DIFFERENCES IN LEVELS OF HOPE BETWEEN CHILDREN WITH LEARNING DISABILITIES, CHILDREN WITH GIFTEDNESS, AND CHILDREN WITHOUT EXCEPTIONALITIES

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To the Graduate Council:

l am submitting herewith a field study written by Georgeann M. Goodlett entitled "Differences in Levels of Hope between Children with Learning Disabilities, Children with Giftedness, and Children without Exceptionalities." I have examined the final paper copy of this field study for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Education Specialist, with a major in School Psychology.

Dr. LuAnnette Butler, Maior Professor

We have read this field study and recommend its acceptance:

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DIFFERENCES IN LEVELS OF HOPE BETWEEN CHILDREN WITH LEARNING DISABILITIES, CHILDREN WITH GIFTEDNESS, AND CHILDREN WITHOUT EXCEPTIONALITIES

A Field Study Presented for the Education Specialist Degree Austin Peay State University

> Georgeann M. Goodlett August 2005

DEDICATION

This field study is dedicated to my daughter, Alexandra, who proudly accompanied me along this journey and provided me with continued motivation; to my husband, Jim, who offered steadfast confidence in my skills and abilities; and to my friend, Valarie Stumph, who provided support, encouragement, and much needed humor along the way.

Acknowledgments

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Abstract

Snyder's Hope Theory is reviewed, along with related research supporting the theory. To date, no current research has been conducted regarding Hope Theory and children with specific learning disabilities or giftedness. Using a comparison group of children without exceptionalities, this study attempted to examine these differences. Levels of hope among children ages 12-14 were assessed using the Children's Hope Scale (CHS; Snyder et al., 1997). A minimal number of students identified with learning disabilities participated in the study; therefore, their data were not included in the final analyses. An analysis of variance (ANOVA) was conducted to determine if significant differences existed between the remaining two groups of children. No significant differences were found to exist between groups; however, students in both groups consistently rated items pertaining to the pathways subscale lower than items pertaining to the agency subscale. Implications and limitations of the study are discussed.

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CHAPTER 1

INTRODUCTION

Positive Psychology and Hope

After World War II, the field of psychology began to emphasize the medical model of diagnosis and treatment planning (Scligman & Csikszentmihalyi, 2000). Within this model, psychologists, therapists, and researchers focus on an individual's presenting problem - his or her symptoms and deficiencies - ultimately striving to alleviate these symptoms and "cure" the individual. In 1998, while serving as president of the American Psychological Association, Martin E. P. Seligman encouraged psychologists to lead the field of psychology in a new, more positive direction (Seligman, 1998). By introducing the concept of positive psychology, Seligman aspired to promote a transition in thinking. This transition involves moving away from a focus on negative behavior, personal weaknesses, and medical or psychological disabilities toward a focus on positive characteristics, personal strengths, and abilities that lead to success and achievement. Ultimately, it is a proactive and preventive approach benefiting all individuals, not just those currently facing difficulties. By redirecting efforts to focus on strengths rather than difficulties, individuals can learn coping strategies and build resources that may prevent problems from surfacing at all. As Sheldon and King (2001) point out, positive psychology is "the scientific study of ordinary human strengths and virtues" (p. 216). Among these strengths and virtues is courage, optimism, perseverance, and hope (Seligman & Csikszentmihalyi, 2000).

Hope is a positive psychology construct. As defined by the American Heritage Dictionary, hope is "[a] wish or desire accompanied by confident expectation of its

fulfillment" (Berube et al., 1985, p. 622). Snyder (1994) indicates that several individuals have attempted to research and refine the construct of hope and, although these researchers view hope from differing perspectives, "the various versions of hope all involve an overall perception that goals can be met" (p. 536). In addition, hope is a future-oriented construct with an underlying theme of positive expectations and perceptions.

