

1-1-2011

# Effects of a group counseling career intervention on the hopefulness and future orientation of at-risk middle school students

Amy Kathryn Macey  
*Wayne State University,*

Follow this and additional works at: [http://digitalcommons.wayne.edu/oa\\_dissertations](http://digitalcommons.wayne.edu/oa_dissertations)

---

## Recommended Citation

Macey, Amy Kathryn, "Effects of a group counseling career intervention on the hopefulness and future orientation of at-risk middle school students" (2011). *Wayne State University Dissertations*. Paper 283.

This Open Access Dissertation is brought to you for free and open access by DigitalCommons@WayneState. It has been accepted for inclusion in Wayne State University Dissertations by an authorized administrator of DigitalCommons@WayneState.

**EFFECTS OF A GROUP COUNSELING CAREER INTERVENTION ON THE  
HOPEFULNESS AND FUTURE ORIENTATION OF AT-RISK MIDDLE SCHOOL  
STUDENTS**

by

**AMY K. MACEY**

**DISSERTATION**

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of requirements

for the degree of

**DOCTOR OF PHILOSOPHY**

2011

MAJOR: COUNSELING

Approved by:

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

© COPYRIGHT BY

AMY K. MACEY

2011

All Rights Reserved

## DEDICATION

*This is lovingly dedicated to my family.*

*To my husband Matthew and daughter Abigail: I owe everlasting gratefulness to you for your patience. Without your continued support, encouragement, and love I could not have completed this process.*

*To my mother: Without your endless support, generosity, and babysitting, I would not have been able to realize my dream. Thank you for instilling the importance of hard work and education.*

*In Loving Memory of my father, David W. Keenan.*

*Memories of what a remarkable educator and person that you were have been a daily inspiration to complete this journey.*

*I know you would be proud.*

## ACKNOWLEDGEMENTS

I would like to acknowledge and extend heartfelt gratitude to the following committee members, professors, classmates, friends, coworkers, and students. Your support, guidance, and eager participation in this process have been paramount.

**Dr. Arnold Coven** - I will be forever grateful for your support and encouragement both academically and personally. You have provided me with so many opportunities to learn and grow as a professional and as a human being. I thank you for sharing your wisdom and knowledge and always being a kind and caring teacher and mentor that I could depend on.

**Dr. Stuart Itzkowitz** - Thank you for always being there to offer a listening ear and provide encouragement when desperately needed. I admire your genuine spirit, positive outlook, and willingness to go with the flow. You have provided me with so many significant learning experiences in the classroom, but most importantly, you have taught me what it means to be an empathic human being.

**Dr. George Parris** - I am grateful to you for all of the guidance and assistance that you have provided me during my graduate career. I was so fortunate to have the opportunity to learn from you at the Master's and Doctoral level. Your boundless energy and enthusiastic personality has been a great source of motivation. The knowledge and wisdom that you have shared regarding career counseling and hope and positive psychology had a substantial influence on my dissertation research.

**Dr. Shlomo Sawilowsky** - I feel that it is necessary to confess that I am completely in awe of your expertise in statistics and research. Thank you for so patiently working with me on my research design, data collection, and analyses. Your knowledge was instrumental in my being able to complete this process. Most of all, I really enjoyed your sense of humor which is much needed during this process!

**Dr. Donald Marcotte** - I wish that you were here for me to thank you in person for your unwavering patience and commitment to teaching statistics and research. Not only were you committed to teaching, but you were determined to have your students understand the material. That is a quality of a true teacher. You were you an exceptional educator and an extraordinary individual. I am so thankful to have had the opportunity to learn from you.

**Dr. Ann Collins**- I can remember at the beginning of my doctoral program, sitting in on your practice defense, held in room 300 of the Education building. I was in awe of your progress and all that you had accomplished. Many times throughout my program, when the going got rough, I would recall your presentation. It gave me hope that I would to, one day, reach that point. Thank you for providing me with the inspiration and motivation to finish this process. I am also so very grateful for the valuable feedback and insight you have provided.

**Dr. Susan Adam-Rita, Dr. Michelle Corbin & Dr. Bede Ryan**- Words cannot express how much each of you means to me. If not for the friendship, laughter, and support, I surely would not have survived! Thank you, thank you, and thank you!

*Class of 2015-Thank you for your eagerness and participation!*

## TABLE OF CONTENTS

Dedication.....	ii
Acknowledgements .....	iii
List of Tables .....	viii
List of Figures .....	ix
CHAPTER I.....	1
<i>Group Counseling</i> .....	5
<i>Hope</i> .....	6
<i>Statement of Problem</i> .....	10
<i>Research Questions</i> .....	11
<i>Significance of Study</i> .....	11
<i>Definition of Terms</i> .....	12
<i>At-Risk</i> .....	12
<i>Hope</i> .....	13
<i>Goals</i> .....	13
<i>Willpower</i> .....	13
<i>Waypower</i> .....	13
<i>Limitations</i> .....	13
CHAPTER II.....	15
<i>Career Development and At-Risk Youth</i> .....	16
<i>Parent and Family Influence</i> .....	16
<i>Early Intervention and Research</i> .....	25
<i>The Construct of Hope in Children and Adolescents</i> .....	30

<i>Group Counseling with Children and Adolescents</i> .....	38
<i>Counseling Groups</i> .....	42
<i>Group as a Medium for Career Counseling</i> .....	44
<i>Summary</i> .....	47
CHAPTER III .....	48
<i>Introduction</i> .....	48
<i>Research Design</i> .....	49
<i>Variables</i> .....	50
<i>Independent Variables</i> .....	50
<i>Dependent Variables</i> .....	50
<i>Setting</i> .....	50
<i>Participants</i> .....	51
<i>Preliminary Procedures</i> .....	52
<i>Experimental Treatment Procedures</i> .....	54
<i>Criterion Instruments</i> .....	59
<i>Demographic Questionnaire (Macey, 2010)</i> .....	59
<i>Children's Hope Scale [CHS] (Snyder, 1994)</i> .....	59
<i>What Am I Like? (Steinberg et al., 2009)</i> .....	59
<i>Research Question and Hypothesis</i> .....	60
<i>Data Analysis</i> .....	61
<i>Summary</i> .....	63
CHAPTER IV .....	64
<i>Demographic Characteristics</i> .....	64

<i>Analysis of Pretest Scores</i> .....	65
<i>Research Questions and Hypotheses</i> .....	68
<i>Summary</i> .....	77
CHAPTER V .....	78
<i>Introduction</i> .....	78
<i>Restatement of the Problem</i> .....	78
<i>Literature Summary</i> .....	81
<i>Review of Methods and Procedures</i> .....	86
<i>Restatement of the Research Questions and Associated Hypotheses</i> .....	87
<i>Summary of Findings</i> .....	88
<i>Discussion of Findings</i> .....	91
<i>Limitations and Recommendations for Future Research</i> .....	97
<i>Summary</i> .....	98
Appendix A: Correspondence.....	100
Appendix B: HIC Approval Form .....	101
Appendix C: Behavioral Assent Document & Parental Permission Form.....	102
Appendix D: Verbatim Dialogue for Phone Contact to Parents/Guardians .....	111
Appendix E: Criterion Instruments .....	113
<i>Children's Hope Scale</i> .....	113
<i>What Am I Like?</i> .....	114
<i>Demographic Questionnaire</i> .....	116



References.....	117
Abstract.....	134
Autobiographical Statementí ..í ..	136

## LIST OF TABLES

Table 1: <i>Distribution of Age By Group Assignment</i> .....	64
Table 2: <i>Demographic Characteristics by Group Assignment</i> .....	65
Table 3: <i>Pretest Dependent Variables Statistics by Group</i> .....	66
Table 4: <i>t-Test for Independent Samples by Group</i> .....	67
Table 5: <i>Posttest Descriptive Statistics for Total Hope by Group Assignment</i> .....	70
Table 6: <i>Univariate ANCOVA Tests of Between-Subjects Effects Dependent Variable: Total Hope Post-Score</i> .....	71
Table 7: <i>Posttest Descriptive Statistics for Willpower (agency) by Group Assignment</i> .....	72
Table 8: <i>Univariate ANCOVA Tests of Between-Subjects Effects Dependent Variable Willpower (agency) Post-Score</i> .....	73
Table 9: <i>Posttest Descriptive Statistics for Waypower (pathways) by Group Assignment</i> .....	74
Table 10: <i>Univariate ANCOVA Tests of Between-Subjects Effects Dependent Variable: Waypower (pathways) Post-Score</i> .....	75
Table 11: <i>Posttest Descriptive Statistics for Future Orientation by Group Assignment</i> .....	76
Table 12: <i>Univariate ANCOVA Tests of Between-Subjects Effects Dependent Variable: Future Orientation</i> .....	77

## LIST OF FIGURES

- Figure 1: Research Design í ..45
- Figure 2: Treatment Group Counseling Sessions Summaryí í í í í í í í í í í í ..49
- Figure 3: Statistical Analysis Chart í ..í ..55

## CHAPTER I

### INTRODUCTION

A substantial challenge for educators, parents, and school counselors is to prepare students to pursue a variety of career opportunities and make the students valuable to potential future employers. There are an increasing number of children who fail to complete high school. According to the U.S. Department of Education, in October 2008, approximately 3 million of our country's 16-to-24 year olds were not enrolled in high school and had not earned a high school diploma or an alternative credential such as a GED (Chapman, Laird, & KewalRamani, 2010). This is approximately eight percent of the 38 million individuals in this age group living in the United States. The U.S. Department of Labor (2011b) reported that between October 2009 and October 2010, 340,000 young people dropped out of high school. The labor force participation rate for these dropouts was 53.9 percent, considerably lower than the employment rate for recent high school graduates who had not enrolled in college (76.6 percent). In October 2010, the highest unemployment rates were for those not attaining a high school diploma. Unemployment rates were 27.7 percent for young men and 31.4 percent for young women, compared to young male and female college graduate jobless rates at 9.9 and 9.3 percent, respectively (U.S. Department of Labor, 2011b). According to the American College Test report (2004), only 32 percent of U.S. students entering ninth grade graduate prepared for college and most high school students state that they were not significantly challenged in school or ready for employment or college. Many times these students do not possess the skills needed to succeed in today's job market.

The readiness of at-risk students to enter the world of work is becoming an increasingly important issue.

According to the Ethical Standards for School Counselors, the professional school counselor is concerned with the educational, academic, career, personal, and social needs of students and encourages the maximum development of every student (ASCA, 2010). School counselors, through the effective use of career development interventions, help individuals to plan for the future and can assist at-risk students to enter the world of work. Students are considered to be at-risk due to a variety of social and economic factors. These factors include racism, poverty, lack of parental supervision and support, child abuse and neglect, illegal drug use, high school incompleteness, teenage pregnancy, juvenile crime, and suicide. By definition, any young person is considered to be at-risk for educational or social failure when his or her potential for becoming a responsible and productive adult is limited by barriers at home, at school, or in the community (McWhirter, McWhirter, McWhirter, & McWhirter, 2007).

Due to the various social and economic factors noted, at-risk students may demonstrate low levels of confidence in their ability to pursue career related activities and may select careers that are incongruent with their abilities and interests (Betz, 1994). A survey by Brown, Minor and Jepson (1991) indicated that at-risk individuals viewed themselves as highly in need of career development services. Forty percent of high school graduates said they were not adequately prepared for employment or postsecondary education, and that if they could repeat their high school experience, they would work harder, especially in math, science and English (Peter D. Hart Research

Associates/Public Opinion Strategies, 2005). Employers report that a vast majority of high school graduates are inadequately prepared to succeed in an increasingly competitive economy (Michigan Department of Education, 2006). In addition to believing that education is not meaningful to their future, students may lack hope and feel that they have no chance of being successful.

By the time many at-risk students are in high school, they are already on their way to dropping out of the educational system. Many at-risk students are more likely to drop out of high school because such students do not understand the relationship between academic success and the world of work (McLaughlin & Vacha, 1992). Dropping out of high school is related to many negative outcomes such as earning a lower median income (Chapman et al., 2010) and suffering decreased health and physical well-being (Pleis, Lucas, & Ward, 2009). According to Levin and Belfield (2007), high school dropouts make up a substantial percentage of the individuals who are incarcerated and on death row. Implementing career interventions during middle school education, using a small group counseling approach, may help to increase at-risk students' levels of hope and positive expectancies of their futures.

Legum and Hoare's (2004) study of at-risk middle school students found that school counselors helped increase academic achievement, heightened career awareness, and improved overall student self-efficacy. Research concurs that implementing career interventions at the middle school level is an important factor that helps to enhance at-risk students' career maturity (Benz, 1996) and self-esteem (Otto & Sharpe, 1979). Benz (1996) conducted a study examining the effects of career awareness programs on eighth grade students' career maturity. After participating in an

Individual Career Planning Program, students demonstrated increased career maturity as measured by a career maturity survey. Otto and Sharper (1979) administered a one semester career exploration experience to a group of inner- city seventh graders. During this semester, those students who received the career intervention demonstrated improved scores on a self-esteem inventory, the Programs of Educational and Career Exploration Knowledge Test, and an exploratory achievement motivation measure. The Center for School Counseling Outcome Research (McGannon, Carey, & Dimmitt, 2005) cites findings of a study conducted by Peterson, Long, and Billups (1999) indicating that "the level of career interventions administered to middle school students had a direct impact on students' abilities to understand their educational choices and the relationship between academic choices and careers" (p 18). The statistics and experts underscore the need for guidance counseling to assist students in developing a plan to prepare for careers after graduation.

In the State of Michigan, Section 31a of the State School Aid Act (State of Michigan, 2010) provides funding to eligible districts for supplementary instructional and pupil support services for pupils who meet the "at-risk" criteria specified in the legislation. For a student to be considered at-risk, he or she must demonstrate low achievement (those who did not achieve at least a score of level 2) on the most recent MEAP tests in mathematics, reading or science; or affirm (the school district has documentation) the presence of two or more of the following identified at-risk factors: 1) is a victim of child abuse or neglect, 2) is below grade level in English language communication or mathematics, 3) is a pregnant teen or teen parent, 4) is eligible for free or reduced-priced lunch subsidy, 5) has atypical behavior or attendance patterns,

and 6) has a family history of school failure, incarceration or substance abuse. All students participating in the present study will meet these at-risk criteria.

### *Group Counseling*

Group counseling provides adolescents a safe place to express feelings, discuss personal challenges, and appreciate that peers share many of their concerns, the latter being universality. Universality is an important therapeutic factor in group counseling (Yalom, 2005). Due to the high level of importance that peer relationships play in adolescence, group therapy helps individuals in learning how to build and sustain healthy relationships. According to Corey (2000), the effectiveness of using a group is the fact that group members can practice new skills both within the group and in their everyday interactions outside of it. Additionally, members of the group benefit from the feedback and insights of other group members as well as those of the counselor.

Receiving positive feedback and appreciation from other group members and the leader is considered to be another important therapeutic factor in group counseling. This therapeutic factor is identified as interpersonal learning, where a group member may become aware of the strengths and limitations of their interpersonal behavior through self-observation and the observation of other group members (Yalom, 2005). Interpersonal learning may increase members hope as they find that they have something to offer other group members.

Group counseling has been shown to be effective in working with at-risk students (Zinck & Littrell, 2000) and the Center for School Counseling Outcome Research reported that group counseling interventions helped to improve the self-concept of children of alcoholics (Riddle, Bergin, & Douzenis, 1997). According to



Bina, Finn, and Sowle (as cited in Coleman & Baskin, 2003), improving students' sense of belonging and connectedness to the school can be accomplished through small group counseling. Bauer, Sapp and Johnson (2000) indicate that students are more likely to use the school counselor or another adult as a source of support and are less likely to drop out after they have participated in groups. Not only has research demonstrated the effectiveness of group therapy with adolescents (Coleman & Baskin, 2003; Riddle et al., 1997; Zinck & Littrell, 2000), group intervention allows mental health services to be delivered to a greater number of individuals in an efficient manner, which is particularly important in schools or any budget strapped organization. This author hypothesizes that the benefits and therapeutic outcomes of career group counseling are to increase the hope and positive expectancies with at-risk youth.

### *Hope*

Yalom (2005) suggests that therapeutic change occurring in group therapy is an enormously complex process that occurs through an intricate interplay of human experiences that he refers to as "therapeutic factors" (p.1). One of the eleven primary therapeutic factors that Yalom (2005) discusses is the instillation of hope. Yalom's (2005) therapeutic factor, instillation of hope, fits with the common factor of hope and positive expectancy reported in outcome variance research. According to Lambert (1992) (as cited in Duncan, Miller, Wampold, Hubble, 2009), the contribution of placebo, hope, and expectancy to positive psychotherapy outcome is 15%. These effects relate to the hopeful expectations that accompany the implementation of counseling (Duncan et al., 2009). Worrel and Hale (2001) reported that at-risk adolescents who possessed high levels of hope were less likely to drop out of school than those with low

levels of hope. It is thought that group therapists can capitalize on this factor by doing whatever they can to increase clients' confidence in the efficacy of the group approach. Snyder's hope theory (1994) suggests that individuals high in hope are more likely to address a stressful situation actively, compared to low hope individuals. As the variable hope has been investigated, possessing low hope is significantly related to a number of negative outcomes, such as school failure, in comparison to individuals reporting significantly higher hope (Snyder, LaPointe, Crowson, & Early, 1998).

Many children grow up in conditions of poverty and are at an increased risk for a number of negative psychosocial outcomes, including psychological distress, substance abuse, delinquency, teen pregnancy and a failure to complete high school. Future orientation, a protective factor that includes the construct of hope, has been shown to promote resiliency among children exposed to stressful environments. Nurmi (1991) suggested that future orientation is how an individual is able to anticipate future events, give them personal meaning, and use them mentally (p. 2). Future orientation can be thought of as a collection of schemata, or attitudes and assumptions based on previous experiences, that interact with incoming information from the individual's environment to form expectations for the future, set goals and aspirations, and give personal meaning to future events (Nurmi, 1991).

At-risk students often feel hopeless about the future as they do not feel that they have any control over what will happen in their lives. They may also feel that good things will not happen to them. This, combined with lessened hope and an absence of career aspirations, may further discourage youth. Future orientation may be a protective factor for these low income minority adolescents. Early adolescence, for at-risk

children, is a time where youth begin to make important choices about peer groups, experiment with drugs or sexual activity, and realize the importance of academic achievement (Dryfoos, 1990). School counselors help young people plan for the future. Implementing career intervention early in life can help at-risk youth anticipate and shape their future by exploring possibilities, making choices, and executing those choices. For example, the completion of a career interest inventory may allow a student to discover which occupations are congruent with his or her interests and abilities. From this discovery the student may then be able to learn more about the identified occupations and what education and/or training is needed to be employed in his or her fields of choice. Having this information may encourage a student to begin to think and plan for the future. As mentioned by Robitschek (1996), many of the most frequently used interventions assume that clients are, or will become, future oriented.

Hope, as a component of future orientation, is an important factor for adolescents. There are two conceptualizations of hope commonly found in the literature. The first is emotion-based hope. This conceptualization of hope is operationalized from an affective point of reference meaning that hope can be described as an affective form of coping used in dire circumstances or a feeling used to endure despairing situations (Godfrey as cited in Lopez, Snyder, & Pedrotti, 2003). The second conceptualization of hope is one that is cognition-based where hope is defined as a "thought or belief that allows individuals to sustain movement toward goals" (Lopez et al., 2003, p. 92). In the context of this study, hope is explained as the perception that one's goals can be met (Snyder, 1994), as dynamic-always involving the active pursuit of goals and is a cognitive process that can be learned (McDermott & Snyder, 2000). Specifically, for the

purpose of this research study, hope is defined as the sum of the mental willpower (agency) and waypower (pathways) that a person has for their goals (Snyder, 2000).

Werner and Smith (1982) suggest that hopeful thinking provides children with a strong coping mechanism when facing challenges to their development, which many at-risk students encounter. It is the overall perception that one's goals can be met (Snyder, Irving, & Anderson, 1991). Snyder (1994) (as cited in Cheavens, Feldman, Gum, Michael, & Snyder, 2006) hypothesizes that hope is, "not a passive emotion occurring only in life's darkest moments, but rather it is a cognitive process through which individuals actively pursue their goals" (p.62). Research has shown that individuals with high hope report fewer symptoms of depression and anxiety and report more life meaning than individuals with low hope (Feldman & Snyder, 2005; Snyder et al., 1991).

During the middle school years, it is critical to focus on maximizing hope in at-risk youth. According to Snyder (2000), young children tend to report high hope due to not yet having experienced many limitations and failures. For example, a first or second grader may tell of their dreams of becoming a ballerina, professional sports star, or an astronaut, with certainty that these dreams will come true. Older children become more realistic in their thoughts because they have begun to experience some of life's limitations. When a child encounters any or even several of the characteristics that put them "at-risk", their hopeful thinking may not just become more realistic, it may diminish (Snyder, 2000).

### *Statement of Problem*

The purpose of this study was to assess the effects of a small group counseling career intervention, emphasizing personal growth, on levels of total hope, willpower (agency), waypower (pathways), and future orientation in at-risk middle school students. At-risk adolescents experience many stressors that may interfere with their ability to have positive hopeful expectations for the future. They may show decreased hope because of past failure or environmental circumstances that have contributed to stress and difficulty. It is critical to explore ways to reach discouraged young people in their career planning and pursuit. Due to their discouragement, at-risk youth may be reluctant and resistant to career planning. It is assumed that this reluctance is related to their reduced hope and belief in expecting to be successful in any career. Increasing at-risk adolescents' hope, may allow these individuals to take advantage of career counseling and guidance. Currently, the Michigan Department of Education (State of Michigan, Michigan Department of Education, 2009) requires that local schools provide an opportunity for students to begin developing an Educational Development Plan (EDP) in grade seven. An EDP is an ongoing process in which a student begins to identify both potential career goals and a way to achieve them. The purpose of an EDP is to assist students in identifying career development goals as they relate to academic requirements so that students can better plan their high school curriculum to meet those goals.

The state law mandates that students be provided this opportunity; however, in many school districts insufficient time is actually devoted to this process and not enough guidance is provided for students to actually begin to set goals and develop a

plan to achieve those goals. Working with students on how to overcome obstacles that they may experience along the way is often not addressed. More importantly, working with students to increase goal-directed thinking may be completely left out of the equation. Often, at-risk students lack goal-directed thinking because of their environmental circumstances. Increasing goal-directed thinking is necessary if we expect students to begin to think about setting realistic and reasonable career goals. It is proposed that utilizing a small group approach, to assist students in seeing how their education is related to the world of work, identifying career possibilities, and formulating a plan to achieve potential occupational aspirations will increase hope, the components of hope, and future orientation.

#### *Research Question*

The following research question was addressed in this study:

1. Is there a significant difference in levels of total hope, willpower (agency), waypower (pathways) and future orientation, at posttest between at-risk students who participate in a small group counseling career intervention and those students assigned to a control group?

#### *Significance of Study*

The effect of different counseling interventions on the construct of hope and future orientation in at-risk youth is not fully understood. This study attempts to advance empirical research concerning the role that career counseling, group counseling, and group counseling career interventions can play in at-risk middle school students' level of hope and future orientation. Gaining insight into the importance of maximizing hope in children, and better understanding how to increase levels of hope,

willpower, waypower, and future orientation could lead to school boards, administrators, counselors and teachers placing more emphasis on implementing those interventions that prove to be successful in schools.

School counselors may be able to examine the effect that investing time in career counseling and group counseling has on an individual's overall perception that one's goals can be met. At-risk youth may be able to gain increased perspective on the role that education plays in their preparation for the world of work and may be able to have positive hopeful expectations for the future.

Participants in this study may benefit from increased perceptions of hope. They may feel that they are better equipped to identify career possibilities and make choices that initiate a plan to achieve their occupational aspirations. Potentially, the participants may also experience improvements in their overall quality of life.

