling does not seem to be related to levels of hope and self-perceived career development, especially when considering SES, and in Caucasian students. The biggest limitation of the research is the ability to generalize the findings due to the small sample size and convenience sampling.

There are many who have a role to play using the findings of the study to help students with ED. The counselors, school teachers, staff, counselor educators, school administrators, juvenile justice officers, parents, and the students with ED all play a role. Program, resource, and training adjustments need to be made in order for the findings of the study to be fully utilized.

There are more areas to be explored and researched regarding hope, career development, career counseling, and students with ED. Areas for further research could include longitudinal and larger samples, random selection of research participants, investigations across multiple educational settings where students with ED are being

educated, use of other data sources, qualitative designs, and experimental designs. Future studies on the effectiveness of career counseling could be more specific in terms of what qualifies as career counseling interventions.

The many students, their families, the teachers, and staff with whom this researcher has worked inspired the research. It has been gratifying to see that the project which started with the speech about hope given by CM at her graduation in 2013. In many ways, the findings of the research seems to have supported CM's personal journey that career counseling seems to be positively related to hope in female students with ED.

References

- Aarons, G. A., Brown, S. A., Hough, R. L., Garland, A. F., & Wood, P. A. (2001). Prevalence of adolescent substance use disorders across five sectors of care. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(4), 419-426.
- Abdel-Khalek, A., & Snyder, C. R. (2007). Correlates and predictors of an Arabic translation of the Snyder Hope Scale. *The Journal of Positive Psychology, 2*(4), 228-235. doi:10.1080/17439760701552337
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. (4th ed., Text Revision). Washington, DC: American Psychiatric Press.
- Ashby, J. S., Dickinson, W. L., Gnilka, P. B., & Noble, C. L. (2011). Hope as a mediator and moderator of multidimensional perfectionism and depression in middle school students. *Journal of Counseling & Development, 89*, 131-139.
- Baker, H. (2002). Reducing adolescent career indecision: The ASVAB career exploration program. *The Career Development Quarterly, 50*, 359-370. doi:10.1002/j.2161-0045.2002
- Bardick, A. D., Bernes, K. B., Magnusson, K. C., & Witko, K. D. (2004). Junior high career planning: What students want. *Canadian Journal of Counselling, 38*, 104-117.
- Beck, A. T., Rial, W. Y., Rickels, K. (1974). Short form of Depression Inventory: Cross-validation. *Psychological Reports, 34*, 1184-1186.

- Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicide ideation. *American Journal of Psychiatry*, *142*, 559–563.
- Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The hopelessness scale. *Journal of Consulting and Clinical Psychology*, *42*, 861–865.
- Brown, K. (2009). Connecting youth and communities: Customized career planning for youth with psychiatric disabilities. *Journal of Sociology & Social Welfare*, *36*(4), 93–111.
- Bryant, E. S., Garrison, C. Z., Valois, R. R., Rivard, J. C., & Hinkle, K. T. (1995). Suicidal behavior among youth with severe emotional disturbance. *Journal of Family Studies*, *4*(4), 429-443.
- Bryan, T., Stiles, N., Burstein, K., Ergul, C., & Chao, P.C. (2007). “ Am I supposed to understand this stuff ?” *Youth with Special Health Care Needs Readiness for Transition*, *42*(3), 330–338.
- Carter, E. W., Trainor, a. a., Ditchman, N., Swedeen, B., & Owens, L. (2011). Community-based summer work experiences of adolescents with high-incidence disabilities. *The Journal of Special Education*, *45*(2), 89–103.
doi:10.1177/0022466909353204
- Caseau, D. L., Luckasson, R., & Kroth, R. L. (1994). Special education services for girls with serious emotional disturbance: A case of gender bias? *Behavior Disorders*, *20*(1), 51–60.

- Cedeno, L. a, Elias, M. J., Kelly, S., & Chu, B. C. (2010). School violence, adjustment, and the influence of hope on low-income, African American youth. *The American Journal of Orthopsychiatry*, *80*(2), 213–26.
doi:10.1111/j.1939-0025.2010.01025.x
- Cheavens, J. S., Feldman, D. B., Gum, A., Michael, S. T., & Snyder, C. R. (2006). Hope therapy in a community sample: A pilot investigation. *Social Indicators Research*, *77*(1), 61-78. doi:10.1007/s11205-005-5553-0
- Child Nutrition Programs—Income Eligibility Guidelines, 79
Fed. Reg. 12467 March 5, 2014.
- Ciarrochi, J., & Heaven, P. C. L. (2012). Religious values and the development of trait hope and self-esteem in adolescents. *Journal for the Scientific Study of Religion*, *51*(4), 676–688. doi:10.1111/j.1468-5906.2012.01675.x
- Ciarrochi, J., Heaven, P. C. L., & Davies, F. (2007). The impact of hope, self-esteem, and attributional style on adolescents' school grades and emotional well-being: A longitudinal study. *Journal of Research in Personality*, *41*(6), 1161-1178.
doi:10.1016/j.jrp.2007.02.001
- Code, M. N., Bernes, K. B., Gunn, T. M., & Bardick, A. D. (2006). Adolescents' perceptions of career concern: Student discouragement in career development. *Canadian Journal of Counselling*, *40*(3), 160–174.