Hope Theory

A recent perspective of hope comes from C. R. Snyder, whose own Hope Theory began to take shape in the mid-1980's. Snyder (1995) writes, "[H]ope is conceptualized as a cognitive process involving how people link themselves to positive goals" (p. 356). With an emphasis on cognition, Hope Theory views an individual as an active participant in the goal-seeking process and stresses the importance of the individual's underlying thoughts. More specifically, "[H]ope reflects individuals' perceptions regarding their capacities to (1) clearly conceptualize goals, (2) develop the specific strategies to reach those goals (pathways thinking), and (3) initiate and sustain the motivation for using those strategies (agency thinking)" (Snyder, Lopez, Shorey, Rand, & Feldman, 2003, p. 122-123).

The first component of Hope Theory involves the actual goal itself. This goal may be visualized or verbalized, short-term or long-term, vague or specific, and positive or negative (Snyder, 2002). A positive goal involves the "wanting" of some outcome (e.g., acceptance into college, the maintenance of good health, or increased success in the workplace); whereas, a negative goal involves the "avoidance" of some outcome (e.g., not being placed on academic probation or delaying an inevitable divorce). Overall, the

goal itself must be perceived as important to the individual. The second component, called pathways thinking, involves the various routes or plans that an individual devises in an attempt to reach the desired outcome (Snyder, 2000, 2002; Snyder et al., 1991). Individuals may differ with respect to whether they devise one or multiple routes and whether these routes are specific or more generalized. The third component, called agency thinking, involves one's motivation and positive perceptions regarding the attainment of the desired outcome (Snyder, 2000, 2002; Snyder et al., 1991). This thinking can be viewed as the individual's driving force. Finally, Snyder (1995) stresses the complementary nature of pathways and agency thinking, stating that "[n]either agency nor pathways alone, therefore, is sufficient to produce high hope" (p. 355).

Hope Theory has been, and continues to be, broadly researched with respect to both adults and children. Areas of interest include academics, athletics, well-being, and individual differences. In the area of academics, higher levels of hope have been related to higher overall academic achievement in children (Snyder et al., 1997), as well as better academic achievement in high school students (Snyder et al., 1991). Additionally, higher levels of hope have been related to higher grade point averages in college students (Curry, Snyder, Cook, Ruby, & Rehm, 1997; Snyder et al., 1991; Snyder et al., 2002). Further, college students with higher levels of hope have been shown to be more likely to graduate from college (Snyder et al., 2002). Finally, lower levels of hope have been linked to limited coping strategies with respect to studying and taking examinations (Onwuegbuzie & Snyder, 2000).

Hope Theory and its Effects on Athletics and Well-being

In the athletic arena, Curry et al. (1997) showed that athletes report higher levels of hope as compared to nonathletes. Similarly, higher levels of hope have predicted increased athletic performance in females (Curry et al., 1997). Furthermore, children with higher levels of hope perceived a greater "capability to perform in sports and games" (Snyder et al., 1997, p. 408), as well as higher perceptions of competence in areas related to physical fitness (Snyder et al., 1997). Overall, Curry and Snyder (2000) state, "The available results suggest that higher hope is related to better actual sport outcomes" (p. 255).

With respect to well-being, higher levels of hope have been related to higher levels of perceived self competence in children (Snyder et al., 1997). Further, higher levels of hope have been associated with higher levels of perceived self worth in children (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998; Snyder et al., 1997), and greater self-esteem in adults (Snyder et al., 1991). Higher levels of hope have also been related to lower levels of depression in children (Snyder et al., 1997), as well as decreased levels of depression and anxiety in adults (Snyder et al., 1991).