### *Definition of Terms*

The following definitions are relevant to this study:

#### *At-Risk*

In the State of Michigan, Section 31a of the State School Aid Act (State of Michigan, Michigan Department of Education, 2010) provides funding to eligible districts for supplementary instructional and pupil support services for pupils who meet the at-risk criteria specified in the legislation. For a student to be considered at-risk, he or she must demonstrate low achievement on MEAP tests in mathematics, reading or science; or affirm the presence of two or more of the following identified at-risk factors: 1) is a victim of child abuse or neglect, 2) is below grade level in English language communication or math, 3) is a pregnant teen or teen parent, 4) is eligible for free or reduced lunch, 5) has atypical behavior or attendance patterns, and 6) has a

family history of school failure, incarceration or substance abuse. All students participating in the present study will meet these at-risk criteria.

### *Hope*

Hope is the sum of the mental willpower (agency) and waypower (pathways) that individuals have for their goals (Snyder, 1994).

### *Goals*

Snyder (1994) states that goals are any objects, experiences or outcomes that an individual may imagine and desire in his or her minds. "A goal is something that we want to obtain (such as an object) or attain (like an accomplishment)" (Snyder, 1994, p. 5).

### *Willpower*

According to Snyder, Feldman, Taylor, Schroeder, and Adams (2000), willpower is a perceived wellspring of motivation that individuals draw upon to work toward their goals. It is a willingness to try even if success is not immediately forthcoming. "Willpower is the driving force in hopeful thinking" (Snyder, 1994, p. 6).

### *Waypower*

The mental road map or plans that guide hopeful thought (Snyder, 1994). Waypower may also be thought of as planning capabilities and the ability to engage in planful thought to determine the route one must travel over time toward the goal.

**Hope=Mental Willpower + Waypower for Goals (Snyder, 2000)**

### *Limitations*

The scope of this study is limited to eighth grade students attending a public school who meet the specified at-risk criteria. Generalizations about the results are limited to this participant population. Participants were drawn from an area that has individuals in lower socioeconomic categories. The results may be affected by the



individual's ability to read and understand verbal communication and the individual's compliance with the structure of the research study and intervention.

Further limitations are related to the methodology. The researcher facilitated the small group counseling career intervention as group leader along with a co-leader. The researcher also administered the pretest and posttest criterion instruments and scored and interpreted all data collected.

## CHAPTER II

### REVIEW OF THE LITERATURE

The purpose of this study is to investigate the effectiveness of a career counseling intervention on increasing levels of hope, willpower, waypower, and future orientation, as indicated by improved ratings on the Children's Hope Scale (Snyder, 1994) and the What Am I Like? (Steinberg et al., 2009) self-report measures in a group of at-risk middle school students. The effects of a small group counseling career intervention on levels of hope, willpower (agency), waypower (pathways), and future orientation is examined and compared with control group subjects. The target population for the study is at-risk middle school students.

Hope is an emerging topic in the literature. Often, people view hope as a passive emotion in which an individual may "hope" that something will or will not happen or use hope in the context of a "want" or "expectation" (McDermott & Snyder, 2000). According to Snyder (1994), when hope is used in this manner it can be dangerous because it is portrayed as an illusion and is not grounded in reality. To emphasize this point, Benjamin Franklin stated, "He that lives upon hope will die fasting" (as cited by Snyder, 2000, p. 4). Snyder (2000) felt that "hope is rather hopeless" (p. 3) for people who view hope in this manner because it is not connected to a concrete goal. Snyder's model of hope, and the model used throughout this study, views hope as a dynamic process that involves the perception that one's goals can be met and is used to reach objectives (McDermott & Snyder, 2000; Snyder, 1994).

Hope is not merely an emotion, but a thought process that is part of the normal development in children and is sensitive to environmental conditions in the child's life.

If a child is exposed to favorable conditions, then the growth of hope in a child can flourish. However, a child who experiences too much trauma, or is repeatedly exposed to stressors such as physical abuse or neglect, the growth of hope may be stunted (McDermott & Snyder, 2000). Methods and strategies to increase levels of hope in at-risk youth have yet to be fully explored. The literature, as it relates to at-risk youth and hope-inducing interventions, is limited-specifically examining the effects of using small group counseling to enhance career development and the construct of hope and future orientation in children.

This study explored the research question if delivering a career counseling intervention using a small group counseling approach will foster hope and future orientation in at-risk middle school students. This model of group work was used for comparison with a control group. One group received the career intervention through a small group counseling approach and the control group received no intervention.

### *Career Development and At-Risk Youth*

#### *Parent and Family Influence*

Parent and family influence is a prominent force in an adolescent's career development and occupational aspirations, as well as an essential component in determining if a child is considered to be at-risk. It is critical to comprehend the impact of the many barriers youth may face due to their family experience and background, and understand how these barriers impact their future outlook and opportunities. Supportive influences in the environments of adolescents from all ethnic groups, especially parents' support, have a mediating effect, serving as a buffer against the negative effect of social

obstacles (Alliman-Brissett, Turner, & Skovholt, 2004). Parents are largely responsible for the way children view the world and how they view themselves in the world.

Much of theorist, Ann Roe's, work focused on early relations within the family and their subsequent effects on career direction. Roe felt that early childhood experiences play a crucial role in finding satisfaction in ones chosen field and an indirect role in shaping later career behavior (Kerka, 2000). Family background provides the basis from which career planning evolves. Specific aspects of the family that contribute to children's educational and career aspirations include the level of parental education, socioeconomic status and family income, as well as the parenting styles, attitudes and involvement that parents maintain with their children.

In a study completed by the National Center for Vocational Education, which looked at the influences on adolescents' vocational development, the variable that had the most effect on the educational plans and occupational aspirations was parental education (Mortimer, Dennehy, & Lee, 1992). This study also illustrated that parents with postsecondary education tend to pass along its importance to their children. DeRidder (1990) explains that lower levels of parents' education can retard adolescents' career development. According to DeRidder (1990), "Being born to parents with limited education and income reduces the likelihood of going to college or achieving a professional occupational goal and essentially predetermines the child's likely vocational choice" (p.4). The educational level of the parents can have a great effect on their children's career goals and aspirations.

In Gottfredson's theory of career development, the main theme is occupational aspirations and how people become attracted to certain occupations is described. As

cited by Zunker (2002), Gottfredson suggests that socioeconomic background and intellectual level greatly influence individuals self- concept in the dominant society and a key determinant of self-concept development is one's social class. Gottfredson proposes that "as people project into the world, they choose occupations that are appropriate to their social space" (Zunker, 2002, p. 52) Gottfredson's theory reflects a sociological perspective. Proponents of this sociologic perspective argue that occupational aspirations reflect the effects of bias and discrimination, social attitudes, cultural expectations, and stereotypes based on gender, race, or social class (Rojewski & Yang, 1997). Socioeconomic status and family income are two critical family background factors that are greatly associated with career development. Lankard (1995) states that family income may influence the career development of all youth and even more so for girls. Lankard (1995) explains that it is possible in families of at-risk youth; resources may first be directed to the males in the family, which gives less hope and encouragement for further education and career aspiration to the daughters in the family. It is also possible that some working class or lower income parents may hold traditional values that place girls in the homemaker role, therefore placing less emphasis on occupational preparation.

Socioeconomic status is shown to contribute directly to almost every attribute of family functioning, and higher socioeconomic status may enhance a child's family experiences by permitting more access to intellectual, cultural and recreational activities. Higher socioeconomic status may also provide a greater degree of education that can provide a broader awareness of growth opportunities where as an individual from a lower socioeconomic status may have limited educational opportunities,

contributing to the child being considered at-risk. The National Education Longitudinal Study of 1988 (NELS: 88) investigated the influence of certain demographic and latent variables on the development of adolescent's occupational aspirations in early, mid, and late adolescence (Rock & Pollack, 1991). A nationally representative sample of eighth graders were surveyed during the spring of 1988 and then again in 1990, 1992, 1994 and 2000. In this study, structural coefficients for social demographic variables indicated that socioeconomic status (SES) had significant effects on adolescent's aspirations (Rojewski & Yang, 1997). Based on the finding of this study, socioeconomic status had considerable effect on academic achievement and occupational aspirations. The influence of SES on occupational aspirations was substantively more than the effect related to race/ethnicity. Super (as cited by Rojewski & Yang, 1997) explained that socioeconomic status and race influence career decision-making and attainment by opening or closing opportunities, and shaping occupational and self-concepts. Lent, Brown, and Hackett (1994) believed that race and socioeconomic status affect career choice primarily through their impact on learning opportunities. The direct relationship between socioeconomic status and lower occupational aspirations might also reflect perceived barriers or obstacles, stereotypes, and discrimination toward career selections and attainment. Lower socioeconomic status, along with the other specified factors, are a reality for many at-risk youth.

As cited by Zunker (2002), Ann Roe's Needs Approach to Career Development Counseling focused on early relations within the family and placed emphasis on early childhood experiences playing an important role in finding satisfaction in one's chosen field. Roe investigated how parenting styles affect need hierarchy and the relationship

of these needs to later adult lifestyles (Zunker, 2002). Roe believed the need structure of an individual is influenced by early childhood frustrations and satisfactions. For example, Roe felt that if a person had a desire to work in a person-centered occupation, it was because of his/her need for affection and belongingness. The climate of the relationship that exists between the child and parent was the main generating force of needs, interests, and attitudes that were later reflected in vocational choice, according to Roe (Zunker, 2002).

Parent-child relationships, parenting styles, and family functioning are all important factors that can offer both positive and negative influences on their children's career aspirations. The family process of interaction, communication, and behavior, influence what a child learns about work and work experiences (Lankard, 1995). Families' attitudes about school, work, educational goals and career goals can impact a child's career choices and decisions. The family's attitudes and behaviors about work are what the children learn.

There are four types of parenting styles that involve patterns of child rearing practices, values, and behaviors, according to Kerka (2000). Each parenting style can have serious implications on children's future career goals and aspirations. The first parenting style is indulgent. This approach to parenting tends to be more responsive than demanding. The child tends to get everything that they want and the parents lack discipline with the child. The second parenting style is termed authoritarian. Authoritarian-style parenting is a highly demanding and directive approach, but not responsive (Darling & Steinberg, 1993; Bauman, 1971 as cited in Williams & Wahler, 2010). This type has been linked to school success, but the pressures to conform and

fulfill parents' expectations regarding education and careers often can lead to a poor fit between an individual and the chosen career. This may happen due to the idea that the child chooses a career because it is one the parent wants him or her to choose, instead of one that the child chooses based on their own dreams or goals.

The third manner of parenting is referred to as authoritative. This style differs from the previously described authoritarian-style in that individuals using an authoritative style provide warmth and structure compared to the imposing levels of behavioral control and low warmth observed in authoritarian parents (Fletcher, Walls, Cook, Madison, & Bridges, 2008). The authoritative approach is both demanding and responsive which balances clear, high expectations with emotional support and recognition of children's autonomy. This style of parenting is associated with self-confidence, persistence, social competence, academic success, and psychosocial development of children. Authoritative parents provide a warm, nurturing climate, set standards and promote independence. These characteristics help to promote more active career exploration for children. The fourth parenting style is identified as uninvolved. This approach is where the parents are low in responsiveness and demandingness. Families who have uninvolved parents have trouble setting guidelines; do not pursue interests that involve people or places outside of the family. Children have a difficult time developing self-knowledge and differentiating their career goals from their parents' goals (Kerka, 2000).

Way and Rossman (1996) looked at the direct effects of family functioning style on school-to-work transition readiness. It was discovered that proactive family functioning provided family members with opportunities to explore the world more



fully through, for example, providing family members with opportunities for intellectual and social development, providing a sense of personal security, helping to develop confidence in expressing oneself and making one's own decisions. Proactive families are well organized, communicate openly and effectively, and seek growth opportunities. This type of family functioning style acts as a positive influence with regards to adolescent's career development.

Way and Rossman (1996) indicate that inactive family functioning is "characterized by laissez-faire decision-making" (p. 4) or lacking of any type of structure and/or enmeshment. This type of framework can be extremely difficult to change. Inactive families work against the development of members' readiness for school-to-work transition and can hinder an individual's ability to reach their career goals. This is because an inactive family provides a weak foundation and there is no framework for decision making (Way & Rossman, 1996).

According to Middleton and Loughhead (1993), the greatest anxiety adolescents feel about their career decisions or exploration is in response to parents' negative involvement. Parents who fall in the "negative involvement" category are controlling and domineering in their interactions with their children. The children of this type of parent will usually pursue the careers selected by their parents rather than those they desire because they do not want to disappoint their parents or go against their wishes (Lankard, 1995). Children from enmeshed families may have difficulty mastering their own career development tasks because they cannot distinguish their own from their parents goals and expectations.

As indicated by Kerka (2000), overall family functioning has a greater influence on career development than either family structure or parents' educational and occupational status. Support and guidance are crucial. If support, guidance or encouragement is absent it can lead to an inability to develop and pursue a specific career focus. Lack of support when a parent pressures a child toward a particular career can result in conflict. Interactions between parents and children and among siblings are a significant influence. Parent-child connectedness facilitates risk taking and exploration, which are necessary for identity formation as well as for the formation of vocational identity (Kerka, 2000).

As a result of research regarding parental influence on the career development of adolescents and young adults largely being conducted with White, middle-class individuals, Fisher and Padmawidjaja (1999) performed a study to explore the parental influences that shape career development and choice among African American and Mexican American college students. They specifically explored the idea that parental influence is important across ethnic groups and questioned if specific types of parental factors are more important in one cultural group than another. The results of this study did not reveal any differences by ethnicity or gender. The largest reported category of parental influence was encouragement, which comprises availability, guidance and advice, acceptance and autonomy. In families where many at-risk factors are present, there may be a lack of encouragement due to reduced parental availability. Parents may not be available due to incarceration, perpetrating child abuse or neglect, or because of the need to work long hours or having more than one job.

Fisher and Padmawidjaja's (1999) research proposed that availability was the most frequently identified factor that participants viewed as parental encouragement. Students would say that their parents took an active interest in what they were doing and offered help. The parent role of providing guidance and advice was cited by 50% of the students as being an encouraging factor in their career development. Students saw the benefits of having parents who were persistent about giving feedback on educational and career topics. Of the participants in this study, 35% believed that parental acceptance of their career choice was an influential component to career planning. Autonomy was another parental encouragement factor cited as contributing to career development and choice. This factor provided the individual with the freedom to choose a particular career. Students felt it was advantageous that their parents did not try to force them into a specific career.

The results of this study support already existing research that has shown strong relationships between students' career autonomy and encouraged exploration of career interests. High parent availability was a major factor in the development of positive parent-child relationships, which helped to maintain consistent communication about careers (Fisher & Padmawidjaja, 1999). Even though the study did not introduce new categories of parental influences, it does show how ethnic minority students may have an additional responsibility of obtaining a career status above their parents, to move their race forward (Fisher & Padmawidjaja, 1999, p. 140).

Through the review of research and literature previously discussed, it is repeatedly illustrated how powerful the influence of parenting behavior and family functioning, as well as socioeconomic status and parental education, are on children's

career development and occupational aspirations. These specific characteristics of family dynamics also contribute to a student being considered at-risk. It is imperative that school counselors consider how early career intervention can help assist this at-risk population in academic, career, social and personal growth. It is also critical to investigate and discover appropriate counseling models and interventions for at-risk youth.

### *Early Intervention and Research*

Many traditional K-12 counseling and training programs are not prepared to meet the needs of ethnic minority populations or at-risk populations because these programs are often based on theories and clinical experiences with middle-class, Euro-American individuals (Graham, 1992). Graham (1992) strongly emphasizes that countless counseling models have been based on traditional European values such as individuality, uniqueness, and survival of the fittest. These values often conflict with the values of those individuals who are considered at-risk, where an emphasis may be placed on the principles of cooperation, collective responsibility, and survival of the group (Graham, 1992, p.103). When working with ethnic minorities and at-risk individuals, this must be recognized by counselors in order to avoid inappropriately labeling unexpected behaviors as deviant just because the behavior is not consistent with the dominant culture's norms. Implementing appropriate career interventions during the middle school years may help at-risk youth to see the relevance of learning to their future career choice and increase hopefulness.

Legum and Hoare (2004) assessed the effects of a nine-week career intervention program on at-risk middle school students. The sample selected for this study was at-

risk sixth and seventh grade middle school students who were in danger of failing during the 1999-2000 academic school year. The intervention used for this study was *Career Targets*, which is a career counseling program that allows middle school students to explore occupations in conjunction with their high school planning. The results of this study indicated that it is possible that at-risk middle school students' career maturity levels and academic achievement improved after the implementation of the career intervention program. Further research may support or not support this tendency. Legum & Hoare (2004), as a result of these findings, deduced that as students begin to connect their academic accomplishments with the expectations of the world of work, they are more likely to understand the significance of remaining in school and may make more prudent decisions concerning their short-and long-term futures.

McCabe and Barnett (2000) state that researchers are increasingly recognizing that future orientation, how an individual feels about his or her future, is an important factor in predicting psychosocial outcomes for low-income minority youth. They also indicate that several studies have found that children and adolescents who are raised in a high-risk environment, but who maintain positive expectations for the future and engage in future planning, are less likely to experience psychological and social problems later in life than those who do not. Quinton, Pikles, Maughan and Rutter (1993) found future planning during adolescence to predict fewer conduct problems in adulthood among a sample of children who were raised in an institution.

Early career intervention among at-risk youth can promote future orientation. Robitschek (1996) investigated a one-day Ropes Course intervention that was incorporated into a summer jobs program for youth. The Ropes Course, designed to

increase hope, used individual and group activities that challenged the participants to overcome obstacles and achieve predetermined goals (Robitschek, 1996). Implementing adventure based experiences into a vocational program is thought to help increase hope and future orientation because they provide youth with the opportunity to explore their perceived limitations and potential capabilities, and to enhance their self-concept (Priest, 1991).

In this study, Robitschek (1996) examined a one-day adventure program that consisted of a challenge ropes course that included both individual and team-building activities. The participants were 50 boys and 48 girls, ages 14 to 18 years old. All of the individuals were participating in a city-funded summer jobs program for at-risk youth. Participants completed a Hope Scale, which reflected expectations about future hope. The Hope Scale consists of two subscales, Agency (goal directed determination or expectations that one will be successful in attaining goals) and Pathways (the expectation that one will be able to generate ways of meeting one's goals). At the end of the Ropes Course, participants completed the Hope Scale again (Robitschek, 1996).

According to Robitschek (1996), the data from the Hope Scale illustrate how the experience might enhance participants' general beliefs about achieving their goals and specific beliefs about being able to generate successful ways in which to achieve their goals. It is possible that the Ropes Course may provide a method to address the construct of future orientation. This type of experience might also provide opportunities for other types of learning that are relevant to career development and successful functioning in the world of work. Rope courses have been found to improve self-confidence, enhance interpersonal effectiveness, and improve cooperative teamwork

skills (Neubert, Tartaglia, Neubert, Secunda, & Rizzo, 1993). Incorporating this type of intervention in a vocational program seems to be a positive experience for at-risk youth.

Loughead, Liu, and Middleton (1995) completed an evaluation of the career development curriculum, PRO-100, for at-risk youth. PRO-100 is a program for inner city, impoverished youth that contains two major components, including work experience and a career development curriculum. This program runs for seven weeks during the summer where interns, ages 14 to 18 years of age work in teams of 8 to 10 individuals for 6 hours per day. The interns are trained in horticultural skills, work etiquette, and appropriate communication techniques. Following work each day, the youth attend a one-hour career development class. PRO-100 provides youth with the opportunity to develop positive work habits and attitudes, constructive work values and people skills, along with a chance to earn honest money (Loughead, Liu, & Middleton, 1995).

The results of the PRO-100 program evaluation showed that youths made gains while being involved with the PRO-100 program. Substantial gains were noted in the areas of job search skills or how to secure employment and career planning or thinking about and taking action concerning one's future career. According to the data, the PRO-100 program positively affected the at-risk youth and the youth reported feeling satisfied with their work and career development experiences. After exploring the outcome of this program, it appears that career development programs that combine both work and curricular experiences potentially have an impact on at-risk populations.

The qualitative data obtained from the interns, coaches and evaluators indicated that the youth acquired effective work habits and gained job search skills while being

involved in the PRO-100 program. This career development program is one that is potentially preventive in nature. The youth are offered basic life skills, and they interact with minority adults as their mentors and role models. The coach's leadership style, role-modeling behavior, and ability to create a productive and cooperative team climate are also essential elements for an effective program. The tie between education and the world of work is an integral and critical component for at-risk youth (Loughead et al., 1995).

The results of research allow school counselors to understand how critical it is to look at the special needs of at-risk youth in relation to career development. It is crucial to draw attention to the factors that place an individual at-risk and recognize career interventions and counseling theories that are appropriate for use with this population. Implementing career development as a continuous component in students' educational experiences can lead to increased awareness and vocational knowledge. With increased knowledge at the middle school level, at-risk students will be prepared to make more informed decisions when selecting the high school program most likely to help them meet their career goals (Legum & Hoare, 2004). If students are able to understand how courses are integrated with potential work experiences, it may allow them to plan for more realistic educational and career goals and may increase hopefulness.

Early career intervention may also assist youth in obtaining the protective factor of future orientation. Future orientation can enhance the hope of at-risk youth concerning their career goals. Counselors working with at-risk youth should employ culturally appropriate counseling techniques to cultivate self-worth by encouraging self-awareness of abilities, interests, and values; expansion of educational and occupational



decision making based on knowledge and experience; and encouragement to anticipate the future (Lee & Simmons, 1988).

*The Construct of Hope in Children and Adolescents*

Hope, along with optimism, future-mindedness, and future orientation represent a cognitive, emotional, and motivational stance toward the future. The construct of hope has had varying definitions. In the 1950s and 1960's hopeful thinking revolved around a person's perceptions that their goals could be met (Snyder, 2000). Hope has also been defined as a person's thoughts that good things are going to happen to them as well as an emotion that is expressed when there is no practical resolution or action left to take (Snyder, Feldman, Shorey, & Rand, 2002). A more comprehensive and standardized construct of hope was developed that looks at hope as less of a passive emotional phenomenon and more of a cognitive process through which individuals can actively pursue their goals (Snyder, 1994). Snyder (1994, 1995) has operationalized hope as a process through which individuals 1) set goals, 2) develop specific strategies to meet those goals, and 3) build and sustain the motivation to execute those strategies. These three components of hope are referred to as goals, pathways thinking (waypower), and agency (willpower) thinking.

Children's hope is a cognitive set involving three components that include goals, pathways and agency. Goals consist of anything that an individual desires to get, to do, to be, experience or create (Cheavens, Feldman, Gum, Michael & Snyder, 2006). In hope theory, goals are conceptualized as the major source of emotion. Positive emotions are the result of perceived achievement or movement toward one's goals and negative emotions result from perceived failure and movement away from one's goals (Snyder,

Rand, & Sigmon, 2002). The pathways component of hope is an individual's ability to imagine the steps that are necessary to reach a desired goal. It involves the person's belief in his or her capabilities to produce a workable route to goals. For example, a child may have the internal dialogue, "I will find a way to get this done." The agency component of hope can also be thought of as the motivational component in hope theory. Agency thinking insures that a person will be able to begin and sustain the effort necessary to follow a particular pathway. It reflects individual's beliefs about initiating and sustaining movement toward goals. An example of internal dialogue reflecting agency thinking is, "I can do this", or "Nothing is going to get in my way of getting this done."