- Condon, E., & Callahan, M. (2008). Individualized career planning for students with significant support needs utilizing the discovery and vocational profile process , cross-agency collaborative funding and Social Security work incentives. *Journal of Vocational Rehabilitation, 28*, 85–96.
- Connor, D. F., Boone, R. T., Steingard, R. J., Lopez, I. D., & Melloni, R. H. (2003). Psychopharmacology and aggression: II. A meta-analysis of nonstimulant medication effects on overt aggression-related behaviors in youth with SED. *Journal of Emotional and Behavioral Disorders, 11*(3), 157-168.
- Connor, D. J., & Ferri, B. A. (2007). The conflict within: Resistance to inclusion and other paradoxes in special education. *Disability & Society, 22*(1), 63-77.
doi: 10.1080/09687590601056717
- Costello, E. J., Angold, A., & Keeler, G. P. (1999). Adolescent outcomes of childhood disorders: The consequences of severity and impairment. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(2), 121-128.
doi:10.1097/00004583-199902000-00010
- Costello, E. J., Messer, S. C., Bird, H. R., Cohen, P., & Reinherz, H. Z. (1998). The prevalence of serious emotional disturbance : A re-analysis of community studies. *Journal of Child and Family Studies, 7*(4), 411–432.
- Crumbaugh, J.C., & Maholick, L.T. (1964). An experimental study in existentialism: The psychometric approach to Frankl's concept of noogenic neurosis. *Journal of Clinical Psychology, 20*, 200-207.

- deFur, S. H. (2003). IEP transition planning—from compliance to quality. *Exceptionality, 11*(2), 115-128.
- Diemer, M., & Blustein, D. (2007). Vocational hope and vocational identity: Urban adolescents' career development. *Journal of Career Assessment, 15*(1), 98-118.
- Doren, B., Bullis, M., & Benz, M. R. (1996). Predicting the arrest status of adolescents with disabilities in transition. *The Journal of Special Education, 29*(4), 363–380.
- Engels, D. W., Minor, C. W., Sampson, J. P. Jr., & Splete, H. (1995). Career counseling specialty: History, development, and prospect. *Journal of Counseling & Development, 74*, 134–138. doi:10.1002/j.1556-6676.1995.tb01837
- Fenigstein, A., Scheier, M. F., & Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting and Clinical Psychology, 43*, 522-527.
- Flynn, R. J. (1994). Evaluating the effectiveness of career counselling: Recent evidence and recommended strategies. *Canadian Journal of Counselling, 28*(4), 170–280.
- Gaviria-Soto, J. L., & Castro-Morera, M. (2005). Beyond over-representation: The problem of bias in the inclusion of minority group students in special education programs. *Quality & Quantity, 39*(5), 537–558. doi:10.1007/s11135-005-1606-3
- Green, S., Grant, A., & Rynsaardt, J. (2007). Evidence based life coaching for senior high school students: Building hardiness and hope. *International Coaching Psychology Review, 2*(1), 24-32.

- Greenbaum, P. E., Dedrick, R. R., Friedman, R. M., Kutash, K., Brown, E. C., Lardieri, S. P., & Pugh, A. M. (1996). National adolescent and child treatment study (NACTS): Outcomes for children with serious emotional and behavioral disturbance. *Journal of Emotional and Behavior Disorders*, 4(1), 130–146.
- Grimes, K. E., Schulz, M. F., Cohen, S. A, Mullin, B. O., Lehar, S. E., & Tien, S. (2011). Pursuing cost-effectiveness in mental health service delivery for youth with complex needs. *The Journal of Mental Health Policy and Economics*, 14(2), 73–83.
- Gushue, G. V. & Whitson, M. L. (2006). The relationship among support, ethnic identity, career decision self-efficacy, and outcome expectations in African American high school students: Applying Social Cognitive Career Theory. *Journal of Career Development*, 33, 112-124. doi:10.1177/0894845306293416
- Hallfors, D., Fallon, T., & Watson, K. (1998). An examination of psychotropic drug treatment for children with serious emotional disturbance. *Journal of Emotional and Behavioral Disorders*, 6(1), 56–64. doi:10.1177/106342669800600105
- Hartley, M. T. (2010). Increasing resilience: Strategies for reducing dropout rates for college students with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, 13(4), 295-315.
- Hartung, P. J., Porfeli, E. J., & Vondracek, F. W. (2005). Child vocational development: A review and reconsideration. *Journal of Vocational Behavior*, 66(3), 385–419.

- Heaven, P., & Ciarrochi, J. (2008). Parental styles, gender and the development of hope and self-esteem. *European Journal of Personality, 22*, 707-724.
doi:10.1002/per.699
- Herr, E. L. (1989). Career development and mental health. *Journal of Career Development, 16*(1), 5-18. doi:10.1007/BF01354263
- Hinton, C. (2012). *The relationship between employability and hope* (Doctoral Dissertation, College of Education, DePaul University). Retrieved from http://via.library.depaul.edu/soe_etd/27
- Hirschi, A., Abessolo, M., & Froidevaux, A. (2015). Hope as a resource for career exploration: Examining incremental and cross-lagged effects. *Journal of Vocational Behaviors, 86*, 38-47.
- Hirschi, A., & Lage, D. (2007). The relationship of secondary students' career-choice readiness to a six-phase model of career decision making. *Journal of Career Development, 34*, 164-191.
- Hirsch, J. K., Visser, P. L., Chang, E. C., & Jeglic, E. L. (2012). Race and ethnic differences in hope and hopelessness as moderators of the association between depressive symptoms and suicidal behavior. *Journal of American College Health, 60*(2), 115-125.
- Holland, J. L. (1997). *Making vocational choices: A theory of vocational personalities and work environments* (3rd ed.). Odessa, FL: Psychological Assessment Resources.