Hope Theory and Individual Differences

Finally, individual differences in hope have been examined with respect to age, gender, and race. McDermott et al. (1997) found an overall decline with age in levels of hope among Caucasian children, with respect to the pathways subscale. However, Snyder et al. (1997) found no age differences in their research with children. Further, Snyder et al. (1997) found no gender differences among children, which is consistent with the finding among adults (Snyder et al., 1991). Overall findings across research

studies show "no differences in hope between girls and boys, or young women and men" (Snyder et al., 2003, p. 127). With respect to cultural differences, Lopez et al. (2000) writes, "Interpretation of the data collected from diverse groups of adults suggests that the average hope score of ethnic minority groups does not differ significantly across groups" (p. 231). However, the data for children is less definitive. While Snyder et al. (1997) found no racial differences in their research with children, McDermott et al. (1997) found that levels of hope, as well as levels with respect to the agency subscale, were higher for African American children compared to Caucasian children.

Further differences have been examined among Catholic and public schoolchildren, with Catholic students reporting higher levels of hope than public school students (McDermott et al., 1997). Reasons hypothesized by McDermott et al. (1997) for the higher levels found in Catholic school students include greater classroom discipline, smaller teacher-student ratios, and increased parental expectations. Snyder et al. (1997) included children with arthritis, sickle-cell anemia, cancer, and Attention-Deficit/Hyperactivity Disorder (ADHD) in their studies; however, no significant differences were noted. To date, no current research has been conducted regarding Hope Theory and children with specific learning disabilities or giftedness.

Educational Definitions

A specific learning disability, as defined by the Tennessee State Department of Education (2003) is "a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations" (p. 67). Children with a learning disability may then qualify

omprehension, Math Calculation, Math Comprehension, Listening Comprehension, Written Expression, and / or Oral Expression. Intellectual giftedness "refers to having intellectual abilities and potential for achievement so outstanding that special provisions are required to meet the child's educational needs" (Tennessee State Department of Education, 2003, p. 49).

Importance of Goal Setting

Whether or not a child has a learning disability, is gifted, or is without exceptionality, setting goals becomes increasingly important for all children as they approach the high school years. Decisions concerning what to be when grown up (e.g., lawyer, auto mechanic, nurse), what track to take in high school (e.g., college preparatory, vocational, mixture), and what types of activities to become involved in (e.g., sports, music, debate) are pushed to the forefront. This is particularly important for children with learning disabilities and giftedness as they approach the age of fourteen. These children have an Individualized Education Program (IEP) in place, an individualized program based on the child's strengths and needs. At the age of 14, students must be invited to participate in the construction and review of their IEP, particularly the section titled Transition Service Planning. This section addresses the student's future goals as related to education, employment, living arrangements (e.g., independent or supported living), and community involvement.

To help these children develop and meet their goals, it is important for psychologists, counselors, educators, and parents to understand children's thinking with respect to goals, or overall hopefulness. Additionally, it is important to account for the

highlighted; however, when determining that a child has a learning disability, weaknesses are often highlighted; however, when determining that a child is gifted, strengths are often pointed out. Therefore, the hopefulness of children with learning disabilities may be lowered due to this emphasis on weakness; whereas, the hopefulness of children who are gifted may be higher due to the emphasis on strengths.

Present Study

Using a comparison group of children without exceptionalities, the present study attempted to examine these individual differences in hope. Children without exceptionalities were those children who were not receiving special education services. Children with learning disabilities were those exhibiting processing disorders that could negatively impact reading, writing, math, or speaking skills, while children with giftedness were those displaying remarkable cognitive abilities and academic skills. Children in these latter two groups did not include those with secondary identifications (e.g., Language Impaired, Speech Impaired). Using standards set forth by the state of Tennessee, these identifications were verified by examining each student's school record.

After obtaining parental consent, students eligible to participate were brought together as a group in a confidential environment. Following an introduction and brief overview of the procedures involved, students then completed an assent form to document their willingness to participate in the study. Upon obtaining assent, the student's level of hope was assessed using the Children's Hope Scale (CHS; Snyder et al., 1997), a rating scale based specifically on Hope Theory. The examiner read the items aloud to avoid differences related to low reading ability and / or confusion regarding any specific statements. The Children's Hope Scale provides an overall score ranging from 6

which range from 3 to 18 points. Individual scores were averaged with the scores of other students within assigned groups. It was hypothesized that differences would exist between the hopefulness ratings of these three groups of children, with children with learning disabilities reporting lower ratings, and children with giftedness reporting higher ratings, when compared to children without exceptionalities.

