

Hope Introduction Discussion

The power of hope is based upon your capacity to understand the way things are right now, and to imagine a future for the way things could be.

Hopeful people are able to establish clear goals, determine multiple pathways toward their goals and dedicate mental energy toward those pursuits.

1. **Goals:** We all have varying number goals across the life domains. The important aspect in hope is that your goals have a level of desirability to harness your attention.
 - a. **What happens with hope when goals are not clearly defined?**
 - b. **Can agency overcome deficiency in pathways? “Where there is a will there is a way?”**
 - c. **When your goal becomes blocked are you able to re-goal?**
2. **Pathways:** These are the mental road maps you develop in order to achieve your goals.
 - a. **Imagination is the instrument of pathways. How many pathways can you conceive to your goals?**
 - b. **If your pathway becomes blocked, can you imagine strategies to overcome the barrier?**
3. **Agency:** Think of this as the willpower or mental energy you have to pursue pathways. Agency is comprised of such things as: motivation, determination, self-control, confidence, etc.
 - a. Being able to focus your willpower to YOUR goals is a critical component of achieving what you want in life.
 - b. **What are some things that drain or detract your mental energy?**
4. Reflect back on a time in your life when you achieved a really important goal.
 - a. **Can you describe the role of pathways?**
 - b. **How would you describe your willpower?**
 - c. **Did you have barriers that you had to overcome?**
5. Reflect on a time when someone wanted you to do something that wasn't very important to you (at that time).
 - a. **Can you describe how having a goal that you don't desire impacts your motivation?**
 - b. **In what other ways would you characterize your “hope”?**

The Adult Hope Scale

Please read each item carefully. Using the scale shown below, please select the number that best describes you and put that number in the space provided.

| | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|
| Definitely True | | | | | | | | |
| Mostly True | | | | | | | | |
| Somewhat True | | | | | | | | |
| Slightly True | | | | | | | | |
| Slightly False | | | | | | | | |
| Somewhat False | | | | | | | | |
| Mostly False | | | | | | | | |
| Definitely False | | | | | | | | |

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

Agency: _____

Add Scores on items: 2, 9, 10 and 12. Scores range from a 4 to a 32. Higher scores reflect higher agency.

Pathways: _____

Add scores on items: 1, 4, 6 and 8. . Scores range from a 4 to a 32. Higher scores reflect higher pathways thinking.

Total Hope Score: _____ (Add Score for Pathways to the Score for Agency)

Scores of 40 – 48 are hopeful, 48 – 56 moderately hopeful, and 56 or higher as high hope.

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 (✓ or x) in the circle (□) above "None of the time," if this describes you. Or, if you are this way "All of the time," check this circle. Please answer every question by putting a check in one of the circles. There are no right or wrong answers.

1. I think I am doing pretty well.

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

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

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

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

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

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

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

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

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

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

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

Notes: The total Children's Hope Scale score is achieved by adding the responses to the six items, with "None of the time" = 1; "A little of the time" = 2; "Some of the time" = 3; "A lot of the time" = 4; "Most of the time" = 5; and, "All of the time" = 6. The three odd-numbered items tap agency, and the three even-numbered items tap pathways.

Hope Worksheet

This worksheet is intended to add detail and clarity to your pathways and agency. Those who are more hopeful will move through this worksheet with ease whereas less hopeful individuals will likely respond to this process with frustration and a focus on failure. It is important that you focus on the details of the goals – taking the time to identify them with patience and diligence. Do not rush through the worksheet. With each answer, spend time exploring more explanation and detail. The key to all these worksheets is to remember that imagination is the instrument of hope. Imagine your life differently if you can achieve your goals. What will it look like? Feel like? Be like? You should notice the ebb and flow of pathways and willpower focus as you move through the worksheet.

As you review the hope worksheet below, some explanation may be useful.

Item 1: Do not rush through this part of the worksheet. It is worth exploring each goal in terms of specific details, short term vs. long term, etc. The personal and professional goal worksheet may be useful in preparing for the full hope worksheet. A low hope person may struggle with describing specific details of a goal and might need help from a higher hope person. Don't be afraid to ask someone for help that seems to have higher hope in their life than you do.

