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DePaul University
College of Education

WHAT'S HOPE GOT TO DO WITH IT?
A NARRATIVE INQUIRY INTO THE HOPE LEVELS OF
HIGH SCHOOL STUDENTS DIAGNOSED WITH SOFT DISABILITIES

A Dissertation in Education
with a Concentration in Curriculum Studies

by

Cynthia L. Norbeck

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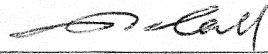
Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Doctor of Education

November 2016

Signatory Page

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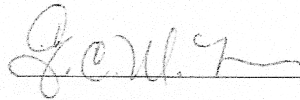
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ABSTRACT

This two-phase qualitative study was designed to explore the hope levels of high school students receiving special education services for mild intellectual disabilities or emotional/behavioral disabilities using a narrative inquiry approach. In order to better understand how student participants perceived their special education experiences and how their individual perceptions related to their hope levels, the Adult Hope Scale (AHS) was administered to seven students and scored during the study's first phase. Semi-structured interviews were subsequently conducted with five high school students chosen from the original group for the study's second phase. Interviews were reported in narrative form and key common themes were identified. Since researchers have demonstrated hopeful thinking is a precursor to multiple positive outcomes, including significant academic achievement, more resistance to pain, increased happiness, and improved sports performance, the rationale for this study arose from a desire to improve students' lives by finding ways to increase their hope levels. Five key findings emerged after analysis of the data. First, the hope levels of participants in this study were positively influenced by the accommodations they received through special education services. Second, interviewed participants described hope in terms of future goals, paths to those goals, and motivation to reach those goals. Third, interviewed participants viewed their special education experiences in a mostly positive light. Fourth, the narratives shared by the students explained their AHS scores by describing their daily struggles with depression, anxiety, anger, and various other obstacles to hope. Lastly, the narratives shared by the students converged with the scores they received on the AHS. Recommendations derived from this study include making general education classes more adaptable to students with emotional disabilities by providing them with more academic

challenges in supportive settings, ensuring the continuation of special education services for those students who would otherwise become high school dropouts, and using the Adult Hope Scale as a screening device to identify low-hope high school students who might need extra emotional support in order to succeed at school.

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PREFACE

“What did I train for, anyway?” This was the question I asked my principal on a fall day in 1986. I had my Master’s Degree in special education with certifications in learning disabilities and what was then called “Educable Mental Handicaps.” I was anxious to put all the theory I had studied into practice with the students who came to my Resource Room. I spent hours planning out detailed lessons with the intention of following IEPs to the letter and helping students succeed academically in their respective “regular” classrooms. I wanted to get them “up to speed” so that their teachers, parents, and my principal would be impressed. Instead, I found myself putting these lessons aside day after day because students needed to talk. They came to school worried about life, and they would come to me and spill those worries all over my carefully arranged lesson plans. After each allotted time slot expired, and students left my room without so much as even one of my lesson plan ideas introduced, I would always feel like a failure. It occurred to me then that *anybody* could do what I did, and that I had wasted a lot of money on an expensive degree that would never get used.

Hence, the question: “What did I train for, anyway?” I had just finished explaining to my principal that all my resource kids wanted to do was talk to me and that lesson plans were never used. I was clearly frustrated and disappointed with my inability to “get down to business” with the students under my care. Even now I can see my principal’s smile and hear what she said: “You *are* doing your job. You are making it possible for your students to learn by listening to them.”

Making it possible for students to learn is a complicated business. I found this out over the years as I worked with a variety of students who faced obstacles to learning they did not create, obstacles like mental illness and horrendous home lives and intellectual challenges. I

discovered making it possible for students to learn sometimes means throwing lesson plans out the window and just listening to them. Sometimes making it possible for students to learn means letting them walk the halls to release steam or letting them punch a punching bag. It could also mean letting them take a nap or going out with them for a good meal.

So, what's hope got to do with it? A lot. Learning may come easily to some students, but for others it is a constant struggle and challenge. Finding ways to make sure *all* students have an opportunity to learn by making it possible for them to learn in the first place should be on the mind of every good teacher regardless of whether he or she is "trained" in special education. And that's where hope comes into the picture. It's like a super drug—it can override horrible circumstances, help in physical healing, and prepare brains for learning. In short, hope can help get students mentally and emotionally prepared to meet challenges in spite of their circumstances and regardless of their label. It doesn't take much training to give a student the gift of hope, but it does take time and effort. And sometimes it means abandoning what you thought was important for something much more significant.

Snyder, Harris, et al.'s (1991) prescription for hope is fairly simple: Help students identify their goals, make the pathways toward those goals accessible, and make sure students know you believe in them by fostering their agency thinking. That's about it. It sounds simple enough, but it doesn't happen as often as it should in schools consumed by test preparation. Relationships can suffer in environments where priorities are imposed, not chosen. I believe it's time for those in power to take a long, hard look at what is happening to the teacher-student bond in our nation's public high schools and then learn some lessons from the special education personnel responsible for my study's research participants. The teachers I encountered during the research process made relationships a priority and kept hopes for a future alive in students

who would otherwise have given up, not just on school, but on life itself. They gave their students the gift of hope and in the process made it possible for them to learn. For those of us who call ourselves teachers, what could be more important than that?

ACKNOWLEDGEMENTS

This dissertation journey would not have taken place without the support of my husband, Daniel. His sage advice, sense of humor, and constant reminders to keep things in perspective kept me going when I felt like quitting. It should also be noted that he fed both of us for four years while I contemplated the intricacies of qualitative research. His main advice, to keep things simple, proved invaluable.

At the very beginning, I was told to pick a committee of like-minded individuals with outstanding credentials and similar viewpoints. It was emphasized that “getting along” would be critical since arguments, disagreements, and a lack of cohesion among group members could lead to the delay of the all-important final product: the dissertation. I did not expect a “dream team,” but that’s what Dr. Hall put together for me. Dr. Hall himself ran my committee with kindness, encouragement, and a sharp intellect. Dr. Gnilka kept me smiling and on track and at ease with comments like, “Just call me Philip. Everyone else does.” Dr. Mason helped me to look at the other side of the special education equation. She suggested early on that special education wasn’t all bad even though I believed it was. She was right. I will always be grateful for these exceptional professors and their help with my research efforts.

How does one thank research participants? I would like to tell you their real names, but I promised to keep those confidential. That students with serious intellectual and emotional/behavioral challenges were willing to talk with me about the personal issues impacting their daily existence and why hope evades them most of the time will always surprise me. Some might say teenagers will do anything for pizza, but I disagree. I think these particular teenagers wanted to be heard and I would like to think I gave them a voice.

Finally, I have to say something about the cohort of students who began this journey with me in the fall of 2012. We are all so different, yet there is an invisible bond of friendship among us that occasionally manifests itself in get-togethers at Starbucks or The Bean or in someone's home. During these times of mutual support, we laugh about life and we try to solve some of its mysteries. Mostly we push each other to continue on to the finish line, to not give up, to keep moving forward so that some day we can all look at each other and say, "WE DID IT!" I am looking forward to that day.

DEDICATION

To my dad, who inspired me to begin;
to my mom, who was there when I finished;
and to the incredible special education personnel
who daily strive to give my research participants
a future and a hope

CHAPTER 1: INTRODUCTION

Background of the Study

Throughout history, opinions about both the utility of hope and its meaning have fluctuated significantly. At various times, hope has been lauded as therapeutic, despised as an exercise in futility, viewed as a sign of naiveté, and credited with keeping people alive during dire circumstances. Both Sophocles and Nietzsche believed hope simply prolonged human suffering, yet connections between hope and healing have been documented in the medical community (Horton & Wallander, 2001; Snyder, 1994; Snyder, 2000), and Duncan-Andrade (2009) posits differences in levels of hope often result in serious health disparities. Up until the middle of the 20th century, hope was generally regarded as an emotional psychological state influenced by circumstances. Starting in the 1970s, the focus shifted to viewing hope as an attainable cognitive construct built around goals, motivation, and planning. Snyder, Harris, et al. (1991) refined these ideas into a cognitive model of human motivation called Hope Theory and subsequently developed several scales to measure hope in various populations. I began this research study seeking to evaluate the potential of the Adult Hope Scale as one measure of educational effectiveness in high school student populations receiving special education services for soft disabilities. On a personal note, “searching for hope” encapsulates the motivation behind this study.

Students nearing high school graduation often find themselves at a crossroads. It is a time for waving good-bye to adolescence and forging ahead into the great unknown of adulthood. For many, the end of high school may bring challenges they are not prepared to meet. Often, these challenges take place in college classrooms where students are expected to

synthesize vast quantities of information without the kind of help they may have received in high school. Other challenging arenas might include navigating parenthood, finding employment, trying to succeed in the workplace, or even fitting into the adult world. High school students who participate in a general education curriculum exposing them to high academic standards may find these circumstances difficult, but how do students receiving special education services handle the transition into adulthood after they graduate from high school if they have not benefitted from challenging curricula? How do they feel about the usefulness of special education to prepare them for their lives as adults? What do they look forward to once high school is over? Do they have hope for the future?

The Adult Hope Scale (Snyder, 1994) was administered to students with Individualized Education Programs (IEPs) from two mid-west high schools in order to answer some of these questions. Results from the scale were tabulated, statistically analyzed, and then used to construct interview questions. Five students who completed the scale were interviewed to explore their feelings about special education placement and its influence on their hope levels and future plans. Interviews were recorded, coded, and analyzed from a Disability Studies perspective using the lens of Hope Theory to examine any connections between hope, lack of hope, and special education placement and to uncover any differences in hope levels across two special education categories. Brief background descriptions of special education and Hope Theory follow.

Special Education

There can be no doubt that special education opened the doors of public schools for many previously excluded individuals, but it also led to ability segregation, tracking, and restrictive learning environments. In a very real sense, special education developed as a response to general

education's failure to meet the needs of children with cultural, linguistic, racial, or learning differences. The practices of general education, what goes on in the regular classroom, have a direct impact on who gets placed in special education and who does not.

The medical model. Florian (2014) describes special education as a type of specialized response to individual learning difficulties that often results in classroom marginalization of students with disabilities. This may occur because special interventions are based on an analysis of what disabled students cannot do rather than knowledge about their capabilities (Florian, 2014). This philosophy rests on a medical model of disability, one that assumes disabilities have distinct signs and symptoms resulting from a variety of causes. When disabilities are interpreted in medical terms as pathologies, different treatments are prescribed based on the perceived deficits of the disabled individual (Winzer, 2014). Unfortunately, a pathological approach by itself will not lead to a full understanding of the person behind the disability label, nor is it likely to result in successful interventions and strategies (Buntinx, 2013).

The socio-cultural model. Although the medical view is still prevalent in special education, there are other ways of looking at disabilities. For example, in contrast to a medical view that highlights disabilities as individual problems in need of fixing, socio-cultural views highlight the role society plays in labeling those considered different from the norm. Indeed, when viewed through a socio-cultural lens, disabilities become inextricably linked to the culture, milieu, and time period in which they occur. A socio-cultural lens can also be applied to racial issues. In essence, acknowledging that both disability and race are socially constructed categories leads to the conclusion that the educational difficulties experienced by minorities have more to do with society than the students themselves (Harry, 2014). From this perspective, effecting change in the environment takes precedence over trying to change the disabled

individual. In a school setting, this means teachers become responsible for ensuring that every student has an opportunity to receive an adequate education regardless of the perceived impediments each brings to class. Similarly, ecological models of disability place equal emphasis on environmental factors and how individuals with disabilities respond to them. Recent developments in positive psychology emphasize a social-ecological approach to disability that highlights finding supports for disabled individuals rather than locating their deficits. According to Buntinx (2013), supports “act precisely at the center of the person-environment interaction and can significantly affect the quality of a person’s functioning” (p. 10).

The Hope Theory model. Another way of looking at students with disabilities is provided by Hope Theory. When viewed through a hopeful lens, disabilities morph into something quite different from the prevailing view that they must be fixed or changed or eliminated. Instead, the focus shifts to an emphasis on a student’s abilities. In other words, great emphasis is placed on what a student can achieve in spite of a so-called disability. A Hope Theory conversation usually centers on student strengths instead of weaknesses, student abilities rather than disabilities, and student potential rather than deficit. In a word, *hope* becomes the focal point.

Key issues in special education. Hope is rarely discussed in the literature about special education in spite of its importance (Marques, Lopez, Fontaine, Coimbra, & Mitchell, 2014). Instead, inclusion and minority overrepresentation are the key issues included in most special education articles. Currently, inclusive education (inclusion) is becoming more popular, although Winzer (2014) reports students with disabilities have depressingly low graduation rates and increasingly high dropout rates despite attempts to include them in the mainstream. Along with concerns about how much students with special needs should be included, a key issue still

plaguing special education is its tendency to subsume a disproportionate number of minority students during the placement process.

Inclusion and minority overrepresentation in special education are issues related to the referral process, and their intersection with student hope levels will be discussed in the literature review in greater detail. For now, it is important to note that overrepresentation of minority students in special education is well documented in the literature (Artiles, 2011; Blanchett, 2006; Kunjufu, 2005), but few studies have linked this overrepresentation to low hope levels. There are multiple factors surrounding the complex issue of minority overrepresentation and misplacement in special education, but research studies to date have failed to produce effective solutions to address it and its concomitant problem of minority underrepresentation in Advanced Placement classes (Waitoller, Artiles, & Cheney, 2010). Disturbingly, over thirty percent of the student body in several inner-city minority majority high schools takes part in special education classes (Artiles, 2011; Oswald, Coutinho, & Best, 2002), and in the past, African American students represented 20% of the special education population in all disability areas even though they only accounted for 14.8% of the general 6-to-21-year-old student population (Losen & Orfield, 2002). The Thirtieth Report to Congress on the Individuals With Disabilities Education Act (IDEA) revealed that African American students are 2.28 times as likely as White students to be identified as emotionally/behaviorally disturbed and 2.75 times as likely as Whites to be classified as intellectually disabled (US Department of Education, 2008). African American students, along with Native Americans, are the groups most at risk for being identified with either emotional/behavioral disabilities or intellectual disabilities (Harry, 2014).

Currently, how special education placement influences the hope levels of high school students is not well documented in the literature. Particularly lacking are studies examining

special education placement's influence on the hope levels of students considered minorities. Although the current study was designed to examine two special education categories as variables and did not explore minority overrepresentation per se, future studies set up to explore the hope levels of minority students receiving special education services would help to fill a serious gap in the literature. Lopez et al. (2000) state the cross-cultural applicability of Hope Theory has not been examined empirically, but they believe all cultural group members should be given equal basic rights in order to pursue their goals. This statement also applies to those placed in special education.

It has been said that getting into special education is fairly easy, but getting out is next to impossible. In fact, once students are placed in special education, they are likely to remain there throughout their educational careers (Harry & Klingner, 2006). To date, limited research exists detailing the hope levels of high school students who may have spent many years receiving special education services. In the present study, the Adult Hope Scale will be used to investigate this very phenomenon. For a connection to be drawn between Hope Theory and the academic experiences of students receiving special education services, it is important to ascertain if increased levels of hope actually lead to better scholastic outcomes or not. To this end, a brief examination of Hope Theory follows.

Hope Theory

Hope Theory was originally conceptualized as a way to find a more heuristic model than the simplistic view of hope as "the attainment of one's goals" accepted by scholars at that time (Snyder, Harris, et al., 1991). It is part of what Snyder (2000) defines as "positive psychology" because it emphasizes peoples' strengths instead of their weaknesses and focuses on motivational strategies that can lead to goal attainment. After many interviews, Snyder, Harris, et al. (1991)

began to notice a pattern in the responses they received. Both pathways to reach goals and the motivation to actually use those pathways were repeatedly linked together. The researchers discovered that instead of just the perception that one's goals can be achieved, people also need the motivation to follow the pathways leading to those goals, what Snyder (1994) described as "pathways and agency" (p. 10). Hope Theory itself rests on these two components, since it defines hope as "a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)" (Snyder, Irving, & Anderson, 1991, p. 287).

Based on Snyder, Harris, et al.'s (1991) research, there appears to be a significant positive relationship between hope and improved life outcomes. Interestingly, there does not appear to be a genetic inheritance component to hope although learning experiences throughout childhood can lead to hopeful thinking. For example, children exposed to positive learning experiences tend to score higher on hope measures and also cope better with injuries and physical pain (Snyder, 2000). Other positive outcomes associated with high hope levels include higher self-esteem, happiness, and optimism; better sports performance; high academic achievement from elementary through graduate school; and multiple beneficial outcomes in a variety of life arenas (Huebner, Suldo, Smith, & McKnight, 2004; Moore, 2005; Snyder 2000; Snyder, 2002). In other words, high levels of hope may lead to better life outcomes in general, not just improved academic outcomes. Because hope has a positive relationship with a variety of health and educational outcomes, positive psychology scholars have identified it as an important construct for educational research (Kobau et al., 2011). Sears (2007) suggests resiliency factors such as hope may provide a buffer against the detrimental effects of school failure in the lives of

students with executive dysfunction. Stated differently, finding ways to increase hope levels may improve school functioning for students identified with learning problems.

Why Hope Matters

If high levels of hope lead to better life outcomes, it follows that students with high hope levels who receive special education services will likely experience more fulfilling lives.

Although various researchers have shown that individuals from varying minority and ethnic backgrounds do not seem to have inherently different levels of hope (Snyder, 2002; Zusevics & Johnson, 2014), detailed scrutiny of both misplacement into special education classes and the lack of inclusion in mainstream classes is important and necessary for several reasons.

First, students classified as disabled and placed in special education programs often find themselves isolated from their non-classified peers in both academic and social arenas (National Research Council, 2002). This isolation can lead to feelings of loneliness and concern about one's acceptance by other "normal" students (Wagner, Newman, Cameto, Levine, & Marder, 2007). Second, research indicates special education placement facilitates both ability and racial segregation, often leading to only limited (if any) academic gains (Gottlieb, Alter, & Gottlieb, 1994; Harry & Klingner, 2006; National Research Council, 2002). Indeed, at least in the case of learning disabilities (LD) referrals, many LD teachers use instructional approaches, techniques and materials similar to those commonly used with any other "normal" students (Mirkin & Potter, 1982), leading one to question the assumption that special education instruction is somehow more "special" than instruction that takes place in the general curriculum. Third, students not exposed to rigorous academic curricula because of "disabilities" will find it more difficult to complete high school and college (Harry & Klingner, 2006). Finally, it can be argued that minority students who are also labeled and tracked into special education classes have a

double label and might therefore be even more susceptible to hopelessness and discouragement. Given these negative outcomes and their likely effect on hope levels, it is imperative the misplacement of students into more restrictive classroom environments be avoided. Negative aspects of special education placement also highlight the need for finding ways to increase the hope levels of students.

Theoretical Foundation

In the past, much research has analyzed both behavior and mental processes from a medical model perspective, one that emphasizes changing the individual rather than the environment (Dray & Wisneski, 2011; Reid & Knight, 2006). In order to improve academic functioning and the quality of life of diagnosed individuals, the medical model of disability positions the problem inside the person rather than outside in society. Abnormal behavior and its remediation thus become the major focus (Terjensen, Jacofsky, Froh, & DiGiuseppe, 2004). In contrast to this approach, Hope Theory emphasizes a person's strengths and seeks to increase an individual's ability to succeed by building on those strengths (Huebner et al., 2004).

From a Disability Studies perspective, the concept of "disability" is constructed by a society that places people with disabilities in the "abnormal" category and often regards them as less than human. As explained by Skrtic (1995), professionals in our society often assume the "authority to interpret normality, and thus the power to define and classify others as abnormal and to treat their bodies and minds" (p. 41). By combining the theoretical frameworks of both Disability Studies and Hope Theory, this study will support the view that students receiving special education services are equal to their peers who are not receiving special education services. In addition, hope levels of students will be viewed as a strength that may help to improve their future prospects both in and outside of school.

Positive aspects of a Disability Studies approach particularly relevant to this research study include fostering a democratic ethos and drawing on student narratives to presume competence (Biklen, Orsati, & Bacon, 2014). Along with Cigman (2014), I believe all human beings, regardless of disability status, should be embraced as “full and equal members of the human community, entitled to unconditional respect like any other” (p. 804). Perhaps of equal importance is Cigman’s (2014) assertion that we need to learn from other people’s stories. Along these lines, I believed student narratives would lend an air of authenticity to any conclusions drawn from the current study, and they did. Additionally, by allowing them to have a voice, narrative inquiry gave students a chance to participate as competent equals. For these reasons, a narrative inquiry approach was used.

Research Problem

The problem explored in this research study was the need to understand how placement in special education influences the hope levels of high school students identified with mild intellectual disabilities (ID) or emotional/behavioral disabilities (EBD). Key factors that might influence the hope levels of high school students receiving special education services were explored through a process of semi-structured interviews and administration of the Adult Hope Scale.

As two of the more serious issues surrounding special education placement, minority overrepresentation and inclusion are discussed in the literature review. For now, it is important to note that despite legislation, including the Civil Rights laws passed in the 1960s, examples of discrimination are still visible in our nation’s schools. Discrimination is particularly evident in high poverty schools where a majority of the students are considered minorities. According to Zhang and Katsiyannis (2002), overrepresentation of minority students in special education has

been a concern for over thirty years and has resulted in many educational reforms and legal challenges. In 1992, the U. S. Department of Education (1997) revealed that African Americans only accounted for 16% of the total student population, yet they represented 32% of students in programs for mild mental retardation, 29% of students in programs for moderate mental retardation, 24% of the students in programs for those with serious emotional disturbance or behavioral disorders, and 18% of students with specific learning disabilities (p. I-42). Almost two decades later, data from the Thirtieth Report to Congress on the IDEA (US Department of Education, 2008) show that African-American students are 2.75 times as likely as White students to be designated intellectually disabled and they are 2.28 times as likely as Whites to be identified as emotionally/behaviorally disturbed. When it comes to minority overrepresentation in special education, African-American and Native American students are most at risk for being identified with intellectual disabilities and/or emotional/behavioral disabilities (Harry, 2014).

As noted earlier, misplacement in special education is a problem because it results in segregated placements, questionable educational benefits, and negative labeling practices. Although placement in special education should provide multiple benefits, including low student/teacher ratios, the protection of student rights, guaranteed funding, and individualized programming, actual student outcomes are often poor (Blackorby & Wagner, 1996; MacMillan & Reschly, 1998). For example, African American students are often misplaced, and they “fail to receive a quality and life-enhancing education” because they “miss essential general education academic and social curricula” (Patton, 1998, p. 25).

All of these issues lead one back to Snyder’s (2002) Hope Theory: High levels of hope lead to positive outcomes. If placement in special education detracts from the hope levels of students, examining ways to increase their hope levels should be part of the curriculum. And if,

as Snyder (2000) maintains, “hope is the core shared process that facilitates changes,” (p. 3), it is important to examine whether special education placement supports or inhibits this process in the lives of students found eligible for special education services. As noted by Marques and Lopez (2014), a gap in the literature suggests hope levels of diagnosed high school students have not been adequately researched. Consequently, we do not clearly understand what effect special education placement has on students’ hopes for the future. This study was designed to find some answers to this question by combining quantitative and qualitative data in a narrative design. Both types of data were needed in order to better understand hope levels in populations that participate in special education services.

Purpose of the Study

The purpose of this study was to better understand how high school students receiving special education services for mild intellectual disabilities or emotional/behavioral disabilities viewed their special education experiences and how those experiences influenced their hope levels. To accomplish this goal, differences in hope levels among a sample of seven high school students receiving special education services were explored using the Adult Hope Scale, and five students from this group were then interviewed in order to gain some understanding of the different factors that might influence their hope levels. Semi-structured interview questions drawn from their Adult Hope Scale responses were constructed. As explained by Creswell (2009), a qualitative narrative inquiry design was employed. Creswell (2009) describes narrative research as a “strategy of inquiry in which the researcher studies the lives of individuals and asks one or more individuals to provide stories about their lives” (p. 13). In the current study, this type of design involved collecting qualitative data after a quantitative phase and using the data to

explain or follow up on the quantitative data in greater depth and detail by using participant narratives.

In the first, quantitative phase of the study, the Adult Hope Scale was administered to a group of seven students receiving special education services at two high schools in northern Illinois. The second phase of the study was conducted in order to explore the Adult Hope Scale results through interviews with five of the students who completed the scale and agreed to be interviewed.

Although special education developed in response to equity ideology, it nevertheless often results in further segregation of already marginalized student groups (Blanchett, Mumford, & Beachum, 2005). This can occur through placements that separate students found eligible for special education services from their peers in general education. In effect, instead of establishing equitable educational opportunities for all students, the enforcement of the Individuals with Disabilities Education Act (IDEA) often leads to segregation within schools and limited educational outcomes for minority students (Losen & Orfield, 2002). In addition, once students are placed in special education, they tend to remain there throughout their educational careers with little chance of participating at the same academic level as their peer groups (Harry & Klingner, 2006). These outcomes suggest research is warranted to assess the hope levels of students involved in special education, particularly at the high school level.

To assess students' hope levels, data obtained from the Adult Hope Scale (AHS) were tabulated and used to generate relevant semi-structured interview questions. Five students chosen from those who completed the AHS were interviewed and narrative research methodology was used to report the interview findings. Although some semi-structured

interview questions were created based on the students' Adult Hope Scale responses, various questions recommended by Snyder (1994) were also used.

Research Questions

In order to shed light on the research problem, the following five questions were addressed in the research study:

Quantitative:

1. What factors influence the hope levels of high school students who receive special education services for emotional/behavioral disabilities or intellectual disabilities?

Qualitative:

2. How do high school students receiving special education services for emotional/behavioral disabilities or intellectual disabilities describe hope?
3. How do high school students receiving special education services for emotional/behavioral disabilities or intellectual disabilities view their special education experiences?

Combined:

4. In what ways do the narratives shared by the students (qualitative data) help to explain their individual Adult Hope Scale responses (quantitative data)?
5. Do participant views from interviews and from the standardized Adult Hope Scale converge or depart?

The primary quantitative research question for this study was: What factors influence the hope levels of high school students who receive special education services for mild intellectual disabilities (ID) or emotional/behavioral disabilities (EBD)? Answers to this question came from

Adult Hope Scale responses to questions about pathways thinking and agency thinking combined with student interview responses. Answers to the qualitative questions came from student responses during interviews, and the combined questions were answered using AHS responses combined with interview responses.

Although multiple special education eligibility categories were available as potential research samples, this study concentrated on two of the “soft” disabilities. The National Center for Education Statistics describes “soft” disabilities as subjective disabilities or those most dependent on a teacher’s diagnosis. Mild intellectual disabilities, specific learning disabilities, and emotional/behavioral disabilities are included in the “soft disabilities” group. This particular class of disabilities is also referred to as high-incidence disabilities that depend on clinical judgment for diagnosis. In contrast, hard disabilities are categorized as low incidence and are generally determined by biological factors (Cartledge & Dukes, 2008). Profound intellectual disability, hearing impairment, speech impairment and visual impairment are considered “hard disabilities” because they have self-evident manifestations.

This study focused on those disabilities most dependent on a teacher’s classroom observations for referral, i.e. mild intellectual disabilities and emotional/behavioral disabilities. It is worth noting here that “emotional disabilities” include both internalizing and externalizing behavior categories as well as low-incidence categories like schizophrenia. Distinguishing characteristics of internalizing behaviors include negative, self-directed actions or thoughts and various forms of mental illness. For example, depression would be considered an internalizing behavior, as would an eating disorder. In contrast, externalizing behaviors involve acting-out episodes that might lead to disciplinary action. Often, externalizing behaviors are precipitated by serious anger (Myers, 2010).

Brief Overview of Methodology

A qualitative narrative inquiry approach was used in this study. Both quantitative and qualitative data were combined using a narrative research design in order to honor the voices of individual research participants. According to Gall, Gall, and Borg (2010), narrative inquiry is “the systematic study and interpretation of stories of life experiences and the reporting of such research” (p. 373). In other words, the main focus of this research study was the stories told by the students and the interpretation of those stories.

Phase One

The initial phase of the study involved quantitative data collection and tabulation to explore possible differences in hope levels among a group of seven high school students receiving special education services for mild intellectual disabilities or emotional/behavioral disabilities. “Type of special education placement” was taken to mean self-contained placement, Response to Intervention programs, or any other form of special education practiced within the two high schools chosen for this study. Data in the form of Adult Hope Scale (AHS) scores were analyzed using an SPSS data analysis program. Descriptive statistics were computed and used to describe the varying levels of hope found in the seven students who completed the scale. Scores were ranked, and average scores for each separate group of students (ID and EBD) were calculated and reported along with median scores.

Phase Two

The second phase of the study was built on answers given during the first phase. Namely, student responses on the Adult Hope Scale were used to craft semi-structured interview questions. Interviews with selected students receiving special education services were then conducted in order to better understand and explain the reasons behind their hope levels and in

order to better understand how special education placement had influenced the various ways they described life. The individual stories of these students were then addressed and interpreted in narrative form.

Why Narrative Inquiry?

According to Gall et al. (2010), individuals and groups define themselves and clarify the continuity in their life experience by telling stories and by sharing those stories with others. They may also create narratives in order to express shared aspirations with others. Narrative research seemed particularly appropriate for this study because it allowed students who are often marginalized to express themselves and to explain how hope and special education influence their interpretations of the world. The insights they provided led to a better understanding of how hope and aspirations intersect in the lives of students receiving special education services for mild intellectual disabilities and emotional/behavioral disabilities.

Positionality

According to Schram (2006), it is inevitable that “a researcher’s presence in a setting has implications for what takes place and how events are given meaning” (p. 133). In order to establish rapport with my research participants, I told them about my background as a special education teacher and graduate student before starting the interviews.

Researcher’s Perspectives

My experiences working as a Learning Disabilities Resource teacher, a third grade teacher, and a volunteer with mentally handicapped adults have positioned me to view special education from a Disability Studies perspective. From this viewpoint, a deficit model of disability is replaced with a more nuanced understanding of how “disability” represents “social constructions by which relatively arbitrary points on the continuum of achievement are

designated as ‘disabilities’” (Harry, 2014, p. 73). In addition, students are often measured against a socially constructed concept of success using “White middle-class achievement as the reference point” (Harry, 2014, p. 74), a practice that dishonors the cultural differences of those being measured. As well, when the socially constructed concept of “race” becomes synonymous with “minority group,” it creates possibilities for exclusion and discrimination against minorities within school settings. This often occurs when clinical judgment is used to determine whether a student qualifies for placement in special education. If the student is part of a minority group, he or she is more likely to be referred for special education testing and placement than a white student (Waitoller et al., 2010).

Hope Theory suggests there are ways to help students overcome difficulties by training them how to think differently. As a teacher, I believe helping students to succeed both in school and in life is of paramount importance. Therefore, I believe Hope Theory offers one way to make a difference in education generally and in special education specifically.