- Holland, J. L., Daiger, D. C., & Power, P. G. (1980) *My Vocational Situation: Description of an experimental diagnostic form for the selection of vocational assistance*. Palo Alto, CA: Consulting Psychologists Press.
- Hoyt, K. (2001). Reaction to Mark Pope's (2000) "A Brief History of Career Counseling in the United States". *The Career Development Quarterly*, 49, 374–379.
- Huebner, E. S., & Gilman, R. (2006). Students who like and dislike school. *Applied Research in Quality of Life*, 1(2), 139-150. doi:10.1007/s11482-006-9001-3
- Hughey, K., & Hughey, J. (1999). Preparing students for the future: Making career development a priority. *Journal of Career Development*, 25(3), 203–216.
- Hui, E. K. P., & Ho, D. K. Y. (2004). Forgiveness in the context of developmental guidance: implementation and evaluation. *British Journal of Guidance & Counselling*, 32(4), 477-492. doi:10.1080/03069880412331303286
- Individuals with Disabilities Education Act, 20 U.S.C. § 1400 (2004).
- Jackson, C. C., & Neville, H. A. (1998). Influence of racial identity attitudes on African American college students' vocational identity and hope. *Journal of Vocational Behavior*, 53, 97-113.
- Jacobs, A. K., Roberts, M. C., Vernberg, E. M., Nyre, J. E., Randall, C. J., & Puddy, R. W. (2008). Factors related to outcome in a school-based intensive mental health program: An examination of nonresponders. *Journal of Child Family Studies*, 17, 219-231. doi: 10.1007/s10826-007-9161-2

- Juntunen, C. L., & Wettersten, K. B. (2006). Work hope: Development and initial validation of a measure. *Journal of Counseling Psychology, 53*(1), 94-106. doi:10.1037/0022-0167.53.1.94
- Kaylor, M., & Flores, M. M. (2007). Increasing academic motivation in culturally and linguistically diverse students from low socioeconomic backgrounds. *Journal of Advanced Academics, 19*(1), 66-89.
- Kelley, S. D. M., English, W., Schwallie-Giddis, P., & Jones, L. M. (2007). Exemplary counseling strategies for developmental transitions of young hyperactivity disorder. [Best practices]. *Journal of Counseling & Development, 85*, 173–182.
- Kemp, S. E. (2006). Dropout policies and trends for students with and without disabilities. *Adolescence, 41*(162), 235-250.
- Kenny, M. E., Blustein, D. L., Haase, R. F., Jackson, J., & Perry, J. C. (2006). Setting the stage: Career development and the student engagement process. *Journal of Counseling Psychology, 53*(2), 272–279. doi:10.1037/0022-0167.53.2.272
- Kenny, M. E., Walsh-Blair, L. Y., Blustein, D. L., Bempechat, J., & Seltzer, J. (2010). Achievement motivation among urban adolescents: Work hope, autonomy support, and achievement-related beliefs. *Journal of Vocational Behavior, 77*(2), 205-212. doi:10.1016/j.jvb.2010.02.005
- Kinnier, R. T., Kernes, J. L., Hayman, J. W., Flynn, P. N., Simon, E., & Kilian, L. A. (2007). Values most extolled in Nobel Peace Prize speeches. *The Journal of Psychology, 141*(6), 581–7. doi:10.3200/JRLP.141.6.581-588

- Lapan, R. T., Whitcomb, S. A., & Aleman, N. M. (2012). Connecting professional school counselors: College and career counseling services and smaller ratios benefit students. *Professional School Counseling, 16*(2), 117-124.
- Leung, A. S. (1998). Vocational identity and career choice congruence of gifted and talented high school students. *Counselling Psychology Quarterly, 11*(3), 325-335.
doi:10.1080/09515079808254064
- Lindstrom, L., Harwick, R. M., Poppen, M., & Doren, B. (2012). Gender gaps: Career development for young women with disabilities. *Career Development and Transition for Exceptional Individuals, 35*(2), 108–117.
doi:10.1177/0885728812437737
- Little, M., & Kobak, R. (2003). Emotional security with teachers and children's stress reactivity: A comparison of special education and regular-education classrooms. *Journal of Clinical Child and Adolescent Psychology, 32*(1), 127–138.
doi:10.1207/15374420360533121
- Lopez, S. J. (2010). *Youth readiness for the future: A report on findings from a representative Gallup student poll sample*. Washington, DC: Gallup Student Poll/America's Promise Alliance.
- Lopez, S. J., Ciarlelli, R., Coffman, L., Stone, M., & Wyatt, L. (2000). Diagnosing for strengths: On measuring hope building blocks. In C. R. Snyder (Ed.), *Handbook of hope: Theory, measures, and applications* (pp. 57-85). San Diego, CA: Academic Press.