Item 2: A person who does not desire the goal will struggle to complete the worksheet. It is important that the goal is desired by the person completing the worksheet. Finding a goal, no matter how small is often a great place to start if you are a low hope person.

Item 3: This item can help clarify the goal. For example, is the motivation to the goal intrinsic or extrinsic? Is it coming from within? Or is some outside force or person inspiring the goal? Goal motivation may start externally but sooner or later it must become internal. Intrinsic motivation is more likely to sustain you in the presence of barriers and adversity.

Item 4: After describing the goal, it is worth spending time relishing what success will feel like. This item is intended to reinforce willpower.

Item 5, 6, 7, & 8: Lower hope individuals will possibly struggle with these items. Don't be discouraged if you find yourself in that place. After considering the potential barriers, your willpower may be lower. Therefore, item 7 is intended to re-invigorate you to complete item 8.

Item 9: It is often helpful to break a goal into sub-goals or benchmarks. Sub-goals can also serve to help us determine if we are on the right pathway to our goals. Finally, breaking the goal into sub-goals helps you connect the future to the present – seeing how the small steps can get you to the goal eventually. Dream big, start small.

Item 10 & 11: These are intended to reinforce willpower and demonstrate the social resources available when pursuing our goals. You likely have far more resources available to you than you might think right now. It may take being honest with others by asking for help and it may take the time to find the right person to ask for help. But take it one step at a time.

Hope Worksheet

The purpose of this worksheet is to assist you in establishing a desirable goal using the language of hope. By describing your desirable goal in as much detail as possible you are likely to experience an increase in your motivation and interest. When you have described one or more possible strategies to your goal you are now on the pathway to rising and sustained hope. *Remember, imagination is the instrument of hope. You must see it before you can be it. You need to dream it before you can do it.*

- 1. Describe your goal in as much detail as possible (Narrative)**
- 2. How much do you desire this goal?** *A little Moderately A great amount*
- 3. Describe why you want to achieve the goal. That is, describe what is motivating you.**
- 4. Imagine you have just achieved your goal. Describe how you think you will feel in this future memory.**
- 5. List the pathways (actions/strategies) you can use to achieve your goal.**

Pathway 1: _____

Pathway 2: _____

Pathway 3: _____

- 6. Describe potential barriers for each pathway you listed.**

Pathway 1 Potential Barrier: _____

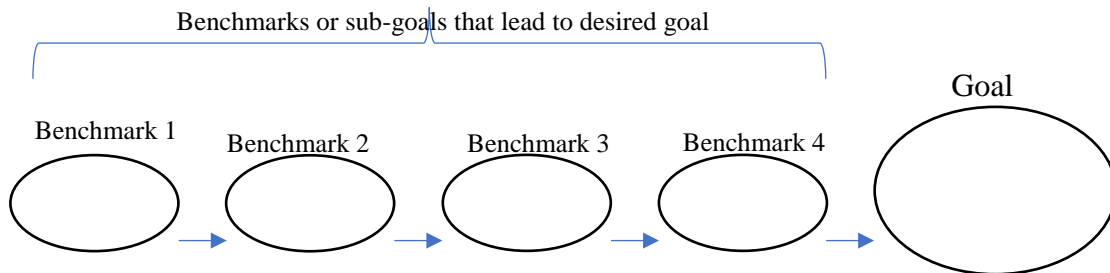
Pathway 2 Potential Barrier: _____

Pathway 3 Potential Barrier: _____

7. Describe a time when you achieved a goal by overcoming barriers. That is, what were the barriers and how did you overcome them?

8. From points 5 & 6 above, choose the best pathway and describe how you will overcome the barriers to that pathway.

9. Describe benchmarks that you need to achieve to attain the goal. For example, what are two or three things that must be accomplished for you to attain your goal?



10. Identify people and/or resources you can count on for support in pursuing your goal.

11. Describe something that motivates you (e.g., music, movie, person). Think of how you can use this inspiration to help you achieve your goal.

Your Personal and Professional Goals Worksheet

Below write down three goals you set for yourself. These can be Personal Goals, Family Goals, and/or Professional Goals.