Researcher’s Assumptions

As an educator, it is my belief that hopeful students will have a better chance of doing well in school than those with little or no hope, regardless of their disability label. It is also my assumption that placement in special education does not always prepare students for the real world because they may be treated differently (a practice referred to as “ableism”) than those considered “normal.” Based on the research conducted to date, I assume most students receiving special education services will be minorities.

Another one of my assumptions as a researcher is that people construct their individual experiences of the world by interacting with other people in different social settings over extended periods of time. It will be my job as a constructivist researcher to understand the

“constructed reality from the point of view of those who live it” (Schram, 2006, p. 44). Stated differently, I will need to listen carefully to the viewpoints of others in order to better interpret how they see the world. It will also be important for me to look through a critical lens when I interpret the student interviews. As described by Schram (2006), critical inquirers are researchers who “move beyond a concern for describing what is” into the realm of what could be (p. 45).

For people living in South Africa under apartheid, the realm of what could be eventually turned into reality, but only after years of suffering. In 1982, I traveled to Swaziland to teach in a small school on a hospital compound. Swaziland is located toward the northeastern border of South Africa, so I had many opportunities to cross into South Africa both by car and train. I witnessed firsthand the appalling conditions of native Africans, whose land it was, trying to coexist in the apartheid system set up by the minority White government. Cape Town and Durbin reminded me of typical American cities, but when I visited the African township of Soweto, I noticed it was characterized by extreme poverty. There seemed to be no electricity and no fresh water.

The apartheid system in existence at that time was actually three-tiered: Whites, Coloreds, and Blacks (in that order) were all treated differently. For example, on trains, toilets for Blacks were just holes in the floor. You could see the train tracks passing by under your feet. For Coloreds, toilets were raised seats situated above holes in the train floor. Sometimes, there might be a roll of toilet paper somewhere near the seat. For Whites, there were bathrooms with sinks, soap, toilet paper, and real toilets that flushed. And the only determinant for who used which “bathroom” was skin color.

My South African experiences left me with a lasting impression of injustice and the feeling that individual human rights should be extended equally to all, regardless of skin color, intelligence level, physical prowess, or any other barriers erected by the powerful to maintain their false sense of superiority. As a white, privileged, middle-class woman who enjoyed school, it is my assumption that I will never be able to adequately understand life from the perspective of those who are not like me. On the other hand, if I truly care about students in general and those who receive special education services in particular, I can at least listen to their stories and try to present them from their perspectives and not my own. Keeping bias out of the re-telling will take focus and a concerted effort on my part. Since students' voices are rarely heard, part of this study's significance will depend on how well those voices are expressed.

Rationale and Significance

This study examined the relationship between hope and special education placement in order to better understand the experience of special education placement and how it affects high school students' perceptions about their future goals. This was important for several reasons. First, research indicates there are too many minority students being placed in special education. If hope levels affect future outcomes as Snyder (2000) claims, it is important to examine the relationship between special education placement and the hope levels of students found eligible for special education services. Second, only one study has been conducted to determine the psychometric properties of the Adult Hope Scale when used with high school students (Marques et al., 2014), and to date no studies have examined its use with high school populations receiving special education services. More research at the secondary level is desperately needed. Finally, increasing the hope levels of students receiving special education services may lead to better outcomes for them, so examining ways to do that is a valuable endeavor.

According to Carretta, Ridner, and Dietrich (2014), only eleven studies have examined hope as a predictive variable within mental health clinical practice. Although hope is viewed as a “powerful factor in emotional healing” (Carretta et al., 2014, p. 230), and although it can serve as a powerful motivator for attaining goals, it has not been extensively explored. Particularly lacking are studies of hope at the high school level and its effects on the future goals and plans of students receiving special education services. Since adaptive coping strategies are enhanced by high hope levels, it is incumbent upon teachers to instill hope in their students (Horton & Wallander, 2001; Snyder, 1994; Snyder, Harris, et al., 1991).

This study’s significance lies in its potential contribution to both Positive Psychology and special education. Because so few studies using the Adult Hope Scale have been conducted with high school students, it is likely this study will contribute information that will prove helpful to high school teachers working with students receiving special education services and to psychologists interested in adolescent hope. Other groups who might benefit from this study include high school counselors and mental health professionals. It will also begin to fill the gap in information about hope levels in high school students whose special needs are being addressed through the special education system in our public schools.

Definition of Terms

Two critical concepts in the field of special education, “inclusion” and “least restrictive environment,” function as complements to each other. In order to ensure students are taught in the least restrictive environment possible, inclusion in the regular classroom is regarded as the best possible choice. How teachers view their students has a direct impact on whether they are likely to remain in the regular classroom or whether they will end up in a less inclusive setting. If a teacher believes students’ failure is their own fault, he or she is teaching from a deficit

perspective. This perspective typifies the predominant approach to special education, an approach reflected in the mindset that views disability as a “personal condition to correct or cure” (Reid & Knight, 2006, p. 18).

Deficit Thinking Model

When teachers situate disability inside students and refuse to entertain the possibility systemic problems might exist inside their own classrooms, a deficit thinking model of education predominates. This type of deficit thinking model leads to the following belief: Students fail in school because of the students’ own deficiencies, not because of unfair school policies or differential treatment from teachers. A deficit perspective situates school failure within the student and suggests that deficiencies exist within the student or his or her home life and that these deficiencies are the cause of academic failure (Dray & Wisneski, 2011, p. 30). One of the problems with this perspective is its removal of responsibility for student failure from the teacher. Instead, the teacher is free to continue teaching in the same way regardless of cultural, academic, and linguistic differences resident in the classroom.

Diagnosis

This is a medical term used by doctors when they want to identify an illness for a patient. In special education, “classification” is sometimes used as a substitute for this word. According to Burnette (2012), “The fundamental distinction between a medical diagnosis and an educational determination is the impact the condition has on student learning” (p. 4). Given this description, it is possible to have a medical diagnosis of Autism, yet not be found eligible for special education services if the condition does not interfere with learning. Stated differently, receiving a medical diagnosis does not automatically guarantee eligibility for special education services.

Eligibility

In the field of special education, “eligibility” refers to whether a child qualifies for special education services or not. According to the Learning Disabilities Association of America (2015), the following applies to determining eligibility:

In interpreting evaluation data for the purpose of determining if a child is a child with a disability and in need of special education, each public agency is to draw upon information from a variety of sources, including aptitude and achievement tests (but not restricted to these results), parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.

Inclusion

Although several interpretations of “inclusion” are described in the literature, the definition used by The National Center on Educational Restructuring and Inclusion (1993) seems to be one of the most comprehensive and detailed, and is therefore referenced here:

The provision of services to students with disabilities, including those with severe impairments, in the neighborhood school, in age-appropriate general education classes with the necessary support services and supplementary aids (for the child and the teacher) both to assure the child’s success—academic, behavioral, and social—and to prepare the child to participate as a full and contributing member of the society. (p. 3)

When put into practice, inclusion allows students with a range of disabilities equal access to the general education curriculum and it gives them the chance to participate in regular classrooms with nondisabled peers.

Individualized Education Program (IEP)

According to the National Center for Education Statistics (2010), an individualized education program is a written instructional plan for students with disabilities, (also known as “special education students”) under the Individuals with Disabilities Education Act (IDEA, Part B). Each IEP has to include the following parts:

1. Statement of child’s current performance levels
2. Statement of measurable annual goals (academic and functional)
3. Description of benchmarks/short-term objectives for disabled students who take alternate assessments
4. Statement of special education, related services, and supplementary aids and services
5. Statement of necessary individual accommodations for students who take state/district wide assessments

Least Restrictive Environment

According to the Individuals with Disabilities Education Act of 2004 (IDEA), the least restrictive environment can be summed up as follows:

Least restrictive environment means that to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled and special classes, separate schooling, or other removal of children with disabilities from the regular education environment occurs only when the nature or severity of the disability is such that even with the use of supplementary aids and services, education cannot be achieved satisfactorily. (p. 3)

Implicit in both definitions is the recognition that supplementary aids and support services should be made available to regular classroom teachers dealing with special needs students.

Isolating students in self-contained special education classes is no longer encouraged, although it was the go-to choice in the beginning of the twentieth century (Shyman, 2013).

Minority Overrepresentation

The concept of minority overrepresentation is described by Zhang and Katsiyannis (2002) as follows: “Overrepresentation occurs when the percentage of minority students in special education exceeds the percentage of these students in the total student population” (p. 180). In other words, if a school population is 12% African American, then the special education enrollment of African Americans in that school should not exceed 12%. In this paper, statistics for special education enrollment will be determined by the total number of Individualized Education Programs (IEPs) registered within individual states.

Self-contained Setting

Generally considered one of the most restrictive settings for students with special needs, “self-contained classrooms are classrooms specifically designated for children with disabilities. Self-contained programs are usually indicated for children with more serious disabilities who may not be able to participate in general education programs at all” (Webster, 2015).

Special Education

According to a 2004 publication of *Education Week*, special education is designed to encompass educational programs that serve children with physical, behavioral, emotional, and mental disabilities. The federal Individuals with Disabilities Education Act (IDEA) guarantees an appropriate and free public education to all children, regardless of disability, and it also requires that they be taught with nondisabled peers, or in the least restrictive environment, to the maximum extent possible. Before the Education for All Handicapped Children Act was enacted in 1975, disabled children were not able to attend school. However, by 2009, around 5.8 million

schoolchildren (aged 6 to 21) were receiving special education services (*Education Week*, 2004, p. 1).

CHAPTER 2: REVIEW OF LITERATURE

The purpose of this study was to better understand how high school students receiving special education services viewed their special education experiences and how those experiences influenced their hope levels. Hope Theory suggests training students to think differently can lead to positive life outcomes, so this study used both personal interviews and the Adult Hope Scale to better understand the relationship between hope and special education placement in the lives of the interviewed students.

To conduct this study, it was necessary to complete a critical review of current literature surrounding three major areas: (1) Hope Theory, (2) special education placement, and (3) the presence or lack of hopeful thinking patterns in adolescents found eligible for special education services in two soft disability categories. The soft disability categories chosen were intellectual disabilities and emotional/behavioral disabilities. The review was a continuous process throughout the data collection and analysis stages of this study.

Because educational practices continue to evolve over time, this review is focused mainly on research conducted during the last twenty years. Exceptions to this time frame include seminal articles and any sources that provide important historical context. To conclude, although articles written between 1993 and 2015 are the chief focus, historical background information is also included in this literature review because it provides a significant foundation for exploring Hope Theory and its intersection with special education placement in the lives of adolescents.

Hope Theory is reviewed in order to better understand its connection to school achievement and goal fulfillment. Because it is part of the relatively young field of Positive Psychology that emerged about twenty years ago, research reporting its use at the secondary level is scarce. In contrast, a review of the literature covering special education placement

reveals the existence of a prolific amount of research concerning this topic. Two critical issues relevant to this study and covered under the “special education placement” umbrella are minority overrepresentation and the ongoing debate about how much time diagnosed students should spend in the general education mainstream. The obtained information is important because it provides a deeper understanding of special education placement in general and its impact on minority populations and diagnosed students in particular. In addition, Erevelles, Kanga, and Middleton (2006) argue that any disability issues should be discussed in tandem with race issues because “racial segregation has been historically justified by referring to the ideological construct of disability assumed to epitomize biological inferiority” (p. 95).

The historical context, structure, laws, placement procedures and pre-referral strategies of special education are reviewed in order to explore their connection to the experiences of adolescents participating in the special education system and in order to examine possible ways those experiences influence hope levels. Finally, literature about the presence or lack of hopeful thinking patterns in high school students receiving special education services is reviewed using Snyder, Harris, et al.’s (1991) definition of hope. This definition ties goals, agency, and pathways thinking together. How these three constructs intersect with special education placement is examined in order to locate possible connections between hope levels and how adolescents experience disability status.

Multiple information sources were used to conduct this literature review. Most sources were accessed through the DePaul University library website using various search engines including ProQuest, ERIC, and eduCAT. The Sage Handbook of Special Education (2nd ed.) also proved useful in providing bibliographic references and up-to-date research information. Books, dissertations, peer-reviewed journal articles and periodicals provided valuable data. Key

words and terms used to search the literature included special education, minority overrepresentation, Hope Theory, Snyder, secondary school, high school students, perceptions, goal attainment, usefulness of special education, agency, and future goals.

Hope Theory

One of the oldest stories about hope is found in ancient Greek mythology. The story begins with Zeus's anger at humanity for having discovered fire. Seeking revenge, Zeus sends the maiden Pandora to earth with a dowry chest and admonishes her to keep the chest closed. Of course, the first thing she does when she gets to earth is open the chest and release all kinds of evil upon earth's inhabitants. At the last possible moment, she gets the chest closed before hope escapes. Only hope is left, a situation that is anything but mythological in many real-life scenarios. This is evident in a plethora of English expressions including, "He was our last hope," "she hoped against hope it would work out," and "hope springs eternal." All of these expressions and countless others illustrate the emotional aspect of hope, or as Ikeda (2006) describes it, the ability to create some hope by searching for a glimmer of light inside ourselves.

At one time in history, hope was defined as a construct with only one dimension: the perception that one's goals could actually be met. Scholars who studied hope from this perspective include French (1952), Meninger (1959), and Stotland (1969), all of whom de-emphasized the motivational aspects of attaining one's goals. Other, more recent scholars have defined hope as a strong emotion consisting of four components, i.e. attachment, mastery, survival, and spiritual beliefs (Scioli, Ricci, Nyugen, & Scioli, 2011). When Snyder (1994) began studying hope in the 1990s, motivation, what he called "agency thinking," became a key tenet of his Hope Theory. In his view, once goals have been established, agency thinking entails using hopeful messages like "I can do this!"

For Snyder (2002), hope is viewed as a cognitive mind set rather than an emotion. Snyder's theory is described by Sears (2007) as a "cognitive model of hope which is based on the assumption that human beings are goal-directed" (p. 22). In the 1950s, the examination of hope using a scientific approach yielded the definition of hope as "positive goal expectancies" (Snyder, 2000, p. 4). At the end of the 20th century, "Hope Theory" re-defined hope as "the perceived capacity to find routes to desired goals in conjunction with the motivation to use those routes" (Snyder, 2000, p. 8). According to the University of Pennsylvania Positive Psychology Center, hope is "the overall perception that one's goals can be met" (p. 1). This definition was further developed in the 1990s as a way to connect agency with goals (Snyder, Harris, et al., 1991). These researchers believed it was not enough to describe hope as a perception. Instead, they believed hope could only exist in the presence of both pathways to achievement and agency thoughts combined with goal-oriented thoughts. Specifically, Snyder's cognitive model of hope defines it as follows: "A positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)" (Snyder, Harris, et al., 1991, p. 287).

Snyder, Harris, et al. (1991) developed Hope Theory by adding more dimensions to already existing psychological theories about hope. To be precise, the researchers argued there are three main characteristics of hopeful thinking: goals, pathways, and agency. According to Hope Theory, thinking in a goal-oriented way, finding different ways to achieve your goals, and then believing that you can instigate change are the main components of hopeful thinking and one of the biggest determinants of future success (Mind Tools, 2014, p. 3). Today, strengths-based approaches in psychology have replaced the examination of peoples' weaknesses with emphasizing their strengths. Hope Theory is just one example of this kind of approach. Instead

of focusing on factors that lead to school failure, Hope Theory emphasizes academic success and ways to improve and support academic motivation. In short, Hope Theory emphasizes protecting and increasing hope levels in young people as one way to improve academic achievement.

Hope Itself

According to Marques et al. (2014), hope is important for human flourishing, development, life satisfaction, social competence, work, academic and sports performance, and health and longevity (p. 781). Several studies cited in their research include a study about the relationship of children's hope to pediatric asthma treatment adherence (Berg, Rapoff, Snyder, & Belmont, 2007) and Gilman, Dooley, and Florells' (2006) study of the relative hope levels of adolescents and their relationship with psychological and academic indicators. In these studies, hope played a major positive role both in the lives of children with asthma and in the lives of adolescents. From an academic standpoint, the relationship between hope and achievement has been studied and verified by several researchers (McDermott & Snyder, 1999; Snyder, Hoza, et al., 1997) and children with higher hope levels have shown more adaptive academic behaviors than peers with lower hope levels (Snyder, Hoza, et al., 1997). It has also been demonstrated that hope has higher predictive power for academic achievement than optimism, perceived competency, and self-esteem (Snyder, Hoza, et al., 1997).

The Adult Hope Scale

Snyder, Irving, & Anderson (1991) divide Hope Theory into three main sections, what Snyder (2002) describes as the trilogy of hope: goals, pathways, and agency. Hope Theory is essentially based on the view that human activity is directed by two different kinds of goals: approach goals and the forestalling of negative goal outcomes. Approach goals that lead to

positive outcomes are desirable, while trying to avoid negative goal outcomes is considered less desirable. Higher hope individuals tend to set approach goals, while lower hope individuals attempt to avoid negative goal outcomes through various procrastination strategies. These goals are divided further as shown in Table 1 (Snyder, 2002, p. 250) below.

Table 1

Approach goals and the forestalling of negative goal outcomes

Type 1 – Positive goal outcome	Type 2 – Negative goal outcome
A. Reaching for the first time	A. Deterring so that it never appears
B. Sustaining present goal outcome	B. Deterring so that its appearance is
C. Increasing that which already has been initiated	delayed

In Snyder's (2002) review of Hope Theory, he describes goals as the targets of mental action sequences that may be visual images like pictures in the mind, or they may also be verbal descriptions. In addition, goals may vary in the temporal frame applied to them. For example, goals can be short term or long term, and they can also be vague or clear (Snyder, 2002).

Snyder's Hope Theory indicates that high-hope thinkers tend to have clear goals because it is easier to imagine pathways to those kinds of goals rather than vague ones. Other goal delineations include "those that fill a profound void in a person's life" (Snyder, 2002, p. 250) under the assumption that hope is only possible when one's life circumstances are unsatisfactory (Lazarus, 1999); enhancement goals that make the satisfactory even better; and finally, maintenance goals that make up our daily lives (Snyder, 2002). Snyder (2002) also explains his observation that high-hope people sometimes alter what seem to be inevitable failure situations

so as to achieve the impossible.

Research based on Hope Theory led to the development of several instruments designed to measure hope. The instrument chosen for this study, The Adult Hope Scale (AHS), consists of twelve items: four agency, four pathways, and four distracter items (Snyder, Harris, et al., 1991). This instrument is designed to measure the trait aspect of hope in both adults and adolescents aged 15 years and older. Another instrument developed by Snyder et al. (1997), the Children's Hope Scale (CHS), has been used with children between the ages of 7 and 14. To date, only one study has validated the use of the Adult Hope Scale with high school students (see Marquis, Lopez, Fontaine, Coimbra, & Mitchell, 2014), so information on its use with this particular population is scarce. However, the CHS has been used and validated with attention-deficit/hyperactivity disorder (ADHD) boys, children being treated for cancer or asthma, young adolescents with sickle-cell disease, and young adolescents who were exposed to violence (Snyder, 1997). In all cases, the psychometric properties of the CHS were demonstrated in a satisfactory manner (Marques & Lopez, 2014).

The population of interest in this study was high school students receiving special education services. According to Snyder (2002), the Adult Hope Scale had been used with undergraduate college students, graduate students, psychiatric outpatients, psychiatric inpatients, spinal cord injury patients, blinded older adults, elderly women, women with breast cancer, persons in drug rehab programs, veterans with posttraumatic stress disorder (PTSD), and people in treatment for drug dependencies (p. 256). Conspicuously absent from this list were any studies using the Adult Hope Scale with high school students receiving special education services.

Snyder, Rand, and Sigmon (2002) acknowledge the need for additional research, particularly in the area of attentional focus, since on-task focus is enhanced by hopeful thinking

(Snyder, 1999). It follows that students with ADHD might benefit from learning how to use agency thinking to increase their hope levels. Other areas needing further research include the relationship of hope to academic achievement in minority student populations in general and special education student populations in particular. Data suggest minority student populations are placed in special education too often, and it is possible this practice affects their hope levels and thus impacts their ability to achieve at their highest potential.

Adolescent Hope

Adolescent hope studies did not begin to emerge until the 1990s, so extensive research in this area is lacking (Yarcheski & Mahon, 2014). In 2013, Esteves, R. L. Scoloveno, Mahat, Yarcheski, and M. A. Scoloveno published the first integrative review of adolescent hope based on quantitative studies conducted between 1990 and 2010. According to these researchers, although available studies on adolescent hope were abundant, the findings had not been integrated into any kind of coherent body of knowledge up to that point: “No systematic reviews have focused on adolescent hope, creating a gap in the literature” (Esteves et al., 2013). Consequently, they sought to synthesize all major concepts covered in relation to adolescent hope by reviewing thirty-six empirical studies.

The researchers were able to identify twenty-two variables and their relationship to hope. Several statistically significant findings emerged from their analysis. For example, they found social support systems, self-esteem, optimism, self-efficacy, religiousness, and future time perspective all had positive relationships with hope in the lives of adolescents. Not surprisingly, they also detected negative relationships between adolescent hope and stress, depression, and anxiety. In addition, based on their analysis, the researchers concluded that “Hope is a powerful predictor of positive outcomes, such as life satisfaction and well-being” (Esteves et al., 2013, p.

111) in the lives of adolescents, and more hopeful adolescents are less likely to smoke cigarettes, use marijuana, or use alcohol. The relationships between hope, life satisfaction, and self-esteem were studied most frequently, while the relationships between hope, anxiety, well-being, and future time perspective were studied the least. The review did not identify which variables were the most powerful in relation to hope (Yarcheski & Mahon, 2014).

In 2014, Yarcheski and Mahon examined 77 quantitative studies (including dissertations) of adolescent hope published between 1990 and 2012 and conducted several meta-analyses of hope predictors in adolescents. Excluded from their analysis were any qualitative studies of adolescent hope as well as any studies of adolescent hope reported in master's theses or book chapters (Yarcheski & Mahon, 2014). Their findings indicate a large effect size between hope and the following predictor variables in adolescents: positive affect, life satisfaction, optimism, self-esteem, and social support (Yarcheski & Mahon, 2014, p. 13). Positive affect, or the extent to which a person feels alert, enthusiastic and active, was the variable with the largest positive effect in relation to hope in adolescents (Yarcheski & Mahon, 2014). In other words, adolescents who feel alert, active and enthusiastic are generally hopeful about life. One assumption inherent in Snyder's Hope Theory is the notion that individuals set goals and attempt to achieve them, what Pajares (2001) describes as one of the essential components of academic motivation. This points to the mutually beneficial relationship between hope and achievement: As one increases, so does the other. Therefore, academic implications of low hope levels in students include the potential for higher dropout rates, lower graduation rates at both the high school and college level, and poorer academic achievement compared with higher hope peers (Turner, Husman, & Schallert, 2002).

Marques and Lopez (2014) provide further research evidence documenting the

importance of hope in the lives of students. Findings over the past two decades include the positive relationship between hope and life satisfaction, self-worth, and well-being (Marques et al., 2014), the negative relationship between depression symptoms and hope (Snyder et al., 1997), and the positive relationship between high hope students and optimism, the development of life goals, and the perception of competence (Snyder et al., 1997). According to Worrell and Hale (2001), hopeful high school students have higher grade point averages than those less hopeful. On the other hand, students who experience hopelessness about their future tend to be more prone to aggressive behavior, sexual behavior, accidental injury, violence, and substance abuse (Bolland, 2003). Snyder, Harris, et al. (1991) also assert that higher hope people tend to set more difficult goals for themselves and they are more certain of attaining those goals.

Other findings include the association of hope with superior performance, the tendency for higher hope people to embrace their goals, and the close relationship between goal-directed behaviors and coping processes (Snyder, Harris, et al., 1991; Snyder, Irving, & Anderson, 1991). Snyder (2002) also explains that the inability of students with attention deficit disorder (ADD) to focus on appropriate goals is one predictor of low hope. In contrast, students with high hope levels see stressors as a challenge (Snyder, Harris, et al., 1991). Using the Adult Hope Scale (Snyder, Harris, et al., 1991), Adelabu (2008) studied the relationship between ethnic identity, hope, and future time perspective among rural and urban low-income African American adolescents exposed to high levels of stress. She uncovered a strong positive relationship between academic achievement and hope, future orientation, and ethnic identity.

Other Views of Hope

According to Bruininks and Malles (2005), the psychology of hope has been minimally researched when compared with other positive states. They argue for an emotional interpretation

of hope because they view it as an important component of human survival. In their opinion, Snyder's emphasis on a goal-setting framework based on figuring out how to get what one wants does not explain the experience of hope "when an individual has little perceived control over an outcome" (p. 328). Another problem with Snyder's goal-setting theory pointed out by Bruininks and Malles is that it sees hope solely as a "cognitive set with negative emotions reflecting perceived failures and positive emotions reflecting perceived success in the pursuit of goals" (p. 329). Stated differently, Snyder's theory emphasizes cognition over emotion.

In contrast, Averill, Catlin, and Chon (1990) describe hope as an emotion because it fits the parameters of an emotional model of behavior, i.e. it is difficult to control, it is non-rational, and it motivates behavior like other emotions. Hinds (1984) also describes hopefulness in young people in emotional terms by referring to it as "the degree to which an adolescent believes that a personal tomorrow exists" (p. 360). These researchers claim altruistic hopes cannot be captured by using Snyder's goal-setting framework. Interestingly, a major difference between the perspectives of hope as cognition and hope as an emotion is that a goal-setting (cognitive) definition of hope focuses on relatively controllable outcomes whereas an emotion-based definition of hope allows for people focusing on the *possibility* of reaching a goal whether it is likely to be reached or not (Averill et al., 1990). In fact, as demonstrated by Bruininks and Malle's (2005) second study, people often hope for outcomes that are both uncontrollable and unlikely, thereby demonstrating a type of hope Duncan-Andrade (2009) defines as "hokey hope."

According to Duncan-Andrade (2009), hope that makes a difference, particularly among urban students of color, must consist of three parts: material hope, Socratic hope, and audacious hope. Combined, the three elements embody *critical* hope. Critical hope can be transmitted to students through genuine self-sacrifice on the part of teachers, standing in solidarity with urban

neighborhoods, and developing caring relationships with students while maintaining high expectations for each one (Duncan-Andrade, 2009).

In the present study, Snyder's cognitive approach to hope is used because it provides a concrete series of steps students can follow to reach specific goals. In special education student populations, goal attainment is often a difficult process. For this reason, a cognitive model of hope may offer the best chance for practical application in the lives of students receiving special education services. According to Te Riele (2010), hope becomes a useful concept for adolescents when it is conceptualized as a robust, attainable, and sound construct. As described by Esteves et al., (2013), "robust implies that hope is constructive; attainable implies that hope is necessary to overcome obstacles and involves both wishing and planning; and sound implies that hope is positively connected with human well-being or betterment" (p. 106). Snyder's Hope Theory rests on a cognitive approach to goal attainment which coincides with Te Riele's (2010) philosophy that hope is constructive, attainable, and positively connected with human well-being. Hope Theory also relies on several assumptions about human nature, including the idea that levels of hopeful thought can be increased, that all people have the capacity for hopeful thinking, and that people's evaluations of the future and the past influence the present because people are time-oriented beings (Lopez, Floyd, Ulven, & Snyder, 2000).

If hope is indeed necessary to overcome obstacles, Hope Theory suggests students placed in special education would likely benefit a great deal from learning how to set and attain goals. Generally, students are referred for special education services due to some kind of perceived academic or social deficit. Indeed, according to Cartledge and Dukes (2008), a combination of both behavior and reading problems is the main reason for special education referral. In this sense, the referral process places students in a less hopeful situation from the start because it

acknowledges they are experiencing learning obstacles in the general education curriculum and are therefore being considered for special education placement. Lopez, Floyd, et al. (2000) maintain that social expectations and experiences affect the development of hope, yet hope in students placed in special education has not been adequately researched. How special education placement affects the hope development of placed students remains an unanswered question.

Special Education Placement

Children referred for potential learning disabilities (about 3% to 6% of the school-age population per year) often find themselves in what Harrington and Gibson (2001) describe as the “referral-to-placement lockstep” (p. 538). According to Artiles (2011), educational inequities have existed for decades despite the attention of researchers, policy makers and educators, and special education placement has sometimes become the dumping ground of choice for teachers unable or unwilling to handle differences. With this in mind, interventions made in the regular classroom before comprehensive testing is conducted might be one way to interrupt the cycle. Potential benefits of pre-referral strategies include maintaining the maximum number of students in the least restrictive learning environment, the improvement of classroom instruction, and less time spent on assessment activities (Harrington & Gibson, 2001).

In theory, prior to any student receiving a referral for special education evaluation and potential special education placement, the law in several states requires documentation of strategies attempted to alleviate perceived learning difficulties within the classroom (Harrington & Gibson, 2001). This pre-referral stage of interaction between the student and his or her classroom teacher should be designed to ameliorate that student’s perceived classroom learning difficulties through direct intervention strategies (herein referred to as “pre-referral strategies”). Only when a student continues to struggle inside the regular classroom after all reasonable

attempts have been made to accommodate that student's needs does it become appropriate to refer that student for testing and possible special education placement.

In this section of the literature review I examine different facets of special education placement, including minority overrepresentation in special education and the often-controversial topic of inclusion. Many scholars view minority overrepresentation and inclusion as the key issues impacting special education placement in the twenty-first century (Artiles, 2011; Dieker & Powell, 2014; Losen & Orfield, 2002; Reid & Knight, 2006; Shyman, 2013; Waitoller et al., 2010), so both topics are included here. Other topics covered in this section include a brief historical overview of special education, important legal cases, pre-referral strategies used inside regular classrooms, and a comparison of traditional and current placement models. Numerous pre-referral strategies are examined in order to highlight connections between the types of interventions used and whether or not students get placed in more restrictive learning environments. As noted previously, once students end up in special education classrooms, it is likely they will remain there for the rest of their school careers (Harry & Klingner, 2006), so effective strategies designed to catch learning difficulties early on may provide one way to prevent this from happening.

Historical Context

The seeds for an exclusive style of education, one that marginalizes those who appear different by removing them from the mainstream, were planted a long time ago. As far back as the late 1800s, what became known as "ugly" ordinances were established in the United States in order to enforce "population quality control," a legal form of discrimination against marginalized populations. Largely through visual identification, certain groups of people were removed from society and placed in poor houses or asylums to keep them out of sight, a trend that would

eventually lead to the establishment of state-run institutions designed to house the Developmentally Disabled. Regrettably, the key prerequisite for institutionalization was based mostly on difference, not disability. Along with disabled individuals, streets were sometimes swept clean of African-Americans, those with low socioeconomic status, beggars, immigrants, and the sick (Schweik, 2009).

For numerous groups with religious inclinations, a scapegoat approach became their justification for segregating and marginalizing those considered less “pure.” Scapegoating is just another word for “othering,” a process that frames disabled persons or those considered different from the norm as outsiders and works toward their segregation from those considered “normal” (Reid & Knight, 2006). Artiles (2011) raises an interesting question pertaining to these ordinances: Did enforcement of de-facto segregation laws influence professional school practices in order to maintain the racialization of disability? Since a significant percentage of high school minority students in Chicago, for example, fail to complete high school and the majority produces low reading scores on tests (Sander, 2001), the answer to this question may shed light on current practices in minority majority schools.