- Loughead, T. A., & Black, D. R. (1990). Selection criteria for a career development program for the mentally ill: Evaluation of the Self-Directed Search (SDS). *Journal of Counseling & Development, 68*(3), 324-326.
- Lovibond, S.H., & Lovibund, P.F. (1995). *Manual for the Depression Anxiety Stress Scale*. Sydney, Australia: Psychology Foundation of Australia.
- Maag, J. W., & Behrens, J. T. (1989). Depression and cognitive self-statements of learning disabled and seriously emotionally disturbed adolescents. *The Journal of Special Education, 23*(1), 17-27.
- Malmgren, K. W., & Meisel, S. M. (2002). Characteristics and service trajectories of youth with serious emotional disturbance in multiple service systems. *Journal of Child and Family Studies, 11*(2), 217-229.
- Markel-Fox, S., & Stiles, P. (1996). State mental health policy: Effects on outcomes for priority populations. *Administration and Policy in Mental Health, 24*(1), 25-38.
- Marques, S. C., Lopez, S. J., & Mitchell, J. (2013). The role of hope, spirituality and religious practice in adolescents' life satisfaction: Longitudinal findings. *Journal of Happiness Studies, 14*(1), 251-261. doi:10.1007/s10902-012-9329-3
- Marques, S. C., Pais-Ribeiro, J. L., & Lopez, S. J. (2011). The role of positive psychology constructs in predicting mental health and academic achievement in children and adolescents: A two-year longitudinal study. *Journal of Happiness Studies, 12*(6), 1049-1062. doi:10.1007/s10902-010-9244-4

- Mattison, R. E. (1999). Use of psychotropic medications in special education students with serious emotional disturbance. *Journal of Child and Adolescent Psychopharmacology*, 9(3), 149-155.
- Mattison, R. E., & Felix, B. C., Jr. (1997). The course of elementary and secondary school students with SED through their special education experience. *Journal of Emotional and Behavioral Disorders*, 5(2), 107-117.
- Mattison, R. E., Morales, J., & Bauer, M. (1993). Adolescent schoolboys in SED classes: Implications for child psychiatry. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 1223–1228. doi:10.1097/00004583-199311000-00016
- McCallion, A., & Trew, K. (2000). A longitudinal study of children's hopes, aspirations, and fears for the future. *The Irish Journal of Psychology*, 21, 227–236.
- McEvoy, J. G. (2011). Hope, modernity, and the church: A response to Richard Lennan and Dominic Doyle. *Theological Studies*, 72, 296–308.
- McLaughlin, K. A., Fairbank, J. A., Gruber, M. J., Jones, R. T., Lakoma, M. D., Pfefferbaum, B., & Kessler, R. C. (2009). Serious emotional disturbance among youths exposed to Hurricane Katrina 2 years postdisaster. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48(11), 1069–1078. doi:10.1097/CHI.0b013e3181b76697
- McNeal, R., Handwerk, M. L., Field, C. E., Roberts, M. C., Soper, S., Huefner, J., & Ringle, J. L. (2006). Hope as an outcome variable among youths in a residential care setting. *American Journal of Orthopsychiatry*, 76(3), 304–311. doi:10.1037/0002-9432.76.3.304

- Moore, S. L. (2005). Hope makes a difference. *Journal of Psychiatric and Mental Health Nursing, 12*(1), 100–5. doi:10.1111/j.1365-2850.2004.00802.x
- Morgan, R. L., Moore, S. C., McSweyn, C., & Salzberg, C. L. (1992). Transition from school to work: Views of secondary special educators. *Education & Training in Mental Retardation, 27*(4), 315-323.
- Mousley, J. A., Rice, M., & Tregenza, K. (1993). Integration of students with disabilities into regular school: Policy in use. *Disability, Handicap & Society, 8*(1), 59–70.
- National Secondary Transition Technical Assistance Center. (2008). *Job application completion*. Charlotte, NC: Author.
- Nauta, M. M. (2010). The development, evolution, and status of Holland's theory of vocational personalities: Reflections and future directions for counseling psychology. *Journal of Counseling Psychology, 57*(1), 11–22.
doi:10.1037/a0018213
- Nikolayenko, O. (2009). Adolescents' hopes for personal, local, and global future: Insights from Ukraine. *Youth & Society, 43*(1), 64-89.
doi:10.1177/0044118X09351281
- Niles, S. (2011). Career flow: A hope-centered model of career development. *Journal of Employment Counseling, 48*, 173–176. doi: 10.1002/j.2161-1920.
- Niles, S. G., Amundson, N. E., & Neault, R. A. (2011). *Career flow: A hope-centered approach to career development*. Columbus, OH: Pearson.
- Nowack, K. (1990). Initial development of an inventory to assess stress and health risk. *American Journal of Health Promotions, 4*, 173-180.