Snyder's (2000) theory of hope suggests that pathway and agency thinking are developed across childhood and adolescence. He indicates that the components of hope are acquired sequentially, first pathways and then agency. Snyder states that hope develops among children as a default unless something disrupts the process, such as the absence of emotional attachment with a caregiver. According to Snyder (2005), newborns undertake pathway thinking immediately after birth in order to determine what events seem to correlate in time with each other. Overtime, these lessons become developed so that the child understands the process of causation and begins to realize that he or she is separate from other entities. The attainment of goal-directed hopeful thought is critical for the child's survival and thriving.

Individuals are faced with various obstacles that threaten to disrupt hopeful thinking. Snyder's model (2002) indicates that high-hope individuals are able to

overcome challenges while low-hope individuals' goal directed thinking is more likely to be negatively affected by these obstacles (Edwards, Rand, Lopez & Snyder, 2007).

Roberts, Brown, Johnson and Reinke (2002) define hope as one of several psychological factors related to positive psychology. One of the major beliefs of positive psychology is that measurable positive traits such as hope, can serve as buffers, protecting individuals from the adverse effects of risk factors, such as stressful life events. At-risk adolescents experience many stressors that may interfere with their ability to have positive hopeful expectations for the future. Roberts et al. (2002) found that measures of children's hope correlate positively with self-reported competency. Those children with higher levels of hope feel more positively about themselves and less depressed than children with lower levels of hope (Roberts et al., 2002). Snyder et al. (1997) indicate the belief that hopeful thoughts precede self-esteem. The degree to which children perceive that they can successfully attain their goals serves to guide their self-worth. Hopeful children who feel that they can attain their goals feel positively about themselves, where children who feel they cannot attain their goals feel negatively about themselves.

While research indicates that increased hope is positively connected to self-care behaviors as well as an overall sense of competence and self-worth (Cantry-Mitchell, 2001; Snyder, 1994; Snyder, Feldman, et al., 2002; Snyder et al., 2007), it is important to also address factors connected to hopelessness. Hopelessness has been associated with depression, school problems, and engaging in violence (Bolland, McCallum, Lian, Baily, & Rowan, 2001). Bolland et al. (2001) examined the relationship between uncertainty about the future, hopelessness and violent behavior using a sample of inner

city adolescents. The findings indicate that hopelessness was a strong predictor of fighting and carrying a knife for females. For males, hopelessness was a strong predictor of carrying a knife, carrying a gun, and pulling a knife or gun on someone else.

The 2001 Surgeon General's Report on Youth Violence was released in response to the nation's epidemic of lethal violence. The report addressed the prevalence of violent behavior reported by adolescents themselves. Since the peak of the epidemic of youth violence in 1993, confidential reports from youths themselves indicate that the proportion of young people who acknowledge having committed serious, potentially lethal acts of physical violence has remained level (United States Department of Health and Human Services, 2001). The U.S. Surgeon general identifies the urgent need to confront the problem of youth violence systematically using research-based approaches. While the report identifies risk factors for violence, it also focuses on protective factors in childhood and adolescence.

Protective factors are those aspects of the individual and his or her environment that buffer or moderate the effect of risk. Understanding that hopelessness is a risk factor for youth violence (Bolland et al., 2001), it is also important to understand the protective factors shown to have a buffering effect on risk factors for violence. According to the Surgeon General's Report on Youth Violence (U.S. Department of Health and Human Services, 2001), only two factors are shown to safeguard against risk factors for violence. The strongest proposed protective factor cited is possessing an intolerant attitude toward deviance, including violent behavior. Commitment to school

is the second proposed protective factor that has been found to buffer youth violence (United States Department of Health and Human Services, 2001).

Investigating the importance of maximizing the construct of hope in youth, it is important to examine how commitment to school is a protective factor. Typically, adolescents who are committed to school incorporate goal-directed thinking. They are unlikely to engage in violence because it may endanger their academic achievement (Jessor, van den Bos, Vanderryn, Costa, & Turbin, 1995). Using interventions in schools to enhance hope may foster youth's commitment to school and in turn, contribute to lowering school violence.

According to Snyder (1994), hope is the sum of the mental willpower and waypower that you have for your goals. Working with children to increase waypower thinking-the perceived ability to think of ways to reach their goals and boost willpower-the mental energy a person has to drive the person toward the goal even if success is not immediately forthcoming (McDermott & Snyder, 2000), encourages goal-directed thinking and creates hope. Providing interventions in school that increase hopefulness for the future in youth, may allow students to see the how school is connected to the world of work and increase their school commitment.

Hope has become an identifying variable that predicts adjustment and a range of psychological and physical outcomes (Chang & DeSimone, 2001). Chang and DeSimone (2001) found that hope was significantly and inversely related to dysphoria among college students. The findings concur with those of Snyder et al. (1991), Needles and Abramson (1990) and Elliott, Witty, Herrick and Hoffman (1991), who also found hope to be significantly related to dysphoria among college students. Needles and

Abramson (1990) found that hopeful college students had greater recovery from experiencing dysphoria than less hopeful students. Elliott et al. (1991) found that greater hope was significantly associated with less dysphoria among individuals who suffered from spinal cord injury (Chang & DeSimone, 2001).

Curry, Snyder, Cook, Ruby, and Rehm (1997) conducted three studies which examined the predictive capability of hope when applied to either the academic or sport activities of student athletes. Specifically, the studies tested the hypothesis that higher hope in student-athletes should relate positively to their academic and sport achievements. The purpose of the first study was to examine if higher hope among athletes relates to better classroom achievement. It was hypothesized that higher hope should correlate positively and significantly to academic achievement. The findings of Study One indicate that hope significantly predicted semester grade averages and was correlated with superior academic achievement among the athletes (Curry et al., 1997, p.1264).

Study Two addressed the question whether hope is predictive of actual sport achievement. Curry et al. (1997) predicted that higher hope would relate to better sport achievement. The results suggest that dispositional and state hope is a predictor of actual sport achievement. Dispositional and state hope accounted for 56% of the variance in predicting sport achievement among college cross-country runners.

Study Three examined if the scores on the dispositional Hope Scale predict athletic achievements beyond anticipation of achievement due to natural athletic ability. The study showed that hope predicts achievements among female track and field student athletes and that hope adds to the projections beyond the coaches' ratings of the

athletes' natural talents (Curry et al., 1997). Researchers have previously observed the benefits of hope in predicting academic success. The results of the above study not only agree with those findings, but extend the findings to athletes and athletic performance. This information can be useful for coaches and counselors who are working with athletes. It may be wise to assess athletes' levels of hope and provide interventions to maximize hope.

It is critical for counselors to assess hope when working with adolescents because many interventions assume a client is future oriented. Studies have found that variables such as college aspirations, future expectations, hope, goal orientation, optimism, and a sense of agency are related to risk status. Ekstrom, Goertz, Pollack, and Rock (1986) reported that dropouts are more likely to feel that "their destiny is out of their hands" (p. 362). Furthermore, Werner (1987, 1989, and 1990) found that resilient adolescents were characterized by a belief that they "can exert considerable control over their fate" (Werner, 1990, p. 104). Children's development of hope and the role it plays in their daily lives is different from adults. A child's self-concept is more fluid than that of an adult, so a child's perception of his or her goals and any barriers to those goals may have a greater impact than on an adult.

School Counselors, in particular, may benefit from increasing interventions that amplify hope in their students. Studies examining hope theory together with academic variables indicated that high hope students had greater GPAs than low hope students and reported significantly higher personal adjustment and global life satisfaction (Gilman, Dooley & Florell, 2006). Snyder, Shorey, et al. (2002) found that high hope scale scores predicted higher GPAs and higher likelihood of graduating from college.

Low hope scores predicted lower GPAs and a reduced chance of graduating. Research conducted by Ciarrochi, Heaven, and Davies (2007) suggested that hope was a predictor of positive affect and the best predictor of grades. Because research has shown the Hope Scale to have some predictive power for academics, it may be beneficial to use this scale to identify low-hope students who would profit from interventions to increase their hopeful thinking (Snyder, 2005).

Gilman et al. (2006) investigated the relationship among middle and high school students' levels of hope and several academic and psychological indicators of school adjustment. The study also identified youth reporting different levels of hope and looked at the functioning of youth reporting very high levels of hope in comparison with youth reporting very low levels of hope. Whether or not students benefit from high hope levels compared to average levels was also investigated. Their findings revealed that youth in the high hope groups reported significantly less school and psychological distress and higher personal adjustment and global satisfaction than youth in the low hope group (Gilman et al., 2006). Results also indicate that youth in the average and high hope groups reported that they participated in more structured extracurricular activities and those students reported higher grade point averages than the low hope group. It appears that individuals with higher levels of hope possess more positive mental health and academic advantages.

Snyder et al. (1997) found that high hope scores relate to greater optimism, higher self-esteem, better interpersonal relationships, academic achievement, greater life goals, confidence in solving problems, and higher likelihood of viewing themselves in a favorable light. Research conducted by Valle, Huebner, and Suldo (2006) indicates



adolescents who report higher levels of hope appear to be less at risk for experiencing increases in internalizing behavior problems and reductions in life satisfaction, when confronted with adverse life events. Gilman et al. (2006) report that youth reporting high hope also reported significantly less emotional distress than youth reporting average hope. This research supports the idea that high hope serves as a psychological strength in adolescents, and making an effort to elevate students' levels of hope beyond "average" levels may promote improved psychological and academic functioning (Gilman et al., 2006). Promoting hopeful thinking in adolescents may allow youth to more effectively cope with adverse circumstances when they occur.

#### *Group Counseling with Children and Adolescents*

According to the American School Counselor Association [ASCA] (2010), group counseling is vital in delivery of the ASCA National Model to students and should be supported by school districts as part of an effective comprehensive school counseling program. The professional school counselor provides responsive programs including short-term group counseling in order to strengthen intrapersonal and interpersonal skills. Facilitating groups in the school setting is an efficient and effective way to address students' academic, career and personal, social, emotional developmental concerns. Tolbert (1974) indicated that the group process offers opportunities to explore personal meaning, identify and examine subjective aspects of the self, get feedback from others, and try on roles.

Guidance/psychoeducational groups and counseling/interpersonal problem-solving groups are the most common type of groups used in schools. Bland, Melang, and Miller (1986) found that small group counseling with regular feedback to students

helped students improve their work habits and classroom behaviors. Myrick and Dixon (1985) found that students who received small group counseling improved their classroom behavior. Adolescents tend to be group oriented and often find support in sharing concerns among themselves (Hagborg, 1991). For middle school students, the increase in peer influence and social interaction tends to dominate. Therefore, the peer group is a natural place for adolescents to learn. Many social, emotional and developmental needs could best be met through the group counseling process (Gumaer, 1986).

Yalom (1995) describes 11 therapeutic factors as essential elements to therapeutic change occurring in group therapy. They include instillation of hope, universality, imparting information, altruism, family recapitulation, developing of socializing techniques, interpersonal learning, cohesiveness, catharsis, existential factors, and imitative behavior. The majority of research, investigating which therapeutic factors clients perceive to be most helpful, has been conducted with adults. Children have different developmental needs, which may affect which therapeutic factors they perceive to be significant. In adolescents, Shechtman, Bar-El, and Hadar (1997) investigated the therapeutic factors in adolescent groups. They found that the three most significant factors were group cohesiveness, catharsis, and developing socializing skills. The first two factors are consistent with literature on adult groups (Shechtman & Gluk, 2005). The third factor is appropriate for adolescents given that social relationships are of utmost importance, and according to Erikson (1968), developing these relationships is a central developmental task.

Research supports group counseling as an effective treatment modality for children and adolescents. Whiston and Sexton (1998) completed a review of school counseling outcome research published between 1988 and 1995. The review found several group treatments to be an effective counseling intervention. Social skills training was found to be effective with children who were having behavioral problems, children with learning disabilities and gifted students (Verduyn, Lord, & Forrest, 1990; Utay & Lampe, 1995; Ciechalski & Schmidt, 1995). Omizo and Omizo (1987) found that group counseling addressing family problems resulted in positive outcomes regarding adolescent self-concept and locus of control using techniques such as role playing, drawing, and peer discussions. The study by Rose and Rose (1992) involved a small group counseling program created for children who had recently experienced a family change. The group was designed to facilitate coping skills. The changes that the students experienced were due to a recent divorce or separation, joining a foster family, going to live with a relative, or incarceration of one of the parents. Rose and Rose (1992) examined approximately thirty groups over a five year period to see if the treatment goals of helping students cope more effectively with the stress caused by the child's living situation, modifying distorted cognitions associated with the family change, and learning to relax and resolve sleeping issues were met. The results of the study were positive in that most treatment goals were achieved.

Zink and Littrell (2000) examined five questions regarding the effectiveness of group counseling in school settings. These questions were: 1) does group counseling effectively decrease problem severity for at-risk students? 2) Does progress toward goal attainment endure beyond termination? 3) Do students notice other changes in

themselves related to what they learned in group counseling? 4) How do students evaluate group characteristics? and 5) is group counseling an efficient use of counselor time. The study included thirty-one girls who completed a ten-week group experience. In prescreening, students defined a primary problem that they wished to address in group. Each student then set two behavioral goals related to resolving the problem or coping with the problem more effectively.

Zink and Litrell (2000) found that group counseling appeared to be effective. The majority of female students reported moderate to strong progress in achieving their primary and secondary goals. There was a significant decline in problem severity as reported by students upon termination and participants also reported increased confidence, increased assertiveness and decreased aggression. At six weeks following the termination of group counseling, students continued to report progress in achieving their primary and secondary goals.

The results of this study provide additional support that using group counseling in schools is an efficient use of time and resources. There was a significant reduction in the amount of time required of counselors for small group counseling when compared with the number of hours needed to serve the same number of at-risk students through individual counseling (Zink & Litrell, 2000). It took a total of ninety hours to provide individual counseling services to eight students during a ten-week period, including pre-session hours, in-session hours and post-session hours. Utilizing group counseling to serve eight at-risk students during a ten-week period required twenty-four hours of one counselor's time. This also includes pre-session hours; time to set up the room for the group sessions, planning, in-session hours and post-session hours. These results are

congruent with those in other studies investigating group counseling as an effective efficient use of time and resources to serve at-risk students (Prout & Prout, 1998; Sells and Hayes, 1997; Borders and Drury, 1992).

Providing a safe and supportive small-group environment may allow children to learn to express feelings and self-disclose, practice new ways of interacting with others, and gain insight on how their behavior impacts others based on group member feedback. Corey (2008) states that counseling groups for children and adolescents allow individuals to understand that they share common concerns with their peers; this is known as the therapeutic factor, universality. A counseling group allows adolescents to safely experiment with new behaviors and openly question their values (Corey, 2008). There are several different types of group work that can be offered. The Association for Specialists in Group Work [ASGW] describes four core types of groups (The Association for Specialists in Group Work, 2000): task/work groups, guidance/psychoeducational groups, counseling/interpersonal problem-solving groups, and psychotherapy/personality reconstruction groups. For the scope of this study counseling/interpersonal problem-solving groups will be addressed.

### *Counseling Groups*

According to Shechtman, Freidman, Kashti, and Sharabany (2002), ninety-two percent of groups conducted with children in schools are guidance/ psychoeducational group work or counseling/interpersonal problem-solving group work. Both of these types of group work share some of the same procedures, techniques and processes, but the aim of the group differs. Guidance/psychoeducational groups are typically structured and have a central theme, serving the purpose of imparting information,

sharing common experiences, teaching problem-solving and offering support. Psychoeducational groups assist individuals in developing specific skills. They are typically preventive and educational in nature and use principals of human growth and development (Corey, 2008; Smead, 1995). Some examples of guidance/psychoeducational groups offered in schools are those provided for adolescents of divorce or students who need assistance with anger management. Social skills training, career exploration and HIV/AIDS education are also examples of possible guidance/psychoeducational groups.

Counseling groups focus on growth, development, enhancement, self-awareness, and releasing blocks to growth and may have preventive or remedial aims, according to Corey (2008). This type of group work often has a specific focus and is problem-oriented. In counseling groups, group members often guide the content and aims of the group. It is process oriented, where guidance/psychoeducational groups are content oriented. Process refers to the nature of the relationship among the group members who are communicating with one another. Content refers to what group members are talking about or the subject of the group. Counseling groups are process-oriented so as to keep the group members in the "here and now" and provide a safe environment to explore feelings, values and attitudes (Smead, 1995). Pyle (1986) states, "group counseling is less concerned with the delivery of information and more with assisting the student in developing insight and knowledge of self and the world from within the individuals own unique frame of reference" (p.3).

### *Group as a Medium for Career Counseling*

Research supports the effectiveness of using group counseling in the schools with children and adolescents for a variety of topics. However, there is limited research examining group counseling as a medium to deliver career counseling to students and the term "Group Career Counseling" is limited, if not, non-existent in the literature. Pyle (2007) declares, "I had the opportunity to review the last 15 years of *The Journal for Specialists in Group Work* and found no mention of the term "Group Career Counseling" (p. vii). In his detailed monograph, Pyle (2007) provides valuable insight into how the dynamics of the group process can be used as a valuable tool to facilitate career development. Pyle (2007) cites the focus of interpersonal growth in groups as an advantage of using group work over individual counseling to enhance career counseling outcomes. Groups provide an opportunity for members to try out behaviors when relating to others and also allow individuals to give, as well as receive, help from other group members. It is also noted that counselors can gain greater insight into clients' interactions with others when using a group format (Pyle, 2007). These possibilities are not present in individual counseling. The interpersonal nature of group counseling can assist adolescents in gaining the necessary social skills needed to have a successful interview experience and provide instruction in new ways of relating to others that may help with networking opportunities and on the job interactions.

Anderson (1995) conducted a pilot study of a developmental intervention created solely for the purpose of helping students enhance career maturity. Anderson defines career maturity as the ability and readiness to make career decisions. The effectiveness of a structured, content-focused, career group was investigated. A group

intervention was chosen by the researcher because it was suspected that group process factors would be influential in the development of career maturity. It was also hypothesized that group membership would provide students with opportunities to learn about themselves through similar experiences of others and group members and leaders would be able to provide members with relevant and useful feedback (Anderson, 1995).

The study was a pretest, treatment, post-test design. Students were given the Career Development Inventory (CDI) and the My Vocational Situation (MVS) assessments. The CDI was used to enable group members to understand their work attitudes and relative knowledge with regard to the world of work. The CDI was not used to evaluate effectiveness of the group. With regards to the MVS, only the Vocational Identity scale (VI) was used to indicate whether the students had a strong sense of vocational identity. Vocational identity is how clear an individual is about their goals, interests, personality and talents (Holland, Daiger & Power, 1980). The MVS may be used to evaluate career development interventions.

Qualitative data in the form of student responses to anonymous evaluations indicate that group process factors were influential in the increased understanding of personal self-concept (Anderson, 1995). According to the results, group members understood that all members of the group were indecisive regarding career direction. This universality may have allowed group members to feel comfortable self-disclosing and integrate new facets of self-concept (Anderson, 1995). Anderson (1995) also stated, "Common group characteristics may have helped group members to become hopeful about their ability to become more career-oriented" (p. 289).



The results of the Vocational Identity scale (VI) of the My Vocational Situation (MVS) assessment suggest that, following the career group intervention, students were significantly more ready and able to begin the career-decision process (Anderson, 1995). With the pretest mean of the VI scale at 5.7 and the post-test mean at 9.0, significant changes were noted in a positive direction. Both the qualitative and quantitative data yielded positive results and displayed some indication that group members were more ready to begin making career decisions after completion of the intervention.

Kivlighan (1990) reviewed twenty-six empirical, career/vocational studies that used group formats in order to examine how group process variables or Yalom's (2005) therapeutic factors are used in career counseling groups. Of these studies, it was revealed that most of the group process variables have not been investigated in career group studies and some process variables that have been examined are emphasized by most of the career groups. On the other hand, other process variables are seldom, if ever emphasized (Kivlighan, 1990). The most popular group process variables are guidance, self-disclosure, interpersonal learning, and self-understanding. The group process variables that are hardly ever used include catharsis, universality, instillation of hope, and group composition.

It is interesting to note the importance group members place on each of the group process variables when viewing them as critical elements in career groups. In Kivlighan, Johnson, and Fretz (1987), the high-change members ranked catharsis as the most important factor contributing to their learning in the groups. The second most valued factor among the high change members was universality. The third most

important therapeutic factor among high-change group members was group cohesion. While career group members indicate that these three variables are the most important factors contributing to their learning in the groups, career group researchers seldom emphasize these group process variables (Kivlighan, 1990). When conducting career group counseling, it is imperative to consider the variables that clients view as most significant and design career groups to maximize these therapeutic factors.

### *Summary*

The research and literature related to using group career counseling as an intervention to increase the construct of hope in at risk youth is not well developed and minimal. There is a lack of empirical research in the domain of career group therapy as a whole. Research supports the need for early career intervention, the importance of hope as a protective factor buffering the effects of institutional and environmental stressors and group counseling as an effective and efficient intervention to use with children and adolescents. This research is the foundation for examining if a school-based, group career counseling intervention will increase the levels of hope, the components of hope, and future orientation in at-risk youth.

## CHAPTER III

### METHODS

#### *Introduction*

This chapter presents the research question and hypothesis, research design, dependent and independent variables, setting, participants, experimental procedures, criterion instruments and data analysis for evaluating the impact of a small group counseling career intervention on at-risk middle school students' levels of hope, willpower (agency), waypower (pathways) and future orientation.

Participants were randomly selected from a list of 8<sup>th</sup> grade students attending an urban middle school in Southeast Michigan. Each participant was randomly selected from a list of students who are considered to be at-risk based on the criteria specified in Section 31a of the Michigan State School Aid Act (State of Michigan, 2010). Of the students randomly selected, twenty-two students were randomly assigned to two groups, of approximately 11 students each, and received the small group counseling career intervention. Twenty-two, eighth grade students, randomly selected to participate in the research study were assigned to the control group. The control group did not receive the small group counseling career intervention.

The research was conducted over a period of six weeks. The participants assigned to the treatment group received nine, one-hour, group counseling sessions and one thirty-minute pre-intervention/informational session where they were advised of the dates, times, and location for the group counseling sessions. All treatment and control group participants attended two, forty-five minute sessions in order to complete the demographic questionnaire and the pretest and posttest criterion instruments. Both

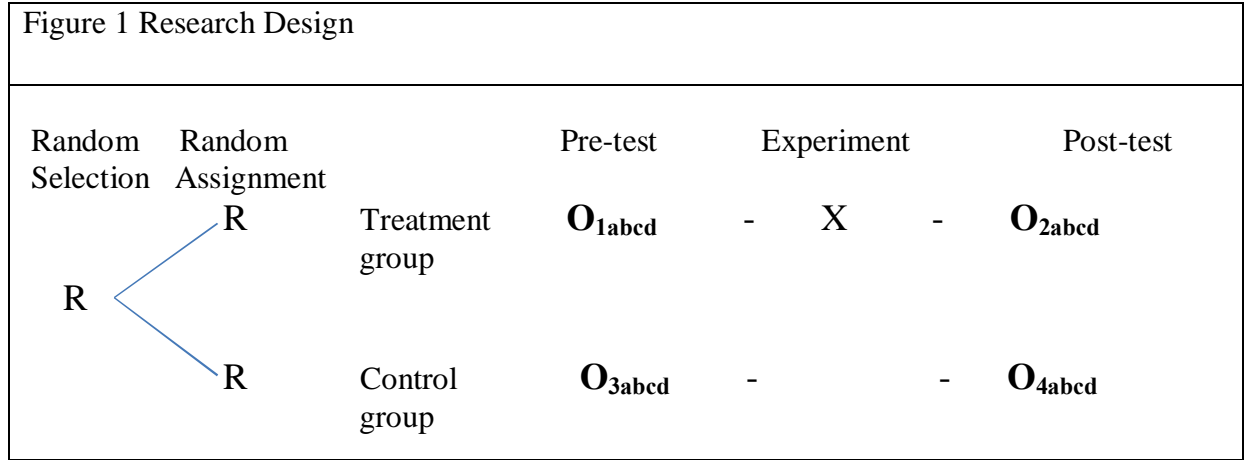
treatment groups received similar small group counseling intervention sessions and began the small group counseling sessions in the same week.