In the following section, references from Eric Shyman’s comprehensive book, *Beyond Equality in the American Classroom: The Case for Inclusive Education*, are liberally employed because his book provides historical, philosophical and legislative background material while many other relevant books lack such a broad scope. In short, his book serves as an exemplar when it comes to the history of special education.

Early signs of special education practices began towards the end of the nineteenth century and the beginning of the twentieth century in the United States. In fact, individual differences and their tendency to disrupt societal norms were rarely tolerated before the mid-eighteenth

century (Winzer, 2006). The first documented class for “slow and backward children” opened in Rhode Island in 1896 when fifteen students were separated from their “regular” classmates and transferred to a fire station in Rhode Island. It would be naive to assume these children received any kind of special instruction, however. Instead, this classroom, along with many others, became “the first instances of ‘dumping grounds’ in which individuals with all kinds of challenges and problems were placed with little attention or even interest paid to their specific needs” (Shyman, 2013, p. 77).

At the opposite end of the spectrum, students with sometimes severe intellectual challenges were placed in regular classrooms and expected to sink or swim without any environmental accommodations or lesson modifications made on their behalf. At about the same time, the Eugenics Movement was capturing the imagination of many American intellectuals who began to view any kind of mental aberration as a detriment to the advancement of civilization and as a hindrance to those trying to be successful in the business world. Having “intelligence” became synonymous with success, and schools began to reflect this mindset by providing separate environments for children perceived as “different” in order to protect the so-called “regular children” and their learning (Shyman, 2013). A textbook written by J. E. Wallace Wallin in 1924 illustrates this well:

In the regular grades the feeble-minded and subnormal represent, as it were, an unassimilated accumulation of human clinkers, ballast, drift wood, or derelicts which seriously retards the rate of progress of the entire class and which often constitutes a positive irritant to the teacher and other pupils. (Shyman, 2013, p. 78)

A lack of support for disabled students at that time is evident. Referral decisions were left up to the teacher who could have students removed at her discretion based on arbitrary standards. For the most part, disabled students were considered a nuisance and a threat, and teachers did not hesitate to request their removal, often out of pity but usually out of sheer frustration (Shyman, 2013).

As the twentieth century progressed, this model of separation in schools between those considered “normal” and those considered “delayed” continued, aided in part by a growing reliance on science and its ability to identify and classify individuals with disabilities through so-called “intelligence” tests (Shyman, 2013). The first major intelligence test introduced into the United States was developed by Binet and Simon in France as a way to identify and screen for “slow learners” in order to enhance their intelligence “through education within a nurturing environment” (Shyman, 2013, p. 79). Stanford University scientists translated Binet’s test, subsequently renamed the “Stanford Binet,” and it became the precursor to the development of numerous intelligence tests designed to measure individual intelligence levels in the United States.

After World War II, family activism and government attention led to the development of more special education classrooms inside public schools. In 1948, 86,890 individuals were taught in special classes, and by 1966 that number had increased to 495,000 (Shyman, 2013). At the same time, the number of special education instructors increased from 4,970 to 29,200. Since then, numerous laws have been passed to protect the rights of individuals with disabilities. What follows is a brief synopsis of major legal developments in the field and their impact on the lives of students labeled disabled.

Labeled Disabled and the Law

As of 1975, when Public Law 94-142 (The Education for all Handicapped Children Act) came into being, public schools have been obligated to serve all children with disabilities from the time they turn 3 until the age of 21 (Martin, Martin, & Terman, 1996). Prior to this time, the decision whether or not to teach disabled students was left up to local school districts that could refuse to enroll students they considered “uneducable.” Adding insult to injury, some school districts placed children with physical disabilities and normal intelligence in classes designed for mentally retarded children (Martin et al., 1996).

Between 1971 and 1973, several cases made their way through the federal courts. One in particular is considered a seminal case: *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania*. This 1971 case involved contesting a state law allowing public schools to deny services to those who had not attained a mental age of five years by the time they would normally start first grade. This case resulted in legislation requiring an appropriate education for all children based on learning capacities, not mental age. Another key case, *Mills v. Board of Education*, ended with a ruling prohibiting school districts from deciding they had “inadequate resources to serve children with disabilities because the equal protection clause of the Fourteenth Amendment would not allow the burden of insufficient funding to fall more heavily on children with disabilities than on other children” (Martin et al., 1996, p. 28).

The Education for all Handicapped Children Act was renamed the Individuals with Disabilities Education Act (IDEA) in 1990. Although complicated and far-reaching in scope, the main tenets of the law require school districts to meet the needs of children suspected of having a learning disability by providing a psycho-educational evaluation and through the development of an Individualized Education Program (IEP). The law also requires schools to consider

“modifications in the regular classroom before moving the child to a more restrictive placement” (Martin et al., 1996, p. 35). To summarize, the law still allows for two approaches to placement in special education. One approach is based on the traditional discrepancy model and the other follows a response to intervention strategy. What follows is a description of both approaches.

The Traditional Continuum of Placement

In 1975, the Education for All Handicapped Children’s Act (Public Law 94-142) was passed, ostensibly to ensure “an appropriate education for all children identified with a disability” (Fuchs, Stecker, & Fuchs, 2008). To ensure an appropriate educational fit for disabled children and to meet the variety of needs they exhibit, a “cascade of services” (Deno, 1970) was developed and still exists in most school districts across the nation. In order to fulfill the spirit of the law, schools are supposed to address a student’s unique social and academic needs in a setting as close as possible to nondisabled peers in a regular classroom. This concept, referred to as the “least restrictive environment,” was revisited in 2002 and reconfirmed in 2004 with the passage of the Individuals with Disabilities Education Improvement Act (IDEA 2004; Public Law 108-446). In effect, this law revised the 1975 law by emphasizing an RTI (response to intervention) model rather than a discrepancy approach to disability. Stakeholders are required to “balance the intensity of services necessary for students’ appropriate education against their need to be as proximal as possible to typically developing peers” (Fuchs et al., 2008, p. 77).

The discrepancy approach to learning disabilities has emphasized the documentation of an IQ/achievement discrepancy, an approach that in effect excuses teachers from any serious responsibility by placing blame for learning problems squarely on the shoulders of the children themselves. Instructional excellence and teacher quality slip easily under the radar screen in this

scenario. This discrepancy approach can leave children vulnerable to failure without intervention up until after second grade, when most children with disabilities are identified (Fuchs et al., 2008).

The New Continuum of Placement

In contrast to the traditional discrepancy model, IDEA 2004 has given states a mandate to rule out instructional variables before placing students in unnecessarily restrictive environments removed from their peers. Put succinctly, the law requires schools to examine general education practices carefully before resorting to special education placement, a move lauded by McLaughlin (2006). In her view, general education and its inability to accommodate special needs students is the main cause for the large numbers of referrals and placements in the first place. To correct this, she advocates a full-inclusion model of instruction designed to meet the needs of special needs students within the regular classroom. In addition, she recommends a standards-driven approach to instruction for ALL students, regardless of ability level (McLaughlin, 2006), and believes “most children currently identified as disabled will become nondisabled with the ‘right’ general education in place” (p. 20).

An outgrowth of the “full inclusion” idea is embodied in the Response to Intervention (RTI) approach. This educational concept is based on various tiers of instruction carried out in regular classrooms as a way to meet the needs of all represented ability levels. The purpose of the first tier is prevention within the regular classroom. Initially, students are assessed and their average scores are compared with normative data. If any student exhibits questionable proficiency, that student is carefully monitored by the classroom teacher to determine progress over a specified time period of direct instruction. If little progress is seen, Tier Two commences. This involves the application of supplemental instruction through a special teacher who works

alongside the classroom teacher. If this more intensive level of teaching produces no improvement, Tier Three is recommended. This phase may involve a comprehensive evaluation to determine if a possible learning disability exists. If a school's multidisciplinary team determines a disability is present, special education services are recommended (Fuchs et al., 2008). Generally speaking, Tier Three instruction can be viewed as an intervention strategy, a way to help struggling students catch up. In essence, RTI creates multiple layers of increasingly more intensive instruction, so it has the potential to make the "disability- identification process more accurate and valid" (Fuchs et al., 2008, p. 96).

When the disability-identification process fails to identify students who may need extra help (false negative) or, conversely, when it incorrectly identifies students as special education candidates (false positive), misplacement occurs.

Misplacement

The practice of labeling a student as anything other than normal carries with it the potential for both short term and long term negative outcomes. In the short term, students placed in special education classes often find themselves segregated from their peers both educationally and socially. According to Longmore (2003), disabled people are still considered defective in our society and are more segregated than any other minority. Unfortunately, students of poverty and color who receive Learning Disabled (LD), Emotionally/Behaviorally Disabled (EBD), or Intellectually disabled (ID) labels are segregated inside schools at much higher rates than are White students with the same labels (Losen & Orfield, 2002). Furthermore, African American students labeled with disabilities and placed in special education classes have lower rates of achievement gains and are less likely to exit the system than their White counterparts (U.S. Department of Education, 2004). In addition, available evidence suggests African American

students placed in classes for the developmentally disabled are almost always educated in self-contained, segregated settings removed from their nondisabled peers and the general education curriculum (Fierros & Conroy, 2002). Given these negatives, the importance of making correct placement decisions cannot be overstated.

Over the long term, labeling minority students as Learning Disabled (LD) can affect whether they get admitted to college or not (Reid & Knight, 2006). In fact, when compared with their White peers, African American students placed in special education have fewer positive outcomes over all (Blanchett, 2006). Some of the negative outcomes include more segregated special education placements, high dropout rates, substandard curricula, and limited interaction with nondisabled peers (Ferri & Connor, 2005). Once African American students leave special education, many experience significant unemployment rates, lack of workforce preparation, and limited access to college (Chamberlain, 2005). In the 1990s, several longitudinal studies comparing post-school outcomes of disabled students with in-school learning opportunities and experiences revealed that individuals with disabilities often lack the “social skills, life skills, basic academic skills, and employment training to participate in all aspects of adult life” (Blackorby & Wagner, 1996). Many of these students leave school with a certificate of attendance or completion instead of a high school diploma.

Instead of fulfilling its original promise to help students overcome learning difficulties, special education has contributed to failure in urban school districts by stigmatizing and labeling students of color (Blanchett et al., 2005). When a focus group consisting of community leaders, advocates, educators and parents was convened by Blanchett in 2006 to discuss factors leading to special education referral and placement of minorities, the inadequacy of general education and its inability to meet the needs of all students was posited as a chief contributor to minority

overrepresentation in special education. Other reasons given included the significant mismatches that exist between teachers and students, the lack of supports to help families navigate the special education referral process, and inadequate cultural competency skills (Blanchett et. al., 2005). Significantly, students placed in lower-track classes are more likely to be singled out as special education candidates and have less qualified (sometimes uncertified) teachers than students in higher track courses with the best qualified teachers (Oakes, 1995). Since placement in lower-track classes obviously precludes placement in higher- track ones, minority students are conspicuously absent in most honors and Advanced Placement (AP) classes (McPherson, 2010).

Advanced Placement

In 1993, the Rockford School District (RSD) in Illinois filed the Federal Court Case known as *People Who Care v. the Rockford Board of Education*. The case was filed on behalf of African American students who scored high enough for advanced class placement on standardized tests but were instead placed in either regular or lower tracked courses. Due to discipline problems, other African American students were dumped into lower track classes as well. Plaintiffs also included Latino(a) students who were being segregated in full-day bilingual programs without access to their white and African American peers. Adding insult to injury, Latino(a) students in Rockford were being labeled as mentally retarded simply because they could not understand English (McPherson, 2010). In comparison, a significant number of white students took advanced and honors classes (McPherson, 2010) and were not placed in lower track courses. Other research studies also support the conclusion that the presence of nonwhite students in Advanced Placement classes is a rare phenomenon (Blanchett, 2009). In the end, the RSD was accused of intentionally conducting unlawful school tracking practices and ordered to protect the rights of minority students by ensuring equitable access to an equal

education. Similar cases have also uncovered gross inequities in advanced placement practices (see for example *Johnson v. Board of Education Champaign Unit School District 4, 2002*).

In 1998, an equity audit to determine if students had equal access to the same curriculum was conducted in Champaign, Illinois. This audit revealed that African American students were underrepresented in honors and advanced placement courses and were overrepresented in special education courses (Peterkin & Lucey, 1998). An equity audit conducted the same year in Urbana revealed similar results: African American students in special education classes were overrepresented and African American and Latino(a) students in advanced and honors classes were underrepresented (Adams & Ternasky, 1998).

Lower track classes put minority students at a disadvantage when it comes to admissions at four-year universities, especially when they are compared with white students who take honors and Advanced Placement classes designed to prepare them for the rigors of college academics (Noguera, 2003). If equitable education for all is the goal, the high rate of minorities assigned to special education classes and their underrepresentation in honors and advanced placement classes (Office of Special Education Programs, 2004; Planty et al., 2007) should highlight the importance of correct placement procedures going forward. Specifically, the design and implementation of successful pre-referral strategies is paramount in order to eliminate the misplacement of minorities in special education and their non-placement in honors courses.

Successful Pre-referral Strategies

In order to reduce disproportionate placement in special education, it is important to examine those strategies deemed successful by school personnel, parents, and the students themselves. Successful strategies are those that result in the correct placement of students into the least restrictive environment possible. Research suggests early intervention has been linked

to “high school completion, promoting increased well-being, and enhanced resilience” (Blair & Diamond, 2008), and intervention to improve behavioral and emotional regulation also increases the likelihood of academic success. Early intervention should occur in tandem with the development of more accurate referral methods in order to increase the likelihood of accurate placement (VanDerHeyden, Witt, & Naquin, 2003).

Screening. Functional Behavior Assessments (FBAs), a type of universal screening approach, have been shown to be effective in identifying students with emotional and behavioral issues before they are referred for special education placement, thus allowing educational intervention within the regular classroom (Raines, Dever, Kamphaus, & Roach, 2012).

Universal screening programs, applied to entire student bodies, have the potential to limit the stigmatization of specific subgroups within the school population (Greenberg, Domitrovich, & Bumbarger, 2000). One universal screening method for behavioral and emotional risk is the Systematic Screening for Behavior Disorders (SSBD) program. The implementation of SSBD was studied by Glover and Albers (2007), who determined it allows schools to proactively intervene with students before their acting out targets them for special education referral. Another successful screening option is the self-report form, which has been found to “predict student achievement, delinquency, conduct problems and related outcomes of interest in students as young as 9 years old” (Barry, Frick, & Grafeman, 2008).

Problem Validation Screening (PVS) is another type of screening used to determine whether a child needs a full psycho-educational evaluation or not (VanDerHeyden et al., 2003; Witt, Daly, & Noell, 2000). This process consists of administering short curriculum-based screenings to an entire class, applying direct observation, and making comparisons to peers inside the same classroom. An incentive for improved performance is given and instructional

interventions are tailored to meet the perceived needs (VanDerHeyden et al., 2003). The main goal of this approach is to determine whether a referred student deviates significantly from his or her classmates since an overall low-performing classroom could indicate the problem does not lie with that child but may in fact be due to something other than a disability. Results from an analysis of this procedure indicate using the class as a unit of comparison is helpful when making referral decisions, and using a problem-solving approach to determine eligibility for special education placement is likely to result in less misplacement of individual students (Fuchs & Fuchs, 1998; Good & Kaminski, 1996; Shinn, Collins, & Gallagher, 1998).

Instructional consultation teams. One of the themes found in literature addressing minority overrepresentation is the necessity of quality instruction and positive intervention inside the classroom (Harry, Klingner, Sturges, & Moore, 2002). This viewpoint places emphasis on environmental factors rather than student characteristics. Research suggests interventions designed to encourage improved classroom instruction through increased teacher support have the potential to reduce special education referrals and placements overall (Gravois & Rosenfield, 2002; Kovalski, Tucker, & Duffy, 1995; Ott, 1993). However, there is scant research concerning the ways interventions impact minority students specifically and whether they are referred for special education testing and placement or not (Serna, Forness, & Nielsen, 1998), and most studies describing Instructional Consultation Team interventions have yielded mixed results.

Instructional Consultation Teams focus on both curriculum inside the classroom and the process of teaching in order to increase student achievement. Instructional consultation is distinguished from other forms of consultation in that it supports teachers' "professional capacity to develop and deliver effective instruction in the general education classroom" (Gravois &

Rosenfield, 2006, p. 45). Put succinctly, the Instructional Consultation (IC) Team model provides classroom teachers with data based support through a trained team of professionals.

One study investigating intervention team impacts on minority referral and placement showed African American students were referred to intervention teams more often than white peers and they were also more likely to be tested and found eligible for special education services (Rock & Zigmond, 2001). This study lends credence to the view that Instructional Consultation Teams do not always produce the desired result. Further evidence compiled by MacMillan and Speece (1999) reveals that school-based teams sometimes ignore whether student test data actually match eligibility criteria, particularly when special education placement is recommended by a distraught teacher. In a similar study, Fuchs and Fuchs (1987) uncovered a discrepancy between what teachers described as improved student behavior post-RTI and actual student behavior noted during direct classroom observation.

In order to study the effectiveness of IC team models in preventing the “over-identification of minority students for special education services,” Gravois and Rosenfield (2006) conducted a two-year study using 22 schools from five districts in a mid-Atlantic state. Included in their sample were both rural and small city schools, and thirteen were chosen to participate in a training program for the express purpose of implementing IC teams. The remaining nine schools, the control group, did not participate in the training program. Results of this study indicate that, when compared with the control group schools, there was a significant decrease in the risk of referral for evaluation and placement of minority students after IC Teams were implemented. More precisely, “minority students represented 26% of all evaluations for special education while representing almost 39% of the school population” (Gravois & Rosenfield, 2006, p. 48). Several other studies corroborate the conclusion that IC team models may help to

prevent misplacement of minorities into more restrictive learning environments (Costas, Rosenfield, & Gravois, 2003; Knotek, Rosenfield, Gravois, & Babinski, 2003) and foster positive professional relationships between teachers and team members at the same time. In summary, some evidence in the literature strongly supports the effectiveness of IC team intervention as one way to prevent misplacement of minorities in special education (Gravois & Rosenfield, 2006), but there is no universal consensus as to its overall utility. Further research is needed to identify hidden variables that may influence its effectiveness in the field.

Parental involvement. Research suggests Pre-referral Intervention Teams (PITs), which generally consist of teachers, administrators, psychologists and various specialists, might benefit from parental involvement (Burns & Ysseldyke, 2005; Truscott, Cohen, Sams, Sanborn, & Frank, 2005). One example of this idea is Conjoint Behavioral Consultation, a problem-solving model developed to foster home-school partnerships that has proven successful in helping struggling students (Sheridan, Eagle, Cowan, & Mickelson, 2001). A similar study conducted by Chen and Gregory (2011) found parental involvement in Pre-referral Intervention Teams led to less special education referrals, higher quality interventions, and better student outcomes. Further research is definitely needed in this area.

Mindful reflection and communication. Occasionally, teachers may interpret cultural and linguistic differences as disabilities. This occurs most often when teachers have a deficit perspective and are operating inside a diverse classroom filled with students from varying cultural and linguistic backgrounds (Harry & Klingner, 2006; National Center for Culturally Responsive Educational Systems, 2005). According to Dray and Wisneski (2011), educators need to become increasingly culturally responsive as they begin to view diversity as a “way of life rather than a problem to be solved or fixed by casting the other as deficient” (p. 28). In their

opinion, teachers need to view diversity as a chance to expand understanding of themselves and others in order to prevent unnecessary special education referrals. With this goal in mind, Dray and Wisneski (2011) recommend and describe a process for mindful reflection and communication based on the following six steps:

Step 1: Explain the Attributions That You Have About the Student

Step 2: Write Out and Reflect on Your Feelings and Thoughts When
Working with the Student

Step 3: Consider Alternative Explanations by Reviewing Your
Documentation and Reflections

Step 4: Check Your Assumptions

Step 5: Make a Plan

Step 6: Continuously Revisit This Process to Reassess Your Attributions
And your Progress with the Student (pp. 31-34)

The main goal of this process is the elimination of minority misplacement based on cultural and linguistic differences. This can be achieved in regular classrooms when teachers build on students' strengths rather than focusing on their perceived deficits. At the moment, further research is warranted because evaluative research about this approach does not exist.

Studies cited in this part of the review indicate pre-referral strategies need further investigation to determine what other variables play into their successful implementation. The four main strategies discussed here—screening, Instructional Consultation Teams, parental involvement, and mindful reflection and communication—could be analyzed further by conducting longitudinal studies with at-risk students to determine if any of these approaches have positive long-term benefits. Of the four strategies discussed, parental involvement and

mindful reflection and communication are the areas most in need of deeper investigation in order to determine their impact on special education referral and placement.

Since the majority of students referred for special education testing are still minorities, language differences could prevent non-English speaking parents from participating in the referral process. To foster greater parental participation among minorities, pre-referral strategies designed specifically for English language learners could be investigated and evaluated to determine their effectiveness both in preventing misplacement and in allowing parents to get involved. As explained by Blanchett, Klingner, and Harry (2009), those who provide special education services must remember that special education is a cultural invention, and it may or may not reflect the cultural views and beliefs of minority parents.

After an extensive search on most available databases, I discovered only a handful of articles describing pre-referral intervention at the secondary level. The lack of available research may be due to high dropout rates in minority student populations or it is equally possible students are already labeled by the time they get to secondary school. Research at this level could focus on students already in special education and how to get them back into regular education. Other avenues for future research include conducting a meta-analysis of pre-referral strategies across the states to determine similarities of successful ones, designing studies to determine long-term effects of special education misplacement, and analyzing teacher characteristics and referral rates to determine if any correlation exists between them.

The continuing misplacement of minorities into restrictive environments reflects a flawed referral process. Fortunately, IDEA's inclusion mandate has put a new face on the debate and has also created an incentive to change classroom practices before referring and placing students.

Inclusion

At the high school level, it is likely most students want to fit in with everyone else. Unfortunately, those who are “different” may end up feeling excluded, particularly since “the social atmosphere in most high schools is poisonously clique-driven and exclusionary”(Aronson, 2001, p. 205). For disabled adolescents, self-esteem issues and depression may develop if they are excluded from interacting with normal peers (Steinberg & Morris, 2001). Notwithstanding the potential for negative outcomes when disabled students are excluded from the mainstream, Dieker and Powell (2014) explain that including students with disabilities at the secondary level is a struggle in the United States because of the mandates in both the No Child Left Behind Act (NCLB, 2001) and the Individuals with Disabilities Education Act (IDEA, 2004). Both laws require teachers to be “highly qualified,” which translates into “a highly-qualified teacher (at the secondary level) must hold a bachelor’s degree and meet state licensure requirements. Therefore, a highly-qualified special educator who provides academic support and consultation is required to have state licensure in special education and a bachelor’s degree” (Dieker & Powell, 2014, p. 661). In addition, if a special education teacher instructs students in core subjects like math and science, she or he must also demonstrate competence in these core areas. In effect, both NCLB and the IDEA have made being a special education teacher at the high school level extremely difficult if inclusion is the goal.

Dewey was one of the first American philosophers to connect social justice with the process of schooling (Shyman, 2013). In his view, teachers need to be friendly guides and co-partners rather than “magistrates set on high and marked by arbitrary authority” (Shyman, 2013, p. 172), a position often maintained by American high school teachers. In Dewey’s view, “Building an inclusive community from the very beginning of the schooling experience is

undeniably the most effective and perseverant way to ensure an inclusive post-school society” (Shyman, 2013, p. 172). In contrast to Dewey’s vision, many American high schools still segregate students based on perceived disabilities (U.S. Department of Education, 2011), although inclusive education is becoming more common around the world.

Although placement in special education was originally conceived as a way to benefit students with disabilities, it is now sometimes referred to as a legalized form of structural segregation and racism by numerous scholars who maintain the benefits of special education are not equitably distributed (Blanchett, 2006; Losen & Orfield, 2002). According to Jones (2002), students of color are often misclassified and end up in low-level courses with little chance of being mainstreamed. This practice is counter-productive since research suggests that when disabled students are included in general education classrooms, they tend to exhibit higher levels of social skills and are more accepted by their nondisabled peers (Blanchett, 2009). An added benefit to inclusion is exposure to the general education curriculum.

In a case study presented by Dieker and Powell (2014), students who were provided with less support as they progressed through school became less dependent on that support, “which could mean improved outcomes as they enter the workforce or college” (p. 660). Dieker and Powell (2014) describe several characteristics of inclusive secondary schools, including cooperative learning and peer support groups; aligned special education and general education teachers; collaborative teaching; technology use and adoption; and self-advocacy preparation for students with disabilities. Finding solutions to problems rather than complaining about them is another characteristic of inclusive high schools mentioned by these researchers. In successful inclusive high schools, “inclusion is not something you do but something you believe—a true

philosophy of how students are served, not just a practice. These schools and districts believed that all students should be educated, to the maximum extent appropriate, in the general education setting” (Dieker & Powell, 2014, p. 663). Students exposed to more challenging curricula will be better prepared to meet the demands of college and/or the workforce. Although unexamined at this point, it is likely the hope levels of adolescents receiving special education services could be enhanced through participation in the general curriculum with their non-disabled peers.

In the end, all students deserve equal educational opportunities in the least restrictive environment possible. Successful pre-referral strategies offer one way to ensure this becomes the norm. Based on Snyder’s Hope Theory, it is possible to envision building up hope levels in high school students as another potentially successful pre-referral strategy.

Hopeful Thinking Patterns in Adolescents with Disabilities:

The Applicability of Hope Theory

Of particular interest in this study is the potential use of Hope Theory to improve the lives of high school students with disabilities and to eliminate or greatly reduce the negative aspects of placement in special education. To date, the use of Hope Theory and the fostering of hope in adolescent populations through target programs have not been extensively documented in the literature (Shogren, Lopez, Wehmeyer, Little, & Pressgrove, 2006). The first time a middle-school-based hope intervention targeted to students receiving special education services was implemented, it did not enhance hope levels (Buchanan, 2008). Kotzer and Margalit (2007) conducted a comparable study in 15 Israeli middle schools (grades 7 through 9) in order to find success predictors among students with learning disabilities. The self-advocacy program used in the study was called “The Road to Myself” and consisted of both classroom activities and computer-based discussions targeting four main topics: promoting self-awareness, identifying

coping strategies, experimenting with self-advocacy at school, and exploring the personal meaning of LD (Buchanan & Lopez, 2013, p. 162). The study's subjects were 111 students with LD who participated in the program, 115 students with LD who did not participate, and 148 students without LD who did not participate. The Children's Hope Scale was given to all participants, and after the intervention, scores on this instrument were found to be higher for the students with LD who participated in the program than their scores before the intervention. When compared with the two comparison groups, their scores had improved significantly. These findings suggest "The Road to Myself" program helped to increase the hope levels of students with learning disabilities. Results also suggest hope is a significant positive construct in the lives of students with LD.

Indeed, Buchanan and Lopez (2013) maintain hope is a construct that has great potential to enhance the lives of people with disabilities. According to Marques and Lopez (2014), hope declines from late childhood to adolescence (ages 14-17), and only people older than 65 have reported lower hope levels than adolescents. This seems to indicate that adolescents could greatly benefit from programs designed to foster hope.

Adolescence

Myers (2010) describes adolescence as "The years spent morphing from child to adult" (p. 196). In the United States, these years roughly correspond to ages 11 through 18, the time when American students are in junior high and high school. Erik Erikson, a developmental psychologist, believes the adolescent's main task is to "synthesize past, present, and future possibilities into a clearer sense of self" (Myers, 2010, p. 202). In other words, one of the key components of adolescence is the search for identity. Identity research produced over the past forty years indicates adolescence as a time when young people begin deeply questioning who

they are, while developing an emergent sense of autonomy. This push for independence should not be perceived as a complete withdrawal from guardians, but rather an amplified association with the peer group (Hall & Brown-Thirston, 2011). Most adolescents remain relatively close to their families, but also desire relationships with significant others outside home life.

For disabled adolescents, a social identity may develop around how distinctive or different they are from their peers. Often, adolescents express their identity by aligning with a specific peer group in order to “fit in.” During adolescence, the influence of parents is often supplanted by the growing influence of peers. As described by Myers (2010), most teens are “herd animals. They talk, dress, and act more like their peers than their parents. What their friends are, they often become, and what ‘everybody’s doing,’ they often do” (p. 205). This type of herd mentality may lead to stultification of individual goal development as students succumb to peer pressure and adopt the goals of the crowd. On the other hand, positive peer pressure can influence how hard a student studies and whether that student decides to pursue good grades, both of which are indications of high hope in adolescents (McDermott & Hastings, 2000).

Adolescent Goal Development

According to Snyder (2002), hope is a key ingredient for understanding how adolescents develop goals and figure out ways to achieve those goals and make important decisions. Hope Theory suggests goals may be either lifelong pursuits or simple everyday desires (Buchanan & Lopez, 2013). Since adolescents stand on the cusp of adulthood, the choices they make today will impact their future lives as adults and will inevitably affect the type of society they create. It is therefore important to find ways to both enhance their hope levels and decrease situations that lead to hopelessness.

According to Beghetto (2004), there are currently three types of goal orientations:

mastery-approach goals, performance-avoid goals, and performance-approach goals. Students who define their personal competence in terms of self-set standards or self-improvement have mastery-approach goals, whereas those who want to avoid looking stupid in front of others in order to protect their self-worth tend to have performance-avoid goals (Berghetto, 2004). In contrast, those with performance-approach goal orientations define their competence in relation to others through competition and obtaining recognition. Berghetto (2004) concludes that, in general, mastery-approach goal orientations lead to the best achievement outcomes for students, while performance-avoidance goal orientations lead to the worst outcomes. If this information is juxtaposed with Snyder, Harris, et al.'s (1991) Hope Theory, one can conclude that students with mastery-approach goal orientations likely have the highest hope levels when compared with those without similar goal orientations.

In an analysis designed to identify key factors that explain adolescent hopeful thinking, effort investment, and school achievement, Idan and Margalit (2014) examined data from 327 high school students with LD and 529 non-LD high school students. Along with other instruments, the researchers used The Children's Hope Scale (Snyder, 2002), a questionnaire consisting of six statements children must respond to using a 6-point, Likert-type scale. This study revealed the importance of hope as a contributing factor in higher learning achievements for the LD group. In addition, higher hope levels of students with LD resulted in increased levels of self-efficacy and improved ability to both pursue and meet goals (Idan & Margalit, 2014). The researchers concluded that students with LD would benefit from assistance in developing hopeful thinking patterns and training in the identification of appropriate goals and alternative goals.