- Osher, D., & Hanley, T. (2001). Implementing the SED national agenda promising programs and policies for children and youth with emotional and behavioral problems. *Education and Treatment of Children, 24*(3), 374–403.
- Oswald, D. P., & Coutinho, M. J. (1995). Identification and placement of student with serious emotional disturbances: I. Correlates of state child-count data. *Journal of Emotional and Behavior Disorders, 3*(4), 250–283.
- Parsons, F. (1909). *Choosing a vocation*. [Reprint of Original]. Broken Arrow, OK: National Career Development Association.
- Pierpont, J. H. (2004). Emphasizing caregiver strengths to avoid out-of-home placement of children with severe emotional and behavioral disturbances. *Journal of Human Behavior in the Social Environment, 9*(1-2), 5–17. doi:10.1300/J137v09n01_02
- Pope, M. (2000). A brief history of career counseling in the United States. *The Career Development Quarterly, 48*, 194–211. doi: 10.1002/j.2161-0045.20000.tb00286
- Pope, M. (2008). Reclaiming our history : The National Career Development Association (1911-2011). *The Career Development Quarterly, 56*, 291–293.
- Richards, M. M., Bowers, M. J., Lazicki, T., Krall, D., & Jacobs, A. K. (2008). Caregiver involvement in the intensive mental health program: Influence on changes in child functioning. *Journal of Child and Family Studies, 17*, 241–252.
doi:10.1007/s10826-007-9163-0
- Robinson, K. E. (2000). Outcomes of a partial-day treatment program for referred children. *Child & Youth Care Forum, 29*(2), 127–137.

- Robitschek, C. (1996). At-risk youth and hope: Incorporating a ropes course into a summer jobs program. *The Career Development Quarterly*, 45, 163-169.
- Robinson, K. E. (2000). Outcomes of a partial-day treatment program for referred children. *Child & Youth Care Forum*, 29(2), 127-137.
- Rojewski, J. W. (1996). Educational and occupational aspirations of high school seniors with learning disabilities. *Exceptional Children*, 62, 463-476.
- Rolo, C., & Gould, D. (2007). An intervention for fostering hope, athletic and academic performance in university student-athletes. *International Coaching Psychology Review*, 2(1), 44-61.
- Rowland, M. D., Halliday-Boykins, C., Henggeler, S. W., Cunningham, P. B., Lee, T. G., Kruesi, M. J. P., & Shapiro, S. B. (2005). A randomized trial of multisystemic therapy with Hawaii's Felix class youths. *Journal of Emotional and Behavioral Disorders*, 13(1), 13-23.
- Sachs, E., Kolva, E., Pessin, H., Rosenfeld, B., & Breitbart, W. (2012). On sinking and swimming: The dialectic of hope, hopelessness, and acceptance in terminal cancer. *The American Journal of Hospice & Palliative Care*, 30(2), 121-7.
doi:10.1177/1049909112445371
- Sanders, D. E., Merrell, K. W., & Cobb, H. (1999). Internalizing symptoms and affect of children with emotional and behavioral disorders: A comparative study with an urban African American sample. *Psychology in the Schools*, 36(3), 187-197.

- Savickas, M. L., Pope, M., & Niles, S. G. (2011). The Career Development Quarterly: A centennial retrospective [Invited centennial article]. *The Career Development Quarterly*, *59*, 528–538.
- Schmitt-Wilson, S. (2013). Social class and expectations of rural adolescents: The role of parental expectations. *The Career Development Quarterly*, *61*, 226-239.
doi: 10.1002/j.2161-0045.2013.00051.x
- Section 504 of the Rehabilitation Act of 1973, 34 C.F.R. Part 104.
- Simmons, B. L., Nelson, D. L., & Quick, J. C. (2003). Health for the hopeful: A study of attachment behavior in home health care nurses. *International Journal of Stress Management*, *10*(4), 361-375. doi:10.1037/1072-5245.10.4.361
- Smart, J. (2012). *Disability, society, and the individual*. (2nd ed). Austin, TX: Pro-Ed.
- Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling & Development*, *73*(3), 355-360.
- Snyder, C. R. (2004). Hope and depression: A light in the darkness. *Journal of Social and Clinical Psychology*, *23*(3), 347–351. doi:10.1521/jscp.23.3.347.35458
- Snyder, C. R., Cheavens, J., & Sympson, S. C. (1997). Hope: An individual motive for social commerce. *Group Dynamics: Theory, Research, and Practice*, *1*(2), 107–118. doi:10.1037//1089-2699.1.2.107
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S., Irving, L. M., Sigmon, S. T., Yoshinobu, L., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, *60*(4), 570-585.

- Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., & Stahl, K. J. (1997). The development and validation of the Children's Hope Scale. *Journal of Pediatric Psychology, 22*(3), 399-421.
- Snyder, C., Lopez, S., & Shorey, H. (2003). Hope theory, measurements, and applications to school psychology. *School Psychology, 18*(2), 122-139.
- Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology, 70*(2), 321-35.
- Snyder, C. R., Shorey, H. S., Cheavens, J., Pulvers, K. M., Adams, Virgil H., I., & Wiklund, C. (2002). Hope and academic success in college. *Journal of Educational Psychology, 94*(4), 820-826. doi:10.1037//0022-0663.94.4.820
- Snyder, C., Lopez, S., & Shorey, H. (2003). Hope theory, measurements, and applications to school psychology. *School Psychology, 18*(2), 122-139.
- Spielberger, C.D., Gorsuch, R.L., Lushene, R., Vagg, P.R., & Jacobs, G.A. (1983). *Manual for the State-Trait Anxiety Inventory—STAI (Form Y) "Self Evaluation Questionnaire"*. Palo Alto, CA: Consulting Psychologists Press.
- Suh, S., Suh, J., & Houston, I. (2007). Predictors of categorical at-risk high school dropouts. *Journal of Counseling & Development, 85*, 196-203.
doi:10.1002/j.1556-6678.2007.tb00463.x
- Sullivan, M. D. (2003). Hope and hopelessness at the end of life. *The American Journal of Geriatric Psychiatry, 11*(4), 393-405.