CHAPTER 2

METHOD

Participants

Participants were 65 volunteer, middle school students recruited from two schools in the Clarksville-Montgomery County School System. These participants included 38 sixth graders, 16 seventh graders, and 11 eighth graders. Further, the total sample included 58 Caucasian students, 5 African American students, and 2 Hispanic students. These participants were divided into three groups (students with learning disabilities, students with giftedness, and students without exceptionalities) based on review of school records.

The first group included only children identified as having a Specific Learning Disability – those children exhibiting processing disorders that may negatively impact reading, writing, math, or speaking skills. This group contained 5 students, including 1 male and 4 females, with a mean age of 13.2 years. The second group included only children identified as Gifted – those children displaying remarkable cognitive abilities and academic skills. This group contained 27 students, including 16 males and 11 females, with a mean age of 12.4 years. The identification of children with learning disabilities or giftedness was verified by examining the student's Eligibility Report, a form indicating whether or not a child is eligible for special education services. The third and final group included children without exceptionalities – those children not identified as having a disability or receiving special education services. This final group contained 33 students, including 16 males and 17 females, with a mean age of 12.6 years.

Students who did not fall into one of the three categories (e.g., Autistic), had multiple identifications (e.g., Specific Leaning Disability and Language Impaired), or did not fall within the age range of 12 to 14 were not included in the sample. One student's data was eliminated from the study due to an invalid questionnaire. Upon review of the questionnaire, it was noted that the student responded to one item with two ratings and, therefore, the questionnaire could not be properly scored. The final total of participants included 5 students with learning disabilities, 27 students with giftedness, and 32 students without exceptionalities.

Materials

The Children's Hope Scale (CHS; Snyder et al., 1997) was used to measure children's individual levels of hope. This scale, based on Hope Theory, contains six statements, each requiring the respondent to choose from six descriptions ranging from "none of the time" to "all of the time." Designed for children ages 8 to 16, three of the six items measure pathways thinking while the remaining three items measure agency thinking. This scale can easily be completed and hand scored in a matter of minutes.

Total subscale scores (pathways thinking / agency thinking) can range from 3 to 18 points with average scores falling around 12.5 points. Scores falling below 10 or those above 15 are considered to lie within the bottom or top 15%, respectively. When the subscale scores are combined, total scale scores can range from 6 to 36 points with average scores falling around 25 points. Scores equal to or less than 21, or those equal to or above 29, are considered to lie within the bottom or top 15%, respectively.

Snyder et al. (1997) describe the reliability and validity of the scale. Internal reliabilities range from .72 to .86, while test-retest reliabilities range from .71 to .73.

Convergent validity has been satisfactorily demonstrated, with the scores of children relating positively to parent's ratings of their child's level of hope, children's perceived self-concept, and children's perceived self-worth. The scores of children have also related negatively with depression. Discriminant validity has also been demonstrated with children's scores not relating with performance on tests of cognitive ability. Finally, predictive validity was also displayed as children's scores have related positively to scores of achievement.

Design

This research study was a mixed, quasi-experimental design. The subject variable, or between factor, was three student groups consisting of students identified with learning disabilities, students identified with giftedness, and students without exceptionality. Using Tennessee state guidelines, students with learning disabilities exhibit processing disorders that may negatively impact reading, writing, math, or speaking skills, while students with giftedness display remarkable cognitive abilities and academic skills. Children without exceptionalities do not receive special education services. Assignment to one of these three groups was based on review of student records. Students eligible for special education services – learning disabled or gifted – were identified as such by an Eligibility Report, while students without exceptionality were those students not eligible for services.