In a separate but similar study, Shogren et al. (2006) explored the associations between

hope, optimism, locus of control, self-determination, and life satisfaction in adolescents with and without intellectual disabilities. Their participant pool consisted of 285 students without cognitive disabilities and 75 students receiving special education services under the categories of mild/moderate mental retardation and learning disability in grades 7-12. The Children's Hope Scale (Snyder et al., 1997) was used to examine hope levels in students with and without intellectual disabilities, and the researchers found a mean level difference in the agency thinking abilities of adolescents with cognitive disabilities. This led them to conclude that adolescents with disabilities may not think they are equipped to use pathways thinking to achieve their goals. Additionally, the researchers concluded that hope and optimism were significant predictors of life satisfaction in students both with and without disabilities. Other researchers have drawn similar conclusions (Duncan-Andrade, 2009; Zusevics & Johnson, 2014).

On the flip side of this discussion lies the experience of hopelessness. According to Snyder (1994), hopelessness results from the blockage of goals. The inability to achieve goals over time may lead to rage, despair, and eventual apathy. Snyder (1994) posits that societal rage is often a reflection of the demise of hope due to serious and profound blockages like unemployment, poverty, or prejudice. For adolescents, goal blockages over time can result in less goal setting and a sense of hopelessness and despair. Snyder (1994) states the erosion of hopeful thinking is most apparent in teenagers, particularly those who lack rules or structure in their home environment. A lack of structure can result in confusion and the inability to reach a goal, something Snyder (1994) claims is the enemy of hopeful thinking. In addition to a lack of structure, hopelessness in teenagers can result from inconsistency in the application of rules, a lack of communication and support from friends and family, and an inability to establish a social support system outside the family (Snyder, 1994). All of these factors influence adolescent

motivation in a negative way.

Adolescent Agency (Motivation)

The driving force behind what people accomplish is their motivation. According to Buchanan and Lopez (2013), hope scale validation studies suggest that hope can be measured in diverse groups of youths even though students with disabilities have never been specifically targeted for hope interventions. Other findings from these studies suggest that students with disabilities tend to have lower levels of agency when compared to students without disabilities (Buchanan & Lopez, 2013).

Beghetto (2004) describes motivation as an internal process that causes either movement away from an unpleasant situation or movement toward a goal. If a goal is specific, challenging, achievable, and viewed in terms of accomplishing something positive rather than avoiding something negative, motivation will be improved (Beghetto, 2004). Motivation can also be viewed as “self-perceived ways of controlling external situations” (Fernandez-Ballesteros, 2003, p. 138). According to Pajares (2001), essential components of academic motivation include goal setting, perseverance toward goals, and using problem-solving techniques to achieve goals. It is important to note here that agency and pathways thinking, although positively related, are distinct aspects of hope. Agency (willpower) is viewed as the energy and mental determination one needs to sustain movement toward goals, whereas pathways thinking relates to “the perceived ability to generate routes toward desired goals and is necessary to attain goals and navigate around obstacles” (Edwards, Ong, & Lopez, 2007, p. 1).

According to Beghetto (2004), the motivational or agentic beliefs of students are important because they have a direct bearing on academic achievement. Specifically, students’ achievement goal orientations, or “reasons for engaging in or avoiding achievement-directed

behavior” (Beghetto, 2004, p. 2) are foundational to how they describe their personal competence. Burns (2000) posits that student populations receiving special education services may experience a lack of motivation because of the disability labels they receive after placement in special education. Stoughton (2006) worked with emotionally handicapped and behaviorally disordered middle-school students for 19 years and came to understand that, for her students, being labeled “ED” (emotionally disturbed) meant being ridiculed, avoided, looked down on, and feared by classmates. According to Brantlinger (2006), the fact that students are unhappy with labels and resent being stuck in special education is well documented. Furthermore, she asserts that professional communities tend to ignore the negative effects of labeling and instead focus on remedial strategies and the causes of disabilities.

Adolescent Pathways Thinking (Planning)

Hope Theory suggests hope is a “learned cognitive set about goal thinking” and is not some trait one inherits from parents (Buchanan & Lopez, 2013, p. 157). On the other hand, both pathways thinking and agency thinking (hopeful thinking) are *taught* by parents and are usually developed by the time a child is two or three years old. Pathways thinking begins when children learn about the cause-and-effect connections between happenings, when they understand how to focus on goals in order to satisfy their desires, and when they start to notice external stimuli (Buchanan & Lopez). During adolescence, students have to figure out ways to circumvent obstacles placed between them and the goals they desire to accomplish. Parents and significant adults play a key role in helping adolescents learn how to do this. Indeed, adolescents benefit greatly from adults who “model hopeful thinking, provide feedback on overcoming obstacles to goals, and reinforce working toward goals” (Buchanan & Lopez, 2013, p. 157). High-hope

individuals are more likely to develop a variety of pathways to important goals, even when obstacles occur (Snyder, Lopez, Shorey, Rand, & Feldman, 2003).

Snyder (2002) states that people who are able to conceive of several means of achieving a specific goal are more likely to believe they can execute behaviors required to achieve that goal. In other words, once students experience success, they are more likely to view themselves as competent to achieve other goals via a diverse set of pathways. This in turn will likely improve their perceived ability and will lead to further goal setting, thus increasing their hope levels. On the other hand, students who experience repeated failure at school may feel less competent and may experience diminished perceived ability. If this occurs, the potential for discouragement, avoidance of goal setting, and decreased levels of hope is created.

Sears (2007) examined hope levels in 5th and 6th graders and discovered that students with special education status reported lower hope levels than students without special education status. She believes students who participate in special education services and experience consistent academic struggles may decide to avoid goal setting in order to protect themselves from failure. Because they are often not able to meet grade-level academic standards, students receiving special education services may simply give up before any goals are reached. In addition, they may feel that academic success is impossible since failure is certain. As detailed in Snyder's Hope Theory (2002), hope is only possible when perseverance toward a goal can be maintained and when the outcome is an uncertain possibility. If students expect failure, they will lose hope. High school students receiving special education services may have had many years of failure and plenty of time to lose hope.

In a related study, Lackaye and Margalit (2006) explored the relationship between academic self-efficacy, loneliness, mood, and hope in students with learning disabilities (LD).

They used four comparison groups of students without learning disabilities: low achievers, high achievers, low average, and high average. The total participant group consisted of 124 seventh graders with learning disabilities and 447 students without learning disabilities. All students attended the same general education classes. The study findings showed that students with LD had levels of hope similar to the low average and low achieving groups, but their hope levels were lower than the high-average and high achievement group hope levels. In another related study, Lackaye, Margalit, Ziv, and Ziman (2006) matched 123 students with LD to 123 non-LD students across grade level, academic grades, and gender. Students with LD reported lower levels of hope than their peers in the study, and the researchers concluded that students with LD may have lower levels of confidence in their abilities and may also have “decreased ability to change frustrating realities that they encounter on a daily basis” (Lackaye et al., 2006, p. 160).

Conclusion

The first study of the psychometric properties of the Adult Hope Scale in a sample of high school students was conducted in 2014 in Portugal. Marques et al. (2014) translated the Hope Scale into Portuguese and administered it to 1,012 Portuguese students enrolled in 11th and 12th grade. Their findings demonstrate that the reliability and validity of the Adult Hope Scale are adequate for research purposes in high school populations and that it has acceptable test-retest reliability (Marques et al., 2014). Other results of their study include the positive correlation of global hope with mental health, academic achievement, and life satisfaction (Marques et al., 2014).

In this literature review, Hope Theory, special education placement, and hopeful thinking patterns in adolescents were examined. Research documenting the use of Snyder’s Hope Theory in high school populations receiving special education services and research using Hope Theory

in high school populations not receiving special education services was limited.

Notwithstanding the limited research base, it is evident from the existing studies that Hope

Theory holds rich potential for improving the lives of students with disabilities.

CHAPTER 3: METHODOLOGY

Although special education made public schools accessible to those who had previously been denied access, students placed in special education are often disadvantaged both academically and socially. To date, how special education placement influences the hope levels of high school students has not been addressed in the research literature either in quantitative or qualitative form. Consequently, the purpose of this study was to better understand how high school students receiving special education services view their special education experiences and how those experiences influence hope using both closed-ended quantitative data and open-ended qualitative data. More specifically, the goal was to explore how high school students view the effectiveness of their special education experiences in preparing them for the future by measuring their hope levels with Snyder's (1991) Adult Hope Scale. In addition, this study was designed to identify key factors that influence hope levels through the analysis of data retrieved from interviews with five students who receive special education services for emotional/behavioral disabilities (EBD) or mild intellectual disabilities (ID). Interview questions were created based on their Adult Hope Scale answers. Additional hope queries recommended by Lopez, Ciarlelli, Coffman, Stone, and Wyatt (2000) were used to elicit information about students' goals, agency, and pathways thinking. The expectation was that the interviewed students and their Adult Hope Scale scores would shed some light on the major questions of this study, including what factors influence the hope levels of high school students receiving special education services and how high school students with emotional/behavioral disabilities and mild intellectual disabilities describe hope.

According to Snyder (2002), high hope levels correlate positively with enhanced life outcomes, including improved health, higher grades, and greater happiness. To date, no studies

juxtaposing Snyder's Hope Theory with students receiving special education services at the high school level have been located. Given that students placed in special education often remain there until they graduate from high school or drop out, it is important to understand how diagnosed students perceive their special education experiences' usefulness in preparing them for the future. It is also important to examine how special education placement has influenced the hope levels of these students. Administering the Adult Hope Scale to high school students receiving special education services and following this up with semi-structured interviews provided one way to explore the intersection of special education placement, misplacement, and hope.

In this study, I explored any potential differences between hope levels and type of special education placement by first administering the Adult Hope Scale (AHS) to seven high school students receiving special education services in the categories of mild intellectual disabilities and emotional/behavioral disabilities. Based on the AHS results, I conducted interviews with five students receiving special education services to better understand how they viewed their special education experiences' effectiveness in preparing them for the future. Specific interview questions were designed to enhance and explain the AHS results in order to illuminate how the interviewed students experience hope and special education within the high school setting. Using both quantitative and qualitative data, a narrative inquiry design was used to present their stories.

The rest of this chapter is divided into several sections. It begins with an explanation of the theoretical underpinnings of the study followed by a description of the methods used. The methods section includes information about the research design, the research site, and the research participants, including the population from which they were drawn and their unique

characteristics. A description of how the data were collected, combined, and analyzed is also included. The chapter concludes with a description of validation strategies and ethical considerations.

Theoretical Framework: Disability Studies and Hope Theory

The history of disability studies research coincides with the emergence of critical race theory in the literature. Critical race theory (CRT) and disability studies share similar characteristics. One similarity rests on the belief that certain categories, like race and disability, are manufactured by the hegemonic power structure currently in place within our culture. According to Gramsci, cultural hegemony refers to “the cultural style, beliefs, and practices of the mainstream of a society” which “infiltrate the values and behaviors of all sectors of the society and are valued and privileged above all others” (quoted in Harry & Klingner, 2006, p. 42). In the United States, the dominant White, middle-class culture is privileged above all others. This often results in schools being biased in favor of those who fit in best with White hegemonic ideals. Not surprisingly, this also leads to disharmony between those considered “normal” and those viewed as “abnormal” or different. From a disability studies perspective, labeling a student because he or she learns differently is one way the dominant able-bodied culture can assert its authority. Similarly, labeling a student because he or she is culturally different from the dominant culture helps to maintain the social divide between the different and the dominant. From this perspective, it becomes apparent that both race and disability are socially constructed phenomena that result in the marginalization and exclusion of people deemed different from the “norm.” Of course, this leads to wondering who actually determines what is considered “normal,” and how do they get away with it? Critical race theorists maintain the dominant race determines

normalcy, while disability studies scholars enlarge this group to include the “able-bodied.” Hidden behind both positions is the acknowledgement that power plays a major role in who gets excluded and who does not.

Although a variety of theories encompassing disabilities exist, the theoretical framework chosen for this research study was disability studies. Unlike the medical model perspective, which sees disabilities as residing within individuals, disability studies positions the problem within society. Indeed, one of the main ideas behind disability studies is the notion that disability is a created, socially constructed, and culturally experienced phenomenon (Biklen et al., 2014). Consequently, a disability studies perspective emphasizes the nuanced, complex nature of “difference” inherent in any and all aspects of identity and humanness. In addition, a disability studies perspective views disability labels as markers created within a social context, so what it means to be “disabled” can change depending on where one happens to live and in what historical period one happens to exist. According to Biklen et al. (2014), traditional research in special education attempted to define the boundaries of normalcy while at the same time seeking to create treatments for the abnormal. In contrast, disability studies research takes a historical perspective to examine how “normal” has changed over time and how it continues to evolve depending on whose interests are served by its current definition. Another interesting aspect of adopting a disability studies lens for this research study is the chance it affords to begin viewing disability or difference as a normal part of life.

If so-called disabilities are examined from this social perspective, it becomes apparent that current definitions and diagnoses tend to rely on a standard of normalcy established by the dominant members of society. In order to be labeled disabled, one must first be identified as “abnormal.” In other words, “Understandings of disability are imposed on impaired or different

bodies and enforce unnecessary and unwanted isolation and exclusions” (Biklen et al., 2014, p. 353). In the realm of special education, this often translates into separating those labeled abnormal from the normal, a practice that leaves young people with special needs particularly vulnerable to what Hart and Drummond (2014) describe as “determinist beliefs about ability” (p. 439). In contrast, disability studies scholars reject the individual-deficit view outright and propose changes in the way society treats people who are perceived as different.

Riddell (2014) notes the current trend in most developed countries is for disabled children and those in need of special support systems to be included within mainstream schools. Notwithstanding these promising inclusion trends, in the United States’ special education system, segregation according to disability is still common, and students of color along with those considered linguistic minorities often find themselves placed in more restrictive learning environments (Losen & Orfield, 2002). As noted in Connor (2014), students in our special education system are likely to take longer to finish school and have higher drop-out rates (Thurlow, Sinclair, & Johnson, 2002; US Department of Education, 2005); they are more likely to experience low graduation rates and unemployment or underemployment (Advocates for Children, 2005; Moxley & Finch, 2003); they are less likely to enter college and more likely to leave without graduating (Gregg, 2007); perhaps most disturbingly, they are more likely to experience higher rates of incarceration (Children’s Defense Fund, 2007). These negative outcomes point to the need for a deeper analysis of special education placement in order to change its direction and better understand its influence on hope levels. A disability studies lens provides one way to do this by shifting the focus from perceived individual deficits to the role society plays in determining who is normal and who is not.

Connor (2014) describes disability studies as an interdisciplinary and eclectic enterprise that offers “an open-ended view of disability that is a valid alternative to traditional special education discourse” (p. 118). In addition, a disability studies framework places students with a disability in the same category as other discriminated-against groups. Using disability studies as a theoretical backdrop, Biklen et al. (2014) recommend giving people with disabilities a prominent voice in special education research studies. This idea is expressed in the words “nothing-about-us-without-us” (Biklen et al., 2014, p. 353).

Another key underpinning of this research study was Snyder, Harris, et al.’s (1991) Hope Theory. This theory is based on the idea that hope is an attainable cognitive construct and that pathways and agency thinking can enhance goal attainment. Students identified with special educational needs can benefit from increased hope levels because they coincide with better academic and emotional outcomes.

In order to align myself with those who recommend giving people with disabilities a prominent voice, I used the voices of high school students in this study to tell the story of how they experience special education and how they see it influencing their future plans. Along with Michalko (2002), I believe “disability is not a static entity amenable to definition in the empirical sense” (p. 14), but rather a set of fluid and changing conditions and interpretations that are best described by those who experience them. Narratives can therefore provide a way to better understand the day-to-day experiences of students placed in special education. By its very nature, narrative inquiry positions the storyteller at the center of any research. For this reason, using narrative inquiry as a research method during the second phase of this research study provided students with disabilities a measure of presumed competence and respect by allowing

them to have a voice. In the same way students are more than a score, they are more than a disability label. Disability studies research rests on this belief.

Methodology

Disability studies research also rests on the belief that differences are not static and definitions for individual disabilities within school settings often change depending on the district, context, and demographic makeup of the students. For example, the intelligence quotient (IQ) cut-off point for placement in the Intellectual Disability (ID) category (formerly called Mental Retardation) was 85 prior to 1969. According to Harry (2014), the cut-off point for placement in this category is now determined by an IQ score of 70 or less, which illustrates “these categories are social constructions that fall far short of science” (p. 85). Harry (2014) concludes with the idea that eligibility for special education services should simply be determined by a “specified level of achievement” (p. 91) and not questionable standards of intelligence used to “prove” some kind of inborn deficit.

Notwithstanding the limitations of labels, dubious classifications, and questionable placement criteria, this research study was designed to better understand hope from the perspective of students found eligible for special education services in emotional/behavioral disabilities (EBD) and mild intellectual disabilities (ID).

Methods

This study was conducted in two sequential phases. The first phase entailed collecting quantitative data from seven students meeting specific criteria by having them fill out the Adult Hope Scale (AHS). The second phase of the study involved choosing five students for interviews from those who completed the AHS. These five students were chosen because they received parental permission to participate and also because they expressed a desire to be

interviewed following completion of the AHS. In order to accurately capture their voices and better understand their AHS responses, I conducted semi-structured interviews with these particular students. Four of the interviews were recorded and then transcribed in narrative form using a process described by Bloomberg and Volpe (2012) as verbatim transcription. During this process, students' interviews were transcribed word for word, including any slang terminology they may have used during the recording. One of the five interview participants did not wish to be recorded.¹ Instead, his responses were transcribed in writing and kept in a log. Gall et al. (2010) recommend keeping a log to record interview topics and any important aspects of the research participant's story. Because this particular student chose not to be recorded, the log became the chief means of data collection and analysis for his interviews.

Research Design

This study was designed as a narrative inquiry using a sequential-explanatory approach similar to a mixed methods design. According to the Chataika (2005), narrative inquiry is “the process of gathering information for the purpose of research through storytelling” (p. 2). Although narrative inquiry is based on qualitative research principles, answers to the research questions in this study were enhanced through the use of both scale data and personal narratives. Creswell and Plano Clark (2007) explain there are two variants of the sequential-explanatory design when used in a mixed methods study: the participant selection model and the follow-up explanations model. Because I wanted to follow up the administration of the AHS with interviews, I was able to use some principles of the follow-up explanations model in this study. This model generally places more emphasis on the qualitative phase of a study than it does on the quantitative phase.

¹ “Isaac,” identified with autism, was afraid of the tape recorder.

Although a qualitative narrative inquiry design was used for this study, elements of mixed methods approaches to research that combine two or more methods in a single research project so that both qualitative and quantitative data can be mixed, analyzed, and discussed in one study were also used. There are numerous ways data mixing can occur. Merging the two datasets together and analyzing them simultaneously, connecting both datasets by having one build on the other, and embedding a dataset within the other one in a supportive role are just a few of the ways qualitative and quantitative data can be combined in a single study. As described by Creswell (2009), I implemented a two-phase approach during the current study by first analyzing quantitative data obtained from administration of the AHS and then conducting student interviews. Data gleaned from the interviews were then used to provide explanations for the AHS scores. In this case, one dataset built on the other, although quantitative and qualitative data were analyzed separately before they were combined and interpreted as a whole in story form.

There were several strengths to this approach. First of all, techniques from both qualitative and quantitative methods were used to answer questions that might not have been as easily understood using just one type of data. Second, as noted by Creswell and Plano Clark (2007), mixed data provided a more complete picture of the research problem. Finally, the combination of both qualitative and quantitative research data ameliorated weaknesses of just using one form of data on its own (Creswell & Plano Clark, 2007).

Although appropriate for this study, an explanatory research approach combined with narrative inquiry presents several challenges. First, because it is designed to encompass two separate phases, it can sometimes take longer to finish. In order to address this issue, I chose an instrument with a very short administration time for the first phase of the study. The Adult Hope

Scale normally takes approximately five minutes to complete. Students from the EBD classrooms were able to complete the AHS in five minutes or less. In contrast to this, students from the ID classrooms required about thirty minutes to complete the AHS because I needed to read it to them on an individual basis and review the Likert Scale options that accompanied each question. During the next phase of the study, I interviewed four students diagnosed with EBD and one student diagnosed with ID and found that interviewing only five students allowed time for in-depth, semi-structured questions and thick descriptions.

Another issue that came up during this study involved sample selection. For this study, all students identified as ID or EBD from two separate high schools were eligible to participate in both phases of the study. For the first phase, purposeful sampling was used to select seven students from two separate high schools. Criterion sampling was then used to select a group of five students from the seven for interviews. Criteria for sample selection are described in the next section.

Perhaps the most significant issue faced when using this design was the need for the first phase to be completed before the second phase could begin. In this study, students who were chosen for the second phase were purposefully selected based on several criteria, including obtaining parental permission and completion of the Adult Hope Scale. Although the DePaul Institutional Review Board approved this study, it was more challenging to obtain approval from the external Institutional Review Board because it was not possible to specify who would be chosen for the second phase of the study until after the completion of the first phase.

Additionally, some interview questions were based on the AHS results, so they could not be given to the Institutional Review Board until after the completion of Phase One. To address

these concerns, I provided the Institutional Review Board with a summary of procedures once the research was completed.

Site and Sample Selection

The setting of the research study was two high schools located in a northern Illinois suburb. Since a Disabilities Studies perspective entails the belief we are products of our particular environment, the context in which my research participants lived and worked held significant meaning for how they interpreted the world. Both high schools shared an almost identical demographic makeup: 85% of the students were White, 8% were Hispanic, 3% were African American, and 2% were Asian. Approximately 2% of the student population was considered to have a mixed race background.

“King’s Street High”² (KSH) has been open for about 12 years after a bond referendum to construct another high school was passed in 2004. “Olivier Street High”³ (OSH) is an older high school in the same district. Of particular relevance to this study was the special education service model used in my research participants’ schools. The special education staff consisted of teachers, paraprofessionals, a special education coordinator, and a special education director. A social worker and a school psychologist were also on staff, and there was an IEP Specialist who helped to coordinate IEP writing at the high schools. The special education mission statement emphasized the creation of safe and differentiated learning environments built on respect. Preparing students to transition to post-secondary endeavors was listed as the ultimate goal of special education placement.

The research site was established by sending an introductory letter to the Director of Special Education asking her for permission to mail recruitment materials to potential research

² Pseudonym

³ Pseudonym

participants diagnosed with either ID or EBD. Mailings contained a letter of introduction and all necessary assent/parental consent/adult consent forms. Once permission to recruit students was granted, these mailings were sent to each student from four separate self-contained classrooms in both high schools. Interested participants returned the signed forms granting consent/assent in the self-addressed stamped envelopes I included with the mailings.

Mixed purposeful sampling was used throughout this research study. This sampling procedure involved choosing various sampling strategies and comparing all the results emerging from each sample (Collins, 2010, p. 359). All students identified as either ID or EBD were invited to participate in this study. Participants for the first phase were selected from both the ID and EBD groups based on their willingness to participate in the study and whether their parents granted approval for their participation. The quantitative data for this study came from their Adult Hope Scale (AHS) scores. This instrument was administered to participating high school students with IEPs during the winter of 2016. Participating students were provided with copies of all assent/parental consent forms and were given opportunities to ask questions prior to the AHS administration.

The qualitative data for this study were obtained from interviews with five students chosen from those who took the AHS. Each student had to meet the following criteria in order to participate in an interview:

1. They had to be diagnosed with either mild intellectual disabilities (ID) or emotional/behavioral disabilities (EBD).
2. They had to be students from one of the high schools chosen for the research study.
3. They each had to have a current IEP.

4. They each had to obtain written parental permission and give both written and oral assent before being interviewed.
5. They each had to have an AHS score

The identified group of students was further divided into two strata based on diagnosis. One student was selected from the ID group and four students were selected from the EBD group.

Criterion-based sampling seemed appropriate for Phase Two because it works well “when all the individuals studied represent people who have experienced the same phenomenon” (Bloomberg and Volpe, 2012, p. 104). In this study, all research participants had experienced or were experiencing special education services, and all had completed the Adult Hope Scale.

Description of the Participants

Participants in this study were seven high school students who took part in special education services for mild intellectual disabilities or emotional/behavioral disabilities. Six of the students were Caucasian, and one was Asian American. Four students with emotional/behavioral disabilities and three students with mild intellectual disabilities participated in Phase One of the study by completing the Adult Hope Scale. After the completion of Phase One, all of the students with emotional/behavioral disabilities consented to a recorded interview. “Isaac,” one of the students with intellectual disabilities, also consented to an interview, although he did not wish to be recorded. Instead, notes were taken during his interviews, recorded in a log, and later reviewed with him for accuracy. All interview participants were Caucasian.

The school district chosen for this study serves approximately 150 high school students with special needs. The students receiving special education services have a wide variety of disabilities, and the fastest growing eligibility category is autism. The students recruited for this study were evenly divided between two high schools. The sample population from which

participants were purposefully selected consisted of 20 students identified as intellectually disabled (ID) and 24 students identified as emotionally/behaviorally disabled (EBD). Both the ID group and the EBD group received special education services in self-contained classrooms staffed by a head teacher and a teaching assistant or paraprofessional. Several students were also mainstreamed into co-taught classes for one or two class periods per day. Students ranged in age from 15 to 17.

According to Bloomberg and Volpe (2012), asking participants to complete a personal data sheet before an interview is a useful practice because it allows the researcher to understand a research participant's particular views and ideas better. For this study, a participant demographics matrix (Bloomberg & Volpe, 2012, p. 249) was constructed after the participants filled out a personal data sheet and before they were interviewed. This demographic matrix can be seen in in Appendix: K.

Students Identified with Emotional/Behavioral Disabilities

“Raven”

Hope is basically, something that—the feeling or thought, or whatever, I don't really know what it is—but, um, that keeps you going, or that motivates you to do things. Like if you hope that you're gonna...if you hope that dinner tonight's gonna be spaghetti and you go home and make spaghetti, obviously, like, that's how it works, and...it's the thing that keeps you going, the thing that keeps you motivated, pushes you further. So, if you don't have any of that, then...you're not really gonna go anywhere (“Raven” personal communication, February 19, 2016).

“Raven”⁴ is a 15-year-old Caucasian sophomore identified with EBD. She lives at home with her sister, her mother, and her mother’s boyfriend. Her father lives in a near-by town, but “Raven” refuses to associate with him and his new wife and son. In her specific case, anxiety and depression block her ability to function in general education classes despite her high intelligence and exceptional ability in English. She has been in trouble with the law and spent eighth grade in an alternative school after getting expelled from her regular school. Although she spends most classroom time in a self-contained class, at the time of our interview, she was assigned to a general education class in English. She later stopped attending the class because it was giving her panic attacks. In her view, special education services provide a place of safety and security for her, a kind of haven from the chaotic world of what many would call a “normal” high school experience. In addition to small class sizes and personal attention, special education services provide her with multiple opportunities for career training. On the other hand, she is disappointed that she cannot participate in general education because it is “not designed for people like her.”

“Joey”

Hope is the aspiration of you getting to your goals, being able to get help going to your goals, and having people help you throughout the way. Even if it’s just a friend or a teacher, having them help you can give you hope and can help boost your morale while doing the projects, while getting to your goal. Hope is something different for everyone. But everyone has their own version of hope. My hope is basically my aspirations of actually obtaining my goals and being able to get them when they’re in reach, being able to actually do all the steps to get to them. So, basically hope to me is just moving forward, not standing in one position like a log or a turtle, and making sure to keep

⁴ Pseudonym

moving, not stopping to take a break (“Joey” personal communication, February 23, 2016).

“Joey”⁵ is a sixteen-year-old Caucasian who dreams of becoming a diesel mechanic after high school. The special education program he is in makes it possible for him to spend his afternoons studying mechanics at a technical school. Most of the time he is very focused in school and told me he has maintained a consistently high grade point average since fourth grade. Although he claims he would never hurt anybody, his self-inflicted fractured wrist (he punched a wooden cabinet) belied this statement during our interview. It left me wondering what would happen if he got *really* angry. His anger morphs quickly into uncontrollable rage, although he told me he is learning to control it over time. He loves his family, pets, and friends. He is thankful for special education because he feels it has given him the chance to finish high school.

“Morgan”

Hope is...once when I was hospitalized, somebody told me that hope means, ‘Hold On, Pain Ends.’ So that’s kinda how I look at it. I just keep looking towards the future. And eventually you’ll get to the point that you wanna be at

(“Morgan” personal communication, February 25, 2016).

“Morgan”⁶ is a seventeen-year-old Caucasian who was diagnosed with Lyme disease last year after years of misdiagnosis. She is a quiet, thoughtful young woman in the process of applying for college admittance as a senior. Her life is lived mostly in physical pain, particularly in her knees and other joints. This physical pain makes it difficult for her to get to school in the morning and to maintain motivation to even finish high school. Her attendance rate has been

⁵ Pseudonym

⁶ Pseudonym

erratic for several years, and she is thankful for the extra help she receives through special education services.

“Joshua”

Hope is...I would say hope to me would be a desire to be a better version of who I am now. I know people who have depression can have hope. But I don't have many days where I feel hopeful. I would say hope would be just any amount of time where I don't feel like—like I don't belong with people I'm around. Or even if it's a really bad day, sometimes hope would just be a day where I feel I belong to be alive and all that. I haven't really thought about that question a lot (“Joshua” personal communication, February 26, 2016).

“Joshua”⁷ is a 16-year-old Caucasian who could be taking all AP classes, according to one of his teachers, but he isn't. His depression makes it difficult for him to get to school on a consistent basis so his potential is still untapped. He has been in trouble with the law and only wants to graduate from high school in order to escape his family and live on his own. He has tried to hurt himself and has a low opinion of his ability to accomplish anything. He told me no one had ever talked to him about hope.

Students Identified with Mild Intellectual Disabilities

Along with the four students identified with EBD (discussed above), three students identified with mild intellectual disabilities took part in the first phase of this study by completing the Adult Hope Scale. “Jeremy,” “Ethan,” and “Isaac” have spent most of their school lives in special education because of an autism diagnosis at an early age. Only “Isaac” participated in the second phase of this study by consenting to an interview.

⁷ Pseudonym

All three students spend the majority of their day in a self-contained classroom staffed with a full-time teacher and two teaching assistants. For a few hours in the afternoon, “Ethan” works in the school cafeteria learning how to wash dishes. He would like to be a cafeteria worker when he grows up. “Jeremy” has difficulty with oral language expression, but he is able to understand simple sentences and instructions. His teacher describes him as someone who is constantly worried about something.

“Isaac”

Hope is peace and freedom, no war (“Isaac” personal communication, February 23, 2016).

Although he is Caucasian, “Isaac”⁸ invented a new category when he was asked to describe his ethnicity on the student data sheet. After reading through the choices, he wrote the word “American” and circled it. “Isaac” would like to be a firefighter or a police officer when he grows up. He is interested in the military as well, although he thinks firefighting might be a better choice. In his opinion, hope is intimately connected with the future and having a career that helps others in some way. When asked to describe his favorite subject in school, he said “lunch” with a big smile.