- Teich, J. L., Buck, J. a, Graver, L., Schroeder, D., & Zheng, D. (2003). Utilization of public mental health services by children with serious emotional disturbances. *Administration and Policy in Mental Health, 30*(6), 523–534.
- Tol, W. a, Komproe, I. H., Susanty, D., Jordans, M. J. D., Macy, R. D., & De Jong, J. T. V. M. (2008). School-based mental health intervention for children affected by political violence in Indonesia: A cluster randomized trial. *JAMA : The Journal of the American Medical Association, 300*(6), 655-662. doi:10.1001/jama.300.6.655
- Trainor, A. (2002). Self-determination for students with learning disabilities: Is it a universal value? *International Journal of Qualitative Studies in Education, 15*(6), 711–725. doi:10.1080/0951839022000014394
- Turner, S. L., & Conkel, J. L. (2010). Evaluation of a career development skills intervention with adolescents living in an inner city. *Journal of Counseling & Development, 88*(4), 457–465. doi:10.1002/j.1556-6678.2010.tb00046.x
- U.S. Department of Education, Office for Civil Rights. (2012). *Rehabilitation Act of 1973*. Retrieved from <http://www2.ed.gov/about/offices/list/ocr/index.html>
- U.S. Department of Education, Office of Special Education and Rehabilitative Services. (2000). *Archived information: A guide to the individualized education program*. Jessup, MD: ED Pubs, Editorial Publication Center. Retrieved from <http://www.ed.gov/offices/OSERS>

U.S. Department of Education, National Center for Educational Statistics, Institute of

Educational Sciences. (2012). *Digest of education statistics*. Retrieved from

<http://nces.ed.gov/programs/digest/d12/>

U.S. Government Accountability Office, Report to the Ranking Member, Committee on

Education and the Workforce, House of Representatives. (2012). *Students with*

disabilities: Better federal coordination could lessen challenges in the transition

from high school (GAO-12-594). Retrieved from

<http://www.gao.gov/products/GAO-12-594>

Valle, M. F., Huebner, E. S., & Suldo, S. M. (2004). Further evaluation of the Children's

Hope Scale. *Journal of Psychoeducational Assessment*, 22(4), 320-337.

doi:10.1177/073428290402200403

Valle, M., Huebner, E., & Suldo, S. (2006). An analysis of hope as a psychological

strength. *Journal of School Psychology*, 44(5), 393-406.

doi:10.1016/j.jsp.2006.03.005

Venning, A., Kettler, L., Zajac, I., Wilson, A., & Elliott, J. (2011). Is hope or mental

illness a stronger predictor of mental health? *International Journal of Mental*

Health Promotion, 13(2), 32-39. doi:10.1080/14623730.2011.9715654

Vernberg, E. M., Jacobs, A. K., Nyre, J. E., Puddy, R. W., & Roberts, M. C. (2004).

Innovative treatment for children with serious emotional disturbance: Preliminary

outcomes for a school-based intensive mental health program. *Journal of Clinical*

Child and Adolescent Psychology, 33, 359-365.

- Wagner, M. M. (1995). Outcomes for youths with serious emotional disturbance in secondary school and early adulthood. *The Future of Children, 5*(2), 90–112.
- Walter, U. M., & Petr, C. G. (2004). Promoting successful transitions from day school to regular school environments for youths with serious emotional disorders. *Children & Schools, 26*(3), 175–180.
- Waynor, W. R., Gao, N., Dolce, J. N., Haytas, L. A., & Reilly, A. (2012). The relationship between hope and symptoms. *Psychiatric Rehabilitation Journal, 35*(4), 345–348. doi:10.2975/354.2012.345.348
- Whiston, S. C., Sexton, T. L., & Lasoff, D. L. (1998). Career-intervention outcome: A replication and extension of Oliver and Spokane (1998). *Journal of Counseling Psychology, 45*, 150-165.
- Yakushko, O., & Sokolova, O. (2010). Work hope and influences of the career development among Ukrainian college students. *Journal of Career Development, 36*(4), 310-323. doi:10.1177/0894845309345670
- Yanchak, K. V, Lease, S. H., & Strauser, D. R. (2005). Relation of disability type and career thoughts to vocational identity. *Rehabilitation Counseling Bulletin, 48*(3), 130–138.
- Yell, M. L., Katsiyannis, A., Ryan, J. B., McDuffie, K. a., & Mattocks, L. (2008). Ensure compliance with the Individuals With Disabilities Education Improvement Act of 2004. *Intervention in School and Clinic, 44*(1), 45–51.
doi:10.1177/1053451208318875

Zigmond, N. (2006). Twenty-four months after high school: Paths taken by youth diagnosed with severe emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders, 14*(2), 99–107.