A pretest was used to establish baseline information for the experimental and control group participants' levels of hope, willpower (agency), waypower (pathways) and future orientation. A posttest was used to determine the effects of the interventions on the four dependent variables. The posttest was completed by all treatment and control group participants after completion of the six-week, small group counseling career intervention. It was expected at the completion of the study, participants in the treatment group would report significantly higher levels of hope, willpower (agency), waypower (pathways) and future orientation than those assigned to the control group.

#### *Research Design*

This true experimental, randomized, pretest-posttest control group design compared the statistical outcomes of a small group counseling career intervention with a control group on levels of hope, willpower (agency), waypower (pathways), and future orientation in at-risk middle school students. Research participants completed two pre-study instruments and one demographic form. A table of random numbers was used to randomly select the research participants and then randomly assign the participants to either the experimental group or the control group. Group equivalency was established using the Levene's Test for Equality of Variances and the study yielded pre-and-post experimental data to be compared between the two groups studied (between groups). The research examined if there were any statistically significant gains or losses subsequent to the small group counseling career intervention with regard to total hope, willpower (agency), and waypower (pathways), and future orientation.

Figure 1 details the research design where the dependent variables are referred to as *abcd*.



### *Variables*

#### *Independent Variables*

The independent variables for this study were random assignment of research participants to two groups, the treatment group or control group.

#### *Dependent Variables*

Four dependent variables were measured. The dependent variables of total hope, willpower (agency), and waypower (pathways) were measured by the Children's Hope Scale (Snyder, 1994). The fourth dependent variable, future orientation, was measured by the, What Am I Like? (Steinberg et al., 2009) 15 item self-report measure of future orientation.

### *Setting*

The setting is an urban middle school located in Southeast Michigan. This public middle school is comprised of approximately 748 students in grades 6-8. The ethnic and racial distribution is reported as 29% Caucasian, 62% African-American, non-Hispanic, 4.8% Hispanic or Latino, and less than 0.94% Asian, 0.1% Hawaiian or

Pacific Islander, and 2.0% Native American. The middle school is considered a Title 1 school with approximately 56% of all students qualifying for a free or reduced lunch subsidy program and 208 students are identified as at-risk. Approval to conduct the research study was granted by the building administrator. The letter of approval is listed in Appendix A.

### *Participants*

Group participants consisted of 44 middle school students, who are currently in the eighth grade and considered to be at-risk. From an already established at-risk list of 208 students, 75 students were randomly selected to participate in the research study. Due to all research participants being minors, a parent permission/research informed consent form was mailed via first class mail to the parents/guardians of all 75 randomly selected students. Prior to the parent permission form being mailed, the principal investigator made a personal phone call to the parents/guardians to let them know to expect the permission form and answer any preliminary questions regarding the study. The verbatim dialogue is provided in Appendix B. The principal investigator also, verbally, provided information about the research study to all of the randomly selected students to inform them that his or her parent/guardian would be receiving a parent permission/research informed consent form.

The sample included 44 study participants who returned the parent permission/research informed consent form as 31 students (41%) failed to return the form and were therefore, ineligible to participate in the study. It is hypothesized that many consent forms were not returned due to the length of the document (5 pages) and the socioeconomic and educational level of the population. Twenty-six females and 18

males, attending the middle school, who met the at-risk criteria, completed this study. The age of participants ranged from 13 to 15, with a mean of 13. The race/ethnicity of the research participants included 72.7 percent African American, 13.6 percent Caucasian, and 13.6 percent other, as reported on the Demographic Questionnaire (Macey, 2010). The treatment group included 22 participants that were randomly assigned to two groups of 11 students each in order to receive the small group counseling intervention. The control group also included 22 participants.

### *Preliminary Procedures*

Due to the research participants being minors, a parent permission/research informed consent form (see Appendix C) was mailed via first class mail to the parents and legal guardians of 75 eighth-grade students who were randomly selected by the Principal Investigator and met the at-risk and research study criteria. Prior to this form being mailed, the Principal Investigator made a personal phone call to the parents/guardians to let them know to expect the document and answer any preliminary questions regarding the study.

The parent permission/research informed consent provided the parents/guardians with details concerning the purpose of the study, study procedures, the benefits and risks of participation in the research study, costs to participate, and the confidentiality of all information collected about their child. This document also indicated that the study was voluntary and the child could choose to withdraw from the study at any time. It was specified that the parents/guardians decision about enrolling their child in the study would not change any present or future relationships with Wayne State University or its affiliates, the child's school, the child's teacher, the child's grades or other services that

they or their child are entitled to receive. Contact information was provided to parents/guardians in the case that they had questions regarding the research study or wanted to preview materials to be used in the research. Parents/guardians were informed that they must sign and return the Parental Permission/Research Informed Consent to the Principal Investigator in order for their child to be enrolled in the research trial. A self-addressed, stamped envelope was provided to assist with the return of the permission forms. A phone number, e-mail address, and mailing address were provided for parents to address any questions or concerns.

After written permission from parents/guardians was received, written assent was obtained from all students during the initial 45-minute visit to complete the written assent document, demographic form and both pretest instruments. The Principal Investigator read aloud the Behavioral Documentation of Adolescent Assent form (see Appendix C) that was provided to all students in order to ensure comprehension of the document. The participants were told participation in the research study was voluntary. Volunteers were also informed of their right to withdraw from the study, at any time, without consequence.

Participants were provided with information regarding individual counseling opportunities, made available (at no cost), to any group member who became upset or agitated during the group counseling sessions and all control group members were told that they would have an opportunity to receive the treatment intervention after the conclusion of the research study.

After written assent was obtained from all students, each participant chose a personal four digit number, such as four digits of a phone number, to be used for the



purpose of data identification throughout the duration of the study. The number was placed on all demographic forms, pretest and posttest assessments. This was done to provide anonymity and maintain confidentiality. Each participant completed a Demographic Questionnaire (Macey, 2010), the Children's Hope Scale (Snyder, 1994) and the, What Am I Like? (Steinberg et al., 2009) self-report measure of future orientation, as pretest instruments.

Following completion of all paperwork, the research participants were randomly assigned to either one of two treatment groups that received the small group counseling career intervention (both groups received the same intervention), or to the control group that did not receive the small group counseling career intervention. A table of random numbers was used to complete the random assignment. The participants randomly assigned to the treatment group attended a 30-minute pre-intervention informational session where the dates, times, and location of the group sessions were discussed. Following this informational session, volunteer participants assigned to the treatment group attended nine small group counseling career intervention sessions. The control group did not receive any intervention.

At the conclusion of the study, all treatment and control group participants completed the two criterion instruments, the Children's Hope Scale (Snyder, 1994) and the, What Am I Like? (Steinberg et al., 2009) to determine the outcome effect of the small group counseling career intervention on the dependent variables.

#### *Experimental Treatment Procedures*

The purpose of this study was to examine if using a small group counseling approach, emphasizing personal growth, to deliver a career intervention would increase

levels of total hope, willpower (agency), waypower (pathways) and future orientation in a group of at-risk middle school students. The final outcome of the small group counseling career intervention and the control group were compared in terms of pre-to-post score changes in levels of total hope, willpower (agency), waypower (pathways) and future orientation as measured by the Children's Hope Scale (Snyder, 1994) and the, What Am I Like? (Steinberg, 2009) self-report measure.

In addition to the two 45-minute visits to complete all pretest, posttest, and demographic forms and the single 30-minute pre-intervention/informational visit, members of the treatment group participated in a total of nine (bi-weekly, sixty-minute) sessions for a total of nine hours of group counseling intervention over a six-week period. Treatment group participants were divided into two groups of 11 students each and met in their group two days per week (sixty-minute sessions). The control group participants attended two 45-minute visits to complete all pretest, posttest, and demographic forms. The control group received no treatment intervention. The following section (figure 2) describes the group treatment intervention.

Figure 2 Group Counseling Career Intervention Session Summary  
Format of Group Interventions

Session 1

- Welcome members to the group; take attendance, allow time to settle in and relax.
- Ice-Breaker- to introduce group leader and group members.
- Norm Setting-activity to establish group norms and guidelines (i.e. confidentiality, mutual respect, maintaining a supportive atmosphere.
- Millionaire Fantasy Visualization- to assess personal values and interests, encourage self-disclosure.
- òHope Meterö- closure of group session, assess group members current level of hope.

Session 2

- Welcome members to the group; take attendance, allow time to settle in and relax.
- Check-In-review names of group members, practice self-disclosure, build group cohesion
- *Forward to the Future*-promote future thinking and ideals, discuss wanted and unwanted futures.
- òHope Meterö- closure of group session, assess group members current level of hope.

Session 3

- Welcome members back to group; allow time to settle in and relax.
- Check-In-build group cohesion, increase personal insight and practice self-disclosure.
- *Where Do You Stand?* ó to identify and examine individual values, understand how values develop within a family and encourage self-disclosure.
- *Alien Attack*- experiential activity to encourage group participation, communication and listening skills. Learn how different values are important to different people.
- òHope Meterö- closure of group session, assess group members current level of hope.

Session 4

- Welcome members back to group; allow time to settle in and relax.
- Check-In-build group cohesion, practice self-disclosure and interpersonal learning

Figure 2 Group Counseling Career Intervention Session Summary  
*Format of Group Counseling Interventions (continued)*

Session 4 (continued)

- *Life's a Puzzle*-understand life roles and identify the five interconnecting life roles that influence careers.
- *Holland Party Game*-match individual interests with careers, identify career personality types and find jobs that match personality types.
- *Hope Meter*- closure of group session, assess group members current level of hope.

Session 5

- Welcome members back to group; allow time to settle in and relax.
- *Check-In/Energizer*-group members create a secret handshake with a partner, develop group cohesion and encourage cooperative work towards accomplishing a task.
- *Career decision making*-understand the process people go through to make decisions regarding careers and become aware of individual decision making process.
- *Career exploration and planning*- match student interests and skills with careers and generate a list of potential career options.
- *Hope Meter*- closure of group session, assess group members current level of hope.

Session 6

- Welcome members back to group; allow time to settle in and relax.
- *Hooray for Me*- check-in/energizer-heighten group members hope and induce positive atmosphere.
- *Sex role stereotyping and career prejudices*-increase group member awareness of sex role stereotyping and prejudice in the world of work.
- *Cool Seat*-enhance group member awareness of how people connect personality characteristics to occupations.
- *Career planning and exploring*-learn how to explore careers in a specific area and understand the education, training and experience required for specific occupations.
- *Hope Meter*- closure of group session, assess group members current level of hope.

Session 7

- Welcome members back to group; allow time to settle in and relax.
- *Check-In/Energizer*-group challenge to introduce goal setting and planning.

Figure 2 Group Counseling Career Intervention Session Summary  
*Format of Group Counseling Interventions*

Session 7 (continued)

- Goal Setting: Making a plan-explore goal setting, introduce concept of clear and reachable goals and understand important characteristics of a goal.
- *Dots Challenge*-examine how having a goal can lead to success and emphasize the importance of planning when setting a goal.
- Goal setting action steps-learn to use action steps for setting goals, encourage group participation and goal setting.
- Hope Meter- closure of group session, assess group members current level of hope.

Session 8

- Welcome members back to group; allow time to settle in and relax.
- *Moon Ball* energizer-emphasize goal setting, the importance of setting a clear and reachable goal and the importance of group participation.
- *Reality Ride*-Help students see that they get to make their own choices and that every choice has a consequence.
- Hope Meter- closure of group session, assess group members current level of hope.

Session 9

- Welcome members back to group; allow time to settle in and relax.
- Strength Bombardment Check-In/Energizer-empower group members, maximize positive feelings, increase hope among group members and encourage positive feedback.
- Identify strengths-individuals identify individual strengths and talents, define what makes him or her unique and encourages feedback from group members.
- Self-Portrait collage-increase personal insights, strengths and provide positive reinforcement for the future.
- Hope Meter-assess group members current level of hope.
- Termination-encourage future thinking, prepare group members for the end of group, provide opportunity to say good bye to fellow group members, and discuss next steps with regards to career planning.
- Closure-Group members are encouraged to express themselves about the pros and cons of their participation and sessions, as well as express feelings about their group membership. Each participant will be offered an opportunity to say or share a positive moment with another group member.

### *Criterion Instruments*

#### *Demographic Questionnaire (Macey, 2010)*

This study used a short, self-report, demographic questionnaire to describe the characteristics of the student research participants. This form will be used to collect data on the students' age, sex, grade, and race/ethnicity.

#### *Children's Hope Scale [CHS] (Snyder, 1994)*

The Children's Hope Scale (CHS, Snyder, 1994) was used to provide pre and post changes in the dependent variables of willpower, waypower and total hope. The Children's Hope Scale was designed to reflect relatively enduring goal-directed thinking and has been validated for use with children ages 8-16. This instrument is a six-item, self-report scale that includes a three item sub-scale reflecting agency thinking (goal-directed determinations) and a three item sub-scale reflecting pathway thinking (planning of ways to meet goals) (Snyder et al. 1991, 1997). Cronbach alphas for the Children's Hope Scale [CHS] ranged from .72 to .86 with a median alpha of .77, displaying overall internal consistency. Positive and high test-retest correlations indicate that the Children's Hope Scale [CHS] reflects relatively enduring goal-directed thinking as it was intended (Snyder et al., 1997, p. 414). McDermott and Snyder (2000) report that this instrument has been administered to thousands of children of all ethnicities and socioeconomic groups.

#### *What Am I Like? (Steinberg et al., 2009)*

The What Am I Like? (Steinberg et al., 2009) was used to provide pre and post changes in the dependent variable of future orientation. This 15-item self-report measure of future orientation presents respondents with a series of 15 pairs of

statements separated by the word *BUT* and asks them to choose the statement that is the best descriptor. After respondents indicate the best descriptor, they are asked whether the description is *really true* or *sort of true*. Responses are then coded on a 4-point scales, ranging from *really true* for one descriptor to *really true* for the other descriptor. Higher scores indicate greater future orientation (Steinberg et al., 2009). This instrument was piloted with high school and college undergraduate was reported to have an alpha coefficient of .80 ( $\alpha = .80$ ).

The assessment items are grouped into three, 5-item subscales: time perspective ( $\alpha = .55$ ), anticipation of future consequences ( $\alpha = .62$ ), and planning ahead ( $\alpha = .70$ ). Steinberg et al. (2009) attributes the low alpha coefficients for the subscales to the low number of items that compose each scale, but that may be questionable. Patterns of correlations between scores on the future orientation scale and other self-report instruments in the Steinberg et al. (2009) series of assessments support the validity of the measure (Steinberg et al., 2009).

### *Research Question and Hypothesis*

A true experimental, randomized, pretest-posttest control group design was used to assess changes in the dependent variables, total hope, willpower (agency), waypower (pathways), and future orientation. It was hypothesized that adolescents who received a small group counseling career intervention would experience an increase in hope, willpower (agency), waypower (pathways), and future orientation compared to adolescents who received no career intervention. The specific research question and hypothesis for this study is:

Is there a difference in levels of total hope, willpower (agency), and waypower (pathways), and future orientation as measured by the Children's Hope Scale (CHS, Snyder, 1994) and the What Am I Like? (Steinberg et al., 2009) criterion instruments, at posttest between at-risk students who participate in a small group counseling career intervention and those who are assigned to a control group?

Null Hypothesis: There is no difference in at-risk middle school students' levels of total hope, willpower, waypower, and future orientation after receiving a small group counseling career intervention compared to those assigned to a control group.

$$H_0: \mu_{1234} = \mu_{1234}$$

Alternative Hypothesis: At-risk middle school students show greater increase in levels of total hope, willpower, and waypower after receiving a small group counseling career intervention compared to those assigned to a control group.

$$H_1: \mu_{1234} \neq \mu_{1234}$$

### *Data Analysis*

Statistical analyses were conducted using *IBM-SPSS Statistical Program for Windows*, Version 19.0 (IBM Corporation, 2010). Descriptive statistics and frequency distributions for demographic characteristics including age, gender, and race/ethnicity provide a profile of the sample. To determine if random assignment of treatment and control groups was successful, a *t*-test for independent samples by group was used. If no significant differences were found for the pretest scores of the four dependent variables, total hope, willpower (agency), waypower (pathways), and future orientation, equal variances were assumed and random assignment of treatment and control groups were



successful. If significant differences were found, then equal variances were not assumed and random assignment of treatment group was not successful.

A two sample MANCOVA was to be conducted on the hope, will power, waypower, and future orientation post test scores collected from the Children's Hope Scale (Snyder, 1994) and the What Am I Like? (Steinberg et al., 2009) instruments, with the pretest scores used as the covariates. A significant omnibus F test was to be followed with univariate stepdown tests. Nominal alpha was to be set at  $\alpha = 0.05$ . Assuming a moderate effect size of  $f = .25$ , and a  $r^2$  for covariates = .6, with a proposed sample size of  $n = 25$  per group, the a priori statistical power is approximately .69, and the power adjusted for the covariates is .77. This is very close to the de facto standard of .8. The statistical analysis for this hypothesis is presented in Figure 3.

Figure 3 Statistical Analysis Chart

Research Question	Variables	Statistical Analysis
<p>Will a small group counseling career intervention increase the levels of hope, willpower, waypower, and future orientation of at-risk middle school youth more than a control group?</p> <p><math>H_0</math>: There is no significant difference in mean scores on levels of hope, willpower, waypower, and future orientation for individuals receiving a small group counseling career intervention compared to those assigned to a control group.</p>	<p><u>Independent Variable:</u> Group Assignment: Treatment Group: Small group counseling career intervention Control Group: No group counseling intervention</p> <p><u>Dependent Variables:</u> Posttest scores on the Children's Hope Scale (Snyder, 1994). Posttest scores on the What Am I Like? [Steinberg et. al., 2009] self-report questionnaire.</p> <p><u>Covariates:</u> Pretest scores on the Children's Hope Scale (Snyder, 1994). Pretest scores on the What Am I Like? [Steinberg et. al., 2009] self-report questionnaire.</p>	<p>A multivariate analysis of covariance [MANCOVA] with group membership as the fixed independent variable will be used to compare levels of hope, willpower, waypower and future orientation of at-risk middle school students, pre-experiment to post-experiment, at the completion of 11 hours of treatment intervention over a six-week period. Pretest scores on this measure will be used as covariates.</p> <p>Mean scores will be compared to determine which group has the significantly higher level of hope, willpower, waypower and future orientation following 11 hours of treatment intervention over a 6-week period.</p>

Due to the final sample size being insufficient to conduct a Multiple Analysis of Covariance (MANCOVA) as originally planned, the study was broken down into four research questions and four corresponding statistical hypotheses. To determine if differential effects existed between the experimental group and the control group on the dependent variables of total hope, willpower (agency), waypower (pathways) and future orientation, in at-risk middle school students, a Univariate Analysis of Covariance (ANCOVA) with group membership as the fixed independent variable was utilized to compare posttest scores with pretest scores as covariates on each dependent variable. Mean scores were compared to determine if the experimental or the control group had the significantly highest increase in levels of total hope, willpower (agency), waypower (pathways) and future orientation. Decisions on statistical significance of the findings were made using an alpha level of .05.

### *Summary*

Chapter III described the method of randomly selecting the voluntary research participants and randomly assigning participants to either a treatment or a control group. The research setting, description of participants, treatment procedures, and criterion instruments to be used in this study, was also presented. Chapter III provided a description of the research design, research questions and hypotheses, and statistical analyses to be utilized.

Chapter IV will present the results of the statistical analyses and description of the findings from the data collected for this study.

## CHAPTER IV

### RESULTS

Chapter IV presents the results of the effect of a small group counseling career intervention on at-risk middle school students' levels of total hope, willpower, waypower and future orientation. This chapter describes the sample, demographics, research questions, statistical hypothesis, and data analysis.

#### *Demographic Characteristics*

The sample consisted of 44 at-risk middle school students in the eighth grade. All students attend an urban middle school located in Southeast Michigan. The total minimum/maximum age was 13-15, while the total mean age was 13.34 ( $SD=.526$ ). There were 22 students in the experimental group, and 22 students in the control Group.

Table 1

#### *Distribution of Age by Group Assignment*

Treatment Group	Mean Age	N	Std. Deviation	Minimum Age	Median Age	Maximum Age
Experimental Group	13.41	22	.590	13	13	15
Control Group	13.27	22	.456	13	13	14
TOTAL	13.34	44	.526	13	13	15

For the 22 participants in the experimental group, the minimum age was 13 years and the maximum age was 15 years. For the 22 participants in the control group, the minimum age was 13 years and the maximum age was 14 years. Cross-tabulations were conducted on the demographic characteristics of race/ethnicity and sex as reported on the Demographic

Questionnaire (Macey, 2010). The results of these tabulations by group assignment are presented in Table 2.

Table 2

*Demographic Characteristics by Group Assignment*

Demographic Characteristic	Category	Experimental Group	Control Group	Total (%)
Sex	Male	7	11	18 (40.9%)
	Female	15	11	26 (59.1%)
	Total	22	22	44
Race/Ethnicity	African American	15	17	32 (72.7%)
	Caucasian	3	3	6 (13.6%)
	Other	4	2	6 (13.6%)
	Total	22	22	44

Of the research participants, 59.1% (N=26) were female, while 40.9% (N=18) were male. In the experimental group, there were a total of fifteen females and seven males. The control group was comprised of eleven males and eleven females.

The majority of group participants (N=32) reported ethnicity as African American, six reported Caucasian, and six reported other. In the experimental group 15, out of 22, participants reported ethnicity as African American, while in the control group 17, out of 22, reported their ethnicity as African American.

*Analysis of Pretest Scores*

To test the assumption of equality between the experimental group and control group prior to treatment, a *t*-test for independent samples was conducted on the pretest scores of the

dependent variables, total hope, willpower, waypower, as measured by the Children's Hope Scale (Snyder, 1994) and future orientation, as measured by the What Am I Like? (Steinberg et al., 2009). Table 3 presents the pretest statistics for the four dependent variables, by treatment group.

Table 3

*Pretest Dependent Variables Statistics by Group*

	Group	N	Mean	Std. Deviation	Std. Error Mean
CHS Total Hope Pre Score	Control	22	25.18	5.448	1.161
	Experimental	22	23.50	6.201	1.322
Future Orientation Pre Score	Control	22	2.6916	.32182	.06861
	Experimental	22	2.7809	.39415	.08403
Agency Pre Score	Control	22	12.55	3.097	.660
	Experimental	22	11.64	3.526	.752
Pathways Pre Score	Control	22	12.64	2.985	.636
	Experimental	22	11.86	3.121	.665

For the dependent variable, total hope (Children's Hope Scale, Snyder, 1994), the pretest mean score for the control group was 25.18, while the pretest mean score for the experimental group, was 23.50. For the dependent variable, willpower or agency (Children's Hope Scale, Snyder, 1994), the pretest mean score for the control group was 12.55, while the pretest mean score for the experimental group was 11.64. The control group pretest mean score for the dependent variable, waypower or pathways (Children's Hope Scale, Snyder, 1994) was 12.64, while the experimental group pretest mean score for waypower or pathways (Children's Hope Scale, Snyder, 1994) was 11.86. For the dependent variable, future orientation (What Am I Like?, Steinberg et al., 2009), the pretest mean score for the control group was 2.6916, while the pretest mean score for the experimental group was 2.7809. Table 4 presents the results of the *t*-test for independent samples by treatment group.