Participant Recruitment

In order to recruit students for this research study, a letter of introduction was mailed to students receiving special education services for intellectual disabilities or emotional/behavioral disabilities in two of the district’s high schools. Included with the letter was a consent form for parents to sign, an assent form for students between the ages of 14 and 17 to sign, and an adult consent form for students aged 18 and older to sign. The adult consent form was sent in case any

⁸ Pseudonym

potential study participants were 18 or older, but it turned out to be an unnecessary addition because none of the recruited students met that criterion. The district's Director of Special Education provided me with the addresses of each of the 44 students. The necessary signed forms were mailed directly to my home address via self-addressed, stamped envelopes included in the mailings. The introductory letter provided students with the purpose of my study and specific information about my background as a graduate student at DePaul University.

Mailing recruitment materials directly to the families of potential participants rather than handing the materials out in person was necessary because students identified with EBD had made a pact not to take any school materials home, and students identified with ID were notorious for good intentions and poor follow-through. The Director of Special Education indicated mailing materials would likely yield a better return rate as opposed to handing them out to individual students who would probably either throw them away (EBD) or lose them on the way home (ID).

Five students eligible for special education because of EBD or ID classification were identified for the second phase of the study after they completed the Adult Hope Scale. Students were informed that all participation was strictly voluntary and that they would not be penalized in any way if they decided not to participate. Parental permission was obtained for each of the five students prior to any interview, and each student was also required to provide both oral and written assent before any interviews took place.

Data Collection Methods

Data Collection

The quantitative phase of this study involved administration of the Adult Hope Scale to seven students receiving special education services. Only five of the seven students consented to

an interview. This instrument has been found to be both reliable and valid (Snyder, 2002). Data were collected using the Adult Hope Scale in order to examine possible differences in hope levels among a group of high school students receiving special education services and in order to choose participants for the qualitative phase of the study. Hope scale scores were viewed as the dependent variable, and “type of special education placement” was viewed as the independent variable. The type of quantitative research design typically used to compare groups when independent variables cannot be manipulated is called a group comparison research design. Special education eligibility decisions are determined by school personnel and cannot be manipulated, so a group comparison design would have been appropriate for this phase of the study. However, given the small sample size, no generalizable comparisons between groups could be made, so instead AHS results were used to craft interview questions and to compare interview answers given by individual students with their individual hope scores.

In order to provide sufficient power, the sample size in any quantitative study must be adequate. As defined by Field (2013), “power is the ability of a test to find an effect that genuinely exists” (p. 72), and an effect is found when the results of quantitative analysis are statistically significant. Collins (2010) suggests minimum sample sizes for quantitative research ranging from 64 for correlational studies to 42 for experimental studies (see p. 362). This study had a sample size of only seven students. Although this is at the lower end of the sample size spectrum, it is still considered adequate for a qualitative study because scores were not used to generalize to other populations. Instead, atypical scores were analyzed and used to supplement follow-up interviews with students. High school students who received special education services made up only 14% of the total student population in the research school district at the time of the interviews, and there were only 44 students eligible for EBD and ID special

education services. This made selecting a larger representative sample within this particular district impossible. In addition, the parents of students identified with special education needs in this particular district were generally unwilling to give parental consent for their children to be included in this study. It is possible this reflected the desire of many parents to protect their children from any potential harm or exposure to criticism from other students not labeled with a disability.

The qualitative phase of this study was designed to understand how high school students receiving special education services feel about hope and their special education experiences' usefulness in preparing them for the future. In order to ensure thick description and rich detail, only five students were interviewed, and their interviews were reported in narrative form. According to Creswell (2013), features of typical narrative research include focusing on the experiences of a single individual or a small number of individuals and collecting data in the form of stories. In the present study, the experiences of five students receiving special education services were the focus. Their stories were audiotaped and transcribed through note taking in order to capture their voices. Individual experiences were emphasized because, as Creswell (2013) maintains, how students see themselves is often revealed in the stories they tell.

Instrumentation. The Adult Hope Scale is a 12-question scale developed to measure the hope levels of adults. Students aged 15 and above can be given this scale since its reliability and validity have been confirmed for this age group. I administered this scale to seven high school students receiving special education services during the winter of 2016 in order to explore any differences in hope levels across the categories of ID and EBD. Under normal conditions, it takes about five minutes to fill out the scale, but extra time was allowed for questions and explanations when necessary. Students identified with EBD were able to fill out this scale

independently, although I offered to read and explain each question. Students identified with ID were able to fill in their names, but needed significant assistance when filling out the scale. For each question, I had to review the Likert scale choices and help them decide which number best expressed their answer to each question. Each question was read aloud to them, and I filled in each answer chosen by the individual student.

Scoring the Adult Hope Scale involved adding up the answers to eight of twelve questions. By summing items two, nine, ten, and twelve, an agency subscale score was obtained. This score gave an indication of how much motivation a student had to continue on toward a goal and complete it. The pathway subscale score was derived by adding up items one, four, six, and eight. Whether a student could come up with multiple ways to achieve a goal was reflected in this score. Lastly, a total Hope Scale score was derived from adding up both the pathway subscale score and the agency subscale score.

(See Appendix: C).

According to Lopez, Ciarletti, Coffman, Stone, and Wyatt (2000), total Hope Scale scores can range from a low of 8 to a high of 64. Both agency and pathway subscale scores can range from a low of 8 to a high of 32. When the Adult Hope Scale was first tested on six samples of undergraduate students, along with two samples of individuals receiving psychological treatment, means and standard deviations were obtained (Snyder, Harris, et al., 1991). Lopez et al. (2000) state the average Hope Scale score for non-college and college student samples was about 48.

Interview process. Four of the participants were interviewed in various private locations inside two separate high schools, while one student was interviewed in the commons area of his high school because he felt more secure with other students around. This particular student also

refused to be recorded, so I took notes during his interview. To summarize, each interview took approximately one hour and four of them were recorded and later transcribed while one was compiled from notes taken during the interview.

The main goal was to uncover how participants felt about hope and how they described it in relation to their special education experiences. Because perceptions are morally neutral, student perceptions were not judged. Instead, ideas were recorded and interpreted in story form as perceptions the students believed to be true and factual. By interviewing students, I gained the following information:

1. Participants' perceptions about hope and special education
2. Participants' perceptions about the future and special education's influence on their choices
3. Participants' perceptions about what helped them in special education and what hurt them
4. Participants' perceptions about being labeled

First meeting. To glean the necessary data, I met three times with individual students. During the first meeting, each student was given the opportunity to ask questions about the study and to provide assent. I read through the Assent Form with each student, highlighting key points and explaining my affiliation with DePaul University and the reasons behind the study. Once assent was obtained, I administered the Adult Hope Scale to individual students. Each student had the opportunity to ask questions while completing the AHS. The most commonly asked question pertained to question number four: "What does it mean to be 'downed' in an argument?"

Second meeting. During the second meeting, students were asked to choose a pseudonym for their recorded interview. Each student picked the name of someone they liked at

their high school. Once each student consented to the audio recording, I began the interviews. Only one student, “Isaac,” refused to be recorded. As soon as he saw the two Philips’ voice tracers I used to record interviews, his face turned white and he shook his head. Instead of recording him, I took notes throughout the interview and later compiled them into a transcript. “Isaac” seemed much more comfortable talking to me once I put the audio recorders back in my briefcase.

In order to glean thick and detailed commentary from the participants, I tried to focus on the process of interviewing rather than the right questions. In other words, instead of concentrating on information gathering, I tried to foreground interaction with the students. This process is described in Clandinin and Connelly (2000) as “engaging in oral history conversation,” a process of mutual story sharing and collaboration (p. 111). Interviews centered on chronicles of events around the topic of special education placement and hope.

Third meeting. During the third meeting with participants, each student was given the opportunity to read through the transcript of their interview and to add or delete any information. I also offered to read each transcript out loud, an option chosen by “Isaac.” Participants were then asked what they thought about studying hope in adolescent populations and whether they felt hope could make a difference in the lives of students diagnosed with disabilities. I concluded this meeting with asking each student whether he or she wished to add any more information to the study.

Although data collection in this study occurred sequentially, data from both phases were regarded as dependent components since both sets of data were related to each other. Notwithstanding their close relationship, data that were weighted most heavily came from the interviews. According to Creswell and Plano Clark (2007), sequential data collection has three

separate stages. The first stage involves quantitative data collection and analysis, and the third stage entails qualitative data collection and analysis. The second stage could be termed the “decision making” stage because it involves deciding how to use the first stage results to inform and influence the third stage results. In the explanatory sequential format I applied to the narrative inquiry design chosen for this research study, this decision was based on using qualitative data from individuals who could best explain the quantitative data. This was done through questions designed to shed light on individual AHS answers.

Along with addressing ethical issues, providing ways to insure the validity of research findings within a study will likely increase its quality. The validity of quantitative research findings is generally based on numeric values and interpretations, whereas the validity of qualitative research is based on its accuracy from the standpoint of those involved in the research. A discussion of validity strategies used in this study and recommended by Creswell (2014) follows.

Validity Strategies

Post-positivist criteria for believability rest on the assumption that truth is findable. Qualitative researchers, on the other hand, believe truth is far too nuanced, rich and interesting to be pinned down in one form. Rather, truth is expressed in the myriad ways different people inhabit different locations and describe similar circumstances with a unique variety of story lines and from perspectives wholly their own. Thus, “your truth is not my truth” can be regarded as part of the qualitative research creed. In this study, combining both quantitative and qualitative validity measures helped to increase the quality of research results and interpretations. Although the sample size in this study was too small to support detailed quantitative analysis and the development of generalizable principles, basic descriptive statistics were computed to allow for

individual differences in scores and to shed light on which group of students (ID versus EBD) had the highest average score on the AHS. In addition, AHS scores in combination with personal interviews provided an unusual glimpse into the minds of students diagnosed with intellectual disabilities and emotional/behavioral disabilities.

Research Validity when Data are Mixed

Within a mixed data context, validity is viewed as the ability to “draw meaningful and accurate conclusions from all of the data in the study” (Creswell & Plano Clark, 2007, p. 146). “Inference quality” is another term often used to denote validity when both quantitative and qualitative data are used in the same study. Inference quality indicates how accurate researchers are with the conclusions they draw after a study is finished. Although a narrative inquiry approach is part of the qualitative research tradition, it was important to connect both narrative data obtained from interviews and quantitative data obtained from administration of the AHS in this study. With this in mind, I tried to apply validity standards applicable to both qualitative and quantitative data.

Quantitative Research Validity

To establish the trustworthiness of a quantitative research study, validity and reliability statistics are often cited. For my study, the Adult Hope Scale (AHS) had been standardized using high school students from Denmark, and its validity (does it measure what it purports to measure?) and reliability (are the same or similar results obtained when used again?) are high (Marques et al., 2014). For quantitative researchers, this information adds to the trustworthiness of results. For qualitative researchers, trustworthiness is determined using a variety of other ideas and concepts.

Qualitative Research Trustworthiness

Creswell (2014) has identified eight main strategies researchers can use to check whether their qualitative research findings are accurate. Listed in order from those most frequently used to those most difficult to implement, these strategies are:

(1) triangulation, (2) member checking, (3) using rich and thick description, (4) clarifying researcher bias, (5) presenting discrepant or negative information, (6) spending prolonged time in the field, (7) using peer debriefing, and (8) using an external auditor.

Triangulation is one of the strategies that was used in this study. This concept, described by Willis (2007), entails finding “multiple sources of confirmation when you want to draw a conclusion” (p. 219) in order to enrich and confirm the data analysis. In my study, I used both interview and questionnaire data to draw any conclusions. By using multiple data sources, I was able to make comparisons across the data that I would not have been able to do with just one data source. It was also my intention to conduct member checks with my study participants, which I did after interviewing them and analyzing the data. I reviewed relevant parts of my study with the students I interviewed in order to determine if I was interpreting their statements correctly and drawing the correct conclusions based on their input.

Another important aspect of my research was the peer review process. Throughout my study, I asked for peer input and direction in order to make sure I was keeping the right perspective, one that did not seek to influence my participants’ interview answers and one that attempted to see things from their perspective. Often, peers not directly involved in the research can point out flaws invisible to the researcher such as hidden biases that may creep in during the writing phase.

Arguing that the trustworthiness of qualitative research should be evaluated differently from quantitative research, Guba and Lincoln (1998), as quoted in Bloomberg and Volpe (2012), offer four different ideas related to trustworthiness in qualitative research: credibility, dependability, confirmability, and transferability (pp. 125-126). Because this research study was designed to place greater emphasis on qualitative data, all four concepts are discussed further below.

Credibility

To establish credibility, findings need to be “accurate and credible from the standpoint of the researcher, the participants, and the reader” (Bloomberg & Volpe, 2012, p. 125). By using peer review and member checks, I was able to establish the credibility of my findings. In addition, because I used more than one source of data and two data collection methods (questionnaire and interviews), I ended up with a “fuller and richer picture of the phenomenon under review”(Bloomberg & Volpe, 2012, p. 125). As well, multiple data sources allowed me to triangulate the data. Both methodological and interpretive validity was enhanced by carefully matching my research questions with the research design, purpose, and conceptual framework of the study and by interpreting the data as carefully and rigorously as possible.

Dependability

To establish the dependability of my results, I needed to analyze whether my findings were “consistent and dependable with the data collected” (Bloomberg and Volpe, 2012, p. 126). In qualitative research, data inconsistencies are part of the research process since nothing is certain and people often behave unexpectedly. On the other hand, when inconsistencies occurred during my study, I tried to be responsible by explaining them to my readers. It was also important to demonstrate that I had coded my interview data (and any other qualitative data used

in the study) consistently and accurately. This involved checking over data multiple times and also having the data checked by peers to establish inter-rater reliability. My quantitative data needed multiple reviews, and any outliers were given detailed explanation. Another idea mentioned in Merriam and Associates (2002) is the establishment of an audit trail in order to ensure method transparency. I kept a journal documenting data collection and interpretation throughout the research process.

Confirmability

Confirmability, as described by Bloomberg and Volpe (2012), entails confirming the research findings are not based on one's subjectivity and biases. This was not difficult to do with my quantitative data, but qualitative data are rarely amenable to objectivity. With this in mind, I tried to clarify the origins of my qualitative data and I kept detailed notes about my thoughts throughout the data collection process. In addition, peer review provided another perspective that helped to eliminate any extreme subjectivity and bias.

Transferability

Even though qualitative studies unveil the meanings people give to particular events in specific contexts during a set time frame in history, it is still possible to imagine similar findings in other situations that resemble those of the study. To this end, the transferability, or the "ways in which the reader determines whether and to what extent this particular phenomenon in this particular context can transfer to another particular context," (Bloomberg & Volpe, 2012, p. 126) of my study were enhanced because I used thick description and lots of detail. Creswell (2014) believes detailed accounts provide a more realistic perspective and make research findings more interesting, thus increasing their validity.

Although including strategies to increase validity are important in any research study, no strategy can insure a perfect outcome. For one thing, it is unlikely bias can be completely eliminated from a study, nor is it possible to imagine all participants will respond with equally enlightening answers to interview questions. By virtue of the fact we are all human beings, anything could happen in a research setting. (A friend once described spending an entire hour during an interview trying to get a participant to speak!)

Data Analysis and Synthesis

Data analysis for this study involved analyzing both quantitative and qualitative data in order to answer the research questions of the study. An added component in this research was the need to address research questions containing both quantitative and qualitative components. I used the term “combined” to refer to these types of questions. There were two combinatorial questions I tried to answer. First, I wanted to know how the narratives shared by the students (qualitative data) helped to explain their Adult Hope Scale responses (quantitative data). Second, I wanted to find out which narratives provided the best insights into the Adult Hope Scale responses. Both questions could only be answered after completion of both phases of the study, whereas the quantitative and qualitative questions were answered sequentially as the study progressed.

Quantitative Data Analysis

Quantitative data analysis for this study involved computing simple descriptive statistics for the seven students who completed the Adult Hope Scale. Detailed statistical analysis leading to conclusions and generalizable principles was not possible because of the small sample size. Descriptive statistics were computed using SPSS, a software program designed for quantitative data analysis. Once obtained, the descriptive statistics were analyzed to figure out the range of

scores, the average score for each group of students (ID versus EBD), and the ranking of scores from lowest to highest.

Qualitative Data Analysis

The data for the qualitative section of this study were obtained from student interviews conducted throughout the month of February 2016. All interviews (except “Isaac’s”) were recorded and later transcribed. “Isaac’s” interview was compiled from written notes. Once transcription was completed, I hand-coded each transcript using In Vivo coding, a type of coding recommended by Saldana (2016) when participants’ voices are of primary importance. Once completed, the In Vivo codes were analyzed and divided into smaller labeled units. (Units in qualitative data are sentences, paragraphs, phrases, and words.) The labeled units were further analyzed and developed into overarching themes related to Hope Theory and the AHS scores. The data for this section of the study were analyzed both inductively and deductively, interpreted through the lens of Hope Theory, and then written in narrative form. A qualitative data analysis software program was not used to analyze the data because I preferred a hands-on, sticky-notes-on-the-wall approach. As explained by Saldana (2016), coding manually is a great approach for small-scale studies because it gives one “more control over and ownership of the work” (p. 29). I found this to be true.

According to Creswell and Plano Clark (2007), narrative research can establish the chronologies of individual lives and life experiences through the use of sequential themes or codes derived from the interview data. The participants’ stories in this study were “re-storied” or reorganized into a kind of chronological framework linking participants’ ideas in a meaningful sequence. The meaning of individual stories emerged from the identified themes. The basic story format each participant seemed to follow started with his or her introduction to (or

induction into) special education, what life was like before special education and what it's like now, how special education has increased or decreased their hope, and whether they could envision a hopeful future outside high school.

Clandinin and Connelly (2000) refer to data collected in the field as “field texts” and offer several important suggestions for narrative inquiry researchers. They recommend keeping a journal in order to convey information about the researcher/ participant relationship; interviews need to be conducted in situations of mutual trust and caring; finally, interviewers need to pay attention to how they question, act, and respond during interview situations because the data obtained from the interview will be influenced by all three. These issues bring up ethical considerations that will be discussed in the next section.

Ethical Considerations

Since this research study was based on using two types of data, elements of both qualitative and quantitative inquiry were combined. Willis (2007) explains the difference between searching for valid and generalizable truth with positivist and post-positivist research and seeking to understand a particular context with qualitative methods in order to highlight the importance and relevance of “bringing to bear on our efforts all our past experiences and knowledge” (p. 189). Quantitative data from a student questionnaire (The Adult Hope Scale) were followed up with in-depth interviews with five students receiving special education services. Although quantitative data from the Adult Hope Scale formed the springboard for my research study, the qualitative data that followed provided explanations and nuanced meanings difficult to obtain from quantitative data alone.

Because they are considered a vulnerable population, students eligible for special education services required added protection and consideration as participants in this research

study. As described by Willis (2007), I had to accept different ways of knowing that transcended any scientific method. For example, “Isaac” was afraid of voice recorders, so I had to adapt my methods in order to meet his unique needs. Another participant, “Joshua,” could both appear at school and disappear from school with an uncanny prowess and speed I couldn’t help but admire. His classroom teacher and I had a code system: I would knock on the door, and if “Joshua” was there, she would smile. If not, she would just shake her head. I nicknamed him “the shadow” and sometimes found myself asking, “Was that ‘Joshua’?” as students passed me in the hall. Hood up, head down, it could have been him at any moment in time.

In my opinion, Israel and Hay (2006) offer one of the best summaries of a researcher’s ethical responsibilities I have seen to date. In their view, research participants need protection, and researchers need to ensure this by guarding against any kind of misconduct or impropriety and by coping with new and unexpected challenges that might arise throughout the research process. Ethical considerations for this study included IRB approval, informed assent, data access and ownership, and confidentiality.

IRB Approval

Along with Creswell (2014), I believed ethical issues would saturate all aspects of my study, from beginning to end, and they did. Institutional Review Board (IRB) approval was the first step on the road to ethical behavior, since I could not begin studying high school students receiving special education services without the approval of my university. This population of students was considered vulnerable for several reasons. First, they had a different way of looking at the world that sometimes seemed strange to me and I had to ignore my preconceived notions of “special education” in order to understand it from their perspective. Second, they were all minors (under the age of 19—see Creswell, 2014, p. 95) when I conducted the

interviews, so this status alone merited special consideration. Finally, teenagers are not adults, and I needed to be sensitive to their feelings about peer pressure, labels, and even talking with a strange white woman (me!) who showed up at their high school. It was possible that many had succeeded in hiding their special education status up to that point, so I needed to be careful where and when I conducted the interviews and how I presented the information that was shared with me.

Informed Assent

All students recruited for this study were provided with the necessary consent forms, including assent and parent permission forms, through the mail. All mailings were sent one month prior to the beginning of research.

During informational meetings with participants, these forms were discussed in detail. Assent and consent forms were read to participants on an individual basis, thus giving them the opportunity to ask questions prior to the study's start. Critical components of assent and consent were highlighted, including risk factors and benefits associated with the study. Students were also reminded that their participation was strictly voluntary and could be revoked at any time. The consent form itself contained the recommended information provided by Creswell (2014) on page 96:

- Researcher identification
- My affiliation with DePaul University as a graduate student
- The purpose of my study, i.e. to find out how high school students participating in special education services felt about their special education experiences' effectiveness in preparing them for the future and how they felt about hope
- Identification of my study's benefits

- Identification of the level of participant involvement, the type of involvement, and the time it would take were clarified
- Any risks to participants were noted
- Participant confidentiality was guaranteed.
- Participants were assured they could withdraw at any time.
- Names of persons to call with questions were provided

Data Access and Ownership

Once de-identified, raw data were sent to a password-protected company for transcription. After transcription, data collected in this study were stored in a locked file cabinet drawer in my home office. Only I had access to the data. Students were able to see their transcripts during the member check process in order to insure accuracy of interpretation. If individual students wished to see their Adult Hope Scale scores, those scores were made available on an individual basis. All data were destroyed after the completion of my dissertation.

Confidentiality

Names of all participants were protected throughout all phases of this study. Students who were interviewed were asked to select a pseudonym prior to any recording of data. I was the only one with access to the individual's name while interviews were conducted. All subsequent data were recorded using this pseudonym. In addition, transcribed data were kept in a locked file in my home, as were all audio-recorded interview data that had not yet been transcribed. I was the only person with access to either the locked file or any other data from this study. The names of the high schools chosen for this research study were not used in any form, and all school personnel involved in the study received pseudonyms. Any student or personnel

names used in this study were de-identified and replaced with either numbers or pseudonyms throughout the study. At no time were any authentic names made available to anyone other than myself.

Limitations and Delimitations

This study had several potential limitations. For example, only five students were used for the interviews, so researchers with a positivist bent might argue this was a rather small sample. On the other hand, qualitative research does not rely on statistical analysis for establishing credibility. Instead, it relies on the thick descriptions of participants and their unique voices. From this perspective, even *one* voice is valuable.

Another potential limitation of this study was its site location. Suburban schools are not always representative of the most underserved students in our public education system. For this reason, it was possible the experiences of my participants would only be transferable to students from mostly white, suburban America. On the other hand, the interviewees had all experienced special education, so it was possible the study's results would be transferable to other students receiving special education services with similar experiences regardless of their socioeconomic status disguised in zip code. An additional limitation of this study was the small number of students identified as EBD or ID. This factored into the decision to include more than one school in the study.

There were several limitations specifically relevant to the quantitative part of this study. The two high schools had a combined population of 44 students who fit the criteria for inclusion in the research, but only seven were given parental permission to participate. This could be viewed as a limitation because the larger the sample, the greater the power of statistical results. In addition, by increasing sample size, the size of sampling errors shrinks and research results

become more generalizable to the population. Consequently, this research study had limited predictive power and was not generalizable to larger populations of students. Additionally, statistical analysis was limited because of the small number of quantitative data points available.

Another issue, mentioned previously, was the limited number of students identified as EBD or ID in the district chosen for the research study. This small number made random selection impossible since all students were invited to participate in the study. According to Gall et al. (2010), generalizations about research results gleaned from nonrandom samples must be viewed as tentative. Despite a small sampling pool in the EBD and ID categories, however, it was still possible to draw relevant conclusions based on the follow-up interviews.

Although national data were available for both racial and special education statistics, special education data were not divided into racial categories by disability at the state level. This made it impossible to compare total special education levels by race at the individual state level, municipality level, and school district level if one was interested in specific disability categories. There was currently no way for me to find out if my research school district over or under-represented minority students in special education. Although national statistics revealed an overall pattern in racial data, determining overrepresentation of minority students in special education within my research district could not be done. It is possible that racial groups are both underrepresented by individual states and overrepresented by others, so special education data divided into racial categories at the state level is necessary for future studies. This was not a limitation for this study per se, but it did influence conclusions that could be drawn from my research data specific to the issue of minority overrepresentation.

Another limitation of this study was its reliance on Hope Theory itself. Although Hope Theory holds promise for helping students with intellectual disabilities and/or

emotional/behavioral disabilities, it is not without its critics. Because it exists under the umbrella of positive psychology, it emphasizes a person's strengths rather than weaknesses. However, some critics believe negative affect is vital for optimal human functioning. For example, anger plays an important role in protecting others and yourself from mistreatment and injustice. Miller (2008) criticizes positive psychology's emphasis on "exemplary characteristics" with the statement "the model of mental health depicted by positive psychology turns out to be little more than a caricature of an extravert" (p. 606).

Several other criticisms specific to Hope Theory include its absence of a moral compass and its emphasis on individual rather than group goals. Snyder (2000) himself describes how people intent on committing suicide use all three components of Hope Theory. This seems ironic given that Hope Theory supposedly exists to increase hope. In the case of suicide, a person's hope is based on ending it all, and few would argue this is a "good" goal for people to have. For this reason, several theorists argue that a moral compass is necessary for all positive psychology constructs, including hope (Martin, 2007; Seligman, 2002; Sundararajan, 2008).

Another criticism of Hope Theory noted by Dewey is its emphasis on individual goals versus group goals. However, Snyder and Feldman (2000) reject the view that "Hope is merely another individual-differences construct aimed only at aiding individuals in the pursuits of their personal goals" (p. 389) and instead focus on its potential for empowering entire societies. According to Snyder, higher hope people he interviewed to arrive at the cognitive components of hope revealed their mental outlooks were "partly for themselves and partly for other people" (Snyder & Feldman, 2000, p. 390). Snyder and Feldman (2000) describe several societal goals that would help "the majority rather than the select few" (p. 391), including caring for others and producing dependable and durable products. Although this research study focused on signs of

hope at the individual level, it might be interesting to explore the relationship between high hope and group goals in a future research study. This is discussed further in Chapter Six.

Delimitations can be described as “self-imposed” limitations. In order to limit the scope of this study so that I could actually finish it in a reasonable amount of time, I concentrated on one high school district in the suburbs. In the future, it might be interesting to study several high school districts simultaneously and compare the results. Specifically, it might be interesting to choose high schools based on socioeconomic status and compare the students’ Adult Hope Scale scores.

Another delimitation I decided on was to restrict my interviews to students with soft disabilities, so my results are not transferable to all special education populations. For example, autistic children might have an entirely different take on what it means to be hopeful than students with visual impairments. Other delimitations included restricting the interviews to high school students and not using younger age groups. On the other hand, using Snyder’s Adult Hope Scale for this study meant only students fifteen and older were eligible to complete the scale and younger students would need to use a different instrument. Using two instruments for separate age groups would have greatly increased the time needed to complete the first research phase.

Finally, there are multiple hope measures in existence, but I chose only one: The Adult Hope Scale. I chose this delimitation because of time constraints and ease of administration. The Adult Hope Scale only takes five minutes to complete and uses a multiple-choice Likert Scale format. In addition, the Adult Hope Scale rests on the assumption that it is possible to learn how to think differently. If true, increasing the hope levels of students found eligible for

special education services, and thus improving their life outcomes, became a possibility. I liked that possibility.

Unfortunately, this particular instrument (the Adult Hope Scale) had never been used with students receiving special education services. This could have been regarded as both a limitation and an exciting opportunity. In terms of limitations, it was not possible to check my research results with those of similar studies since no such studies existed when this research began. In addition, the instrument had been validated for normal adult populations, so some might question the validity of any results derived from students in special education.

Notwithstanding these negatives, research studies have shown this instrument produced valid results with a variety of populations including mentally ill patients, nursing students, and individuals with cancer (Snyder, 2002). I believed adding students who received special education services to this population pool would increase our understanding of what hope means to adolescents classified as disabled. I believed it would also help decrease the literature gap in disability studies at the high school level. Lastly, I believed it would lead to further research about hope in high school populations where hope is desperately needed. From this standpoint, using the Adult Hope Scale with high school students who received special education services was an exciting opportunity.

Conclusion

This chapter covered the methodology that was used to conduct my research study. A qualitative narrative inquiry approach using a sequential-explanatory format was chosen because it provided the best way to answer my research questions. The first phase of the study used Adult Hope Scale scores from two suburban high schools. These data provided information about variables associated with special education student populations and also provided an

overview of the hope levels found among seven high school students receiving special education services for mild intellectual disabilities or emotional/behavioral disabilities within the district. AHS scores were subsequently used to construct relevant interview questions. Students who completed the Adult Hope Scale and submitted the necessary consent forms were purposefully selected to participate in the study's second phase. The second phase of the study used answers from five student interviews in order to examine the students' perceptions about special education, hope, and the future. The students' stories were transcribed and reported chronologically in a narrative form reflecting various themes that emerged from the data. Interview data were combined with scores from the AHS in order to provide explanations for why the scores turned out as they did.

CHAPTER 4: PRESENTATION OF FINDINGS

Introduction

The purpose of this qualitative study was to better understand how high school students receiving special education services for mild intellectual disabilities or emotional/behavioral disabilities viewed their special education experiences and how those experiences influenced their hope levels. I believed that a better understanding of how students with disabilities describe hope in relation to their experiences in special education could lead to new ways to increase their hope levels. This chapter presents the key findings obtained from interviews with five students identified with mild intellectual or emotional/behavioral disabilities. After administration of the Adult Hope Scale to three high school students identified with mild intellectual disabilities and four high school students identified with emotional/behavioral disabilities, five students from this group were purposefully chosen for follow-up interviews.

To summarize, in order to better understand individual hope levels, the Adult Hope Scale was administered to seven participants and then scored. Scores were used to construct relevant, semi-structured interview questions for follow-up interviews with five of the seven students who consented to being interviewed. A variety of qualitative data analysis techniques as described by Miles, Huberman, and Saldana (2014) were used to synthesize and analyze the data. After analysis, five key findings (listed below) were identified. Each finding provides an answer to one of the five research questions introduced in Chapter One of this research report.

Key Findings

1. All of the high school participants who received special education services for emotional/behavioral disabilities or intellectual disabilities indicated their hope levels were positively influenced by the accommodations they received from being placed in special education.