The manipulated variable, or within factor, was subscale – pathways versus agency. During a single session lasting approximately 15-20 minutes, students completed an assent form and the Children's Hope Scale (CHS; Snyder et al., 1997) in a small group setting with the examiner in a confidential environment. The CHS provides

an overall score ranging from 6 to 36 points and "reflects individuals' perceptions regarding their capacities to (1) clearly conceptualize goals, (2) develop the specific strategies to reach those goals (pathways thinking), and (3) initiate and sustain the motivation for using those strategies (agency thinking)" (Snyder et al., 2003, p. 122). This overall score represents the sum of the two subscale scores, pathways and agency, which range from 3 to 18 points. These subscales means were used to perform the analysis of variance (ANOVA).

Procedure

An explanation of the study was sent home in a letter to parents of middle school students. The letter stated the purpose of the study and described procedures for obtaining consent and assent. Further, the letter to parents stressed the voluntary nature of participating in the study. Approximately 300 letters were sent out between two schools. One teacher at each school worked in conjunction with one guidance counselor to target classes that would represent the various groups, sending approximately 50 letters to each group of students. Parents willing to allow their child to participate, signed and returned a consent form allowing review of school records to determine identification for assigned groups and assessment using the Children's Hope Scale (CHS; Snyder et al.,

Once consent was obtained, students eligible to participate were brought together as a group in a confidential environment. Two groups were assembled due to the participation of students from two schools. Prior to assessment, a brief description of the study was given to the students and a separate assent form was signed acknowledging the students' willingness to participate in the study. Students not providing assent would not

have been allowed to participate in the study; however, all students provided assent.

After gaining both consent and assent, the examiner read aloud the items of the CHS as the students read silently. Reading the items aloud to the students ensured continuity of presentation and provided accommodation to any individual who may have had difficulty reading. Upon completion of the CHS, the examiner relayed a standard debriefing statement and answered remaining questions. Finally, the examiner hand scored each questionnaire to determine individual levels of hope.

CHAPTER 3

RESULTS

Descriptive Data

As indicated by VanVoorhis and Morgan (2001), 30 participants are needed per group to gain a medium-to-large effect size with approximately 80% power. The group identified as students with learning disabilities contained only 5 students and, therefore, was eliminated from the final data analyses. All remaining statistics and analyses presented were based on the data from the remaining two groups – students with giftedness and students without exceptionality.

The data collected consisted of the self-reported level of individual hope as measured by the Children's Hope Scale (CHS; Snyder et al., 1997). The CHS provides three scores including a total score, ranging from 6 to 36 points, along with two subscale scores – pathways and agency, ranging from 3 to 18 points. The mean total hope rating for students with giftedness was 28.333 (SD = 5.076), while the mean total hope rating for students without exceptionalities was 28.750 (SD = 4.537). Means and standard errors of measurement were calculated for the subscale scores (pathways and agency) of the remaining two groups (see figure 1).

Analyses

An analysis of variance (ANOVA), which is used to detect differences among group means, was conducted to determine if there was a significant difference between students identified with giftedness and students without exceptionality, regardless of the subscale. No significant difference was found between groups, F(1, 57) = 0.111, p>0.05. A second ANOVA was conducted to determine if there was a significant difference

between the pathways and agency subscales, regardless of group. A significant main effect was found, F(1, 57) = 31.353, p<0.05, with the pathways subscale scores significantly lower than agency subscale scores. Finally, a third ANOVA was conducted to determine if the difference between the pathways and agency subscales was different for the students with giftedness as opposed to the students without exceptionalities. A significant interaction did not exist, F(1, 57) = 1.065, p>0.05.

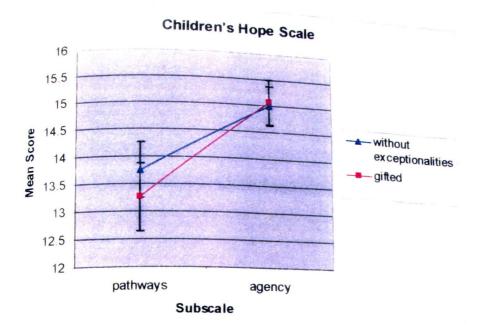


Figure 1. Mean representation for pathways and agency subscales for children with giftedness and children without exceptionalities.