Appendix A

Adult Dispositional Hope Scale (HS)

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 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 my 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.

Notes: When administering the scale, it is called The Future Scale. The Agency subscale score is derived by summing items # 2, 9, 10, and 12; the Pathway subscale score is derived by adding items # 1, 4, 6, and 8. The total Hope Scale score is derived by summing the four Agency and the four Pathway items. From C. R. Snyder, C. Harris, et al., The will and the ways: Development and validation of an individual differences measure of hope, *Journal of Personality and Social Psychology*, © (1991), Vol. 60, p. 585.

Appendix B

The Children’s Hope Scale

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 is no right or wrong answers.

Questions about your goals:

1. I think I am doing pretty well.

None of the time sometimes Most times All times

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

None of the time sometimes Most times All times

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

None of the time sometimes Most times All times

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

None of the time sometimes Most times All times

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

None of the time sometimes Most times All times

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

None of the time sometimes Most times All times

Appendix C

My Vocational Situation

Name _____ Date _____ M ___ F ___ Age _____
 Education completed _____ Other _____

List all the occupations you are considering right now.

Try to answer each of the following statements as mostly TRUE or mostly FALSE.
 Circle the answer that best represents your present opinion.

In thinking about your present job or in planning for an occupation or career:

- | | |
|---|-----|
| 1. I need reassurance that I have made the right choice of occupation. | T F |
| 2. I am concerned that my present interests may change over the years. | T F |
| 3. I am uncertain about the occupations I could perform well. | T F |
| 4. I don't know what my major strengths and weaknesses are. | T F |
| 5. The jobs I can do may not pay enough to live the kind of life I want. | T F |
| 6. If I had to make an occupational choice right now, I'm afraid I would make a bad choice. | T F |
| 7. I need to find out what kind of career I should follow. | T F |
| 8. Making up my mind about a career has been a long and difficult problem for me. | T F |
| 9. I am confused about the whole problem of deciding on a career. | T F |
| 10. I am not sure that my present occupational choice or job is right for me. | T F |
| 11. I don't know enough about what workers do in various occupations. | T F |
| 12. No single occupation appeals strongly to me. | T F |
| 13. I am uncertain about which occupation I would enjoy. | T F |
| 14. I would like to increase the number of occupations I could consider. | T F |
| 15. My estimates of my abilities and talents vary a lot from year to year. | T F |
| 16. I am not sure of myself in many areas of life. | T F |
| 17. I have known what occupation I want to follow for less than one year. | T F |
| 18. I can't understand how some people can be so set about what they want to do. | T F |

For questions 19 and 20, circle YES or NO.

- | | |
|--|-----|
| 19. I need the following information: | |
| How to find a job in my chosen career. | Y N |
| What kinds of people enter different occupations. | Y N |
| More information about employment opportunities. | Y N |
| How to get the necessary training in my chosen career. | Y N |

Other:

.....
.

20. I have the following difficulties:

I am uncertain about my ability to finish the necessary education or training. Y N

I don't have the money to follow the career I want most. Y N

I lack the special talents to follow my first choice. Y N

An influential person in my life does not approve of my vocational choice. Y N

Anything else?

.....
.....
.

Other comments or questions:

.....
.

Developed by John L. Holland, Denise C. Daiger, and Paul G. Power.
Copyright © 1980 by John L. Holland, Denise C. Daiger, and Paul G. Power.

All Rights Reserved. Permission is granted to reproduce this material for noncommercial use in research, counseling and educational applications, provided that each copy bears this notice and that no changes or adaptations are made.

This form is available under Faculty/Resources for Professionals at the University of Maryland, Department of Counseling and Personnel Services Web site:
<http://www.education.umd.edu/EDCP/tools/MVS/MVS.html>

Appendix D

Background Information Sheet

Do not write your name anywhere on this page. Please answer all the questions.

1. **Gender:** (circle one) Female Male

2. **School grade:** (Circle one) 6th 7th 8th 9th 10th 11th 12th

3. **Age:** (write your age) _____

4. **Do you have an IEP?** (circle one) Yes No Do not know

5. **Race/Ethnicity:** (circle one)
 - African-American European-American

 - Hispanic-American Asian-American

 - Native-American Multi-racial/Multi-Ethnic Other:_____

Appendix E

Informed Consent for Child Participation in Research Activities



Department of Counseling & Family Therapy

One University Blvd.

St. Louis, Missouri 63121-4499

Telephone: 314-516-5782

Fax: 314-516-5784

E-mail: pope@umsl.edu

Participant _____

HSC Approval Number _____

Principal Investigator: Joe Pangelinan

PI's Phone Number: (314) 795-5825

My name is Joe Pangelinan. I am a counselor (therapist) and an administrator of Logos School. I am conducting a research study under the supervision of Dr. Mark Pope, a professor at the University of Missouri, Saint Louis.

Title of research study: **The Relationship between Hope and Career Decision Readiness in Adolescents with Disabilities in an Alternative School Setting**

1. Your son/daughter is invited to participate in a research study conducted by Joe Pangelinan. The purpose of this research is to understand the relationship between hope and career development in students with an educational and/or psychiatric diagnosis.

2(a). Your son/daughter's participation will involve the following.