2. All five participants in Phase Two of the study described hope in terms linked to Snyder, Harris, et al.'s (1991) Hope Theory, including the importance of having goals, the importance of being motivated to achieve those goals, and the need to plan out how to reach those goals.
3. All of the research participants described their special education experiences in a mostly positive light, placing particular emphasis on their close relationships with teachers.
4. The narratives shared by the participants identified with EBD explained their AHS scores by describing their daily struggles with depression, anxiety, anger, and various other obstacles to hope.
5. The narratives shared by the participants identified with EBD converged with the scores they received on the AHS.

What follows is a description of how the data were analyzed, processed, and synthesized into thematic categories before the findings emerged. Student participants were given the opportunity to speak for themselves, and their voices were honored during the data analysis process through the use of In Vivo coding. The quantitative data obtained from the AHS were also interwoven with the qualitative interview data in order to better understand the connection between hope levels and individual life experiences. Details that support each finding are included in the discussion that follows.

Data Analysis Process

Two types of data were collected for this study. Quantitative data were collected in the form of AHS scores obtained from seven students and qualitative data were collected from five students who agreed to be interviewed.

Quantitative Data

Each student's AHS yielded three separate scores: a pathway subscale score, an agency subscale score, and a total Hope Scale score. Eight of the scale's twelve items were used for scores while four served as fillers. Scoring involved summing items two, nine, ten, and twelve to get an agency subscale score; adding items one, four, six, and eight to get a pathway subscale score; and finally adding the two subscale scores together (four agency and four pathway items) to get a total Hope Scale score. Scoring was done by hand and checked for accuracy several times. Once scoring was completed, descriptive statistics were used to further analyze the data. A quantitative statistical analysis software program called SPSS computed average scores for the seven students as well as various other statistics. Because of a small sample size, no generalizable conclusions could be drawn. It should be noted here, however, that follow-up interviews with five students provided insight into why some of the scores on the AHS turned out as they did.

Qualitative Data

Qualitative data were obtained from five students who agreed to be interviewed following analysis of their Hope Scale scores. Four interviews were recorded and transcribed, while one interview took place in "King Street High's" commons area at the request of the participant who did not want to be recorded. Instead, handwritten notes served as a way to record this particular student's ideas. These notes were later transcribed into paragraphs and reviewed by the student for accuracy. The other participants were also given a chance to review their interview transcripts.

Coding. After transcription, the data from all five interviews were analyzed and coded in order to look for reoccurring patterns in chunks of the data (see Miles et al., 2014, p. 73).

According to Saldana (2013), coding qualitative data involves First Cycle and Second Cycle coding. The former generally involves assigning codes to data chunks, while the latter process entails using the First Cycle codes themselves to generate overarching themes. For this study, First Cycle coding consisted of using short phrases and words from the participants' own language as codes, a process Miles et al. (2014) describe as In Vivo coding. In Vivo coding was chosen because I wanted to honor the students' unique perspectives and voices.

First cycle codes. During this process, initial codes were created after reviewing the In Vivo data from each transcribed interview using a cutting and pasting technique. This technique involved sorting similar ideas and statements into grouped categories by cutting them out of the transcribed interviews and then pasting like categories together. As described by Miles et al. (2014), this part of data analysis is done in order to summarize data chunks and segments. Codes emerged from the data and patterns of concepts were grouped into like categories and later recorded in seven separate tables as categorical themes. Assembling the tables made categorization visible because response frequencies were recorded under each individual category. The categorical themes are listed in Table 2 (following page).

Second cycle codes. During Second Cycle coding, these First Cycle categories were analyzed again in order to delineate pattern codes. During this process, all data were reorganized, reconfigured, and re-sifted to come up with a more selective, shorter list of overarching themes that would best represent the information gleaned from student participants. Miles et al. (2014) explain that Pattern Coding is appropriate for a variety of different applications, including the search for rules, causes, and/or explanations in the data and the laying of groundwork for analysis across various cases through the generation of common themes. This

Table 2***Categorical themes based on In Vivo data***

Categorical Theme 1	Hope from special education placement
Categorical Theme 2	Hope to avoid the negative
Categorical Theme 3	Absence issues
Categorical Theme 4	Hope is in the brain (or not)
Categorical Theme 5	General education is where hope dies
Categorical Theme 6	The problem is me
Categorical Theme 7	Hope does not float

second analysis resulted in five over-arching themes based on Hope Theory and the students' AHS scores. Key ways special education supports Hope Theory are illustrated in Table 3 (below).

Table 3***How special education supports Hope Theory***

Hope Theory Elements	Special Education Provisions
<ul style="list-style-type: none"> • Goals Made Possible 	work-study programs flexible schedules class choice on-site psychologist relax room small class size
<ul style="list-style-type: none"> • Agency Made Viable • Pathways Made Visible 	close relationships with teachers technology campus on-line high school completion

Throughout this process, every attempt was made to ensure each student's voice was accurately and fully represented. Ultimately, themes that emerged from the data were reviewed in light of Snyder, Harris, et al.'s (1991) Hope Theory and from a Disability Studies perspective. Although many Disability Studies scholars tend to advocate the elimination of ableism and seem to favor the enactment of universal inclusion policies, students in this research study viewed their special education experiences in a mostly positive light. Each participant indicated placement in special education made school a possibility and hope a reality. Several examples follow.

I think being in this program provides a better future for me. Even if I don't do as well as I hope to in it, I still think that my options will be far better than they were before ("Joshua" personal communication, February 26, 2016).

I used to get terrible grades from first to third grade, but as soon as I started entering the special education system and got extra help, my grades started going up from C's to B's and then to A's ("Joey" personal communication, February 19, 2016).

It makes school possible for me. The special ed. program gives me a place to go and feel safe. It gives me the opportunity to graduate. Yeah, when I'm going on college visits, I bring my IEP with me and ask colleges what they can offer me for accommodations and stuff. It's still there for me, I guess ("Morgan" personal communication, February 18, 2016).

“Isaac” and “Raven” also indicated special education services provided them with the emotional support and encouragement they needed just to make it to school each day. Other research findings are discussed in the following section.

Findings

Since both quantitative and qualitative data resulted from this study, both will be covered in this section. The quantitative data were limited to seven participants, five of whom also contributed qualitative data through follow-up interviews. Qualitative study data analysis led to the development of seven categorical themes that were later pared down to five overarching themes. These themes grew out of the accumulated common responses from the five interview participants revealing their shared feelings, thoughts, and experiences in special education. Answers to the study’s research questions were obtained from these data and were also influenced by the students’ AHS scores. Student AHS scores were analyzed separately first, and were then paired with interview data to provide a deeper and more nuanced understanding of how student hope levels and answers to interview questions were directly related to each other.

Quantitative Findings

The agency, pathways, and total Adult Hope Scale scores obtained from the seven research participants who agreed to complete the AHS are visible in Table 4 (following page). They are listed in ascending order.

Table 4***Participant Adult Hope Scale results***

NAME	AGENCY SUBSCALE SCORE	PATHWAYS SUBSCALE SCORE	TOTAL ADULT HOPE SCALE SCORE
“Raven”	10	10	20
“Joshua”	17	20	37
“Morgan”	18	19	37
“Jeremy”	23	24	47
“Isaac”	28	20	48
“Ethan”	30	20	50
“Joey”	24	27	51

A general overview of these scores reveals that “Raven” had the least amount of hope and “Joey” had the greatest amount. “Jeremy,” “Isaac,” and “Ethan,” students identified with intellectual disabilities, were clustered together in the above average range, indicating they each had hope regardless of being diagnosed with intellectual disabilities. “Joey” had the largest amount of hope for the future, and both “Morgan” and “Joshua” scored in the average range indicating they had some hope, but not a lot. No generalizable conclusions can be drawn from this small sample, but observations about individual scores can be made and several descriptive statistics are noted in the following section.

Descriptive Statistics for This Student Sample

Scores on the AHS can range from a low of eight to a high of 64. Studies in which the Adult Hope Scale was given to high school students participating in special education services could not be found after an extensive literature search, so there was no way to compare the scores obtained from the research participants in this study to the scores of other students with soft disabilities. As a consequence, statistics drawn from this sample can only be used as a means to understand this particular group of students. Therefore, descriptive statistics will only be discussed in relation to the specific seven students in this study.

Average AHS score. The first descriptive statistic computed was the average AHS total hope score for students identified with intellectual disabilities, and the average AHS total hope score for students identified with emotional/behavioral disabilities. Interestingly, students from this study identified with intellectual disabilities had a higher average hope score than students identified with emotional/behavioral disabilities, as illustrated in Table 5 (below).

Table 5

Average hope scores for 3 ID-identified students and 4 EBD-identified students

LABEL	MEAN SCORE
ID	48.33
EBD	36.25

This seems to support Snyder's (1994) contention that hope has little to do with intellectual ability, at least within this particular student sample. Although the students identified with ID in this sample had each exhibited signs of autism at an early age, each had a clear vision of what he

wanted to accomplish in life, and each had a solid belief in his ability to achieve that goal. On the other hand, when asked about ways they planned to arrive at their goals, none of the three students identified with intellectual disabilities was able to articulate how he was going to arrive at his goal. Pathways thinking seemed to be very weak in each of the three students, although “Jeremy” indicated his teachers would help him to arrive at his goals. Both “Isaac” and “Ethan” could not tell me anything about pathways to their goals, and “Ethan” used the term “I give up!” frequently when asked about how to arrive at a goal on the AHS. “Isaac” stated his desire was to become a firefighter, but he could only describe other possible careers when I asked him about how he was going to become a firefighter: “I think I will work at Disney World or in the military. I think war is really a bad thing. I think being a police officer would be interesting, too, but I really want to be a firefighter” (“Isaac” personal communication, February 23, 2016). It was as if each of the three young men could envision themselves doing something wonderful but could not figure out how to map out a plan to actually reach that goal. It seemed they could see themselves standing on the top of Mount Everest, looking down and admiring the view, but they could not remember how they got there and could not explain the particular path they took to reach the top.

It was the students from this study identified with emotional and behavioral disorders who found seeing themselves in a positive light most difficult. If “Isaac,” “Jeremy,” and “Ethan” had a harder time describing how to reach their goals, “Raven,” “Morgan,” “Joshua,” and “Joey” had a harder time motivating themselves to get there. This group of four students had multiple ways of describing how to get to a good place, and what they needed to do to get there, but only one of the students, “Joey,” was able to actually envision himself as a diesel mechanic. For this particular group of students, agency thinking was much more difficult than pathways thinking.

They seemed to be their own worst enemies, constantly doubting their ability to get anywhere in life and consistently disparaging their own lack of motivation.

Limited motivation was clear in “Raven’s” comments when she was asked to describe her agency thinking:

Yeah, no matter what I do, it’s not gonna end in my favor. I doubt myself every second of the day. I feel no matter what I say that no one’s gonna listen, so I have no power. I have to get my GPA up to do that (cosmetology), and I just don’t. If I’m getting arrested for something I didn’t do, I’m not gonna fight it. I’d rather just let it happen because I don’t know how to fight it. I don’t know what to do (“Raven” personal communication, February 19, 2016).

Although “Raven” was able to articulate the need for a higher GPA in order to reach her goal, she could not overcome the nagging suspicion that nothing she did would matter. Her motto throughout the interview seemed to be “whatever happens, happens.” At one point she stated, “I know what I want. I don’t do it. I don’t know why” (“Raven” personal communication, February 19, 2016). For “Joey,” it was easier to plan things out as well:

It’s easier for me to plan it ‘cause motivation for me is—my motivation is being able to have the feeling of succeeding in the goal and actually getting it completed. If it’s a reading assignment, I’ll make sure to set up a plan so I read this much every day until the deadline or before the deadline hits (“Joey” personal communication, February 23, 2016).

“Joshua” also stated it was much easier for him to plan out how to reach a goal than to actually motivate himself to reach it, and “Morgan” explained how she planned out her goals with the following statements:

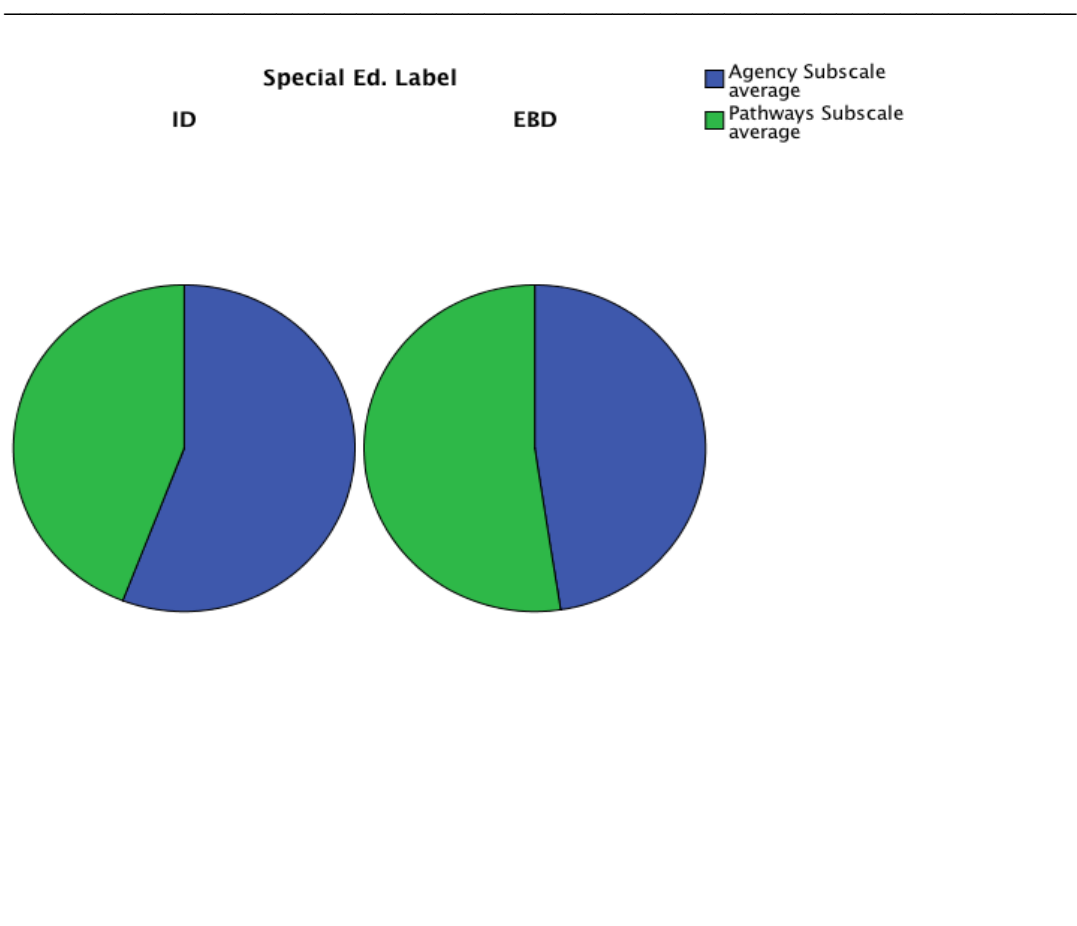
I guess when I’m planning how I’m gonna get to my goal, I have different checkpoints and then I can tell if I’m reaching it if I reach those checkpoints before the big goal. If I

do set a goal and I do meet it, I don't really reward myself. I just say I should've done it. I don't ever get proud of myself for goals ("Morgan" personal communication, February 24, 2016).

The difference in average agency subscale scores and pathways subscale scores between the two separate groups of students used in this sample is illustrated in Figure 1 (below).

Figure 1

Agency and pathways subscale score averages for ID and EBD identified groups



For this particular group of seven students, those identified with EBD had a higher pathways subscale score average than did those identified with ID. Conversely, the students identified with ID from this particular sample of students had a higher agency subscale score average than

did those identified with EBD. Although generalizable conclusions cannot be drawn from such a small sample of students, it is interesting that interviews with some of them reinforced the distinction between students with EBD who could describe all kinds of ways to get to their goals but did not believe they would ever reach them, and “Isaac,” who could see himself achieving any number of goals, but could not describe pathways toward those goals. One might conclude that “Isaac” was a dreamer and the students diagnosed with EBD were realists, but their stories were far too nuanced and complicated to justify such a simplistic conclusion.

Score range. Another descriptive statistic computed for this particular student sample was the score range for the students identified with intellectual disabilities and the score range for the students identified with emotional and behavioral disabilities. Results are shown in Table 6 (below).

Table 6

Score range for 3 ID-identified students and 4 EBD-identified students

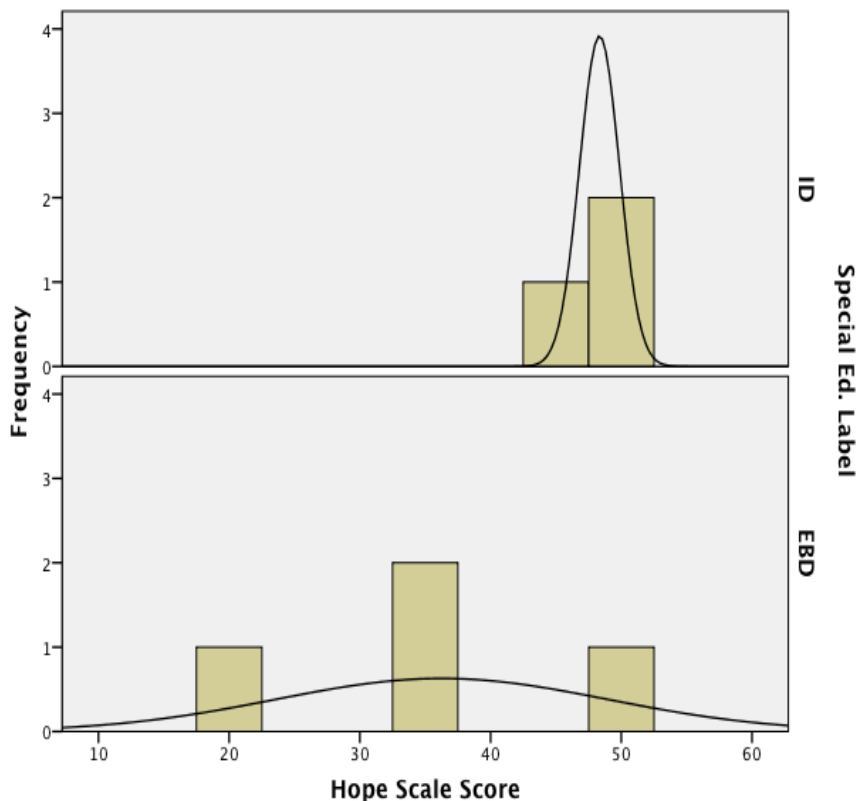
LABEL	SCORE RANGE
ID	47-50 (3)
EBD	20-51 (31)

Figure 2 (following page) also illustrates this spread in scores between the students identified with intellectual disabilities and those identified with emotional/behavioral disabilities from this particular sample of students. The score ranges in each of the student groups (ID and EBD)

revealed a larger spread of scores in the group identified with emotional and behavioral disabilities when compared with the students identified with intellectual disabilities.

Figure 2

Spread of AHS scores among seven students



EBD results. “Raven,” identified with EBD, and “Joey,” also identified with EBD, had the lowest and highest scores respectively. “Raven’s” score of 20 placed her in the low hope category, while “Joey’s” score of 51 placed him in the high hope category. Their interview data, explained later in this chapter, correspond with these scores. “Raven’s” low hope is related to her lack of motivation (low agency) and her inability to describe various pathways to her goals (low pathways thinking), while “Joey’s” high hope score illustrates both his ability to plan out

steps toward goals and his motivational strength to attain those goals.

ID results. It is possible the scores obtained from “Ethan,” “Jeremy,” and “Isaac” (all identified with ID) were influenced by their lack of reading ability. As a consequence of this inability, I had to read each question to them and I also had to review each of the eight choices with them before they could give me an answer. Occasionally I had to guess what they meant and make the choice based on my own understanding. In contrast, students identified with EBD were able to read the AHS on their own and were also able to accurately interpret the 8-point Likert scale choices without constant review.

Median scores. Median scores often provide a more accurate picture of results when sample sizes are small. For this reason, median scores were also computed for this study and the results are indicated below in Table 7.

Table 7

Median AHS scores for students identified with EBD and ID

LABEL	MEDIAN SCORE
ID	48
EBD	37

Median scores reflect the middle score in a series of ranked scores. As indicated above, the median score for students identified with ID was higher than the median score for the students identified with EBD. However, as previously noted, the students with the highest and lowest scores were from the EBD group. It is possible to conclude there is a greater variance in the scores of students identified with EBD when compared with the scores of students identified

with ID from this student sample.

Individual AHS Results Obtained from Interview Participants

Participants who completed the AHS could choose from eight possible responses ranging from “definitely false” to “definitely true” on a Likert scale. Scores from interview participants for each of the eight items counted in the total hope score from the AHS are summarized in Table 8 (following page), and total scores are presented in Figure 3 (below).

Figure 3

Interview participants' AHS results

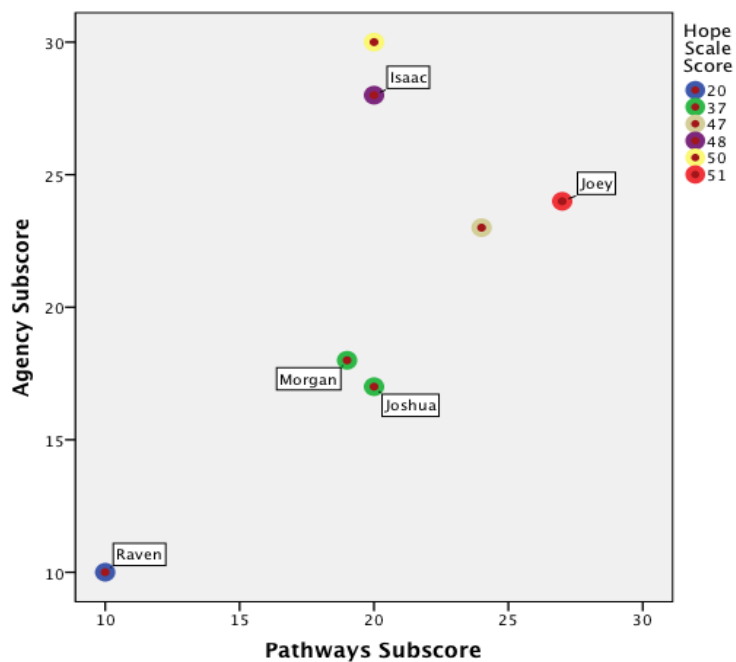


Table 8*Summary of AHS scores for five interview participants*

AHS STATEMENTS	Definitely false (1)	Mostly false (2)	Somewhat false (3)	Slightly false (4)	Slightly true (5)	Somewhat true (6)	Mostly true (7)	Definitely true (8)
I energetically pursue my goals				“Raven”	“Morgan”	“Joshua” “Joey”		“Isaac”
My past experiences have prepared me well for my future		“Joshua” “Raven”	“Morgan”			“Joey”	“Isaac”	
I’ve been pretty successful in life		“Raven”		“Joshua”	“Isaac”	“Morgan”	“Joey”	
I meet the goals that I set for myself		“Raven”		“Morgan”	“Joshua” “Joey”			“Isaac”
I can think of many ways to get out of a jam	“Isaac”		“Raven”			“Morgan”	“Joshua” “Joey”	
There are lots of ways around any problem				“Isaac” “Raven”	“Morgan”	“Joey”	“Joshua”	
I can think of many ways to get the things in life that are important to me		“Raven”		“Joshua” “Morgan”			“Isaac” “Joey”	
Even when others get discouraged, I know I can find a way	“Raven”	“Joshua”		“Morgan”			“Joey”	“Isaac”

Interview participants had an opportunity to discuss their AHS scores and explain the reasons behind their answers. Individual AHS scores will be discussed in the following section using both Table 8 data (above) and Figure 3 data (previous page) as reference points.

“Raven.” When I told “Raven” her scores on the AHS put her in the “low hope” category, she was not surprised. She received a subscale score of 10 in both pathways thinking and agency thinking (see Figure 3 above) out of a possible score of 32. She felt that nothing she did would change her circumstances, and she explained that she preferred living in a state of low expectations because then she would never be disappointed:

I might as well just have it be down all the time than up because the thing I thought was gonna work out doesn’t ever work out. And then it’s like, wow. If I never expect anything from it (hope) in the first place and nothing happens, it’s like oh, okay, I knew that was gonna happen (“Raven” personal communication, February 19, 2016).

“Raven” told me she rarely feels empowered to accomplish her goals, and that peers and some family members tell her she is a failure often. Unfortunately, “Raven” has internalized many of the negative messages sent her way over the years, and her low self-image reflects this. According to Snyder (1994), low hope people often lack the belief they can be successful at achieving goals. This was true of “Raven,” and her low AHS score reflected it.

“Joey.” “Joey” had the highest AHS score total of all the participants. His agency subscale score of 24 and his pathways subscale score of 27 gave him a total score of 51 out of a possible total score of 64. This score put him in the high-hope category, and I wanted to find out what gave him so much hope. His first comments described his goal of attending college:

I never take a break from my goal. My goal is to attend college and I’ve never stopped at that goal. I’ve always continued planning. I always have a backup plan and maybe a secondary backup plan (“Joey” personal communication, February 23, 2016).

What stood out to me immediately when I began interviewing “Joey” was his emphasis on the key points of Snyder’s Hope Theory even though I never brought up Snyder and Hope Theory during our conversations. Somehow “Joey” had figured out early on that goal attainment could bring hope and encouragement and lead to the development of more goals and more hope. He was able to describe one of his most positive memories when I asked him about past successes:

I’d have to say one of my most positive memories was freshman year at football practice. We were doing a tackling drill where one person would run at the person carrying the ball, which would make him go off course. He would be running in the other direction and the other player was supposed to tackle him. I was the other player in that situation and that was the first time I ever successfully did that drill. And most of the other players were actually excited because that was the first time I’d done that drill right without falling on my face. Even the coaches were excited that I got it (“Joey” personal communication, February 23, 2016).

According to Snyder (1994), the ability to recall past successes is one indication someone has high hope. High hope people are also able to articulate how they plan out steps to reach goals:

It’s easier for me to plan it because motivation for me is—my motivation is being able to have the feeling of succeeding in the goal and actually getting it completed. If it’s a reading assignment, I’ll make sure to set up a plan so I read this much every day until the deadline or before the deadline hits. And if I finish the book ahead of schedule, that gives me extra time to work on any paperwork that comes with the packet and book. I’ll plan out a time. It’s somewhat of a timetable I keep in my head (“Joey” personal communication, February 23, 2016).

“Joey” demonstrated some of the key characteristics of people with high hope mentioned by

Snyder (1994), including optimism and problem-solving ability. When asked about how he handled obstacles, “Joey” said, “I just keep my head up and keep moving forward towards my goal. If I hit a snag, I get up and dust myself off and keep going” (“Joey” personal communication, February 23, 2016). “Joey’s” perseverance in the face of obstacles was evident. He also expressed how important his friends and his parents were in his life, and how much he wanted to stay close to his family while attending college. He compared overcoming obstacles and reaching goals to *The Odyssey*:

In all honesty, whenever you’re trying to get to a goal, it’s kind of like you’re reliving *The Odyssey*—like the book. In that book, they met with many snags and tears in the road that they had to overcome (“Joey” personal communication, February 23, 2016).

For “Joey,” obstacles were viewed as challenges instead of blockages. He found ways to reach his goals through perseverance, friends and family support, and a very positive attitude.

“Isaac.” Like “Joey,” “Isaac” had a very positive attitude. His agency subscale score of 28 was the highest in the group of interview participants, but his pathways sub-scale score was only 20. This difference in subscale scores was reflected in the way “Isaac” answered interview questions. He was able to talk about becoming a firefighter or working at Disney Land, but he had a hard time explaining his pathways thinking. Stated differently, “Isaac” seemed to have a wonderful sense of what he wanted to be and where he wanted to go in life. On several occasions, he stated, “I want to help people” or “I want my mom and dad to be happy with me.” However, when questioned about what kind of training he would need to be a firefighter, or what it took to get into the military, “Isaac” was not able to verbalize a clear approach to achieving these goals.

“Morgan.” “Morgan’s” subscale scores from the AHS were almost identical. She scored an 18 on the agency subscale and a 19 on the pathways subscale. Her total score of 37 put her in the average category for hope. When interviewed, “Morgan” expressed a desire to attend college and to major in special education or psychology. Her agency thinking seemed adequate for this goal, although her interview reflected some hesitancy about the future because of her Lyme disease and the detrimental effects it was having on her health.

“Joshua.” “Joshua” received a total AHS score of 37, the same score “Morgan” received, but his agency subscale score was only 17 and his pathways subscale score was 20. “Joshua” had a low opinion of himself compared with “Morgan”:

If I do something bad that gives me a criminal record, one of my first thoughts is I’m not smart. If I know I’m not supposed to do this, and I did it, I assume I’m not smart. I think hope in my personal experience would be a time when something like that happened, but I was able to tell myself the opposite. Even though I did this, I still am smart. I still am a good person and not everything’s ruined (“Joshua” personal communication, February 26, 2016).

Although “Joshua” seemed to have difficulty imagining himself achieving his dreams, he was able to articulate clearly how to get to them and what he needed to do to accomplish a goal. The main obstacles in his life were ones he could not control without assistance from other people. He described becoming a better version of himself despite his depression, but he also explained that most of his days were spent feeling hopeless rather than hopeful. The main obstacle he encountered on a daily basis was just getting to school on time or getting to school at all. In addition, his four sisters and parents seemed to feel he was not working up to his potential, and this feeling was often expressed in negative ways that erupted into fights with “Joshua” at home.

“Joshua’s” main goal during the times I spent with him was to leave home as soon as possible and live away from his family. He was interested in working with computers in some capacity as well.

Qualitative Findings

Seven thematic categories were compiled from the qualitative data in this study. The first category, *Hope from special education placement*, surprised me and caused me to reevaluate my opinion of special education placement.

Thematic Category 1: Hope from special education placement. The students I interviewed began their special education careers in crisis mode. “Joey” started sitting under his desk as a third grader. “I’m not sure why I did that, but when things got too stressful and I got angry, under my desk was the best place to be” (“Joey” personal communication, February 23, 2016). Of course, his teacher noticed this and wondered what the problem was, particularly when “Joey” began spending more hours under his desk than in his chair. This eventually led to a referral for special education services and a diagnosis of ADD, mild depression, and extreme anger. Special education placement enabled him to improve his grades and gain better control of his emotions.

“Joshua” spent a month in a hospital’s psychiatric unit after attacking his father and racking up a criminal record for truancy. Back in high school and diagnosed with depression, “Joshua” found a niche in a small special education classroom computer program that will allow him to graduate early. According to “Joshua,” “Special education has allowed me to learn in different ways and learn new information. And I can do it at my own pace, which is generally quicker than the rest of the class. That’s something that I appreciate” (“Joshua” Personal Communication, February 26, 2016).