CHAPTER 4

DISCUSSION

A minimal number of students identified with learning disabilities participated in the study; therefore, the data for these students was not included in the analyses. Results for the remaining two groups - students identified with giftedness and students without exceptionality - indicated that a significant difference did not exist between the pathways means or agency means of the two groups. In other words, these two groups rated questions pertaining to the pathways subscale in a similar fashion, as well as questions pertaining to the agency subscale. However, further analyses indicated that students in both groups consistently rated items pertaining to the pathways subscale lower than items pertaining to the agency subscale. Based on these results, students reported high motivation for reaching goals, but appeared slightly less confident in their abilities to come up with various ways to reach their ultimate goals. Although the pathways subscale was significantly lower than the agency subscale, it is important to point out that the pathways mean remained in the average range.

Overall, scores for the two groups fell consistently within the average to above average range. In one article, Snyder et al. (2003) state, "[W]e use 'high-hope children' to describe those who have scored in the top third of the Children's Hope Scale" (p. 124), which would represent scores from 25 to 36. The mean total hope rating for students with giftedness was 28.333 (SD = 5.076), while the mean total hope rating for students without exceptionalities was 28.750 (SD = 4.537). Therefore, although the pathways subscale was significantly lower than the agency subscale, both groups of students reported high levels of overall hope.

However, the analysis which indicated that the pathways subscale was rated significantly lower than the agency subscale should not be ignored. When psychologists, counselors, educators, or parents work to build or enhance a child's hopefulness, both aspects of hope must be considered. While a child may have a high level of motivation and desire to reach the ultimate goal of attending college, he or she may not understand the various steps, or smaller sets of goals, that must be taken in order to reach that ultimate goal. At the same time, a child may have a detailed plan in mind regarding the steps involved in becoming a star soccer player. However, the student may not be fully motivated and only pursuing the goal due to parental or peer pressure. As these examples illustrate, the two components of hope, or goal-seeking, are equally important and must be equally promoted.

Snyder et al. (2003) offer many suggestions for helping students learn to set goals. First, students should be encouraged to set goals that are of interest to them and must be taught the importance of prioritizing. Additionally, it is important that smaller steps set along the way be concrete, or visible, and children should be encouraged to document their progress. Students must also be encouraged to think of several ways that one goal could be reached and understand that when one's efforts fail following one route, a second route may still lead to success. Finally, to enhance motivation, children should be encouraged to use positive self-talk. Snyder et al. (2003) write, "We would suggest that the students who have low-hope internal dialogues be taught to dispute their negative, hypercritical self-talk. Emphasize to such students how they can replace the ongoing self-criticism with more realistic, positive, and productive thoughts" (p. 130).

Despite the information gleaned from this study, there are a number of limitations. First, the original purpose of the study was to look at the differences in hope between three groups of students. Due to the fact that only a small number of students with learning disabilities participated in the study, the original hypothesis could not be analyzed. Secondly, the overall number of participants was small. In order to limit costs brought on by mailing, the packet of information for parents was dependent upon the students bringing the information home and showing it to their parents, and, if signed, returning the consent form to school. Future studies may benefit by mailing the packet directly to the students' homes. Further, although teachers and counselors attempted to choose classes so as to target equal groups, it is difficult to do so when students are not placed in homogeneous groups. Additionally, although the study included approximately equal groups of males and females, overall, the students were predominantly Caucasian. Future studies should attempt to study a more equal distribution of students based on racial identification. Finally, it must be taken into account that students who volunteer to participate in a research study may generally have more hopefulness than those who do not. Future studies may look at the hopefulness ratings of an entire school where all individuals are encouraged to participate.

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