Goal 1: _____

Goal 2: _____

Goal 3: _____

Adding Detail to Your Goals

| Specifics: | Goal 1 | Goal 2 | Goal 3 |
|----------------------------|--------|--------|--------|
| Approach vs. Avoidance: | | | |
| Degree of difficulty: | | | |
| Stretch vs. Mastery: | | | |
| Time to completion: | | | |
| Degree of change involved: | | | |
| Support Networks: | | | |
| Beneficiaries: | | | |
| Other Details: | | | |

Overall, how successful do you think you will be in pursuing these goals?

| | | | | | |
|-----------------------|---------------------|---------------------|-----------------------|-------------------|-----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Not at all successful | A little successful | Somewhat successful | Moderately successful | Mostly successful | Very successful |

Goal 1: _____

Goal 2: _____

Goal 3: _____

Finding Hope

The most important thing we can do is lend our hope to others until they can find their own.

1. **Hope Modeling:** One way to help us think about hope (especially when we experience adversity) is to consider our own Hope Models.
 - a. **Take a minute to think of the one adult role model in your life. Often, this is the person who, knowingly or not, made a profound impact on the direction of your life.**

What impact did they have related to your goals, pathways, and agency?

- b. **Think about a leader you admire. Now list three words that describe this person.**

- 1.
- 2.
- 3.

- c. **What story (movie, book, song, etc.) comes to mind that reflects hope?**
 - d. **How do you model hope in your behaviors?**

2. Take a few minutes to think about a goal you have for yourself this week:
 - a. Write down the goal: _____
 - b. Describe a few of the barriers you will likely experience in pursuing your goal. Are you powerless to these barriers?
 - c. Can you identify a cast of supporting “hope givers” and describe how they can help you achieve your goal?
 - d. Identify one action you can take today to move toward your goal.

Hope Assessment Initiative

Survey Administration and Collection Instructions:

Overview

Thank you for your assistance in gathering Hope assessments from your agency clients. This tool is intended to provide a detailed description of the procedures that will be used to collect the data for the HOPE Project.

Data will be collected from _____ to _____.

Though assessment length will vary by client, we anticipate it will take staff about 5 minutes to explain how to take the assessment and it should take clients about 10-15 minutes to complete. This will allow the University of Oklahoma and your agency to better measure the impact of program services on clients.

What we are asking of you?

Our goal is that your agency to collect **as many surveys as possible** in this assessment. There are two main objectives in administering and collecting client surveys.

1. For those interested in measuring hope pretest to posttest, the first objective is to be able to match each pre-services (intake) and post-services surveys for each client across a specified time period. If you are not interested/able to collect surveys across time, then collecting enough surveys to be representative of your clients is the objective.
2. The second is to respect and value the client in their choice to participate in this evaluation.

***For example,** Jane Doe is asked to complete the pre-services survey. After receiving a specified amount of services, Jane should be asked to complete a post-services survey. Jane's pre and post surveys must be matched in order for her data to be included in the overall analysis to evaluate the change in Hope scores. It is not uncommon to collect more pretest surveys than posttest surveys and this can happen for many reasons (e.g., Jane doesn't come back to the agency, Jane decides she doesn't want to complete the survey or forgets to complete the survey, Jane is available but in crisis so asking her to complete the survey would be disrespectful of her needs).*

Please note, **the client has the right to choose a level of participation.** The client may choose to participate, yet not answer all the questions. While this diminishes the research capacity for the assessment, the client's choice takes priority.

The client needs to understand this data is being collected as an attempt to evaluate the impact of the agency on his/her life. However, their choice to participate (OR NOT) will

not impact the services available to them. Participation is strictly voluntary, and they may choose to withdraw at any time.

The client's confidentiality must be maintained.

If collecting data across time, staff collecting the surveys must be able to match pre-services and post-services survey responses.

Hope Study Packet Assembly

Your packet should consist of:

Pretest-Posttest:

- Pre-Services Survey copies
 - These should be administered during the client's first visit to the agency, unless they are in crisis.
 - If they are in crisis, intake specialist or advocate, should find a more appropriate time to administer the assessment
- Post-Services Survey copies
 - These should be administered AFTER a specified time period.