The common thread running through all of the interview transcripts was persistent praise for the saving benefits of special education placement. For each participant, landing in a special education classroom came at the right time and imparted a sense of hope when they needed it most. Key factors related to their positive experiences included emotional support from teachers and other students, feeling safe, and finding the encouragement needed to persevere instead of dropping out of high school. Table 9 (below) illustrates the varied responses given by participants and also their occurrence frequency. Key shared responses are hi-lighted in the discussion that follows.

Table 9

Hope from special education placement

Response	# of participants offering this response
“EMOTIONAL SUPPORT”	5
“MAKES SCHOOL POSSIBLE”	3
“BETTER FUTURE”	1
“GIVEN ME HOPE”	3
“TECHNOLOGY CAMPUS PROGRAM”	5
“CLASSES HAVE ACCOMMODATIONS”	4
“PLAN TO FINISH HIGH SCHOOL”	2
“ALLOWS ME TO LEARN DIFFERENTLY”	1
“A PLACE TO GO AND FEEL SAFE”	1
“TAUGHT MANY COPING SKILLS”	2

For “Raven,” the emotional support provided by her placement in special education classes trumped all, even her desire to succeed academically:

Basically, if there were a bunch of Miss S’s (her special education teacher) and I could have Miss S. teach every single class, but as a general education class, it’d be okay because she could give me the emotional support. And then I could use my complete abilities academically, so I’d have both. That would be the ideal thing. I’d have general classes and I’d have the emotional support of Miss S. It’d be perfect. It’d be fine. But she’s trained for special education classes, not gen ed. classes. It’s either I get the academics or I get special education—I can’t have academics in the general ed. program and also have the emotional support because I’m in general ed. classes all day. So, I have to give up my academic achievements to have the support. I can’t have both (“Raven” personal communication, February 19, 2016).

It could be argued that the general education system currently in place at both high schools from this study lacks the necessary ingredients for educating students who have the academic potential to succeed but who need extra emotional and behavioral support at the same time. Stated another way, “Raven’s” observations point to a serious systemic problem in our current education system: Students with high academic ability who concurrently exhibit emotional and/or behavioral issues are sometimes forced to sacrifice their academic potential in order to obtain the emotional support provided by smaller special education classes (Stoughton, 2006). Academically speaking, general education classes at both high schools were considered more challenging than special education classes. So, although all interviewed students found special education placement invaluable from a support standpoint, they could not endorse its academic policies.

As explained by “Raven,” the stress caused by the work expected from students in each general education class made her feel that she could not do that work without also getting help

for that stress:

I personally feel I can't do it. I mean, I know I can do the work. It's the stress of the work I can't do. My hope has gone down. If I take a regular science class next year as a junior, I'm gonna have to take a freshman science class because I didn't take the freshman science class. So I'm never gonna get to take a junior or senior science class. I'm never gonna get to take a junior or senior anything because I'm too far back ("Raven" personal communication, February 19, 2016).

Although each student interviewed expressed a desire to succeed, their assessment of the academics provided in their high schools was not flattering. On the other hand, they each liked the technology campus program offered through special education services:

As a junior, we have a junior/senior thing called tech campus where we'll go to (a junior college). And you can do college courses there. And they have a cosmetology program where, as soon as you're out of the program, you have your license so you can get a job right away. That sounds like something I'd do ("Raven" personal communication, February 19, 2016).

Thematic Category 2: Hope to avoid the negative. The second thematic category revealed from compilation of the transcript data was what I call *Hope to Avoid the Negative*. According to Snyder (1994), hope involves the completion of goals after establishing pathways to reach those goals and developing the agency thinking necessary to get there. Without exception, each student interviewed explained that motivation did not exist in their lives until *they had to avoid something negative*. There was no searching for gold, no dream chasing, no planning to conquer the world, no joy in completing anything except as a way to avoid a bad outcome. There were goals—of course there were goals—but these were inevitably stated in negative terms. Table 10 (below) indicates the frequency of responses and the types of answers

students gave when asked about their life goals.

Table 10

Hope to avoid the negative

Response	# of participants offering this response
“IF I FAIL SCHOOL”	4
“GET OUTTA THERE”	2
“DON’T WANNA DO SUMMER SCHOOL”	1
“LEAVE HOME”	1
“MISSING FRIENDS”	2
“GETTING BACK TO MY NORMAL HOMESCHOOL DISTRICT”	2
“THE PERSON WHO DIDN’T ACCOMPLISH HIGH SCHOOL”	1
“I DON’T WANT THAT TO HAPPEN”	5
“NOT BEING AT A NORMAL SCHOOL”	3
“MADE ME FEEL REALLY DIFFERENT, CRAZY, STUFF LIKE THAT”	1
“EVERYONE WILL KNOW I FAILED”	1

Each interview participant, including “Isaac,” the sole representative of the ID label, had some kind of career in mind when I asked about future plans. Their career aspirations can be viewed in Table 11 (below). However, when pressed to describe their plans for arriving at those careers, the answers given emphasized the negative consequences of non-arrival rather than the

positive aspects of attaining jobs in their chosen professions.

Table 11

What are you hoping for?

Student Participant	Career Plan
“Joey”	Diesel Mechanic
“Joshua”	Computers
“Raven”	Cosmetologist
“Morgan”	Psychologist
“Isaac”	Firefighter

If, as Snyder (1994) claims, hope resides in experiencing goal fulfillment, it is possible to have hope even when goals are based on avoidance of negative consequences. A key common theme in this category was the desire to appear “normal” by remaining in one’s “normal” school district and within one’s “normal” high school. Motivation to maintain appearances and avoid looking strange or unusual was marked and is illustrated in the student comments on the following page.

My mom says I hold the pencil wrong. When I am at school, my teacher makes me hold it right. They want me to hold it the right way, like everybody else, the regular way (“Isaac” personal communication, February 23, 2016).

I just finished out eighth grade year there, and then I came here. My goal was to get outta there. I don’t know if it was just ‘cause the flow of the school kept me going ‘cause you can’t stop time; it just keeps going. I definitely did a lot of my work. I went to school

every day. Um-hum, I did all my work. I did everything. I listened to the teachers. I never fought with ‘em. I did everything. I wanted to go back to my old school so bad because not being at a normal school made me feel really different, crazy, stuff like that. I mean, I feel that way on my own. I don’t need the help of an alternative school (“Raven” personal communication, February 19, 2016).

My biggest goal was when I got into (alternative school), after my first year, I started missing all of my friends. So that kind of drove me to start trying to work towards getting out of that school and trying to get back in my home district. I made sure to keep my emotions in check. I kept my grades up. I basically just made sure that I didn’t screw myself over with any of my actions. I always thought everything over. There were times at the alternative school where I did wanna pick a fight with someone because they were either disrespecting me or my friends. I’m very defensive of my friends and family. Having to use self-control for those situations was actually very difficult, which is where my anger management part of punching something came in. My biggest goal was getting back to my homeschool district, which I have done (“Joey” personal communication, February 23, 2016).

Key to this entire category was the constant repetition of the phrase, “I don’t want that to happen.” Each participant focused on trying to attain some measure of success by figuring out ways to avoid failing, or ways to avoid staying in an alternative school, or ways to avoid doing something others found abnormal. It struck me as somewhat odd that none of the students could motivate themselves to do anything positive without the threat of negative consequences for *not* doing something hovering in the background.

Thematic Category 3: Absence issues. The third thematic category is related to issues of truancy and general anxiety about school. Each student I interviewed struggled not just with getting to school on time, but also with going to school at all. “Raven” claimed she began having “absent issues” when she first started going to high school, and “Joshua” blamed his poor

attendance record for his demotion to lower-level classes. Even “Joey,” who was generally the most cheerful student in the group, admitted to having slumps sometimes:

I do hit slumps at times because I have been diagnosed with minor depression. But I normally can get through that. I usually slump for a day and then get back into the normal groove of things. It’s not hard for me to get back to going on my goal. Sometimes those slumps can put me back a week or two in planning, though. Missing one day can make a large difference (“Joey” personal communication, February 26, 2016).

Because missing school creates a gap in achievement and the need to catch up, students diagnosed with emotional/behavioral disabilities are at a serious disadvantage due to their illness. If a student suffers from depression, he or she is less likely to attend school on a regular basis, and consequently falls farther behind. This in turn creates a situation where the student cannot complete assignments (goals) on time and thus loses hope. As described by Snyder, Harris, et al. (1991), hope becomes restricted when obstacles to goals increase. Table 12 (following page) lists student responses and comments related to this category as well as the number of students who gave each response.

Table 12***Absence issues***

Response	# of participants offering this response
“DON’T WANNA GO TO SCHOOL”	2
“STARTED HAVING ABSENCE ISSUES”	1
“DON’T LIKE TO COME”	2
“I WASN’T ATTENDING”	1
“REALLY HARD FOR ME TO COME”	1
“I’M SCARED ABOUT COMING”	1
“BECAUSE OF THE OTHER PEOPLE”	3
“NERVOUS OR UPSET”	2
“WHAT THEY THINK ABOUT ME”	2
“THE OTHER PEOPLE”	1
“WHAT THEY SAY”	1
“POLICE RECORD FOR TRUANCY”	1
“WANTED TO DROP OUT”	1

After noticing how often students brought up their poor attendance throughout the course of each interview, I became interested in finding out what it was that motivated them to come to school at all. Here’s what they said:

“Raven”: *There are so many bad things that can happen if I don’t graduate high school. I don’t know why that doesn’t click in my head.*

“Morgan”: *I kind of think about college and how I don't wanna do summer school and stuff like that. It really gets me outta bed.*

“Joshua”: *If I can make it through high school, that means I can go to college or get a job and leave home. I'm not saying I have the worst home life. But my home life's not necessarily the greatest. Just knowing that if I don't graduate high school or if I get held back, I'd have to stay longer and be around my family longer...That's one of the things that gets me here.*

“Joey”: *I want to make my parents proud of me. I also have friends and they mean a lot to me.*

“Isaac”: *My teachers are very nice. I like them.*

Although “Joey” and “Isaac’s” comments were more positive, each of the five students indicated he or she would much rather stay home than come to school if given the option. Ironically, the very thing I thought would turn them off to school (placement in special education) was what kept them coming.

Thematic Category 4: Hope is in the brain (or not). All interview participants had unusual brains and brain functioning.⁹ It is significant to mention this here because often people assume normalcy based on outward appearances. Just looking at the five students I interviewed, a person might draw the erroneous conclusion their problems stem from a lack of motivation and a need for attention. It is why their disabilities might be defined as “soft” ones and why some teachers, particularly in the “regular” classroom, might find it difficult to deal with their lack of

⁹ “Unusual brains and brain functioning” refers to the chemical imbalance often observed in the brains of those who have been diagnosed with various mental illnesses. Drugs and psychotherapy often ameliorate this.

productivity and their often defiant or uncooperative attitudes. The following interview excerpts shed some light on this phenomenon and how it affects the ability of some students classified with intellectual and emotional/behavioral disabilities to think hopefully.

I've asked people. But they all tell me the same thing: that it's in my head. Like, I have to do it. I can't do it. I need help. And I feel no one really knows how to motivate people because it's supposed to just happen ("Raven" personal communication, February 19, 2016).

I know I'm capable of making the plans for the future. But sometimes when obstacles are presented, I shut down emotionally and mentally, and I don't know how to respond. I actually tend to get racing thoughts more than usual when something like that happens. And then I start feeling worse about myself as a person ("Joshua" personal communication, February 26, 2016).

Throughout the interviews, it was not uncommon for students to lose track of the question or to make statements like, "I don't really understand where I was going with this" ("Joshua" personal communication, February 26, 2016). Interviewees often asked me to repeat a question or to rephrase it. Occasionally, interview participants would discuss unrelated topics and have to be reminded to concentrate on the question. Thought processes I simply took for granted, like being able to answer a straightforward question, were a much greater struggle for the students I interviewed. Additionally, interviewed students sometimes stopped mid-sentence and started again. Table 13 (following page) illustrates student responses related to questions about hope and disability.

Table 13***Hope is in the brain (or not)***

Response	# of participants offering this response
“GET MY MIND RIGHT”	2
“I’VE DONE BAD THINGS”	3
“RACING THOUGHTS”	1
“WHAT WAS THE QUESTION AGAIN?”	5
“ANXIETY IN CLASSROOMS”	2
“THEY SAID I WAS CRAZY”	1
“DOING THIS FOR ATTENTION”	2
“I CAN’T DO IT”	3
“I’VE MADE THOSE MISTAKES”	2
“BECAUSE OF MY SOCIAL ANXIETY”	1
“PROBLEMS WITH OTHER STUDENTS”	2
“THE STRESS OF IT”	1

Student participants had difficulty concentrating, interacting with other students, participating in group situations, and a variety of other challenges that made schoolwork in any setting difficult (if not impossible) without the added supports provided through special education services. In short, mainstreaming the five students I interviewed would probably guarantee the cessation of their high school attendance. General education classes at both high schools included in this study seemed ill equipped to deal with the variety of emotional, intellectual, and behavioral

issues faced hourly by the students I interviewed. It is possible “Raven’s” low hope level was related to her perceptions about the general education classes she had attended and later abandoned because of stress. Although desirous of academic challenges, “Raven” could not find an emotionally supportive niche in the general education environment.

Thematic Category 5: General education is where hope dies. The information obtained from each student I interviewed provided a bleak picture of the general education classes within their respective high schools. Although their responses varied greatly, the students all indicated they found general education classes emotionally overwhelming and generally unaccommodating of their needs. In contrast, the self-contained special education classes where participants spent most of their time while in school were equipped with what “Raven” described as a “chill-out” space in the back of the room. This space was a glassed-in area where students could go to relax and exercise, if necessary, in order to relieve stress. Although the topic of equipping *all* classrooms with a “chill-out” space had come up in the past, it was decided by the administration that this would provide too many students with an excuse to get out of class, so the idea was discarded.

Another key element in how interviewed students perceived the efficacy of general education classes centered on their interactions with teachers. “Raven” explained that teachers in general education classes would never notice her emotional stress because “They’re not trained to notice those things” (“Raven” personal communication, February 19, 2016). If they did notice a student having difficulties, “Raven” indicated that student would be sent to the dean’s office or to the psychologist, and the teacher in the general education class would simply keep on teaching once the student was removed. In other words, if “Raven” needed extra emotional support on a bad day, the general education teacher’s responsibility would end once “Raven” left the room.

In contrast to this, the interviewed students indicated special education services gave them access to counselors, psychologists, and teachers trained to interact with them on a personal level every day. Stated differently, a human connection could be counted on every time they walked through the classroom door.

“Joshua” brought out another important difference between special education classes and general education ones. His main concern was the classwork itself:

Not only did I have problems with other students and anxiety in classrooms. I also don't learn well with conventional common core learning methods. For example, if you have a math sheet with many problems—just give me two or three, and I know how to do it (“Joshua” personal communication, February 26, 2016).

To illustrate how his high school attempts to include students identified with special needs in the general education setting, “Joey” explained there are two types of classes offered in mainstream settings, i.e. general classes and co-taught ones. However, along with “Raven,” he had a hard time seeing the difference between co-taught classes and general classes:

There's co-taught and then there's the normal classrooms. I think co-taught is a step after getting out of special education. I tried a co-taught global studies. I transferred out of my normal global studies to try that. But I couldn't do it because all they did was projects. And I can't do projects because you'd have to present in front of the class. I have issues with that because of my social anxiety. So I had to transfer back (“Joey” personal communication, February 23, 2016).

The students' interview responses revealed a general education system consumed with test scores and business as usual rather than human relationships and instilling a sense of hope in students' lives. In vivo statements related to experiences participants had in general education settings and taken from their interviews are listed in Table 14 (following page).

Table 14***General education is where hope dies***

Response	# of participants offering this response
“THEY’RE TOO BIG”	2
“DON’T SEE THE SPECIAL ED. PART”	1
“HAVE TO GIVE UP MY ACADEMIC ACHIEVEMENTS”	1
“BUT SHE’S TRAINED FOR THAT CLASS, NOT THOSE CLASSES”	1
“EMOTIONALLY VERY OVERWHELMING”	1
“IT’S SMALLER BY SIX STUDENTS”	1
“GIVE UP MY ACADEMIC ACHIEVEMENTS TO HAVE THE SUPPORT”	1
“I CONSIDER IT A GENERAL CLASS”	1
“I’M TOO FAR BACK”	1
“THE CLASSES NOT SO MUCH”	1

The students I interviewed indicated that, from an academic standpoint, the general education classes at their high schools were variously too big, too boring and repetitive, and too conformist to help them maintain a sense of hope for the future. Instead, the students relied on their special education services for both academic and emotional support.

Thematic Category 6: The problem is me. If student participants had few positive comments to make about general education classes and the way they are set up in their high schools, they had even fewer positive things to say about themselves. It was as if they were seeking answers as to why they could not function well in regular classes and blaming themselves in the process. Even though they acknowledged the shortcomings of general education, they ultimately blamed themselves for school failure and a sense of hopelessness. Their statements are summarized in Table 15 on the following page.

For the most part, the participants felt personally responsible for their academic difficulties and had no problem taking personal responsibility for what I perceived to be systemic failures within their high schools. It seemed apparent that teachers responsible for the general education classes in their high schools were focused on meeting educational goals related to achieving good test scores. These goals created an atmosphere of competition within classrooms and left little time for any kind of learning differences. Even attempts made at co-teaching classes offered little help to the students I interviewed who generally felt there was no point in calling them co-taught classes when they functioned exactly like general education ones. Feeling overwhelmed, students with learning differences who attempted these classes often transferred back into their special education classes because they could not cope with the added emotional stress imposed by the competitive milieu.

Table 15***The problem is me***

Response	# of participants offering this response
“BUT IT NEVER HAPPENS”	1
“I WAS REALLY DOWN ON MYSELF”	2
“I LACK A LOT OF MOTIVATION”	2
“I DON’T HAVE ANY MOTIVATING WORDS”	1
“HOW TO CONSISTENTLY MOTIVATE MYSELF”	1
“NOT DOING IT”	1
“I CAN SHOCK MYSELF TO PAY ATTENTION”	1
“INSTEAD OF PAYING ATTENTION IN CLASS”	1
“I’M NOT SMART”	2
“I DISAPPOINT MYSELF AND OTHERS”	1
“MY MEMORY ISN’T THE BEST”	1
“I’M NOT GOOD AT ARTICULATING MY THOUGHTS SOMETIMES”	1

“Raven” explained to me she has a hard time not believing others at her high school when she is consistently told that she can’t do things. For example, this is what she said about cheerleading tryouts:

So, I definitely think the whole hope thing—this setting has a lot to do with it because I get told that I can't do things all the time. I was told by, like, six people when I walked into tryouts. They're like, you know you're not gonna make it, right? I'm like, okay (“Raven” personal communication, February 19, 2016).

It would be easy to pass this off as simple student interaction, but it occurred within an environment overseen by adults in the general education setting. Instilling hope in “Raven’s” mind was not on the agenda. I would argue it should have been. She had a goal (becoming a cheerleader), she had a plan (I will practice the routines), and she had enough motivation (agency) to show up at the tryouts despite her emotional issues. In other words, “Raven’s” try-out experience formed the perfect set-up for a major hope “injection.” Fortunately and despite the discouraging comments from others, she made the team. She counts it as one of her greatest accomplishments.

Thematic Category 7: Hope does not float. The final thematic category in this study acknowledges the difficulty students with intellectual and emotional/behavioral difficulties have when it comes to experiencing hope. Hope does not float for them. Instead, hope is a hard-won, transitory state of mind they rarely experience in the school or home setting. Obstacles in the form of anxiety, anger, exhaustion, ADHD, truancy, depression, and discouragement (to name just a few) are a daily reality for each of the students I interviewed. Mental illness does not disappear, even with medication, and four of the students I interviewed have to struggle with its manifestations every hour of the day. While he is not mentally ill, “Isaac’s” diagnosis of autism at a young age predestined him to experience school differently from those with a “normal” brain. His teachers try to motivate him, but he sees school as a place that will ultimately prepare him for work, so there is little incentive for him to excel academically. Listed below in Table 16 are comments made by the participants when they were asked about hope and its potential

influence on their lives.

Table 16

Hope does not float

Response	# of participants offering this response
“ME SHUTTING DOWN”	2
“I GET TOLD I CAN’T DO THINGS”	1
“THE WORD HOPE—I DON’T LIKE GETTING MY HOPES UP”	1
“THE THING I THOUGHT WAS GONNA WORK OUT DOESN’T WORK OUT”	1
“I KNEW THAT WAS GONNA HAPPEN”	1
“I JUST REALLY DIDN’T SEE A FUTURE”	1
“I FEEL HIGHLY UNMOTIVATED AND OCCASIONALLY TIRED”	2
“I DOUBT MYSELF EVERY SECOND OF THE DAY”	1
“I SEE NEGATIVES OVERSHADOWING THE POSITIVES”	1
“I DON’T HAVE MANY DAYS WHERE I FEEL HOPEFUL”	1
“TO GET MY MIND RIGHT”	1
“I FEEL LIKE PEOPLE LIKE ME DON’T THINK ABOUT HOPE AS MUCH AS THEY SHOULD”	1

Snyder's (1994) definition of hope defines it in terms of achieving goals through agency and pathways thinking. For the students I interviewed, intellectual disability and mental illness manifested in emotional and behavioral disorders provided daily obstacles to goal achievement and the development of healthy agency thinking patterns. Special education services provided their main source of encouragement by making their goals possible through clearing a pathway toward those goals and fostering agency thinking. Stated differently, special education services gave them hope.

Overarching Themes

In order to generate the study's main themes, all research data (both quantitative and qualitative) were thoroughly reviewed and analyzed to look for important relationships between students' special education experiences, AHS scores, and descriptions of hope in their lives. First Cycle In Vivo codes were used to generate ideas, and this process led to five overarching themes that tie these components together while simultaneously providing answers to the study's five research questions. These themes, listed in Table 17 (following page) encapsulate the study's key findings. Each theme is briefly reviewed here and covered in greater depth in the following chapter.

Theme 1

The hope levels of high school students who received special education services for emotional/behavioral disabilities or intellectual disabilities were positively influenced by the accommodations they received from being placed in special education.

Goals made possible. Every student participant in Phase Two of this study (100%) had some idea of what he or she was going to do after high school. Access to a technology campus was available junior and senior year, and "Morgan" had help with gaining access to information

about special education services during her college visits.

Table 17

Overarching themes

THEMES

Theme 1: The hope levels of high school students who received special education services for emotional/behavioral disabilities or intellectual disabilities were positively influenced by the accommodations they received from being placed in special education.

Theme 2: High school students who received special education services for emotional/behavioral disabilities or intellectual disabilities described hope in terms linked to Snyder, Harris, et al.'s (1991) Hope Theory.

Theme 3: High school students who received special education services for emotional/behavioral disabilities or intellectual disabilities viewed their special education experiences in a mostly positive light.

Theme 4: The narratives shared by the students identified with EBD explained their AHS scores by describing their daily struggles with depression, anxiety, anger, and various other obstacles to hope.

Theme 5: The narratives shared by the students identified with EBD converged with the scores they received on the AHS.

Although each student faced multiple challenges, a strong support system provided through their special education services team members (teachers, counselors, psychologists, etc.) provided them with programs and academic subjects relevant to their goals.

Agency made viable. For the students I interviewed, teacher support provided through special education services was absolutely vital to their daily sense of self worth and agency thinking ability. As expressed by “Raven” (personal communication, February 19, 2016), the best scenario at school would be one where Miss S. could provide the emotional support she needs and also “teach every single class but as a general ed. class.” “Morgan” mentioned the help her teachers gave her as she struggled with Lyme disease and depression:

At the beginning of this year, I really wanted to just drop out ‘cause I just didn’t really see a future. But now that I’ve gotten to this point and my teachers have helped me look towards the future, I’m glad I got through it (“Morgan” personal communication, February 23, 2016).

The encouragement provided by these high school teachers helped the students I interviewed not only stay in school, but also helped them believe in their ability to get somewhere and accomplish something despite difficult circumstances. In other words, these teachers fostered agency thinking.

Pathways made visible. “Joshua” lost his way for a while, but his counselors kept him in their sights and never gave up on him. Despite a police record for truancy and assaulting his dad, “Joshua” is working toward an early high school graduation. He can work on the computer at his own pace, something he appreciates. In his words, “I feel I definitely can make a plan to finish high school and successfully follow up with it. There’s a possibility with the special education program that I’m in to graduate early” (“Joshua” personal communication, February

26, 2016). This path may be different from most, but it's "Joshua's" own and it gives him hope. There are multiple ways to finish high school, and helping students find the path that best fits their needs is one way to instill hope in those who might otherwise quit.

Theme 2

High school students who received special education services for emotional/behavioral disabilities or intellectual disabilities described hope in terms linked to Snyder, Harris, et al.'s (1991) Hope Theory.

It's about the future. Each student participant (100%) described hope in ways similar to how Snyder, Harris, et al. (1991) describe it. Each acknowledged its importance and each explained it in terms of reaching some kind of goal. Even though goals varied among participants (making spaghetti, world peace, having a right mind, leaving home), all students verbalized the connection between hope and some kind of positive future outcome.

Theme 3

High school students who received special education services for emotional/behavioral disabilities or intellectual disabilities viewed their special education experiences in a mostly positive light.

It makes school possible. Each student participant (100%) emphasized the emotional connection they felt with the teachers, counselors, and psychologists provided through special education services. Without that emotional support, many of them acknowledged they would no longer be attending high school. Students also expressed appreciation for the accommodations they received at school, including online programs, work-study programs, a relax room, and flexible schedules.

Theme 4

The narratives shared by the students identified with EBD explained their AHS scores by describing their daily struggles with depression, anxiety, anger, and various other obstacles to hope and how they handled (or didn't handle) them.

It's in my brain. All student participants (100%) were diagnosed with either emotional/behavioral disabilities or intellectual disabilities caused by unusual brains (Note: "unusual" rather than "abnormal"¹⁰). If explanations are sought in IQ scores, those students identified with EBD will outperform most on various intellectual measures, so it's not about intelligence. Instead, their struggles center on emotional issues manifested in anxiety that prohibits functioning in large classrooms, anger that requires the occasional punched cabinet, and depression so deep they sometimes wonder why they are here. Even "Isaac" finds school stressful because he has trouble looking people in the eye and staying on task. All of these issues present daily obstacles to goal attainment and thus impact hope levels significantly.

Theme 5

The narratives shared by the students identified with EBD converged with the scores they received on the AHS.

I am not surprised. Scores on the AHS corresponded with the students' own descriptions of hope and their experiences in special education. There were no surprises. "Raven" had the lowest AHS score and described life with the phrase, "Whatever happens, happens." In contrast to this, "Joey" had the highest AHS score and described life as an adventure, "like in the Odyssey."

¹⁰ Abnormal implies there is such a thing as a normal brain, whereas unusual implies an atypical brain that has potential not bounded by archaic terms like "normal."

Conclusion

This chapter presented five key findings that came to light during this research study. The five findings were organized according to the five research questions introduced in Chapter 1 (p. 14). Data from Snyder, Harris, et al.'s (1991) Adult Hope Scale and individual interviews revealed a connection between students' descriptions of hope and the scores they received on the AHS. Extensive quotations were used in this chapter in order to honor the students' own voices as they described their special education experiences and their views about hope.

The primary finding of this study is that the hope levels of high school students who received special education services for emotional/behavioral disabilities or intellectual disabilities were positively influenced by the accommodations they received from being placed in special education. Each individual research participant had something positive to say about the accommodations they received through special education services. "Raven" emphasized her connection to Miss S. and said on multiple occasions that school would be impossible without Miss S's support. Miss S. spent hours trying to help "Raven" with her anxiety by walking the halls with her, allowing her to use the relax room, and just helping her feel emotionally supported on a daily basis. "Joshua" described his access to the on-line program provided through special education services with deep appreciation. Not only is it providing him with a pathway toward graduation, but it is also allowing him to work at a quicker pace. He may be able to graduate a year early, and he can now set his own hours at school. "Joey" attributed his high grades to the extra help he receives from special education services, including anger management classes and smaller study groups. "Morgan" expressed appreciation for the support given to her by her teachers, support that kept her in school when she wanted to drop out. Finally, "Isaac" expressed deep affection for all of the teachers in his work-study program and

explained that they made school a better place for him.

The second key finding of this study is that high school students who received special education services for emotional/behavioral disabilities or intellectual disabilities described hope in terms linked to Snyder, Harris, et al.'s (1991) Hope Theory. Each student verbalized the connection between future goals and having hope. In addition, motivation was noted as a key component in having hope, and several interview participants expressed the connection between not having hope and not going anywhere. Agency thinking seemed easier for "Isaac" than it was for the other interview participants.

The third key finding of this study is that high school students who received special education services for emotional/behavioral disabilities or intellectual disabilities viewed their special education experiences in a mostly positive light. The students I interviewed seemed to view school as a safe place because of the small class sizes, the individual attention they received from teachers, and the extra academic help provided through special education services. They did not express feeling left out in their high schools, nor did they indicate feeling inferior to the other students. Three of the five interview participants (60%) indicated they would have dropped out by now without the extra support provided through special education services.

The fourth key finding of this study is that the narratives shared by the students identified with EBD explained their AHS scores by describing their daily struggles with depression, anxiety, anger, and various other obstacles to hope and how they handled (or did not handle) them. "Raven" had the lowest AHS score and she also had the highest amount of anxiety, depression, and emotional difficulty in school. Her life philosophy was "Whatever happens, happens," a clear expression of minimal agency and pathways thinking. In contrast, "Joey" viewed obstacles as challenges he could control with his own actions. He planned out his

activities and persevered despite serious anger management problems. Each EBD-identified interview participant's AHS scores reflected how they described both pathways thinking and agency thinking.

Lastly, the narratives shared by the students identified with EBD converged with the scores they received on the AHS. Stated differently, the scores each EBD-identified interview participant received on the AHS were a quantitative reflection of each participant's qualitative interviews. Both quantitative and qualitative data supported and mirrored each other since there were no unusual or unexpected AHS results that did not meld with the interview data obtained from the EBD group.

These five key findings are discussed in the next chapter as three analytical categories. Each research participant's voice is included in the discussion along with pertinent research relating to hope in adolescents who receive special education services.

CHAPTER 5: DISCUSSION

The purpose of this study was to better understand how high school students receiving special education services for intellectual disabilities or emotional/behavioral disabilities viewed their special education experiences and how those experiences influenced their hope levels. It was anticipated that through both their interview responses and their AHS scores, student participants would provide clues as to how best to increase the hope levels of high school students similarly diagnosed with emotional/behavioral disabilities or intellectual disabilities. In addition, it was hoped that insights regarding best practices would come to light in order to provide emotionally and intellectually challenged students with a more positive high school experience.