Step 1: Your son/daughter will be informed of this study by his or her group counselor (therapist) and will be given the opportunity to participate in the research study by reviewing and signing the Student Assent Form.

Step 2: Your son/daughter will complete three short research forms during the 6th hour period (group counseling). If your son/daughter does not wish to participate in the research study, then he/she will be allowed to quietly complete a puzzle or read a book of his or her choosing.

- 2(b). The amount of time involved in your son/daughter's participation will be up to 40 minutes to complete the research forms.

Approximately 80-130 students may be involved in this research.

3. There are no anticipated risks to your son/daughter associated with this research. It is possible, however, that your son/daughter might feel uneasy when answering some of the questions. If he/she feels uneasy, please inform the therapist, the back-up therapist, or Kathy Boyd-Fenger (the Head of School).
4. The possible benefits to your son/daughter from participating in this research are an increased awareness of his or her level of hope and career development. The information gathered from this study will contribute to the knowledge about hope and career development in a special education population.
5. Your son/daughter's participation is voluntary and you may choose not to let your son/daughter participate in this research study. You may also change your mind and withdraw your consent for your son/daughter's participation. Your son/daughter may choose not to answer any questions that he or she does not want to answer. You and your son/daughter will NOT be penalized in any way should you choose not to let your son/daughter participate in or withdraw from the research study. If your son/daughter will not participate in the study then he or she will attend his/her regular academic class, while the research study is being conducted in the group counseling period.
6. We will do everything we can to protect your son/daughter's privacy. As part of this effort, your son/daughter's identity will not be revealed in any publication or presentation that may result from this study. In rare instances, a researcher's study must undergo an audit or program evaluation by an oversight agency (such as the University of Missouri—Saint Louis, Office for Human Research Protection). That agency would be required to maintain the confidentiality of your son/daughter's data.
7. If you have any questions or concerns regarding this study, or if any problems arise, you may call Joe Pangelinan (the Research Investigator at (314) 795-5825), Dr. Mark Pope (the Faculty Advisor at (314) 516-5782), or Dr. Kathy Boyd-Fenger (the Head of Logos School at (314) 323-8011). You may also ask questions or state concerns regarding your son/daughter's rights as a research participant to the University of Missouri—Saint Louis, Office of Research Administration, at (314) 516-5897.

I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I consent to my son/daughter's participation in the research described above.

Parent's/Guardian's Signature Date

Parent's/Guardian's Printed Name

Student's Printed Name

Signature of Investigator or Designee Date

Investigator/Designee Printed Name

Appendix F**Department of Counseling & Family Therapy**

One University Blvd
St. Louis, Missouri 63121-4499

Telephone: 314-516-5782

Fax: 314-516-5784

E-mail: pope@umsl.edu

Assent to Participate in Research Activities (Minors)**The Relationship between Hope and Career Decision Readiness in Adolescents with Disabilities in an Alternative School Setting**

1. My name is Joe Pangelinan. I am a counselor (therapist) and an administrator of Logos School. I am conducting a research study under the supervision of Dr. Mark Pope, a professor at the University of Missouri, Saint Louis.
2. I am asking you to take part in a research study because we are trying to learn more about how students think about hope and careers.
3. If you agree to be in this study, you will be asked to complete 3 short forms that will take no more than a total of 40 minutes. There is no right or wrong answer on these forms. We are interested in what you think. In your student group therapy, you will be asked by your group therapists to complete three forms. First, you will complete a background information form. Second, you will complete a hope form. Finally, you will complete a career related form.
4. Being in this study should not harm you in any way. It is possible, however, that you might feel uneasy when answering some of the questions. If you do feel uneasy, please talk to your therapist, to your back-up therapist, or to Kathy Boyd-Fenger (the Head of School).
5. You might find being in this study teaches you something about what you think about hope and careers. You will not get any benefits from being in this study but you might enjoy it.
6. I will protect your privacy. Your identity will not be revealed when results and findings of the study are shared with others.

7. If you don't want to be in this study, you don't have to participate. While others are completing forms, you may work on a puzzle or read a book until the completion of the research study. Remember, being in this study is up to you, and no one will be upset if you don't want to participate or if you change your mind later and want to stop. If you change your mind, please tell me, and I will remove all your information.

8. You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call or text me at (314) 795-5825. You may also call Kathy Boyd-Fenger at (314) 997-7002 x104.

9. Signing your name at the bottom means that you agree to be in this study. You will be given a copy of this form after you have signed it.

Participant's Signature

Date

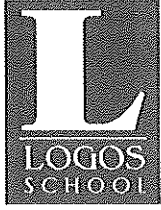
Participant's Printed Name

Participant's Age

Grade in School

Appendix G

Statement of Cooperation for a Research Project



March 11, 2014

To: The Institutional Review Board

From: Kathy Boyd-Fenger, PhD

Head of School

Re: Joseph Pangelinan's Dissertation Research

I am hereby informing you that Joseph Pangelinan has been granted permission to conduct his research for his dissertation at Logos School. I am aware that he will be collecting data from our students regarding hope and career development.

Please feel free to contact me if you need further information at 314-323-8011 or kboydfenger@logosschool.org

Sincerely yours,


Kathleen Boyd-Fenger, PhD

Head of School

Logos School

www.logosschool.org