One Time Data Collection (Cross-sectional):

- Anonymous Survey copies
 - These should be administered during the client's visit to the agency, unless they are in crisis.
 - If they are in crisis, intake specialist or advocate, should find a more appropriate time to administer the assessment

Instructions for Completed Surveys

Once all surveys are completed (remember, there may be more pre-services surveys than post-services surveys):

- Place **ALL** the surveys in a secure location. If you are working with the Hope Research Center for analysis, the process for coordinating delivery of surveys will be developed in partnership with the needs of your agency.

What do I do if a client does not want to take or has not completed the surveys?

This choice is to be respected and valued. If the client does not want to participate there is nothing more to be done related to evaluation data collection. If the client completes the pre-services survey but not the post-services survey, or completes the post- but not the pre-; please return all the data that is available (even though we cannot match). Remember, our goal is to get **a representative sample of client responses** from your agency. So keep collecting data as long as possible.

The purpose of this survey is to assess your experience while at this agency. Your responses to this survey will be grouped with other parents/caregivers and will be used to improve services at this agency. Your participation in this survey is voluntary and you may choose to stop at any time.

1. What is your sex? Female Male
2. What is your age in years? _____
3. What is your educational background?

| | |
|---|---|
| <input type="checkbox"/> Less than 12 th grade | <input type="checkbox"/> Some College |
| <input type="checkbox"/> HS/GED | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> Technical Training | <input type="checkbox"/> Post Graduate/Professional |
4. What is your race/ethnicity?

| | |
|---|---------------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> African American | <input type="checkbox"/> Multi-Racial |
5. What language is primarily spoken in your home? _____
6. What is the zip code where you live? _____
7. Are you currently receiving mental health therapy? Yes No ↓
if no, do you plan to seek therapy? Yes No
8. Overall, I am satisfied with the services we received at this agency.

| | | | |
|--|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly Agree |
|--|-----------------------------------|--------------------------------|---|
9. The services provided at the Child Abuse Network met my expectations.

| | | | |
|--|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly Agree |
|--|-----------------------------------|--------------------------------|---|
10. How would you rate your anxiety PRIOR to coming to this agency?

Not anxious at all ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Very Anxious
11. How would you rate your anxiety AFTER coming to this agency?

Not anxious at all ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Very Anxious
12. How would you rate your access to transportation?

| | | | |
|--------|--------|--------|-------------|
| ① Poor | ② Fair | ③ Good | ④ Excellent |
|--------|--------|--------|-------------|
13. How would you rate your access to food?

| | | | |
|--------|--------|--------|-------------|
| ① Poor | ② Fair | ③ Good | ④ Excellent |
|--------|--------|--------|-------------|
14. How would you rate safety in your neighborhood?

| | | | |
|--------|--------|--------|-------------|
| ① Poor | ② Fair | ③ Good | ④ Excellent |
|--------|--------|--------|-------------|
15. How would you rate the quality of your housing?

| | | | |
|--------|--------|--------|-------------|
| ① Poor | ② Fair | ③ Good | ④ Excellent |
|--------|--------|--------|-------------|

Please read each item carefully. Using the scale shown below, please select the number that best describes you and put that number in the space provided.

| |
|-------------------------|
| Definitely True |
| Mostly True |
| Somewhat True |
| Slightly True |
| Slightly False |
| Somewhat False |
| Mostly False |
| Definitely False |

- 16. I can think of many ways to get out of a jam. ----- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
- 17. I energetically pursue my goals.----- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
- 18. There are lots of ways around any problem.----- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
- 19. I can think of many ways to get the things in life that are most important to me.----- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
- 20. Even when others get discouraged, I know I can find a way to solve the problem.----- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
- 21. My past experiences have prepared me well for my future. ----- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
- 22. I've been pretty successful in life. ----- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
- 23. I meet the goals that I set for myself.----- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

Over the last two weeks, how often have you been bothered by the following problems?

| |
|---------------------------|
| Nearly every day |
| Over half the days |
| Several days |
| Not at all sure |