Table 4

*t*-Test for Independent Samples by Group

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
CHS Total Hope Pretest Score	Equal variances assumed	.285	.596	.956	42	.345	1.682	1.760	-1.870	5.233
	Equal variances not assumed			.956	41.315	.345	1.682	1.760	-1.871	5.235
Future Orientation Pretest Score	Equal variances assumed	1.194	.281	-.823	42	.415	-.08927	.10849	-.30821	.12966
	Equal variances not assumed			-.823	40.385	.415	-.08927	.10849	-.30847	.12992
Agency Pretest Score	Equal variances assumed	.681	.414	.909	42	.369	.909	1.001	-1.110	2.928
	Equal variances not assumed			.909	41.313	.369	.909	1.001	-1.111	2.929
Pathways Pretest Score	Equal variances assumed	.002	.966	.839	42	.406	.773	.921	-1.085	2.631
	Equal variances not assumed			.839	41.916	.406	.773	.921	-1.086	2.631

The results of the *t*-test for the dependent variable, total hope, reveal pretest mean scores did not differ statistically between participants in the control group and the experimental group ( $t=.956$ ,  $df=42$ ,  $p=.345$ ). Consequently, equal variance was assumed ( $F=.285$ ,  $p=.596$ ) and baseline equality between the two groups for the dependent variable, total hope, was established prior to intervention.

For the dependent variable, willpower (agency), the results of the *t*-test reveal pretest mean scores did not differ statistically between participants in the control group and the

experimental group ( $t=.909$ ,  $df=42$ ,  $p=.369$ ). Equal variance was assumed ( $F=.681$ ,  $p=.414$ ) and baseline equality between the two group for the dependent variable, willpower (agency), was established prior to intervention.

The results of the  $t$ -test for the dependent variable, waypower (pathways), reveal pretest mean scores did not differ statistically between participants in the control group and the experimental group ( $t=.839$ ,  $df=42$ ,  $p=.406$ ). Equal variance was assumed ( $F=.002$ ,  $p=.966$ ) and baseline equality between the two groups for the dependent variable, waypower (pathways), was established prior to intervention.

Pretest mean scores for the dependent variable, future orientation, did not differ statistically between participants in the control group and the experimental group ( $t=-.823$ ,  $df=42$ ,  $p=.415$ ). Consequently, equal variance was assumed ( $F=1.194$ ,  $p=.281$ ) and baseline equality between the two groups for the dependent variable, future Orientation, was established prior to intervention.

### *Research Questions and Hypotheses*

This true experimental, randomized, pretest-posttest control group design examined the effects of a small group counseling career intervention on levels of total hope, willpower (agency), waypower (pathways), and future orientation in at-risk middle school students. This study attempted to answer the following research question: Is there a significant difference in levels of total hope, willpower (agency), waypower (pathways), and future orientation as measured by the Children's Hope Scale (CHS, Snyder, 1994) and the What Am I Like? (WAIL, Steinberg et al., 2009) criterion instruments, at posttest between at-risk students who participate in a small group counseling career intervention and those assigned to a control group?

Due to the final sample size being insufficient to conduct a Multiple Analysis of Covariance (MANCOVA) as originally planned, the study was broken down into four research questions and four corresponding statistical hypotheses. This study attempted to answer the following four research questions: (1) Is there a significant difference in levels of total hope as measured by the Children's Hope Scale (CHS, Snyder, 1994) criterion instrument, at posttest between at-risk students who participate in a small group counseling career intervention and those assigned to a control group?; (2) Is there a significant difference in levels of willpower (agency) as measured by the Children's Hope Scale (CHS, Snyder, 1994) criterion instrument, at posttest between at-risk students who participate in a small group counseling career intervention and those assigned to a control group?; (3) Is there a significant difference in levels of waypower (pathways) as measured by the Children's Hope Scale (CHS, Snyder, 1994) criterion instrument, at posttest between at-risk students who participate in a small group counseling career intervention and those assigned to a control group?; and (4) Is there a significant difference in levels of future orientation as measured by the What Am I Like? (WAIL, Steinberg, 2009) criterion instrument, at posttest between at-risk students who participate in a small group counseling career intervention and those assigned to a control group? The statistical hypotheses and corresponding research questions were tested using inferential statistical analyses. Decisions on the statistical significance of the findings were made using an alpha level of .05.

#### *Null Hypothesis #1*

The null hypothesis stated that there would be no statistical significant difference in mean scores on the dependent variable of total hope, between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students



assigned to a control group. The null hypothesis assumed that participation in the experimental group and participation in the control group would have an equal effect on levels of total hope in at-risk middle school students. Descriptive statistics by group were obtained from changes in posttest measures on the dependent variables of total hope. Table 5 presents the posttest descriptive statistics for the dependent variable, total hope, by group assignment.

Table 5

*Posttest Descriptive Statistics for Total Hope by Group Assignment*

Group	Mean	Std. Deviation	N
Control Group	24.23	5.273	22
Experimental Group	26.59	3.432	22
Total	25.41	4.556	44

The mean posttest score on total hope for the control group was 24.23 ( $SD=5.273$ ) and the mean posttest score for the experimental group was 26.59 ( $SD=3.432$ ).

A Univariate Analysis of Covariance (ANCOVA) with group membership as the fixed independent variable was used to compare posttest scores with pretest scores as covariates. Mean scores were compared to determine which group had the highest increase in levels of total hope, following the experimental group receiving a treatment intervention consisting of nine, one-hour group counseling sessions, over a six-week period and the control group receiving no treatment intervention. Table 6 presents the Univariate Analysis of Covariance (ANCOVA) for the Tests of Between-Subjects Effects for total hope.

Table 6

*Univariate ANCOVA Tests of Between-Subjects Effects Dependent Variable: Total Hope Post-Score*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>b</sup>
Corrected Model	359.108 <sup>a</sup>	2	179.554	13.798	.000	.402	27.596	.997
Intercept	468.582	1	468.582	36.009	.000	.468	36.009	1.000
Total Hope Pre-Score	297.654	1	297.654	22.874	.000	.358	22.874	.997
Group	105.522	1	105.522	8.109	.007	.165	8.109	.794
Error	533.528	41	13.013					
Total	29300.000	44						
Corrected Total	892.636	43						

a. R Squared = .402 (Adjusted R Squared = .373)

b. Computed using alpha = .05

The results of the Univariate Analysis of Covariance (ANCOVA) between the two groups were found to be statistically significant ( $F=8.109$ ,  $df=1, 43$ ,  $p=.007$ ). The effect size, or Partial Eta Squared, was .165 and the observed power was .794. Therefore, statistically significant differences exist between the experimental and control groups: Experimental group ( $M=26.59$ ,  $SD=3.432$ ) and control group ( $M=24.23$ ,  $SD=5.273$ ). Null Hypothesis 1 was rejected based on the statistically significant findings on differential group changes for total hope.

#### *Null Hypothesis #2*

The null hypothesis stated that there would be no statistical significant difference in mean scores on the dependent variable of willpower (agency) between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group. The null hypothesis assumed that participation in the experimental group and participation in the control group would have an equal effect on levels of willpower (agency) in at-risk middle school students. Descriptive statistics by group were obtained from changes in posttest measures on the dependent variable of willpower (agency).

Table 7 presents the posttest descriptive statistics for the dependent variable, willpower (agency) by group assignment.

Table 7

*Posttest Descriptive Statistics for Willpower (agency) by Group Assignment*

Group	Mean	Std. Deviation	N
Control Group	12.23	3.023	22
Experimental Group	13.64	2.036	22
Total	12.93	2.645	44

The mean posttest score on Willpower (agency) for the control group was 12.23 ( $SD=3.023$ ) and the mean posttest score for the experimental group was 13.64 ( $SD=2.036$ ).

A Univariate Analysis of Covariance (ANCOVA) with group membership as the fixed independent variable was used to compare posttest scores with pretest scores as covariates. Mean scores were compared to determine which group had the highest increase in levels of willpower (agency), following the experimental group receiving a treatment intervention consisting of nine, one-hour group counseling sessions over a six-week period and the control group receiving no treatment intervention. Table 8 presents the Univariate Analysis of Covariance (ANCOVA) for the Tests of Between-Subjects Effects for Willpower (agency).

Table 8

*Univariate ANCOVA Tests of Between-Subjects Effects Dependent Variable Willpower (agency) Post-Score*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>b</sup>
Corrected Model	113.019 <sup>a</sup>	2	56.510	12.339	.000	.376	24.677	.993
Intercept	168.865	1	168.865	36.871	.000	.473	36.871	1.000
Agency Pre- score	91.179	1	91.179	19.908	.000	.327	19.908	.992
Group	35.449	1	35.449	7.740	.008	.159	7.740	.775
Error	187.776	41	4.580					
Total	7659.000	44						
Corrected Total	300.795	43						

a. R Squared = .376 (Adjusted R Squared = .345)

b. Computed using alpha = .05

The results of the Univariate Analysis of Covariance (ANCOVA) between the two groups were found to be statistically significant ( $F=7.740$ ,  $df=1, 43$ ,  $p=.008$ ). The effect size, or Partial Eta Squared, was .159, and the Observed Power was .775. Therefore, statistically significant differences exist between the experimental and control groups: Experimental group ( $M=13.64$ ,  $SD=2.036$ ) and control group ( $M=12.23$ ,  $SD=3.023$ ) for willpower (agency). Null hypothesis 2 was rejected based on the statistically significant findings on differential group changes for willpower (agency).

### *Null Hypothesis #3*

The null hypothesis stated that there would be no statistical significant difference in mean scores on the dependent variable of waypower (pathways) between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group. The null hypothesis assumed that participation in the experimental group and participation in the control group would have an equal effect on levels

of waypower (pathways) in at-risk middle school students. Descriptive statistics by group were obtained from changes in posttest measures on the dependent variable of waypower (pathways). Table 9 presents the posttest descriptive statistics for the dependent variable, waypower (pathways) by group assignment.

Table 9

*Posttest Descriptive Statistics for Waypower (pathways) by Group Assignment*

Group	Mean	Std. Deviation	N
Control Group	12.00	2.726	22
Experimental Group	12.95	2.299	22
Total	12.48	2.538	44

The mean posttest score on waypower (pathways) for the control group was 12.00 ( $SD=2.726$ ) and the mean posttest score for the experimental group was 12.95 ( $SD=2.299$ ).

A Univariate Analysis of Covariance (ANCOVA) with group membership as the fixed independent variable was used to compare posttest scores with pretest scores as covariates. Mean scores were compared to determine which group had the highest increase in levels of waypower (pathways), following the experimental group receiving a treatment intervention consisting of nine, one-hour group counseling sessions over a six-week period and the control group receiving no treatment intervention. Table 10 presents the Univariate Analysis of Covariance (ANCOVA) for the Tests of Between-Subjects Effects for Waypower (pathways).

Table 10

*Univariate ANCOVA Tests of Between-Subjects Effects Dependent Variable: Waypower (pathways) Post-Score*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>b</sup>
Corrected Model	62.863 <sup>a</sup>	2	31.432	6.019	.005	.227	12.038	.858
Intercept	156.823	1	156.823	30.029	.000	.423	30.029	1.000
Waypower Pre-Score	52.841	1	52.841	10.118	.003	.198	10.118	.874
Group	16.591	1	16.591	3.177	.082	.072	3.177	.413
Error	214.114	41	5.222					
Total	7127.000	44						
Corrected Total	276.977	43						

a. R Squared = .227 (Adjusted R Squared = .189)

b. Computed using alpha = .05

The results of the Univariate Analysis of Covariance (ANCOVA) between the two groups were not found to be statistically significant ( $F=3.177$ ,  $df=1,43$ ,  $p=.082$ ) for waypower (pathways). The effect size, or Partial Eta Squared, was small at .072 and the observed power was .413. Therefore, statistically significant differences do not exist between the experimental and control groups: Experimental group ( $M=12.95$ ,  $SD=2.299$ ) and control group ( $M=12.00$ ,  $SD=2.726$ ) for waypower (pathways). Therefore, we failed to reject Null Hypothesis #3.

#### *Null Hypothesis #4*

The null hypothesis stated that there would be no statistical significant difference in mean scores on the dependent variable of future orientation between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group. The null hypothesis assumed that participation in the experimental group and participation in the control group would have an equal effect on levels of future orientation in at-risk middle school students. Descriptive statistics by group were

obtained from changes in posttest measures on the dependent variable of future orientation. Table 11 presents the posttest descriptive statistics for the dependent variable, future orientation by group assignment.

Table 11

*Posttest Descriptive Statistics for Future Orientation by Group Assignment*

Group	Mean	Std. Deviation	N
Control Group	2.8298	.49441	22
Experimental Group	2.6992	.37154	22
Total	2.7645	.43721	44

The mean posttest score on future orientation for the control group was 2.8298 ( $SD=.49441$ ) and the mean posttest score for the experimental group was 2.6992 ( $SD=.37154$ ).

A Univariate Analysis of Covariance (ANCOVA) with group membership as the fixed independent variable was used to compare posttest scores with pretest scores as covariates. Mean scores were compared to determine which group had the highest increase in levels of future orientation, following the experimental group receiving a treatment intervention consisting of nine, one-hour group counseling sessions over a six-week period and the control group receiving no treatment intervention. Table 12 presents the Univariate Analysis of Covariance (ANCOVA) for the Tests of Between-Subjects Effects for Future Orientation.

Table 12

*Univariate ANCOVA Tests of Between-Subjects Effects Dependent Variable: Future Orientation*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>b</sup>
Corrected Model	1.808 <sup>a</sup>	2	.904	5.779	.006	.220	11.558	.843
Intercept	1.154	1	1.154	7.379	.010	.153	7.379	.756
Future Pre-Score	1.620	1	1.620	10.359	.003	.202	10.359	.881
Group	.348	1	.348	2.226	.143	.051	2.226	.308
Error	6.412	41	.156					
Total	344.493	44						
Corrected Total	8.220	43						

a. R Squared = .220 (Adjusted R Squared = .182)

b. Computed using alpha = .05

The results of the Univariate Analysis of Covariance (ANCOVA) between the two groups were not found to be statistically significant ( $F=2.226$ ,  $df=1,43$ ,  $p=.143$ ) for future orientation. The effect size, or Partial Eta Squared, was small at .051 and the Observed Power was .308. Therefore, statistically significant differences do not exist between the experimental and control groups: Experimental group ( $M=2.6992$ ,  $SD=.37154$ ) and control group ( $M=2.8298$ ,  $SD=.49441$ ) for future orientation. Therefore, we failed to reject Null Hypothesis #4.

### Summary

Chapter IV presented the results of the effects of a small group counseling career intervention on levels of total hope, willpower (agency), waypower (pathways) and future orientation in at-risk middle school students. Chapter V presents an overview of the problem, relevant literature and research, methods and procedures employed in the research study, as well as a discussion of the results. Recommendations for future research are also addressed.



## CHAPTER V

## SUMMARY AND DISCUSSION

*Introduction*

The purpose of this study was to assess the effects of a small group counseling career intervention on levels of total hope, willpower (agency), waypower (pathways), and future orientation in at-risk middle school students. This chapter provides a summary of the statement of the problem, literature, and the methods and procedures used in the research study. In addition, a summary and discussion of the results is offered and recommendations for future research are presented.

*Restatement of the Problem*

The number of children categorized as at-risk continually changes. Schargel & Smink (2001) indicate that one third of all students in the United States are considered at-risk for school failure. According to Public/Private Ventures (2002), more than five million youth between the ages of 14 and 24 met criteria to be classified as at-risk in 1999. With our population continually growing, one may speculate that the number of at-risk youth along with the severity of their circumstances will also increase. This statistic suggests that over five million youth in our nation, below the age of 21, are at risk of becoming or have become an abuser of drugs or alcohol, have a parent who is addicted to drugs and/or alcohol, are the victim of child abuse and/or neglect, has become pregnant, are economically disadvantaged, have attempted suicide, or have experienced school failure (Hathi & Bhaerman, 2008; Schargel & Smink, 2001). Due to at-risk youth's constant exposure to environmental, social, and economic stressors, these individuals are more likely to drop out of school and have low occupational aspirations (Hickman, Bartholomew, Mathwaig & Heinrich, 2008; Children's Defense Fund, 2002).

Failing to complete high school may have serious negative implications on the future of an individual. Levin and Belfield (2007) state that high school dropouts tend to have a higher reliance on Medicaid, increased involvement in criminal activity, and more dependence on welfare programs. There is also a cost to the economy when an individual drops out of high school. In the life of a high school dropout, he or she will have cost the economy close to \$240,000, due to lower tax contributions and reliance on welfare programs (Chapman et al., 2010). When at-risk youth drop out of high school or experience school failure, they are underprepared for the demands of postsecondary education and/or the challenges of the 21<sup>st</sup> century workforce (Wilson, 1996). The National Longitudinal Survey of Youth 1997 (NLSY97), in their 12 year follow up, reveals that at age 23, respondents' labor force status differed substantially by educational attainment (U.S Department of Labor, 2011a, p. 3). The respondents who acquired more education were more likely to be employed and less likely to be unemployed. Only sixty percent of high school dropouts were employed compared to seventy-five percent of high school graduates who had never enrolled in college. Eighty-one percent of those who attended some college, but did not earn a bachelor's degree were employed and the groups most likely to be employed were men and women who had earned a bachelor's degree or more, at eighty-nine percent (U.S. Department of Labor, 2011a).

At-risk youth may face a variety of barriers in pursuing and obtaining their educational and occupational goals. They often lack the ability to set realistic goals with regards to career planning and pursuit and do not understand the relationship between academic success and the world of work (McLaughlin & Vacha, 1992). Those interventions devised for the general population may not be effective for youth who are at-risk (Bailey & Stegelin, 2003). Walsh, Galassi, Murphy, and Park-Taylor (2002) discuss the importance of using a developmental

contextual perspective with populations such as at-risk adolescents who perceive many educational and career barriers. This perspective focuses on using strengths or protective factors that may promote resiliency and offset some of the risk factors experienced by these individuals. Two such protective factors that have been cited in the literature and research include hope and future orientation. Roesch, Duangado, Vaughn, Aldridge, and Villodas (2010) cite various studies suggesting ethnic minorities with a strong sense of hope, as opposed to low hope, perform better academically (Adelabu, 2008), are more effective at using healthy coping strategies (Danoff-Burg, Prelow, & Swenson, 2004), are better able to solve problems and tend to use less avoidant coping strategies (Chang & Banks, 2007). McCabe and Barnett (2000) describe future orientation as a protective factor that "buffers environmental risk for children raised in urban, impoverished environments" (p. 492). Perceiving positive expectations for the future has also been shown to differentiate between resilient and non-resilient children who have been exposed to considerable stress (Werner and Smith, 1982; Wyman et al., 1992), as well contribute to enhanced social emotional adjustment at school (Wyman, Cowen, Work & Kerkley, 1993).

At-risk adolescents face many circumstances that may impede their ability to have positive hopeful expectations for the future and as a result, these students may become disengaged from school and from academic or career development (Kenny, Blustein, Chaves, Grossman, & Gallagher, 2003). The components of hope, willpower (agency) and waypower (pathways), are critical to goal directed thinking. Increasing goal-directed thinking in at-risk youth is critical if we want them to be able to set realistic and reachable career goals. It is critical to not only focus on career development, but in how to maximize hope and future orientation in the middle school years. This study specifically investigated the effects of a small

group counseling career intervention on hope, the components of hope (agency and pathways), and future orientation in at-risk middle school students.

### *Literature Summary*

This study was based on the growing amount of research indicating that our nations at-risk youth, are in need of interventions to prepare them for success in high school, college, and the world of work (Betz, 1994; Wilson, 1996). Many at-risk individuals are more likely to drop out of high school (McLaughlin & Vacha, 1992), have a pessimistic view of the future due to living in poverty or at a low socioeconomic status (Friere, Gorman & Wessman, 1980; Nurmi, 1991), and express the need for career development services (Brown et al., 1991). An increasing amount of research and literature support hope and future orientation as protective factors that buffer the effects of the many stressors that at-risk youth encounter (Gilman & Dooley, 2006; McCabe & Barnett; Worrel & Hale, 2001).

Parent and family influence, plays a powerful role in an adolescent's career development and occupational aspirations, as well as contributes to determining if a child is to be considered at risk. Mortimer et al. (1992) revealed that parental education had the most effect on the educational plans and occupational aspirations of children. DeRidder (1990) indicates that if a child is born to a parent with limited education and income, the likelihood of that child going to college or achieving a professional occupational goal is reduced. The education level and income level of parents may have a pronounced effect on their children's career goals and aspirations.

Rojewski and Yang (1997) offer a sociological perspective indicating that occupational aspirations are a reflection of the effects of bias and discrimination, social attitudes, cultural expectation, and stereotypes. People tend to choose occupations that are appropriate to their social status or environment. A higher socioeconomic status may enhance a child's family

experiences by offering more intellectual and cultural activities and also provide a greater degree of educational opportunities than a lower socioeconomic status. Lent et al. (1994) believed that race and socioeconomic status affect career choice primarily through their impact on learning opportunities. Lower socioeconomic status, along with other perceived barriers or obstacles, are a reality for many at-risk youth.

Parent-child relationships, parenting styles, and family functioning are also important factors that can positively or negatively influence children's academic and career aspirations. Lankard (1995) indicates that family attitudes about work and work experiences, along with the process of interaction and communication in the family, may influence a child's career choices and decisions. Kerka (2000) suggests that overall family functioning has a greater influence on career development than either family structure or parent's educational and occupational status. The results of Fisher and Padmawidjaja (1999) revealed that the largest category of parental influence on career development was encouragement, availability, guidance, advice, acceptance, and autonomy. Youth who live in families where many risk factors are present, may experience a lack of encouragement due to reduced parental availability. Parents may not be available due to incarceration, perpetrating child abuse or neglect, or because of the need to work long hours.

The research and literature illustrate how powerful the influence of parenting and family functioning, as well as socioeconomic status and parental education, are on a child's career development and occupational aspirations. For at-risk youth, reduced parent availability, low socioeconomic status, and poor family functioning are common. It is important for school counselors to provide early career interventions that may help assist this at-risk population in academic, career, social and personal growth.

Future orientation is the ability to perceive one's future circumstances. This perception may be optimistic or pessimistic. It is also the extent to which one believes there is a link between one's current decisions and one's future well-being (Somers & Gizzi, 2001). Future orientation is important because it serves as a motivator (Nurmi, 1991) and plays a role in predicting psychosocial outcomes for low-income, minority youth (McCabe & Barnett, 2000).

Quinton et al. (1993) found future planning during adolescence predicted fewer conduct problems in adulthood. Similarly, McCabe and Barnett (2000) found that children who are raised in a high-risk environment, but maintain positive expectations for the future, and engage in future planning, are less likely to experience psychological and social problems later in life. Providing early career intervention to at-risk youth may promote future orientation by increasing self-awareness (abilities, interests, and values) and vocational knowledge. With increased knowledge at the middle school level, at-risk students will be prepared to make more informed decisions when selecting the high school program most likely to help them meet their career goals (Legume & Hoare, 2004). Understanding how high school courses are integrated with potential work experiences may allow students to plan more realistic educational and career goals and, in turn, increase hopefulness.

Hope is a dynamic thought process that involves the perception that one's goals can be met. The components of hope, willpower (agency) and waypower (pathways), involve goal-directed determinism and planning of ways to meet goals (Snyder et al., 1991). According to Snyder's hope theory (1994), increased levels of hope may provide psychological benefits and low levels of hope may be related to psychological distress. High-hope individuals are able to overcome challenges and utilize more problem-solving coping strategies (Chang & Banks, 2007;

Edwards et al., 2007) while low-hope individuals goal directed thinking is more likely to be affected by these obstacles (Edwards et al. 2007).