- 24. Feeling nervous, anxious, or on edge.----- ① ② ③ ④
- 25. Not being able to stop or control worrying.----- ① ② ③ ④
- 26. Worrying too much about different things.----- ① ② ③ ④
- 27. Trouble relaxing. ----- ① ② ③ ④
- 28. Being so restless that it's hard to sit still. ----- ① ② ③ ④
- 29. Becoming easily annoyed or irritable.----- ① ② ③ ④
- 30. Feeling afraid as if something awful might happen.----- ① ② ③ ④

| | | | | | |
|--------------------------|--|--|--|--|--|
| Not Applicable | | | | | |
| Strongly Agree | | | | | |
| Agree | | | | | |
| Disagree | | | | | |
| Strongly Disagree | | | | | |

| | | | | | |
|---|---|---|---|---|--------------------------|
| 31. We were able to get all the services we thought we needed.----- | ① | ② | ③ | ④ | <input type="checkbox"/> |
| 32. I was asked about my trauma history ----- | ① | ② | ③ | ④ | <input type="checkbox"/> |
| 33. Staff members were sensitive to our cultural/ethnic backgrounds. ----- | ① | ② | ③ | ④ | <input type="checkbox"/> |
| 34. Services were provided in a way that respected our values and beliefs.----- | ① | ② | ③ | ④ | <input type="checkbox"/> |
| 35. Staff members talked to us about the link between our mental health problems and the use of alcohol and drugs.----- | ① | ② | ③ | ④ | <input type="checkbox"/> |
| 36. We felt safe and comfortable when we met with staff members----- | ① | ② | ③ | ④ | <input type="checkbox"/> |
| 37. Can staff members asked about any present-day threats to our safety. ----- | ① | ② | ③ | ④ | <input type="checkbox"/> |
| 38. I was asked what problems or issues are most important for me to work on at this time. ---- | ① | ② | ③ | ④ | <input type="checkbox"/> |
| 39. I was asked about my personal strengths and coping skills. ----- | ① | ② | ③ | ④ | <input type="checkbox"/> |
| 40. Staff members encouraged us to use therapeutic services and case management ----- | ① | ② | ③ | ④ | <input type="checkbox"/> |
| 41. The services I received treat me as a whole person rather than pulling apart into separate problems.----- | ① | ② | ③ | ④ | <input type="checkbox"/> |

Please rate how frequently you experience each of the following items.

| | | | | |
|---------------------|--|--|--|--|
| Always | | | | |
| Often | | | | |
| Sometimes | | | | |
| Almost Never | | | | |

| | | | | |
|---|---|---|---|---|
| 41. I often think to myself, “what am I doing to deserve this?”----- | ① | ② | ③ | ④ |
| 42. I often think about a recent situation, wishing it had gone better. ----- | ① | ② | ③ | ④ |
| 43. I often think “why do I have problems other people don’t have?” ----- | ① | ② | ③ | ④ |
| 44. I often think, “Why can’t I handle things better?” ----- | ① | ② | ③ | ④ |

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------|-------|----------|-------------------|
| 45. Staff respected my privacy ----- | ① | ② | ③ | ④ |
| 46. Staff are supportive when I'm feeling stressed or overwhelmed ----- | ① | ② | ③ | ④ |
| 47. I had the opportunity to learn how abuse and other difficulties affect responses in the body - | ① | ② | ③ | ④ |
| 48. Staff treated me with dignity ----- | ① | ② | ③ | ④ |
| 49. I can trust the staff ----- | ① | ② | ③ | ④ |
| 50. My cultural backgrounds were respected ----- | ① | ② | ③ | ④ |
| 51. My religious or spiritual beliefs were respected ----- | ① | ② | ③ | ④ |
| 52. Staff members recognized that some people or cultures have endured generations of violence, abuse, and other hardships. ----- | ① | ② | ③ | ④ |
| 53. Staff treats people who face physical or mental health challenges with compassion----- | ① | ② | ③ | ④ |
| 54. My voice was heard by the Staff----- | ① | ② | ③ | ④ |
| 55. This agency provided opportunities to get help dealing with the problems they may have experienced or been affected ----- | ① | ② | ③ | ④ |

Is there anything else you would like us to know regarding your experiences with this agency?

THANK YOU FOR PARTIPATING IN THIS SURVEY