The results of a research study conducted by Roesch et al. (2010), were consistent with those of Snyder (1994; Snyder et al., 1999). Roesch et al. (2010) found that ethnic minority adolescents, who were high in the pathways component of hope, used more overall coping strategies in dealing with daily stressors. The study also found that the pathways component of hope was significantly associated with direct problem solving, planning, positive thinking, the use of religion as a coping mechanism, and distracting actions (Roesch et al., 2010). Snyder (1994) suggests that individuals who have high hope in the pathways component are better able to generate multiple routes for goal attainment in the case that the target pathway is blocked.

Research conducted by Curry et al. (1997) found that hope significantly predicted semester grade averages and was correlated with academic achievement among athletes in a sample of student-athletes. Curry et al. (1997) also found that hope is a predictor of sport achievement. Dispositional state hope accounted for 56% of the variance in predicting sport achievement among college cross country runners. The results of studies conducted by Curry et al. (1997) demonstrate the benefits of hope in predicting academic and athletic performance.

Gilman et al. (2006) found that high-hope students had greater GPA's than low-hope students and reported higher personal adjustment and global life satisfaction. Snyder, Shorey, et al. (2002) found students' high-hope scale scores predicted higher GPA's and a greater likelihood of graduating from college. Contrary to this finding, low-hope scores predicted lower GPA's and a reduced chance of graduating. Research supports the idea that high-hope serves as a protective factor and a psychological strength for students. Providing interventions to at-risk

youth that promote hopeful thinking, may allow youth to more effectively cope with adverse circumstances when they occur.

The use of group counseling in K-12 schools is an efficient and effective way to provide interventions that address students' academic, career, personal, social, and emotional-developmental concerns. Providing a safe and supportive small-group environment may allow children to learn to express feelings and self-disclose, practice new ways of interacting with others, and appreciate that peers share many of their concerns (Corey, 2008). Peer relationships play a central role during adolescence and adolescents tend to be group oriented. They often find support in sharing concerns among themselves (Hagborg, 1991).

In group counseling, individuals learn how to build and sustain new relationships. Corey (2000) emphasizes that the effectiveness of using a group is the fact that group members can practice new skills within the group as well as in their interactions outside of it. Yalom (2005) stresses the importance of interpersonal learning in the group setting. This is where a group member may become aware of the strengths and limitations of their interactions with others. This awareness may come from the observation of other group members as well as from the feedback and insights of the counselor.

Group counseling has been shown to be effective when working with at-risk students (Zink & Littrell, 2000). Group counseling in the schools has helped improve the self-concept of children of alcoholics (Riddle et al., 1997), reduced acting out behaviors in at-risk inner-city elementary students (Brantley & Brantley, 1996), and improved students' sense of belonging and connectedness to the school (Bina, Finn & Sowle as cited in Coleman & Baskin, 2003). Research also indicates that when a student has participated in group counseling, they are more likely to use the school counselor or another adult as a source of support and are less likely to



drop out (Bauer et al., 2000). These findings suggest that the benefits and therapeutic outcomes of group counseling may be especially valuable to at-risk youth.

### *Review of Methods and Procedures*

This true experimental, pretest-posttest research study was conducted over a period of six weeks. All treatment and control group participants attended one 45-minute session at the commencement of the study in order to complete the demographic questionnaire and the pretest criterion instruments, and a second 45-minute session at the conclusion of the study to complete the posttest criterion instruments. Over the six-week period, research participants randomly assigned to the experimental group attended one 30-minute pre-intervention/informational session and received a small group counseling career intervention that included two 60-minute group counseling sessions per week, for a total of nine hours of group intervention. The control group did not receive the group counseling intervention.

Seventy-five potential research participants were randomly selected from a list of 8<sup>th</sup> grade students attending an urban middle school in Southeast Michigan. Each participant was randomly selected from a list of students who are considered to be at-risk based on the criteria specified in Section 31a of the Michigan State School Aide Act (State of Michigan, 2010). Of the seventy-five students randomly selected, forty-four permission slips were returned. Therefore, the sample size included forty-four eighth grade at-risk students. Of the forty-four randomly selected students, twenty-two students were randomly assigned to two groups, of eleven students each and received the small group counseling career intervention. Twenty-two, eighth grade students, randomly selected to participate in the research study were assigned to the control group and received no intervention. The age of the participants ranged from 13-15. Approximately, 73% of the group members were African American, approximately 14%

reported Caucasian, and approximately 14% indicated other on the demographic form. The sample consisted of almost 41% male group members and approximately 59% female group members.

The Demographic Questionnaire (Macey, 2010) was used to describe the personal characteristics of the research participants. The Children's Hope Scale (CHS, Snyder, 1994) was used to measure the dependent variables, total hope, willpower (agency), and waypower (pathways). The What Am I Like? (WAIL, Steinberg et al., 2009) self-report instrument was used to measure the dependent variable, future orientation.

#### *Restatement of the Research Questions and Associated Hypotheses*

This study addressed the following four research questions: (1) Is there a significant difference in levels of total hope as measured by the criterion instrument, Children's Hope Scale (CHS, Snyder, 1994), at posttest between at-risk students who participate in a small group counseling career intervention and those assigned to a control group?; (2) Is there a significant difference in levels of willpower (agency) as measured by the criterion instrument, Children's Hope Scale (CHS, Snyder, 1994), at posttest between at-risk students who participate in a small group counseling career intervention and those assigned to a control group?; (3) Is there a significant difference in levels of waypower (pathways) as measured by the criterion instrument, Children's Hope Scale (CHS, Snyder, 1994), at posttest between at-risk students who participate in a small group counseling career intervention and those assigned to a control group?; and (4) Is there a significant difference in levels of future orientation as measured by the criterion instrument, What Am I Like? (WAIL, Steinberg et al., 2009) at posttest between at-risk students who participate in a small group counseling career intervention and those assigned to a control group? Each statistical hypothesis and

corresponding research question was tested using inferential statistical analyses. Decisions on the statistical significance of the findings were made using an alpha level of .05.

The four statistical hypotheses for this research were:

H<sub>01</sub>: There will be no difference in mean scores on total hope between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group.

H<sub>02</sub>: There will be no difference in mean scores on willpower (agency) between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group.

H<sub>03</sub>: There will be no difference in mean scores on waypower (pathways) between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group.

H<sub>04</sub>: There will be no difference in mean scores on future orientation between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group.

### *Summary of Findings*

Cross-tabulation procedures were used to describe the demographic data of participants prior to random assignment and treatment intervention. This study included 44 eighth grade at-risk middle school students. Twenty-two students were randomly assigned to the treatment group and received a small group counseling career intervention. These twenty-two students

were divided into two groups of eleven group members. Twenty-two students were also randomly assigned to a control group and received no treatment.

To test the assumption of equality between the experimental group and control group prior to treatment, a *t*-test for independent samples was conducted on the pretest scores of the dependent variables, total hope, willpower, waypower, as measured by the Children's Hope Scale (Snyder, 1994) and future orientation, as measured by the What Am I Like? (Steinberg et al., 2009) self-report measure. Pretest mean scores did not differ statistically between participants in the control group and the experimental group on any of the dependent variables. Consequently, equal variance was assumed and baseline equality between the two groups for the dependent variable was established.

Data were examined to determine the outcome effects of participation in a small group counseling career intervention on at-risk middle school students. Statistical analyses were conducted using *IBM-SPSS Statistical Program for Windows*, Version 19.0 (IBM Corporation, 2010) and all decisions on the results were made using an alpha level of .05.

The first null hypothesis stated there would be no statistically significant difference in mean scores on total hope between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group. Null Hypothesis #1 was tested using a Univariate Analysis of Covariance (ANCOVA) with group membership as the fixed independent variable and compared posttest scores with pretest scores as covariates. Mean scores were compared to determine if statistically significant differences in levels of total hope existed between the experimental and control group after the experimental group received nine hours of treatment intervention over a six-week period. The results of the ANCOVA between the experimental and control group were found to be

statistically significant ( $F=8.109$ ,  $df=1,43$ ,  $p=.007$ ). Therefore, Null Hypothesis #1 was rejected and the alternative hypothesis was retained.

Null Hypothesis 2 stated there would be no statistically significant difference in mean scores on willpower (agency) between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group. Null hypothesis #2 was tested using a Univariate Analysis of Covariance (ANCOVA) with group membership as the fixed independent variable and compared posttest scores with pretest scores as covariates. Mean scores were compared to determine if statistically significant differences in levels of willpower (agency) existed between the experimental and control group after the experimental group received nine hours of treatment intervention over a six-week period. The results of the ANCOVA between the experimental and control group were found to be statistically significant ( $F=7.740$ ,  $df=1,43$ ,  $p=.008$ ). Therefore, Null Hypothesis #2 was rejected and the alternative hypothesis was retained.

Null Hypothesis 3 stated there would be no statistically significant difference in mean scores on waypower (pathways) between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group. Null hypothesis #3 was tested using a Univariate Analysis of Covariance (ANCOVA) with group membership as the fixed independent variable and compared posttest scores with pretest scores as covariates. Mean scores were compared to determine if statistically significant differences in levels of waypower (pathways) existed between the experimental and control group after the experimental group received nine hours of treatment intervention over a six-week period. The results of the ANCOVA between the experimental and control group were

not found to be statistically significant ( $F=3.177$ ,  $df=1,43$ ,  $p=.082$ ). Therefore, Null Hypothesis #3 is retained.

Null hypothesis 4 stated there would be no statistically significant difference in mean scores on future orientation between at-risk middle school students participating in a small group counseling career intervention and at-risk middle school students assigned to a control group. Null hypothesis #4 was tested using a Univariate Analysis of Covariance (ANCOVA) with group membership as the fixed independent variable and compared posttest scores with pretest scores as covariates. Mean scores were compared to determine if statistically significant differences in levels of future orientation existed between the experimental and control group after the experimental group received nine hours of treatment intervention over a six-week period. The results of the ANCOVA between the experimental and control group were not found to be statistically significant ( $F=2.226$ ,  $df=1,43$ ,  $p=.143$ ). Therefore, Null Hypothesis #4 is retained.

### *Discussion of Findings*

In the present research study, the effects of a small group counseling career intervention on levels of total hope, willpower (agency), waypower (pathways), and future orientation in at-risk middle school students were explored. Prior to the initiation of the research study, it was predicted that the at-risk middle school students who received the small group counseling career intervention would see significantly greater increases in the dependent variables of total hope, willpower (agency), waypower (pathways), and future orientation compared to those students who were assigned to a control group. The results of the statistical analyses on the dependent variables, total hope and willpower (agency), support the research hypothesis. The

results of the statistical analyses on the dependent variables of waypower (pathways) and future orientation did not support the research hypothesis.

On the dependent variables, total hope and willpower (agency), (statistical hypotheses #1 and #2), statistically significant differences were found in the experimental group. As a result of the statistical significance, Null Hypothesis #1 and Null Hypothesis #2 were rejected and the research hypothesis was supported. On the dependent variables, waypower (pathways) and future orientation, no statistically significant differences were found. As a result of a lack of statistical significance, this study failed to reject Null Hypothesis #3 and Null Hypothesis #4. The dependent variable of total hope comprises the combination of the two components willpower (agency) and waypower (pathways). Willpower (agency) is the determination that people hold that helps them move in the direction of the goal they are trying to attain (Snyder, 1994). Waypower (pathways) is the mental plan or road map that people create to reach their goals (Snyder, 1994). Future orientation is a person's ability to imagine their future life circumstances or the extent to which one thinks about or considers the future (Steingberg et al., 2009).

The results of this research study suggest that the small group counseling career intervention used in this study increased the levels of total hope and willpower (agency) in a group of at-risk middle school students. This supports prior research, indicating that group counseling may be an effective school-based intervention, especially with those students considered, at-risk (Bland et al., 1986; Campbell & Myrick, 1990; Myrick & Dixon, 1985; Prout, 1986). The results also maintain the position of the American School Counseling Association (2010) which states that group counseling, is an efficient, effective and positive way of dealing with students' academic, career, and personal/social/emotional developmental

issues and situational concerns (p.24). In addition to the data, qualitative observations also support the ASCA position. Throughout the course of the group counseling intervention, students actively participated in self-disclosure and developing supportive relationships. For example, during a session, a group member disclosed that the previous evening her father had physically abused her. Because of this action toward her, she called the police and subsequently, her father was arrested and placed in jail. After disclosing this sensitive information to the group, other group members came forward to share their experiences of abuse. This interaction demonstrated the power of Yalom's (2005) therapeutic factor, universality.

The findings of this research may also support and extend upon the findings of Robitschek (1996). Robitschek (1996) included an adventure challenge program and experiential activities into a summer vocational program for at-risk youth. Prior to, and after completion of the adventure program component, participants completed Snyder's (1994) Children's Hope Scale. Increases were seen from pretest to posttest in both willpower (agency) and waypower (pathways). The results of the current study found statistically significant increases ( $p=.008$ ) on at-risk middle school students' levels of willpower (agency) at posttest and close to significant results ( $p=.082$ ) on levels of waypower (pathways), supporting the findings of Robitschek (1996). Similarly, a significant portion of the treatment intervention of the current study was dedicated to adventure-based and experiential activities. A limitation of Robitschek's (1996) study was the absence of a control group. The current study extends upon the research conducted by Robitschek (1996) by using a true experimental, randomized, pretest-posttest control group design.



In examining the findings of this research, it is important to reflect on potential reasons for the lack of statistically significant differences for the dependent variables of waypower (pathways) and future orientation. One potential reason for lack of significant findings for waypower may be that the at-risk children in this study require a longer or more intensive intervention to have significant gains due to the repeated stress that these youth are exposed to on a daily basis. Snyder (2000) indicates that children build waypower through dealing with a healthy amount of frustration. This may help children learn to deal with barriers and impediments to goals. However, too much stress or unending stress can create low waypower because children tend to cease effort when immediate rewards are not present or positive feedback does not occur.

The lack of statistically significant differences for future orientation may also be attributed to a need for a longer or more intensive intervention due to the developmental age and brain maturity of the research participants. Adolescents are less oriented to the future than adults due to brain development. The frontal lobe of the brain, the area responsible for foresight and planning, tends to mature in the early 20s. Foresight and planning are essential components of future orientation.

The non-statistically significant differences for the variables of waypower (pathways) and future orientation may also be attributed to the small sample size. With  $p = .082$  ( $\alpha = .05$ ) for waypower and  $p = .143$  ( $\alpha = .05$ ) for future orientation, it is observed that there were close to statistically significant findings for both variables. One may posit that had there been more research participants; there may have been statistically significant findings for the variables of waypower (pathways) and future orientation.

In each group session, students had the opportunity to engage in experiential/adventure-based exercises that encouraged team work, cooperative learning, and communication. During these activities group members struggled with working as a group to complete a task, wrestled with limited frustration tolerance, and wanting to give-up before a task was completed. At each of these road blocks, the group processed what was happening and collectively problem-solved in order to successfully complete the challenge. At the final group session, most group members expressed that the experiential activities were the activities they most enjoyed. These experiential opportunities allowed group members to cope with stress and learn new ways of communicating and cooperating with others.

Experimental group participants also participated in several interventions designed to heighten occupational literacy through discussions about the world of work and how it is organized. For example students were given a generic job application and asked to complete it. Most students expressed feeling like they did not have enough experience or schooling to complete the job application. The group leader encouraged students to examine their current life roles (i.e. son/daughter, friend, sibling, sports team member, babysitter, etc.) and think about how those roles may influence careers. Students also had the opportunity to find careers that matched their interests through the use of experiential activities that allowed students to determine their Holland code. Once students derived their personal Holland code, they were provided a list of occupations that matched their code along with the education level required to do the job/s. The group participants expressed much interest in searching for occupations that matched their code and many group participants conducted additional research outside of the group sessions to find occupations that they may be interested in pursuing.

Group discussions also focused on group members identifying futures that they wanted and futures that they hoped to avoid. It was significant to note that many group members expressed a strong desire for higher education and also conveyed that one of their greatest fears was to become incarcerated. These findings inspired a group discussion regarding how focusing on education may help a person to avoid being incarcerated. Various activities exploring how students' values, interests, and abilities interact with their career decision making were also used.

According to Snyder's (1994) hope theory, hope and its components are directly linked to goal-setting. The results of this study suggest that a small group counseling career intervention enhanced hopeful and goal-directed thinking along with a sense of goal-directed determination in a group of at-risk middle school students. Snyder (1994) (as cited in Roesch et al., 2010) indicates "that hope is most important for those who live in unpredictable, uncontrollable circumstances, such as minority adolescents living in urban environments" (p. 191). The findings of the current study contribute to the existing research on interventions that may prove effective in maximizing hope in at-risk youth.

Pyle (2007) communicates the lack of research and literature exploring the use of group counseling for enhancing career development. Pyle (2007) also indicates that the term "Group Career Counseling" is not found in the last 15 years of *The Journal for Specialists in Group Work*. The current research study extends knowledge to the field by using group therapy as a medium to deliver career counseling to students.

Verbal feedback from group members in the experimental group was positive. Group members expressed pleasure in the group activities, especially those that allowed the group

members to be active and provided opportunities for movement. Group members also expressed gratification when able to complete a group challenge, and enjoyed opportunities to share about their lives and learn about the lives of other group members. An observed effect of this intervention was powerful group bonding and the strong show of emotional support for each other during the sessions.

#### *Limitations and Recommendations for Future Research*

There are several limitations to be considered when interpreting the results of this research study. One of the limitations to the study was a small sample size (N=44). Consequently, the ability to generalize the outcome to other populations is limited. The primary barrier in obtaining a larger sample size was due to the necessity of obtaining parental permission/research informed consent from parents of those students randomly selected. Many students expressed interest, but failed to return the document. The sample size was also limited because of the need to keep the groups to a limited number of students. Yalom (2005) suggests the ideal size of a therapy group is approximately seven or eight, with an acceptable range of five to ten (p. 276). Myrick (1993) observed that if the size of a counseling group goes above 10 members, the counseling process may be negatively impacted. In the current study, each group that received the group counseling career intervention comprised eleven students. This may have impacted the results of the study.

Competing interests in the school may have also proved to be a limitation of the study. There were several situations where teachers tried to forbid a group member from attending a group session as punishment for not completing classroom assignments. This caused group members, on occasion to be late for, or entirely miss the group session. The absence of group members and group members arriving late to sessions is disruptive to the group process.

Another possible limitation to the study was the short time frame (bi-weekly x six weeks). Although a longer duration is desirable, running groups in the school setting is difficult because of the concern of students missing academic classes.

Further research may benefit from using a larger sample by conducting several small groups over a longer duration (i.e. the course of an entire school year). In order to avoid complications with students being forbidden to attend group sessions, professional cooperative guidelines should be established between the researchers/counseling staff and teachers, prior to the study. Obtaining strong administrative support for the research study may also help students to attend the group counseling sessions as scheduled.

Selection of the most appropriate criterion instruments for the sample is essential. Many students expressed confusion when completing the What Am I Like? (Steinberg et al., 2009) self-report form. Even though the researcher gave detailed instruction and explanation, some students filled out the form incorrectly and had to redo the assessment. This may have impacted the results of the study.

### *Summary*

At-risk youth experience numerous environmental stressors that may make them more likely to experience academic problems such as dropping out of high school, more prone to behavior problems that may lead to excessive school disciplinary actions or involvement with the juvenile justice system, as well as increase the probability that they will engage in high-risk behaviors such as alcohol/drug use (Hickman & Wright, 2011; Schargel & Smink, 2001). As enduring barriers to personal and academic success is commonplace for at-risk youth, it is critical to find hope maximizing interventions that will also encourage future-minded thinking

so that at-risk youth may learn to set realistic and reachable goals, find ways to achieve what they want, and discover ways to overcome obstacles in their paths. .

One has to be careful while interpreting the results and generalizing the findings of this study to other populations and geographical locations. As recommended, a larger sample size using multiple small groups throughout the school year should be addressed in future research to determine efficacy for the use of a small group counseling career intervention on the levels of total hope, willpower (agency), waypower (pathways) and future orientation on at-risk middle school students. The results of this research revealed statistically significant differences between the experimental and control group, on the dependent variables of total hope and willpower (agency); therefore, further research is warranted. Despite the lack of statistical findings on the dependent variables of waypower (pathways) and future orientation, further research designed to specifically address these constructs may be beneficial to at-risk youth

**APPENDIX A**

**Correspondence**

JASON RIGGS, Principal

RUSSELL JUSTICE, Assistant Principal

**John D. Pierce Middle School**

SOUTH REDFORD SCHOOL DISTRICT

25605 ORANGELAWN AVENUE  
REDFORD, MICHIGAN 48239

(313) 937-8880

December 17, 2010

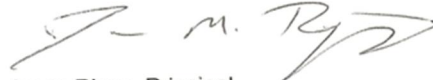
In regards to: Letter of Support

Amy K. Macey  
1321 Yorkshire  
Grosse Pointe Park  
Michigan, 48230

Dear Amy K. Macey:

Please accept this letter as written approval to conduct your research and group counseling sessions at Pierce Middle School. I am aware that this is an experimental research study that is being conducted in partial fulfillment of requirements for the degree of Doctor of Philosophy in Counselor Education at Wayne State University.

Sincerely,



Jason Riggs, Principal

## APPENDIX B

## HIC Approval Form

WAYNE STATE  
UNIVERSITY

HUMAN INVESTIGATION COMMITTEE  
87 East Canfield, Second Floor  
Detroit, Michigan 48201  
Phone: (313) 577-1628  
FAX: (313) 993-7122  
<http://hic.wayne.edu>



## NOTICE OF FULL BOARD APPROVAL

To: Amy Macey  
Theoretical & Behavior Foundations  
5425 Gullen Mall

From: Dr. Scott Millis or designee S. Millis Ph.D / LA  
Chairperson, Behavioral Institutional Review Board (B3)

Date: March 17, 2011

RE: HIC #: 013411B3F  
Protocol Title: The Effects of a Group Counseling Career Intervention on the Hopefulness and Future Orientation of At-Risk Middle School Students

Sponsor:  
Protocol #: 1101009260

Expiration Date: March 16, 2012

Risk Level / Category: 45 CFR 46.404 - Research not involving greater than minimal risk

The above-referenced protocol and items listed below (if applicable) were **APPROVED** following *Full Board Review* by the Wayne State University Institutional Review Board (B3) for the period of 03/17/2011 through 03/16/2012. This approval does not replace any departmental or other approvals that may be required.

- Protocol Summary Form, revised 3-1-11.
- Revised Letter of Support from John D. Pierce Middle School, dated 2-24-11.
- Letter of Support, dated 2-28-11, from At-Risk Social Worker, Pierce Middle School.
- Other Verbatim Dialogue of phone call to introduce study.
- Pierce Middle School Parental Permission/Research Informed Consent, dated 2-27-11.
- Behavioral Documentation of Adolescent Assent Form, (ages 13-17), dated 2-26-11.
- Protocol, revised 3-2-11.

- Federal regulations require that all research be reviewed at least annually. You may receive a "Continuation Renewal Reminder" approximately two months prior to the expiration date; however, it is the Principal Investigator's responsibility to obtain review and continued approval **before** the expiration date. Data collected during a period of lapsed approval is unapproved research and can never be reported or published as research data.
- All changes or amendments to the above-referenced protocol require review and approval by the HIC **BEFORE** implementation.
- Adverse Reactions/Unexpected Events (AR/UE) must be submitted on the appropriate form within the timeframe specified in the HIC Policy (<http://www.hic.wayne.edu/hicpol.html>).

## NOTE:

1. Upon notification of an impending regulatory site visit, hold notification, and/or external audit the HIC office must be contacted immediately.
2. Forms should be downloaded from the HIC website at each use.



## APPENDIX C

### Behavioral Assent Document

Behavioral Documentation of Adolescent Assent Form  
(Ages 13-17)

Title: Effects of a Group Counseling Career Intervention on the Hopefulness and Future Orientation of At-Risk Middle School Students

**Study Investigator: Amy K. Macey, Ph.D. (candidate), LPC, SCL**

#### **Why am I here?**

This is a research study. Only people who choose to take part are included in research studies. You are being asked to take part in this study because your name was randomly selected from a list of students who are identified as an "at-risk pupil" under Section 31a of the Michigan State School Aid Act. An "at-risk pupil" means a student who did not achieve at least a score of level 2 on the most recent MEAP English language arts, mathematics, or science test. "At-risk pupil" also includes students who meet at least 2 of the following criteria: is a victim of child abuse or neglect; is below grade level in English language and communication skills or mathematics; is a pregnant teenager or teenage parent; is eligible for a federal free or reduced-price lunch subsidy; has atypical behavior or attendance patterns; or has a family history of school failure, incarceration, or substance abuse. The number of individuals expected to participate in this research study is seventy-five students. If you have questions about what factors allow you to be considered an "at-risk pupil" please feel free to contact Amy Macey at 586-770-8167 or schedule a meeting with your school counselor. Please take time to make your decision. Talk to your family about it and be sure to ask questions about anything you don't understand.

#### **Why are they doing this study?**

This study is being done to find out if participating in a small group counseling career program will increase students' ability to set goals, find the motivation to achieve those goals, and develop a plan or route toward goals. The study is also being done to find out if a small group counseling career program will increase the amount students think about or considers the future.

#### **What will happen to me?**

- You will be asked to complete a child information sheet that will ask for such information as your name, age, grade, and race/ethnicity, along with two additional questionnaires. You will also be randomly assigned to one of two groups of students. Students who are randomly assigned to Group #1 will receive a small group counseling career intervention. Those students who are randomly assigned to Group #2 will be part of a control group that will not receive the small group counseling intervention.
- If you are in Group #1, you will attend two, forty-five minute sessions where you will be asked to complete an information sheet and two additional questionnaires. These forms will be completed once at the beginning of the study and then again six weeks later at the end of

the study. The information that you will be asked to provide on the child information sheet includes your name, age, grade, and race/ethnicity. You will also be asked to complete two questionnaires. The first questionnaire will ask you questions about how well you think you are doing in your life, and ask you to rate yourself on how well you feel you can solve problems or get the things you want. The second questionnaire will ask you questions about how you think of the future and make decisions. If you are randomly assigned to Group #1, you will also receive a small group counseling career intervention where you will attend one, thirty-minute informational session to discuss future group session meeting times, dates, and location. You will also participate in nine small group counseling sessions. These group counseling sessions will involve discussing the world of work, learning about the stages of career decision-making, and learn about career information services. As a part of this group, you will have the opportunity to engage in team-building and role playing activities, as well as explore how your values, interests, and abilities interact with career decision making. The group counseling sessions will be held at your Childs school during the school day two times per week. Each group session will last for 60 minutes.

- If you are in Group #2, you will attend two, forty-five minute sessions where you will be asked to complete an information sheet and two additional questionnaires. These forms will be completed once at the beginning of the study and then again six weeks later at the end of the study. The information that you will be asked to provide on the child information sheet includes your name, age, grade, and race/ethnicity. You will also be asked to complete two questionnaires. The first questionnaire will ask you questions about how well you think you are doing in your life, and ask you to rate yourself on how well you feel you can solve problems or get the things you want. The second questionnaire will ask you questions about how you think of the future and make decisions. If you are randomly assigned to Group #2, you will not receive the small group counseling career intervention during the duration of the research study. After the research study is completed, you will have the opportunity to receive the group counseling sessions.
- All group sessions will be held during the school day at your Childs school. In order to minimize the class time that you miss from any one subject, the group session times will be rotated so you only miss the majority of your classes one time and two of your classes twice. Arrangements will be made so that when you miss a class in order to attend group, you will be able to check in with your teacher to get work that you missed and turn in any assignments that are due that day.

### **How long will I be in the study?**

You will be in the study for six weeks.

### **Will the study help me?**

- You may benefit from being in this study by learning about potential careers and the world of work, as well as gaining a better understanding of how your current situation can affect your future career goals. An indirect benefit may be improved communication and/or social skills. Information gained from this study may help other people in the

future because it will provide information on how students respond to small group counseling and career counseling with regards to being able to set realistic and reachable goals and think about the future. This information may also assist schools in deciding on what programs to use to help students.ö

**Will anything bad happen to me?**

If you choose to participate in the small group counseling career program you will be asked to attend nine group sessions with ten to twelve of your peers. Due to being in a group of your peers, there is always the chance that you may experience uncomfortable emotions such as being nervous, anxious, or embarrassed. Every attempt will be made to make sure that the group sessions are conducted in a warm and welcoming atmosphere, where all group members are respected and the importance of keeping the information shared in group confidential is stressed.

**What other options are there?**

The only other option is to choose not to participate in this voluntary research study. If you choose not to participate, your choice will be respected and there will be no negative consequence.

**Do my parents or guardians know about this? (If applicable)**

This study information has been given to your parents/guardian. They were asked to sign a permission slip/consent form and mail it to me, the Principal Investigator, if they approved of your being in this research study. Because I have received a written notice from your parents/guardian, you have permission to participate. You can talk this over with them before you decide.

**What about confidentiality?**

Every reasonable effort will be made to keep your information confidential.

We will keep your records private unless we are required by law to share any information. The law says we have to tell someone if you might hurt yourself or someone else.

Information must be released and/or reported to the appropriate authorities if at any time during the study there is concern that child abuse or neglect has possibly occurred or if information about possible child abuse or neglect is revealed through one of the counseling sessions.

**What if I have any questions?**

For questions about the study please call Amy K. Macey at 586-770-8167. If you have questions or concerns about your rights as a research participant, the Chair of the Human Investigation Committee can be contacted at (313) 577-1628.

**Do I have to be in the study?**

You don't have to be in this study if you don't want to or you can stop being in the study at any time. Please discuss your decision with your parents and researcher. No one will be angry if you decide to stop being in the study.

**AGREEMENT TO BE IN THE STUDY**

Your signature below means that you have read the above information about the study and have had a chance to ask questions to help you understand what you will do in this study. Your signature also means that you have been told that you can change your mind later and withdraw if you want to. By signing this assent form you are not giving up any of your legal rights. You will be given a copy of this form.

---

 Signature of Participant (13 yrs. & older)

---

 Date

---

 Printed name of Participant (13 yrs. & older)

---

 \*\*Signature of Witness (When applicable)

---

 Date

---

 Printed Name of Witness

---

 Signature of Person who explained this form

---

 Date

---

 Printed Name of Person who explained form

\*\* Use when participant has had consent form read to them (i.e., illiterate, legally blind, translated into foreign language).

### Parental Permission/Research Informed Consent

Title of Study: Effects of a Group Counseling Career Intervention on the Hopefulness and Future Orientation of At-Risk Middle School Students

#### Purpose:

You are being asked to allow your child to be in a research study at their school that is being conducted by Amy K. Macey, M.A., LPC, SCL from Wayne State University to study the effects of a small group counseling career intervention on the hope and future orientation of students in middle school. The aim of the study is to examine if a small group counseling intervention focused on career development will increase students' ability to set realistic and reachable goals, gain motivation to achieve those goals, as well as create a route or path to reach goals. The study also aims to increase the extent to which students think about or consider the future. Your child has been selected because he /she was randomly selected from a list of students who are identified as an "at-risk pupil" under Section 31a of the Michigan State School Aid Act. This legislation states that a student is considered an "at-risk pupil" if they meet certain criteria. As used in this Section 31 A, "at-risk pupil" means a pupil for whom the district has documentation that the pupil did not achieve at least a score of level 2 on the most recent MEAP English language arts, mathematics, or science test for which results for the pupil have been received. "At-risk pupil" also includes students who meet at least 2 of the following criteria: is a victim of child abuse or neglect; is below grade level in English language and communication skills or mathematics; is a pregnant teenager or teenage parent; is eligible for a federal free or reduced-price lunch subsidy; has atypical behavior or attendance patterns; or has a family history of school failure, incarceration, or substance abuse. If you would like a detailed explanation regarding the factors that allow your child to be considered an "at-risk pupil" please feel free to contact Amy Macey at 586-770-8167.

#### Study Procedures:

If you decide to allow your child to take part in the study, your child will be asked to

- Complete a child information sheet that will ask for such information as your Child's name, age, grade, and race/ethnicity, along with two additional questionnaires. Your child will also be randomly assigned to one of two groups of students. Students who are randomly assigned to Group #1 will receive a small group counseling career intervention. Those students who are randomly assigned to Group #2 will be part of a control group that will not receive the small group counseling intervention, but will be provided the opportunity to receive this intervention upon completion of the research study. The expected number of research participants is approximately seventy-five students.
- If your child is in Group #1, he/she will attend two, forty-five minute sessions where he/she will be asked to complete a child information sheet and two additional questionnaires. These forms will be completed once at the beginning of the study and then again six weeks later at the end of the study. As discussed above, the information that your child will be asked to provide on the child information sheet includes his/her name, age, grade, and race/ethnicity. Your child will also be asked to complete two questionnaires. The first questionnaire will ask

about how well your child thinks he/she is doing in life, and will ask your child to rate himself/herself on how well he/she feels he/she can solve problems or get the things he/she wants. The second questionnaire will ask questions about how your child thinks of the future and makes decisions. Students randomly assigned to Group #1 will also receive a small group counseling career intervention that will require students to attend one, thirty-minute informational session to discuss future group session meeting times, dates, and location and nine small group counseling sessions. The nine group counseling sessions will involve discussing the world of work, learning about the stages of career decision-making, and learn about career information services. Group members will engage in team-building and role playing activities, as well as explore how the students' values, interests, and abilities interact with his/her career decision making. The group counseling sessions will be held at your son/daughter's school during the school day two times per week. Each group session will last for 60 minutes.

- If your child is in Group #2 he/she will attend two, forty-five minute sessions where he/she will be asked to complete a child information sheet and two additional questionnaires. These forms will be completed once at the beginning of the study and then again six weeks later at the end of the study. As discussed above, the information that your child will be asked to provide on the child information sheet includes his/her name, age, grade, and race/ethnicity. Your child will also be asked to complete two questionnaires. The first questionnaire will ask about how well your child thinks he/she is doing in life, and will ask your child to rate himself/herself on how well he/she feels he/she can solve problems or get the things he/she wants. The second questionnaire will ask questions about how your child thinks of the future and makes decisions. Students randomly assigned to Group #2 will not receive the small group counseling career intervention during the duration of the research study, but will have an opportunity to receive the intervention after the research study is completed.
- All sessions will be held during the school day at your son/daughter's school. In order to minimize the class time that a student misses from any one subject, the group session times are rotated so students only miss five of their classes one time and two of their classes twice. For example, the students at your son/daughter's school have seven class periods per day. The first group counseling session would be held during first hour, the second session would be held during second hour, the third session would be held during third hour, etc. Due to there being a total of nine group counseling sessions and only seven class periods, students will miss their first and second period class two times. This has been specifically arranged so that the classes they will miss twice are their non-academic or elective classes. Arrangements will be made so that the students who miss class in order to attend group may check in with his/her teacher to get missed work and turn in any assignments that are due that day.
- Copies of the materials (questionnaires, information forms, and the group session information) will be available for your review. Please contact Amy K. Macey at 586-770-8167.

**Benefits:**

- The possible benefits to your child for taking part in this study are learning about potential careers and the world of work, as well as gaining a better understanding of how his/her current situation can affect future career goals. An indirect benefit may be improved communication, coping and social skills. Information gained from this study may help other people in the future by providing information on how students respond to small group counseling and career counseling with regards to being able to set realistic and reachable goals and think about the future. This information may also assist schools in deciding on what programs to use to help students. Additionally, information from this study may benefit other people now or in the future.

### **Risks:**

By taking part in this study, your child may experience the following risks:

- Your child may participate in nine small group counseling sessions with ten to twelve of his/her peers. Due to being in a group of peers, there is always the chance that he/she may experience uncomfortable emotions such as being nervous, anxious, or embarrassed. Every attempt will be made to make sure that the group sessions are conducted in a warm and welcoming atmosphere, where all group members are respected and the importance of keeping the information shared in group confidential, is stressed. Your child will be allowed to withdraw from the research study at any time without any negative consequence.

The following information must be released/reported to the appropriate authorities if at any time during the study there is concern that one of the below situations has occurred or information regarding the following situations are revealed through one of the counseling sessions :

- Child abuse or neglect has possibly occurred
- A child indicates that he/she might hurt himself/herself or someone else.

There may also be risks involved from taking part in this study that are not known to researchers at this time.

### **Costs**

There are no costs to you or your child to participate in this study.

### **Compensation:**

- You or your child will not be paid for taking part in this study.

### **Confidentiality:**

All information collected about your child during the course of this study will be kept confidential to the extent permitted by law.



- Your child will be identified in the research records by a code name or number. Information that identifies your child personally will not be released without your written permission. However, the study sponsor (if applicable), the Human Investigation Committee (HIC) at Wayne State University or federal agencies with appropriate regulatory oversight (Office for Human Research Protections [OHRP], Office of Civil Rights [OCR], etc.), may review your child's records.

### **Voluntary Participation /Withdrawal:**

Your child's participation in this study is voluntary. You may decide that your child can take part in this study and then change your mind. You are free to withdraw your child at any time. Your decision about enrolling your child in the study will not change any present or future relationships with Wayne State University or its affiliates, your child's school, your child's teacher, your child's grades or other services you or your child are entitled to receive.

### **Questions:**

If you have any questions about this study now or in the future, you may contact Amy K. Macey or one of her research team members at the following phone number 586-770-8167. If you have questions or concerns about your rights as a research participant, the Chair of the Human Investigation Committee can be contacted at (313) 577-1628. If you are unable to contact the research staff, or if you want to talk to someone other than the research staff, you may also call (313) 577-1628 to ask questions or voice concerns or complaints.

### **Consent to Participate in a Research Study:**

To voluntarily agree to have your child take part in this study, you must sign on the line below. If you choose to have your child take part in this study, you may withdraw them at any time. You are not giving up any of your or your child's legal rights by signing this form. Your signature below indicates that you have read, or had read to you, this entire consent form, including the risks and benefits, and have had all of your questions answered. You will be given a copy of this consent form.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Parent/ Legally Authorized Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent Authorized Guardian

\_\_\_\_\_  
Time

\_\_\_\_\_  
\*Signature of Parent/ Legally Authorized Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent Authorized Guardian

\_\_\_\_\_  
Time



\_\_\_\_\_  
 \*\*Signature of Witness (When applicable)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Witness

\_\_\_\_\_  
 Time

\_\_\_\_\_  
 Oral Assent (children age 7-12) obtained by

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Person Obtaining Consent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Person Obtaining Consent

\_\_\_\_\_  
 Time

\* Both parent's signatures should be obtained however both are **required** for level 3 studies

\*\* Use when parent/guardian has had consent form read to them (i.e., illiterate, legally blind, translated into foreign language).

## APPENDIX D

### Verbatim Dialogue for Phone Contact to Parents/Guardians

The following dialogue will be used to introduce the research study to the parents/guardians of potential research participants. The rationale for the phone contact is to make a personal connection with the parents/guardians so that they may feel comfortable asking questions regarding study procedures and about the criteria that allows their child to be considered ðat-riskö. Any time a label or designation is used to refer to a group of individuals, it is important to approach the conversation with much sensitivity and encourage any questions that the parent/guardian may have.

The following dialogue will be used:

Hello Mr., Mrs., Ms. \_\_\_\_\_

My name is Amy Macey and I would like the opportunity to speak with you today regarding a research study that I am conducting at your Childs school. Your child, \_\_\_\_\_, was randomly selected to be a participant in this research study so you will be receiving a Parental Permission Form in the mail asking for your consent to allow \_\_\_\_\_to be enrolled in the research study. He/she was one of seventy-five students randomly selected from a list of approximately 200 ðat-riskö students at the school. The designation ðat-riskö is determined by the Michigan Department of Education. According to Section 31a of the State School Aid Act legislation, a student is considered an ðat-risk pupilö if he/she demonstrates low achievement on MEAP tests in mathematics, reading or science; or affirm he presence of two or more of the following identified risk factors: 1) are a victim of child/abuse or neglect 2) are below grade level in English language communication or math 3) are a pregnant teen or teen parent 4) eligible for free and reduced lunch, 5) have atypical behavior or attendance and 6) have a family history of school failure, incarceration, or substance abuse. Do you have any questions regarding why your child is designated as an ðat-risk pupilö?

The title of the study is: The Effects of a Group Counseling Career Intervention on the Hopefulness and Future Orientation of At-Risk Middle School Students. The goal of the study is to help students who are considered an ðat-risk pupilö increase motivation that will help him/her to work towards goals and help these students plan a path to reach their goals. The study will also assess the ability of the ðat-riskö students to imagine one's future life circumstances. Your child will either be assigned to a group that will receive a small group counseling career intervention that is designed to emphasize hope and goal setting or he/she will be assigned to a control group that will not receive the small group counseling intervention. Students in both

groups will be asked to complete a child information sheet and two questionnaires. If your child is assigned to the control group, he/she will be provided an opportunity to receive the intervention once the study is completed.

As I mentioned earlier, you will be receiving a Parental Permission/Research Informed Consent document in the mail that will discuss all the details of the study. If you would like your child to participate in the study, please sign the form and return it in the self-addressed, stamped envelope provided. Are there any other questions that I may answer at this time?

Thank you for your time.

## APPENDIX E

### Criterion Instruments

#### *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, and think about how you are in most situations. Place a mark inside the circle that describes *you* the best. For example, place a mark 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. There are no right or wrong answers.

1. *I think I am doing pretty well.*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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

*What Am I Like?*

	<b>Really True for Me</b>	<b>Sort of True for Me</b>				<b>Sort of True for Me</b>	<b>Really True for Me</b>
1	<input type="checkbox"/>	<input type="checkbox"/>	Some people like to plan things out one step at a time	BUT	Other people like to jump right into things without planning them out beforehand	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	Some people spend very little time thinking about how things might be in the future	BUT	Other people spend a lot of time thinking about how things might be in the future	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	Some people like to think about all of the possible good and bad things that can happen before making a decision	BUT	Other people don't think it's necessary to think about every little possibility before making a decision	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	Some people usually think about the consequences before they do something	BUT	Other people just act-they don't waste time thinking about the consequences	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	Some people would rather be happy today than take their chances on what might happen in the future	BUT	Other people will give up their happiness now so that they can get what they want in the future	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	Some people are always making lists of things to do	BUT	Other people find making lists of things to do a waste of time	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	Some people make decisions and then act without making a plan	BUT	Other people usually make plans before going ahead with their decisions	<input type="checkbox"/>	<input type="checkbox"/>

8	<input type="checkbox"/>	<input type="checkbox"/>	Some people would rather save their money for a rainy day than spend it right away on something fun	BUT	Other people would rather spend their money right away on something fun than save it for a rainy day	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	Some people have trouble imagining how things might play out over time	BUT	Other people are usually pretty good at seeing in advance how one thing can lead to another	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	Some people don't spend much time worrying about how their decisions will affect others	BUT	Other people think a lot about how their decisions will affect others	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	Some people often think what their life will be like 10 years from now	BUT	Other people don't even try to imagine what their life will be like in 10 years	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	Some people think that planning things out in advance is a waste of time	BUT	Other people think that things work out better if they are planned out in advance	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	Some people like to take big projects and break them down into small steps before starting to work on them	BUT	Other people find that breaking big projects down into small steps isn't really necessary	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	Some people take life one day at a time without worrying about the future	BUT	Other people are always thinking about what tomorrow will bring	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	Some people think it's better to run through all the possible outcomes of a decision in your mind before deciding what to do	BUT	Other people think it's better to make up your mind without worrying about things you can't predict	<input type="checkbox"/>	<input type="checkbox"/>

*Demographic Questionnaire*

Participant Identification Number \_\_\_\_\_

Please provide the following information about yourself by placing an **X** in the appropriate box for each category. This information remains confidential and will be used confidentially in a written report. Thank you for your cooperation with this project.

Date of birth: \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_      Grade: \_\_\_\_\_      Sex: M F

Race/Ethnicity:      Caucasian      African American      Hispanic/Latino  
                          Native American      Asian American      Arabic or Chaldean American  
 Other, please specify: \_\_\_\_\_

Who do you live with?

Mother and Father      Mother      Father  
 Aunt or Uncle      Grandparent      Foster Parent  
 Other, please specify: \_\_\_\_\_

## REFERENCES

- Adelabu, D.H. (2008). Future time perspective, hope and ethnic identity in African American adolescents. *Urban Education, 43*, 347-360.
- Alliman-Brissett, A. E., Turner, S. L., & Skovholt, T. M. (2004). Parent support and African American career self-efficacy. *Professional School Counseling, 7*(3), 124-132.
- American College Test. (2004). *Crisis at the core: Preparing all students for college and work*.
- American School Counselor Association. (2010). *Ethical standards for school counselors*. Retrieved November 27, 2010, from <http://asca2.timberlakepublishing.com//files/EthicalStandards2010.pdf>
- Anderson, K. (1995). The use of a structured career development group to increase career identity: An exploratory study. *Journal of Career Development, 21*(4), 279-291.
- Association for Specialists in Group Work. (2000). Association for Specialists in Group Work: Professional standards for the training of group workers. *The Journal for Specialists in Group Work, 25*, 327-342.
- Bailey, B., & Stegelin, D.A. (2003). Creating a sense of place: Anchoring at-risk students within K-12 classrooms. *The Journal of At-Risk Issues, 9*(2), 17-26.
- Bauer, S. R., Sapp, M., & Johnson, D. (2000). Group counseling strategies for rural at-risk high school students. *The High School Journal, 83*, 41-50.
- Benz, C.R. (1996). School-to-work: Beginning the journey in middle school. *The Clearinghouse, 70*(2), 90-94.



- Betz, N. (1994). Basic issues and concepts in career counseling for women. In W. B. Walsh, & S. H. Osipow, *Career counseling for women* (pp. 1-41). Hillsdale, New Jersey: Erlbaum.
- Bland, M., Melang, P., & Miller, D. (1986). The effects of small group counseling on underachievers. *Elementary School Guidance & Counseling, 20*, 303-305.
- Bolland, J. M., McCallum, D. M., Lian, B., Bailey, C. J., & Rowan, P. (2001). Hopelessness and violence among inner-city youths. *Maternal and Child Health Journal, 5*(4), 237-243.
- Borders, L. D., & Drury, S. M. (1992). Comprehensive school counseling programs: A review for policymakers and practitioners. *Journal of Counseling and Development, 70*, 487-498.
- Brantley, L.S., & Brantley, P.S. (1996). Transforming acting-out behavior: A group counseling program for inner-city elementary school pupils. *Elementary School Guidance and Counseling, 31*(2).
- Brown, D., Minor, C. W., & Jepsen, D. A. (1991). The opinions of minorities about preparing for work: Report of the second NCDA national survey. *Career Development Quarterly, 40*, 5-19.
- Campbell, C.A., & Myrick, R.D. (1990). Motivational group counseling for low-performing students. *The Journal for Specialists in Group Work, 15*, 43-50.
- Canty-Mitchell, J. (2001). Life change events, hope, and self care agency in inner-city adolescents. *Journal of Child and Adolescent Psychiatric Nursing, 14*(1), 18-31.
- Change, E.C. & Banks, K.H. (2007). The color and texture of hope: Some preliminary findings and implications for hope theory and counseling among diverse racial/

- ethnic groups. *Cultural Diversity & Ethnic Minority Psychology*, 13, 94-103.
- Chang, E. C., & DeSimone, S. L. (2001). The influence of hope on appraisals, coping and dysphoria: A test of hope theory. *Journal of Social and Clinical Psychology*, 20(2), 117-129.
- Chapman, C., Laird, J., & KewalRamani, A. (2010). *Trends in high school dropout and completion rates in the United States: 1972-2008* (NCES 2011-012). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, D.C. Retrieved June 6, 2011 from <http://nces.ed.gov/pubsearch>.
- 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, 61-78.
- Children's Defense Fund. (2002). *Moments in the lives of America's children*. Retrieved from <http://www.childrensdefense.org>.
- Ciarrochi, J., Heaven, P. C., & Davies, F. (2007). The impact of positive thinking on adolescents' school grades and overall adjustment. *Journal of Research in Personality*, 41, 1161-1178.
- Ciechalski, J. C., & Schmidt, M. W. (1995). The effects of social skills training on students with exceptionalities. *Elementary School Guidance & Counseling*, 29, 217-222.
- Coleman, H., & Baskin, T. (2003). Multiculturally competent school counseling. In D.

Pope-Davis, H. Coleman, W. M. Liu, & R. L. Toporek (Eds.), *Handbook of multicultural competencies in counseling & psychology* (pp. 103-113).

Thousand Oaks, CA: Sage Publications, Inc.

Corey, G. (2000). *Theory and practice of group counseling* (5th ed.). Belmont, CA: Wadsworth/Thompson Learning.

Corey, G. (2008). *Theory and practice of group counseling*. Belmont, CA: Brooks/Cole.

Curry, L. A., Snyder, C. R., Cook, D. L., Ruby, B. C., & Rehm, M. (1997). Role of hope in academic and sport achievement. *Journal of Personality and Social Psychology, 73*, 1257-1267.

Danoff-Burg, S., Prelow, H.M., & Swenson, R.R. (2004). Hope and life satisfaction in Black college students coping with race-related stress. *Journal of Black Psychology, 30*, 208-228.

Darling, N., & Steinberg, L. (1993). Parenting style as context: An integrative model. *Psychological Bulletin, 113*(3), 487-496.

DeRidder, L. (1990). *The impact of parents and parenting on career development*. Knoxville, TN: Comprehensive Career Development Project.

Dryfoos, J. (1990). *Adolescents at risk: Prevalence and prevention*. New York: Oxford University Press.

Duncan, B.L., Miller, S.D., Wampold, B.E., & Hubble, M.A. (Eds.). (2009). *The heart and soul of change: Delivering what works in therapy*. Washington, DC: American Psychological Association.

Edwards, L. M., Rand, K. L., Lopez, S. J., & Snyder, C. R. (2007). *Understanding*

*hope: A review of measurement and construct validity research.* New York: Oxford University Press.

Ekstrom, R. B., Goertz, M. E., Pollack, J. M., & Rock, D. A. (1986). Who drops out of high school and why? Findings from a national study. *Teachers College Record*, 87(3), 356-373.

Elliott, T. R., Witty, T. E., Herrick, S., & Hoffman, J. T. (1991). Negotiating reality after physical loss: Hope, depression, and disability. *Journal of Personality and Social Psychology*, 61, 608-613.

Erikson, E. (1968). *Identity: Youth and crisis*. Oxford, England: Norton.

Feldman, D. B., & Snyder, C. R. (2005). Hope and the meaningful life: Theoretical and empirical associations between goal-directed thinking and life meaning. *Journal of Social and Clinical Psychology*, 24(3), 401-421.

Fisher, T., & Padmawidjaja, I. (1999). Parental influences on career development perceived by African American and Mexican American college students. *Journal of Multicultural Counseling and Development*, 27, 136-152.

Fletcher, A. C., Walls, J. K., Cook, E. C., Madison, K. J., & Bridges, T. H. (2008). Parenting styles as a moderator of associations between maternal disciplinary strategies and child well being. *Journal of Family Issues*, 29, 1724-1744.

Freire, E., Gorman, B., & Wessman, A.E. (1980). Temporal span, delay of gratification, and children's socioeconomic status. *Journal of Genetic Psychology*, 137, 247-255.

Gilman, R., Dooley, J., & Florell, D. (2006). Relative levels of hope and their

relationship with academic and psychological indicators among adolescents. *Journal of Social and Clinical Psychology, 25*(2), 166-178.

Graham, S. (1992). "Most of the subjects were white and middle class": Trends in published research on African Americans in selected APA journals, 1970-1989. *American Psychologist, 47*, 629-639.

Gumaer, J. (1986). Working in groups with middle graders. *The School Counselor, 33*, 230-239.

Hagborg, W. J. (1991). Group counseling with adolescent special education students: Challenges and useful procedures. *Adolescence, 26*, 557-563.

Hathi, S., & Bhaerman, B. (2008). *Effective practices for engaging at-risk youth in-service*. Washington, DC: Youth Service America.

Hickman, G.P. & Wright, D. (2011). Academic and school behavioral variables as predictors of high school graduation among at-risk adolescents enrolled in a youth-based mentoring program. *The Journal of At-Risk Issues, 16*(1), 25-32.

Hickman, G.P., Bartholomew, M., Mathwig, J., & Heinrich, R.S. (2008). Differential developmental pathways of high school dropouts and graduates. *The Journal of Educational Research, 102*(1), 3-14.

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.

IBM Corporation (2010). IBM-SPSS Statistical Program for Windows [Version 19.0] (computer software). Somers, NY: IBM Corporation.

Jessor, R. J., van den Bos, J., Vanderryn, J., Costa, F. M., & Turbin, M. S. (1995).

Protective factors in adolescent problem behavior: Moderator effects and developmental change. *Developmental Psychology*, 31, 923-933.

Kenny, M.E., Bulustien, D.L., Chaves, A., Grossman, J.M., & Gallagher, L.A. (2003).

The role of perceived barriers and relational support in the educational and vocational lives of urban high school students. *Journal of Counseling Psychology*, 50(2), 142-155.

Kerka, S. (2000). *Parenting and career development*. Columbus: Eric Clearinghouse on Adult, Career, and Vocational Education.

Kivlighan, D. (1990). Career group therapy. *The Counseling Psychologist*, 18 (1), 64-79.

Kivlighan, D., Johnson, B., & Fretz, B. (1987). Participants perception of change mechanisms in career counseling groups: The role of emotional components in career problem solving. *Journal of Career Development*, 14, 35-44.

Lankard, B. (1995). *Family role in career development*. Columbus, OH: Eric Clearinghouse on Adult, Career and Vocational Education.

Lee, C. C., & Simmons, S. (1988). A comprehensive life-planning model for black adolescents. *The School Counselor*, 36(1), 5-10.

Legum, H. L., & Hoare, C. H. (2004). Impact of a career intervention on at-risk middle school students' career maturity levels, academic achievement, and self-esteem. *Professional School Counseling*, 8(2), 148-155.

Lent, R. W., Brown, S. D., & Hackett, G. (1994). Toward a unifying cognitive theory of career and academic interest, choice, performance. *Journal of Vocational Behavior*, 45, 79-122.

- Levin, H.M., & Belfield, C.R. (2007). Educational interventions to raise high school graduation rates. In C.R. Belfield and H.M. Levins (Eds.), *The price we pay: Economic and social consequences of inadequate education* (pp.177-199). Washington, D.C.: Brookings Institution Press.
- Lopez, S.J., Snyder, C.R., & Pedrotti, J.T. (2003). Hope: Many definitions, many measures. In S.J. Lopez & C.R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures* (pp. 91-107). Washington, D.C.: American Psychological Association.
- Loughead, T. A., Liu, S., & Middleton, E. B. (1995). Career development for at-risk youth: A program evaluation. *Career Development Quarterly*, 43(3), 274.
- Macey, A.K. (2010). Demographic questionnaire. Wayne State University. Unpublished instrument.
- McCabe, K., & Barnett, D. (2000). First comes work, then comes marriage: Future orientation among African American young adolescents. *Family Relations*, 49 (1), 63-70.
- McDermott, C., & Snyder, C. R. (2000). *The great big book of hope*. Oakland, CA: New Harbinger Publications, Inc.
- McLaughlin, T. F., & Vacha, E. F. (1992). The at-risk student: A proposal for action. *Journal of Instructional Psychology*, 19(1), 66-68.
- McGannon, W., Carey, J., & Dimmitt, C. (2005). *The current status of school counseling outcome research* [monograph]. Retrieved from <http://www.umass.edu/schoolcounseling/uploads/OutcomeStudyMonograph.pdf>
- McWhirter, J. J., McWhirter, B. T., McWhirter, E. H., & McWhirter, R. J. (2007).

*At-risk youth: A comprehensive response* (4<sup>th</sup> ed.). Pacific Grove, CA: Brooks/Cole Publishing.

Michigan Department of Education. (2006, December 1). *Improving high school graduation requirements. Michigan Merit Curriculum: Research says...*  
Retrieved November 27, 2010, from  
[http://www.michigan.gov/documents/hs\\_research\\_doc\\_149897\\_7.pdf](http://www.michigan.gov/documents/hs_research_doc_149897_7.pdf)

Middleton, E. B., & Loughhead, T. A. (1993). Parental influence of career development: An integrative framework for adolescent career counseling. *Journal of Career Development, 19*(3), 161-173.

Mortimer, J. T., Dennehy, K., & Lee, C. (1992). *Influences of adolescents' vocational development*. Berkley, CA: National Center for Research in Vocational Education.

Myrick, R.D. (1993). *Development guidance and counseling: A practical approach* (2<sup>nd</sup> ed.). Minneapolis, MN: Educational Media Corporation.

Myrick, R. D., & Dixon, R. W. (1985). Changing student negative attitudes through group counseling. *The School Counselor, 32*, 325-330.

Needles, D. J., & Abramson, L. Y. (1990). Positive life events, attributional style, and hopefulness: Testing a model of recovery from depression. *Journal of Abnormal Psychology, 99*, 156-165.

Neubert, R. K., Tartaglia, L. C., Neubert, G., Secunda, D., & Rizzo, B. (1993). Leadership, teamwork, individual challenge: A ropes course experience. *Journal of Cooperative Living, 80/81*, 78-79.

Nurmi, J. (1991). How do adolescents see their future? A review of the development of



- future orientation and planning. *Developmental Review*, 11, 1-59.
- Omizo, M., & Omizo, S. (1987). Group counseling with children of divorce. *Elementary School Guidance & Counseling*, 22(1), 46-52.
- Otte, F.L., & Sharpe, D.L. (1979). The effects of career exploration on self-esteem, achievement motivation, and occupational knowledge. *Vocational Guidance Quarterly*, 28(1), 63-70.
- Peter D. Hart Research Associates/Public Opinion Strategies. (2005). *Rising to the challenge: Are high school graduates prepared for college and work?*
- Pleis, J.R., Lucas, J.W., & Ward, B.W. (2009). Summary health statistics for U.S. adults: National health interview survey, 2008. *Vital Health Stat*, 10(242). National Center for Health Statistics.
- Priest, S. (1991). New directions in adventure learning. *Journal of Experiential Education*, 14(2).
- Prout, H.T. (1986). A meta-analysis of school-based studies of psychotherapy. *Journal of School Psychology*, 24, 285-292.
- Prout, S. M., & Prout, H. T. (1998). A meta-analysis of school-based studies of counseling and psychotherapy: An update. *Journal of School Psychology*, 36, 121-136.
- Public/Private Ventures. (September, 2002). Serving high-risk youth: Lessons from research and programing. Philadelphia, PA: Author. Retrieved from [http://www.ppv.org/ppv/publication/assets/149\\_publication.pdf](http://www.ppv.org/ppv/publication/assets/149_publication.pdf).
- Pyle, R. K. (1986). *Group career counseling: Principles and practices*. Monograph, ERIC Clearinghouse on Counseling and Personnel, Ann Arbor, MI.

- Pyle, R.K. (2007). *Group career counseling: Practices and principles*. Broken Arrow, OK: National Career Development Association.
- Quinton, D., Pickles, A., Maughan, B., & Rutter, M. (1993). Partners, peers, and pathways: Assortative pairing and continuities and discontinuities in conduct disorder. *Developmental Psychology, 5*, 763-783.
- Riddle, J., Bergin, J. J., & Douzenis, C. (1997). Effects of group counseling on self-concepts of children of alcoholics. *Elementary School Guidance and Counseling, 31*, 192-202.
- Roberts, M. C., Brown, K. J., Johnson, R. J., & Reinke, J. (2002). Positive psychology for children: Development, prevention, and promotion. In C. R. Snyder, & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 663-675). New York: Oxford University Press.
- Robitschek, C. (1996). At-risk youth and hope: Incorporating a ropes course into a summer jobs program. *The Career Development Quarterly, 45*(2), 163-169.
- Rock, D. A., & Pollack, J. M. (1991). *Psychometric report for the NELS:88 base year test battery*. National Center for Education Statistics. Washington, DC: U.S. Department of Education.
- Roesch, S.C., Duangado, K.M., Vaughn, A.A., Aldridge, A.A., & Villodas, F. (2010). Dispositional hope and the propensity to cope: A daily diary assessment of minority adolescents. *Cultural Diversity and Ethnic Minority Psychology, 16*(2), 191-198.
- Rojewski, J. W., & Yang, B. (1997). Longitudinal analysis of select influences on

- adolescents' occupational aspirations. *Journal of Vocational Behavior*, 51, 375-410.
- Rose, C. C., & Rose, S. D. (1992). Family change groups for the early age child. *Special Services in the Schools*, 6, 113-127.
- Schargel, F., & Smink, J. (2001). *Strategies to help solve our school dropout problem*. Larchmont, NY: Eye on Education.
- Sells, J., & Hays, K. A. (1997). A comparison of time-limited and brief group therapy at termination. *Journal of College Student Development*, 38(2), 136-142.
- Shechtman, Z., Bar-El, O., & Hadar, E. (1997). Therapeutic factors in counseling and psycho-educational groups for adolescents: A comparison. *Journal for Specialists in Group Work*, 22, 203-213.
- Shechtman, Z., Freidman, Y., Kashti, Y., & Sharabany, R. (2002). Group counseling to enhance adolescents' close friendships. *International Journal of Group Psychotherapy*, 52, 537-554.
- Shechtman, Z., & Gluk, O. (2005). An investigation of therapeutic factors in children's groups. *Group Dynamics: Theory, Research, and Practice*, 9 (2), 127-134.
- Smead, R. (1995). *Skills and techniques for groupwork with children and adolescents*. Champaign, IL: Research Press.
- Snyder, C.R. (1994). *The psychology of hope: You can get there from here*. New York: Free Press.
- Snyder, C. (1995). Conceptualizing, measuring and nurturing hope. *Journal of Counseling and Development*, 73(3), 355-360.
- Snyder, C. (Ed.). (2000). *Handbook of hope: Theory, measures, and applications*. San

Diego,CA: Academic Press.

Snyder, C. (2005). Measuring hope in children. In K. A. Moore, & L. H. Lipman, *What do children need to flourish: Conceptualizing and measuring indicators of positive development* (pp. 61-73). New York: Springer.

Snyder, C. R., Feldman, D. B., Shorey, H. S., & Rand, K. L. (2002). Hopeful choices: A school counselors guide to hope and theory. *Professional School Counseling, 5* (5), 298-307.

Snyder, C. R., Feldman, D. B., Taylor, J. D., Schroeder, L. L., & Adams, V. H. (2000). The roles of hopeful thinking in preventing problems and enhancing strengths. *Applied and Preventative Psychology, 94*(4), 249-269.

Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., & Danovsky, M. (1997). The development and validation of the children's hope scale. *Journal of Pediatric Psychology, 22*, 399-421.

Snyder, C. R., Irving, L. M., & Anderson, J. R. (1991). Hope and health. In C. R. Snyder, & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective*. Elmsford, NY: Pergamon.

Snyder, C. R., LaPointe, A. B., Crowson, J. J., & Early, S. (1998). Preferences of high-and low-hope people for self referential input. *Cognition & Emotion, 12*, 807-823.

Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). Hope theory: A member of the positive psychology family. In C. R. Snyder, & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 257-276). New York: Oxford University Press.

Snyder, C. R., Shorey, H. S., Cheavens, J., Pulvers, K. M., Adams, V. H., & Wiklund,

- C. (2002). Hope and academic success in college. *Journal of Educational Psychology*, 94(4), 820-826.
- Somers, C. & Gizzi, T. (2001). Predicting adolescents' risky behaviors: The influence of future orientation, school involvement, and school attachment. *Adolescent and Family Health*, 2, 3-11.
- State of Michigan, Michigan Department of Education. (2009). *EDP fundamentals: Guidelines For the use of educational development plans*. Retrieved from [http://www.michigan.gov/documents/mde/MDE\\_EDP\\_10-2-09\\_296459\\_7.pdf](http://www.michigan.gov/documents/mde/MDE_EDP_10-2-09_296459_7.pdf)
- State of Michigan, Michigan Department of Education. (2010). *Section 31-a- State School Aid Act*. Retrieved from [http://www.michigan.gov/documents/Section\\_31a\\_Legislation\\_37026\\_7.pdf](http://www.michigan.gov/documents/Section_31a_Legislation_37026_7.pdf)
- Steinberg, L., O'Brien, L., Cauffman, E., Graham, S., Woolard, J., & Banich, M. (2009). Age differences in future orientation and delay discounting. *Child Development*, 80(1), 28-44.
- Tolbert, E. L. (1974). *Counseling for career development*. Boston: Houghton Mifflin.
- U.S. Department of Health and Human Services. (2001). *Youth violence: A report of the surgeon general*. Retrieved January 2, 2011, from <http://www.surgeongeneral.gov/library/youthviolence>
- U.S. Department of Labor, Bureau of Labor Statistics. (2011a). *America's young adults at age 23: School enrollment, training, and employment transitions between ages 22 and 23*. Washington, DC: Author.
- U.S. Department of Labor, Bureau of Labor Statistics. (2011b). *College enrollment and work activity of 2010 high school graduates*. Washington, DC: Author.

- Utay, J. M., & Lampe, R. E. (1995). Use of a group counseling game to enhance social skills of children with learning disabilities. *Journal for Specialists in Group Work, 13*, 114-120.
- Valle, M. F., Huebner, S. E., & Suldo, S. M. (2006). An analysis of hope as a psychological strength. *Journal of School Psychology, 44*(5), 393-406.
- Verduyn, C. M., Lord, W., & Forrest, G. C. (1990). Social skills training in schools: An evaluation study. *Journal of Adolescence, 13*, 3-16.
- Walsh, M.E., Galassi, J.P., Murphy, J.A., & Park-Taylor, J. (2002). Conceptual frameworks for counseling psychologists in schools. *The Counseling Psychologist, 30*, 682-704.
- Way, W. L., & Rossman, M. M. (1996). Family contributions to adolescents readiness for school-to-work transition. *Journal of Vocational Education Research, 21*, 5-77.
- Werner, E.E. (1989). Children of the garden island. *Scientific American, 260*(4), 106-111.
- Werner, E. E. (1989). High-risk children in young adulthood: A longitudinal study from birth to 32 years. *American Journal of Orthopsychiatry, 59*(1), 72-81.
- Werner, E. E. (1990) Protective factors and individual resilience. In S. J. Meisels, & J. P. Shonkoff (Eds.), *Handbook of early childhood intervention* (pp. 97-116). New York: Cambridge University Press.
- Werner, E. E., & Smith, R. S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: McGraw-Hill.
- Whiston, S. C., & Sexton, T. L. (1998). A review of school counseling outcome

research: Implications for practice. *Journal of Counseling & Development* , 76 (4), 412-426.

Williams, K. L., & Wahler, R. G. (2010). Are mindful parents more authoritative and less authoritarian? An analysis of clinic-referred mothers. *Journal of Child and Family Studies*, 19, 230-235.

Wilson, W.J. (1996). *When work disappears: The world of the new urban poor*. New York: Vintage Books.

Worrell, F., & Hale, R. (2001). The relationship of hope in the future and perceived school climate to school completion. *School Psychology Quarterly*, 16(4), 370-388.

Wyman, P.A., Cowen, E.L., Work, W.C., & Kerley, J.H. (1993). The role of children's future expectations in self-system functioning and adjustment to life stress: A prospective study of urban at-risk children. *Development and Psychopathology*, 5, 645-661.

Wyman, P.A., Cowen, E.L., Work, W.C., Raoof, A., Gribble, P.A., Parker, G.R., & Wannon, M. (1992). Interviews with children who experienced major life stress: Family and child attributes that predict resilient outcomes. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 904-910.

Yalom, I.D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York: Basic Books.

Yalom, I. D. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York: Basic Books/Perseus Books Group.

Zink, K., & Littrell, J. M. (2000). Action research shows group counseling effective

with at-risk adolescent girls. *Professional School Counseling*, 4(1), 50-60.

Zunker, V. (2002). *Career counseling: Applied concepts of life planning* (6th ed.).

Pacific Grove, CA: Brooks/Cole



**ABSTRACT****EFFECTS OF A GROUP COUNSELING CAREER INTERVENTION ON THE HOPEFULNESS AND FUTURE ORIENTATION OF AT-RISK MIDDLE SCHOOL STUDENTS**

by

**AMY K. MACEY****August 2011****Advisor:** Dr. Arnold Coven**Major:** Counseling**Degree:** Doctor of Philosophy

The purpose of this study was to examine the effects of a small group counseling career intervention on levels of total hope, willpower (agency), waypower (pathways), and future orientation of at-risk middle school students attending an urban middle school in Southeast Michigan. This true experimental, randomized, pretest-posttest control group design compared the statistical outcomes of a small group counseling career intervention with a control group. Forty-four middle school students in the eighth grade (18 males and 26 females) were randomly selected and participated in the research study. Twenty-two students were randomly assigned to an experimental group and twenty-two students were assigned to a control group. Experimental group participants completed the bi-weekly, 60-minute group counseling sessions, over a six-week period. A univariate ANCOVA with group membership as the fixed independent variable was used to compare post scores with pre scores as covariates for each of the dependent variables, total hope, willpower (agency), waypower (pathways) and future orientation. A statistically significant difference was found for total hope and willpower

(agency) between the experimental and control group. No statistically significant difference was found for waypower (pathways) and future orientation between the experimental and control group. Limitations of the current study are presented and recommendations for future research are offered.

## AUTOBIOGRAPHICAL STATEMENT

### PROFESSIONAL EDUCATION AND LICENSE:

Wayne State University, Detroit, Michigan

- Ph.D. ó Doctor of Philosophy ó 2011
  - *Counseling*
  - *Educational Psychology Cognate*

Wayne State University, Detroit, Michigan

- M.A. ó Master of Arts ó 2004
  - *Community Agency & School Counseling*

Wayne State University, Detroit, Michigan

- B.S. ó Bachelor of Science ó 1999
  - *Criminal Justice*
  - *Deviant & Abnormal Behavior Cognate*

Board of Counseling ó State of Michigan

- LPC ó Licensed Professional Counselor ó (2007 ó present)

Department of Education ó State of Michigan

- SCL ó School Counseling License ó (2007 ó present)

### PROFESSIONAL EXPERIENCE:

South Redford Schools, Pierce Middle School, Redford, Michigan

- School Counselor (August 2004 ó present)
  - *Individual, Group, and Family Counseling*
  - *Career Counseling*
  - *Academic Advising*
  - *Crisis Intervention*

Wayne State University, Detroit, Michigan

- Instructor (January 2008 ó May 2008)
  - *CEC 6700-Role of the Teacher in Guidance and Counseling*
- Instructional Assistant (September 2006 ó December 2008)
  - *CEC 7000 Seminar: Introduction to Group Work*
  - *CEC 7010 Participation: Group Counseling*
- Clinical Supervisor (January 2005 ó May 2010)
  - *Practicum and Internship – Counseling*
  - *Techniques – Counseling*

State of Michigan, Department of Human Services, Detroit, Michigan

- Family Independence Specialist (January 2003 ó August 2004)
  - *Counseled individuals and provided group educational and vocational guidance services*
  - *Determined eligibility for state food, cash, and medical assistance*
  - *Vocational and educational planning*