Research Questions Revisited

This research study used a narrative inquiry approach and was based on both quantitative data in the form of AHS scores and qualitative data in the form of interview responses. Participants in Phase One of the study included three students diagnosed with intellectual disabilities and four students diagnosed with emotional/behavioral disabilities. During Phase One, each of the seven students completed the Adult Hope Scale. Participants in Phase Two of the study agreed to be interviewed and were chosen from the original group of seven students. There were five interview participants: Four of these were diagnosed with emotional/behavioral disabilities, and one was diagnosed with intellectual disabilities. The data were initially coded using In Vivo codes and were subsequently categorized into five overarching themes that corresponded with the study's research questions. The study was based on the five research questions that follow:

1. What factors influence the hope levels of high school students who receive special

education services for intellectual disabilities (ID) or emotional/behavioral disabilities (EBD)?

2. How do high school students receiving special education services for emotional/behavioral disabilities or intellectual disabilities describe hope?
3. How do high school students receiving special education services for emotional/behavioral disabilities or intellectual disabilities view their special education experiences?
4. In what ways do the narratives shared by the students (qualitative data) help to explain their individual Adult Hope Scale responses (quantitative data)?
5. Do participant views from interviews and from the standardized Adult Hope Scale converge or depart?

Three categories identified for further analysis based on these five research questions follow:

- **Analytic Category 1:** Recognizing that special education makes school possible for some students who would otherwise drop out. (Derived from Research Questions 1 and 3)
- **Analytic Category 2:** Recognizing that without hope, no one is going anywhere, and that hope is all about achieving goals through pathways and agency thinking. (Derived from Research Question 2)
- **Analytic Category 3:** Recognizing that the Adult Hope Scale results (quantitative data) converged with the participant interview responses (qualitative data) of students identified with EBD and that the qualitative data helped to explain the quantitative data. (Derived from Research Questions 4 and 5)

Introduction

In order to better understand research participants' stories and how they provided some answers to the five research questions, interview responses and AHS scores were analyzed and synthesized according to each analytic category listed on the previous page and derived from the five research questions. In the following section, each interview participant's contributions are first presented in story form, and are then dissected by analytic category. Where appropriate, cross case analysis is employed to illustrate individual differences and similarities in the responses given by participants. For example, some of the differences between high hope individuals and low hope individuals are illustrated by comparing the AHS results and interview responses given by "Raven" and "Joey." In another instance, the similarities among low hope individuals are illustrated by comparing "Joshua's" responses with "Raven's."

According to Bloomberg and Volpe (2012), narrative research strategies "analyze data for stories, 're-storying' stories, and developing themes, often employing a chronological dimension" (p. 175). This chapter is designed to interpret the larger meaning of the stories told by each interview participant. In other words, what were the students really trying to tell me when we sat down together to talk about hope?

Their Stories

"Joshua"

I finally caught up with "Joshua" on a sunny day in late February 2016. I found him parked in front of a cubical in a locked, self-contained room with three other students completing class work online. It was my third attempt at an interview with this elusive young man. I had been told by his former teacher that one week prior to the beginning of my study, "Joshua" was transferred into the self-contained "computer" class as a last resort. Everybody wanted him to

graduate from high school except maybe “Joshua” himself. He wasn’t so sure this was going to happen, and he explained to me that attendance was a daily struggle for him. His former teacher corroborated this by stating “Joshua” had attended his class for about two hours per day, two days a week, since the beginning of school. It was because of poor attendance “Joshua” was transferred into the computer room, and at the age of 16, he was facing the very real prospect of becoming a high school dropout. But if “Joshua” doesn’t make it through high school, he will never be just your average high school dropout. “Joshua” possesses the ability to get 90% or above on tests without studying at all. He is like a walking encyclopedia, dictionary, and Wikipedia rolled into one. For “Joshua,” it is not about intelligence, and it will never be about intelligence. Instead, he suffers from depression and a deep sense of hopelessness:

Kind of on the topic of having hope, I guess, I don’t really have a lot of friends. I don’t really have any friends at all at this school. I have one or two around me here and there that I’d rather talk to. I do a lot of stuff online. And most of my friends are online. But I feel really close to them because I have similar problems with them like ADHD, anxiety, depression, and all that. Most people I feel get uncomfortable when they talk to other people about that type of stuff. But my closest friends—we connected because of suicidal ideation. So having somebody who understands how I feel definitely helps the day become better. If I’m having a day where I’m really sad, it’s not that they make me happy. It’s just I feel they make me less sad, if that makes sense (“Joshua” personal communication, February 26, 2016).

“Joshua’s” total AHS score, 37, placed him in the low average category. Interestingly, his ability to plan out how to achieve something was stronger than his agency thinking ability. For him, finding ways to get to a goal seemed simple enough, but actually envisioning himself achieving his goals was something much more difficult. I viewed him as an excellent planner with limited follow-through ability. But of course, people are much more complicated than that. “Joshua”

did not fit into any mold and defied stereotypes without even trying. His sense of hopelessness was exacerbated by deep depression that in the past had escalated into suicidal ideation. He had a juvenile record and had also spent time in psychiatric hospitals after a serious altercation with his father. He told me his four sisters and his parents fought with him constantly and he just wanted to leave home as soon as possible.

When “Joshua” discussed any goals for the future, he took a while to describe them. He seemed to need the time to think carefully before he would give an answer, and even then, his answers were hesitant. He felt that “a combination of anxiety and depression and mixing that with not knowing well enough how to deal with it” (“Joshua” personal communication, February 26, 2016) often kept him from achieving his goals, and he explained that the only ideas going through his head most of the time were a lot of racing thoughts he could not really control.

When I asked “Joshua” about special education, he explained that his current placement had nothing to do with his intelligence, but was instead related to his poor attendance and falling behind in classwork: “And it’s actually because I wasn’t attending or finishing homework I was put in lower-level classes” (“Joshua” personal communication, February 26, 2016). “Joshua” participates in an online degree completion program at his high school, a situation he referred to as “lower-level classes” even though the program allows him to proceed at his own pace and he will be able to graduate early. His placement in special education occurred much earlier, but his placement in the online “alternative school” occurred this year. His hope for the future is based on finishing high school early so he can move away from his family, a possibility provided through special education services:

So if I go to college quicker than I was going to before, I can get a job in computer science or whatever field that I wanna go into. And it’ll give me more time to—if I

graduate early, I'll have a little bit more time to think about what I wanna do later because I still have—I guess I will still have an extra year that I wouldn't have had for my senior year to think about stuff (“Joshua” personal communication, February 26, 2016).

“Raven”

I found “Raven” after searching several different classrooms in her high school and talking to several different teachers who informed me she was “having a bad day.” “Having a bad day” for “Raven” meant she would probably leave school early or would spend the day walking the halls and talking with Miss S., her special education teacher and confidante. When I finally shook her hand and introduced myself, “Raven” smiled a rare smile. I think she was surprised I treated her like an adult and collaborator.

“Raven” made the cheer team as a freshman and still has no idea how she did it. Her philosophy of life as a sophomore is quite simple: “I don't really plan anything. Things just kinda happen. I'm not very organized. Whatever happens, happens.” (“Raven” personal communication, February 19, 2016). When questioned about making the cheer team, she responded with her mantra: “I was just like, okay, I'm gonna go do this. And whatever happens, happens.” I kept looking for signs of planning and agency but found none. Not surprisingly, hers was the lowest hope score. When asked about goals for her life, she responded as follows:

I would like to be able to wake up in the morning, go to school, not hate it, go home and do my homework, work out, eat dinner, and have the motivation to do all that. I have no motivation. I think I'm failing a lot of classes because I lack motivation. I know what I want. I don't do it. I don't know why. I mean, it'd be amazing if I could just one day wake up and say, ‘Oh yeay! You're gonna go to school. You're gonna do your work. You're gonna smile.’ That'd be amazing. But it never happens (“Raven” personal communication, February 19, 2016).

When someone is certain things are never going to work out in their favor, how do you convince them otherwise? What happened at “Raven’s” alternative school during eighth grade that made her lose hope? I asked her this, and her response indicated gossip had made her junior high school years difficult:

I’ve done bad things. And the wrong people found out. And then, of course, they put it in their own words. And the next thing ya know, I’m in like, Africa or something. And I’m like, no, actually I went to Springfield.¹¹ People’s opinions of me are very based off of rumors. And they’re not very good rumors. It’s very hard for me personally to make friends in this high school because of the things that people think and say about me. My best friend right now, when he first met me, he was like, ‘Ya know people told me not to talk to you, right?’ I was like, okay (“Raven” personal communication, February 19, 2016).

Like “Joshua,” “Raven” has serious “absence issues,” a term she used to describe how difficult it is for her to get to school consistently. She suffers from debilitating anxiety and panic attacks that can occur at any given moment of the day. She wants to get somewhere in life, but her emotional issues keep blocking the pathway toward her goals. This seems to have resulted in what Snyder and Moon (2000) describe as “resigned immobilization due to an insurmountable blockage to a desired goal” (p. 347). Stated differently, “Raven” seems to exist in a strange world of hopelessness mixed with apathy.

“Raven” expressed a desire to become a cosmetologist, but she also acknowledged her grades are not what they should be to reach that goal. And of course, by her own admission, “Raven’s” grades have been impacted by her inability to cope with large class sizes, her difficulty with consistent attendance, her lack of motivation, and her anxiety attacks. In short,

pathways to “Raven’s” goals have been blocked by a variety of factors, so it is not surprising that her hope level is so low. Like “Joshua,” “Raven” is very intelligent. Her standardized English test scores are off the chart. So, once again, this special education placement has nothing to do with intelligence and everything to do with emotional difficulties that make active participation in the current general education system difficult, if not impossible.

“Joey”

The first thing I noticed about “Joey” was that he looked like a football player, so I was not surprised when he told me he had been on the football team during his freshman year. I asked him why he was no longer on the team, and he told me the other players spent more time gossiping than playing football, so he quit. Then he told me his wrist hurt because he had punched his hand into a wooden cabinet yesterday and fractured it. When I asked him why he had done that, he told me it was an anger management strategy and was a whole lot better than what he used to do. Apparently, physical violence against anyone he perceived as a threat to himself, his friends, or his family members was a major part of his life for a while. According to “Joey,” there were times in junior high school when he wanted to pick a fight with someone “because they were either disrespecting me or my friends” (“Joey” personal communication, February 23, 2016). He describes himself as being very defensive of his family and friends: “Having to use self-control for those situations was actually very difficult, which is where my anger management part of punching something came in” (“Joey” personal communication, February 23, 2016). “Joey” told me Mr. B. had helped him significantly with anger management:

¹¹ Pseudonym

I've been taught many coping skills that help me get through hard situations. Mainly Mr. B.¹² talks about relaxation, like if you're feeling anxious, stand up and tell the teacher and see if you can walk in the hall or something, get a drink. If you're angry, deep breaths and stuff like that and basically just basic coping mechanisms ("Joey" personal communication, February 23, 2016).

"Joey's" special education story began in elementary school when he took up residence under his desk during school hours. (He told me it felt safer under there and he has a hard time with groups of people.) This got him noticed, evaluated, and placed in special education, a move he credits with increasing his grades and turning him into a good student:

It's given me some hope that I will achieve my goals if I try hard enough. The special education system is kind of like a test. That's how it feels to me. It's a test to see how much progress you can make with your emotions, your anger, and stuff like that. I used to be terrible with my ADD. I used to fiddle with a pen instead of paying attention in class. But since I was in the special education system, it's been easier for me to concentrate because I've learned ways to actually help myself concentrate in general. I have Attention Deficit Disorder, and I just won't be able to pay attention. So what I have to do is I have to give myself a mental kind of sting or something like a little prick. Like if you wanna test if you're dreaming, you'd pinch yourself. I have to give myself some of those mentally so I can shock myself to pay attention. That's how I've learned to cope with my ADD ("Joey" personal communication, February 23, 2016).

"Joey" loves his family, including an adopted sister who lives with him and another sister at home. He is anxious to please his parents, and he wants to set a high example for himself. He told me he always wanted to be a good student because his sister was a decent student, and he looked up to her. Perhaps what stood out most during "Joey's" interviews was his constant

¹² Pseudonym

analysis of how he is doing and how far he has come. He spent a lot of time evaluating his academic progress to date, even acknowledging that his grades were starting to slip a little as subject matter gets more challenging. His plan to deal with this was simple:

But starting this year and last year, I've noticed my grades decreasing slightly due to it getting more difficult. So I need to adjust my way of thinking to accommodate for that ("Joey" personal communication, February 23, 2016).

"Isaac"

When I met "Isaac," his smile was infectious. He never established eye contact, always looking over my shoulder when we talked, but he seemed eager to help with my research and he thought of me as a career counselor even though I told him I was just trying to figure out how hope works. "Is this about careers?" (No.) "Are you sure?" (Yes.) "Isaac" also told me early on in the first interview that he has autism and he indicated he did not want to be recorded.

"Isaac's" main focus at school was on career skills and goals, so I was not surprised with his mindset. He told me he is learning how to hold a pencil correctly and how to fill out application forms. He also practices "dressing for success" on a daily basis, a factor emphasized by one of his teachers who complimented him on his clothing choice as we walked down the hall. For "Isaac," school was mostly about careers even though his main teacher made sure he completed academic tasks he could handle.

Mrs. W.¹³ tells me to finish if I can. If I can't, she says it's okay. My favorite subject is recess, but I also like some math. I do not like reading except for picture books. My mom makes me practice at home ("Isaac" personal communication, February 23, 2016).

Like "Joey," "Isaac" loves animals and has two dogs at home. He was worried about one of

¹³ Pseudonym

them because it had been sick for a while, but he also understood that animals grow old and die at some point. He told me, “That makes me very sad, but I will probably get another dog when this one dies” (“Isaac” personal communication, February 23, 2016).

“Isaac” enjoyed talking about the future and how one day he was hoping to be a firefighter or someone who worked at Disney Land. He also talked about being in the military and equated having hope with living in peace without any war. One thing he would also like to do in the future is volunteer to help veterans coming back from the Iraq War. Another interest he mentioned was working at *Best Buy* and going through basic training to work in a store as a clerk.

“Morgan”

“Morgan” began participating in special education during seventh grade. That’s when things began to fall apart for her, and she started experiencing anxiety and migraine headaches. Her parents took her to all kinds of medical doctors and psychologists, and they all thought she was crazy or trying to get attention. “Morgan” knew better:

I started feeling really depressed in seventh grade and anxious. And I had a lot of migraines and stuff. And we went to a lot of psychologists and doctors.

I started getting more joint pain and couldn’t get up in the morning. More doctors didn’t know what to do. One psychologist finally told me, ‘I don’t think you’re crazy. Go get a blood test done.’ I finally went and got a blood test. And Lyme disease came back positive. And that just happened my junior year! There were five years when I didn’t know what was going on with me. I was really down on myself. Just the curiosity of knowing what was wrong kept me going until I could find out (“Morgan” personal communication, February 25, 2016).

“Morgan’s” teacher made it clear that she is a very intelligent student (“She could be

taking all AP classes!”), but chronic joint pain makes it difficult for her to attend school consistently. She told me that walking is very hard, especially in the morning, and her knees are particularly painful on a daily basis. She told me that without special education services, she would have dropped out of school without graduating. These days, thinking about attending college in California is what gets her out of bed in the morning. She views her special education environment as a safe place and believes the encouragement provided by her special education teachers got her through the toughest times.

“Morgan’s” Lyme disease was left untreated for years, so she now suffers from chronic joint inflammation, known as Lyme arthritis, a condition that particularly affects the knees. Additionally, “Morgan” has sustained some cognitive defects, including impaired memory. Because her self-contained special education class offers her flexibility in scheduling, she is able to arrive at school when her physical pain allows it. This means, like “Joshua,” she is often absent and trying to catch up on assignments. She told me that when she first entered the program, she missed her friends, but now they have found ways to connect: “I guess at first I was kind of upset about not being in normal classes with my other friends. However, I find ways to see them and keep in touch” (“Morgan” personal communication, February 25, 2015).

Based on these student narratives, three analytic categories were identified and are discussed in the following section. First, these stories revealed that special education services are an integral part of keeping some students in school. Second, students indicated their hope is based on achieving their goals, and special education is making goals possible, pathways visible, and agency viable. Lastly, 80% of the students’ scores on the AHS reflected how they described and experienced hope. Only “Isaac’s” scores did not adequately reflect his interview responses.

Analysis

Analytic Category 1: Recognizing that special education makes school possible for some students who would otherwise drop out. (Research questions 1 and 3)

After listening carefully to their stories, it became difficult for me to maintain my critical stance toward special education placement. It was surprising for me to find out that some high school students may actually *like* special education and some of its perks. According to my research participants, special education perks included being in a classroom with fewer students, having teachers who let them take breaks when the stress got too high, using a work-out room in the back of the classroom in order to de-stress, enjoying service-dog visits, and using IEPs at the college level. Each of these positives contributed to feelings of hope in the students I interviewed. Of course, some had more hope than others. For instance, “Joshua” and “Raven” had low hope levels when compared with both “Isaac” and “Joey.”

“Joshua” and “Raven” Compared

What were “Joshua” and “Raven” really trying to communicate during their interviews? Table 18 (below) shows the common threads that run through their stories. They wanted me to know that school is hard for them, but it is hard because of their mental illness, not intelligence level. They wanted me to know their friends are important to them, but they have trouble making friends at their high schools. Finally, they wanted me to know that, without special education services, they would no longer be in high school at all and they would have no hope for the future.

Table 18*“Joshua” and “Raven” compared*

Student	School Attendance	Intelligence	Friends	Pathways	Motivation	Special Education	Self Esteem
“Joshua”	poor	high	few	Blocked by poor mental health	Non-existent	makes school possible	low
“Raven”	poor	high	few	Blocked by poor mental health	Non-existent	makes school possible	low

This point cannot be overstated: Special education services are meeting the needs of certain students. If that is the case, it seems counter productive to suggest the elimination of special education services altogether. Instead, it would seem prudent to examine how general education is attempting to meet the needs of all students and how it is or is not adjusting to the needs of highly intelligent individuals with emotional problems who could benefit from academic challenges in emotionally supportive settings. One of the serious side effects caused by placement in special education at the high school level is the resulting decline in academic challenges encountered by bright students with emotional disabilities. As both “Raven” and “Joshua” pointed out, general education classes in their high schools were not designed to meet their specific emotional needs, nor were they designed to accommodate differences in learning styles. While “Joshua” and “Raven” hope to eventually graduate from high school, this accomplishment will have little to do with attempts to accommodate their needs using general education curricula. Instead, special education services will meet their academic needs in less challenging ways. As pointed out by “Raven,” she is too far behind academically to ever take high level science classes in her high school, and although “Joshua” has the opportunity to graduate early, he will graduate with a pass or fail on his record, no GPA.

A best-case scenario, described by both “Raven” and “Joshua,” would be high-level academics combined with consistent emotional support. Their public high schools do not provide this option. Instead, both students receive the emotional support they need at the expense of academic stimulation. Although “Joshua” is able to complete assignments at an accelerated pace, he does not have the opportunity to interact with other students, and “Raven” commented that she is frustrated because she knows she has the potential to shine academically if her emotional needs could be met simultaneously.

Extraordinary Support Needs

According to Thompson and Viriyangkura (2013), the idea that “extraordinary support needs is the most salient characteristic of people with disabilities” is becoming more popular over time. In 2001, the World Health Organization espoused the notion that human functioning is influenced by both internal health factors and external environmental/contextual factors. When internal factors and external factors are not aligned well, individuals have trouble functioning. As explained by Thompson and Viriyangkura (2013),

When factors internal to a person (e.g., medical conditions, problem behaviors, skill deficits, functional limitations) are not well aligned with factors external to a person (i.e., the demands of the environment), ineffectual human functioning results and corresponding needs for support are evident. The availability of supports that are tailored to a person’s unique support needs will significantly influence the extent to which a person participates in and contributes to society (p. 18).

To help students like “Joshua” and “Raven,” Thompson and Viriyangkura (2013) believe personalized systems of support are needed to improve their quality of life. This is ostensibly the responsibility of special education services, but given the specialized training required to teach a specific subject (like math) in high school, teachers trained in special education are not likely to

also possess the training and certification required to teach high-level academic subjects. This means emotionally challenged students with high intelligence will likely find themselves in easy high school classes while they receive the emotional support they need. As both “Joshua” and “Raven” indicated, their emotional needs make traditional classroom instruction less effective for them, but they would still benefit from challenging classwork given in a supportive environment.

Although inclusive education could also be called supported education, since its aim should be supporting students with diverse needs, the disconnect between meeting the emotional needs of EBD students while still challenging them academically was evident during this study. One reason the hope levels of both “Joshua” and “Raven” are low is because their goals are consistently blocked while environmental supports tailored to their unique academic needs are not available.

Lack of Self-Regulation

An alternative explanation for their low hope levels could be a lack of self-regulation, an idea posited by Schunk and Bursuck (2013) who refer to self-regulated learning as “learning that results from students’ self-generated thoughts and behaviors that are systematically oriented toward their learning goals” (p. 265). Because self-regulated learning activities are goal-directed, it is possible that students with strong self-regulated learning styles also have high hope because they are able to reach the goals they set for themselves. Self-regulatory skills mentioned by Schunk and Bursuck (2013) include paying attention to instruction and believing in one’s ability to learn, two weak areas for both “Raven” and “Joshua.” Hope Theory is based on setting achievable goals, and goals are also a major component of self-regulation. Schunk and Pajares (2009) state that when learners believe they are making progress on their goals, self-regulation is fostered. They conclude by stating, “Developing self-regulation skills among students with

disabilities can improve their learning, motivation, and achievement” (p. 276). It follows that self-regulation skills could help raise the hope levels of “Raven” and “Joshua” by increasing their agency thinking, or motivation. Increased self-regulation skills might also help them adapt to inclusive academic environments.

Inclusion

Obiakor, Harris, Rotatori, and Algozzine (2010) maintain that social justice is a key component of inclusion because it stands in opposition to exclusion. From a Disability Studies perspective, students with disabilities should be given opportunities to learn alongside students in the general education system. The interview participants for this study who were diagnosed with emotional and behavioral disabilities consistently told me their general education classes did not allow for their emotional needs. Instead, they had to rely on special education services to keep them on track toward graduation using a watered-down curriculum. Hall, Collins, Benjamin, Nind and Sheehy (2004) believe students with disabilities should be able to achieve both emotional and *academic* success in inclusive classrooms, but this has not been the experience of the students I interviewed who were identified with EBD. “Raven” doubted any general education teacher in her high school would be able to handle one of her panic attacks, “Joey” explained his experience with general education classes had been a frustrating one because of his social anxiety, and “Morgan’s” experience with physical pain made it impossible for her to stay seated for long periods of time, a prerequisite in most general education classrooms. “Joshua” explained that general education classes in his high school tend to be focused on test scores and do not make allowances for students who may already know some of the material or who may not learn in a traditional manner.

Although the general education environment may be “optimal for the greatest success in

education” (Pugach & Warger, 2001, p. 195), students identified with EBD, like four of the research participants in this study, may find themselves placed in self-contained settings that are considered the most restrictive placements because of their behavioral and/or emotional difficulties. This means “Raven,” “Joshua,” “Morgan,” and “Joey” spend most of their academic day in a special education classroom. It would be a serious mistake to assume these students could not handle the general education curricula. The true story is, they cannot handle the emotional stressors they would experience in the test-driven atmosphere that currently pervades general education classrooms. As things now stand, their only chance for any kind of academic success is made possible through special education services.

Table 19 (following page) illustrates some of the accommodations made available to each student in this research study. Perhaps the greatest accommodation made on their behalf through special education services was the elimination of a set schedule. During my sojourn in both high schools, students moved to their classes en masse according to the dictates of the school bell. After each 50-minute period, a bell would ring and a massive classroom exodus would occur. In contrast, students within the self-contained classrooms operated according to their own timetable and were much more flexible. This flexibility made it possible for “Joshua” to arrive at school “when he could” (according to his teacher), and it also gave “Raven” plenty of time to practice relaxation techniques if the need arose.

Flexibility within their classroom environment allowed these students to feel safe, less stressed, and more validated as individual learners with unique needs. Unfortunately, their combined potential brainpower was not being tapped at the time of our interviews. In fact, I would have to say they were coasting by academically. As “Raven” told me,

I don't wanna say it makes me feel dumb being in special education because the kids in there aren't dumb. They're really not. They just don't know how to express the things that they're thinking. I feel that academically I'm very above the special education students. I feel that brings me down a lot ("Raven" personal communication, February 19, 2016).

Table 19

Special education accommodations for research participants

STUDENT	ACCOMMODATIONS	DIAGNOSES
"Joshua"	Online education Early graduation Flexible schedule Small class size	ADD; depression; social anxiety; truancy
"Raven"	Emotional support Flexible schedule On-site counseling Relax room	anxiety disorder; panic attacks; depression
"Joey"	Anger management Relaxation training Relax room Group counseling sessions	serious anger issues; ADD; social anxiety
"Isaac"	Work-study program Small class size Vocational training	Autism Spectrum Disorder (ASD); social anxiety
"Morgan"	College prep classes Relax room On-site counseling	social anxiety; chronic pain due to Lyme Disease; depression

Table 19 (above) illustrates some of the ways special education services made school possible for my research participants. To make inclusion in general education classes work for these students, Baglieri and Shapiro (2012) recommend inviting, welcoming, and taking "seriously the information, ideas, and desires of students and their families in relation to school planning" (p. 126). According to my research participants, a major difference between special education self-contained placement and participating in a general education setting is the social

milieu. Students from this study who were identified with EBD generally find it difficult to interact in social environments. As “Joey” indicated,

It was mainly my interactions with people that was my issue ‘cause I’ve always been somewhat antisocial. When I had to work in a group, I’d normally work alone even though I was in a group. I had to overcome that at times, meaning I actually had to cooperate with my group and all that stuff (“Joey” personal communication, February 25, 2016).

Comments referring to general education classes offered by the research participants included “the classes are too big,” “co-taught classes are the same as general education classes,” and “they are not trained in special education.” These statements, along with many others, indicated more work needs to be done to accommodate the needs of high school students who are emotionally disabled but who could still benefit from participating in the classes with challenging curricula offered in general education settings. Some suggestions offered by participants in this study included making sure all classrooms have “relax rooms,” training regular education teachers about how to deal with students identified with EBD, making dual certification (both regular and special education) mandatory, and just talking to students when they are angry rather than isolating them. This last suggestion was offered by “Joey” after he told the following story about his experiences in an alternative school:

They had a very negative way of dealing with the children who misbehaved very often. Though I do feel some of it was necessary for some of the kids who had extreme anger issues. What they had there, they called it the office. It was basically the equivalent of having a detention except you didn’t stay after school. You had to stay in school for 25 minutes in isolation. If you were a kid who had a large anger outbreak and was getting violent, they had two rooms with magnetic locks. And one room was heavily padded for

the ones that might cause themselves harm. And the other room was only padded on the floor. They wouldn't put a desk or anything in there due to the risk of someone throwing the desk or throwing the chair. So the kid would have to sit on the floor—that was for medium anger. The heavy anger was for the heavily padded room.

But it was very negative for some of the kids. Some of the kids would just break down, like sad or just aggravated 'cause they couldn't figure something out. I think the teacher should have just pulled them aside, talked to them for a little while. Instead, most of the time they would send kids like that to “the office” for them to cool down. But that didn't really help because the office personnel didn't really speak to them. They wouldn't try to ask ‘What's wrong?’ or anything like that (“Joey” personal communication, February 25, 2016).

The interview participants in this study expressed gratitude for the emotional support they received from special education personnel. This “emotional support” generally took the form of simply listening to them. By listening to them, their teachers instilled hope.

Analytic Category 2: Recognizing that without hope, no one is going anywhere, and that hope is all about achieving goals through pathways and agency thinking. (Research question 2)

Low Hope Versus High Hope

According to Snyder's Hope Theory, high hope individuals should be able to explore a variety of pathways to their desired goals. Using their agency thinking, they should be able to stay motivated to continue on pathways toward their goals even when they encounter obstacles. Also described as *waypower* (Snyder, Harris, et al., 1991), pathways thinking ability makes it possible for people to find routes around obstacles to goals, and *willpower* or agency thinking keeps people on track by keeping them focused on their goals. In contrast to those individuals with high hope, lower hope individuals like “Raven” and “Joshua” might not be able to come up

with a variety of pathways toward their goals, so obstacles would present insurmountable barriers. As a consequence, they would also lack agency thinking and would lose motivation to achieve their goals. This failure could lead to less goal setting in the future (Buchanan & Lopez, 2013). Another potential consequence of low hope is low self-esteem, defined by Rodriguez-Hanley and Snyder (2000) as “the negative self-referential mood that is brought about by chronic failure in achieving one’s goals” (p. 42).

Table 20 (following page) illustrates some differences between the ways high hope and lower hope individuals view their goals and how to achieve them. “Joey” believed he was in charge of his life decisions, while “Raven” left decisions to fate and believed she lacked power to achieve what she wanted to achieve in life. For example, “Raven” expressed a desire to become a cosmetologist, but she seemed to lack the motivation needed to improve her grades even though she acknowledged this was a necessary prerequisite for entrance into the cosmetology program at her high school’s tech campus. In contrast to “Raven,” “Joey” mentioned strategies, planning, learning from his mistakes, taking new approaches, and overcoming difficulties rather than letting those difficulties stop him from moving forward.

Edwards and McClintock (2013) state that, although only a limited body of literature about hope in adolescents exists, the studies about hope among youth that do exist “support the importance of this construct in the lives of children and adolescents” (p. 47). One study conducted by Gilman et al. (2006) examined the relationship between academic and psychological indicators of school adjustment and hope in a group of 341 middle and high school students. What the researchers found led them to conclude that high hope youth seemed to exhibit higher psychological and academic adjustment. In another study conducted with 784 high school freshmen in 2007, Ciarrochi, Heaven, and Davies discovered that hope had a

positive effect on individual school subjects and on total school grades. Judging from the comments made by “Raven” and “Joey,” low hope has negatively affected “Raven’s” grades while “Joey’s” comparatively higher hope levels coincide with his higher grades.

Table 20

Low hope and high hope statements from “Raven” and “Joey”

Hope Theory Components	“Raven” (AHS Score: 20)	“Joey” (AHS Score: 51)
Goals	<p>“WHATEVER HAPPENS, HAPPENS”</p> <p>“PROBABLY SOMETHING UNDER A BEAUTICIAN, COSMETOLOGY, SOMETHING LIKE THAT”</p>	<p>“AND I HAVE SUCCEEDED”</p> <p>“MY BIGGEST GOAL WAS GETTING BACK TO MY HOME SCHOOL DISTRICT, WHICH I HAVE DONE”</p> <p>“IT WAS QUITE DIFFICULT TO ACTUALLY GET HERE DUE TO HOW MY ANGER WAS THE HARDEST PART TO CONTROL”</p>
Pathways Thinking	<p>“I’M NOT VERY ORGANIZED”</p> <p>I DON’T REALLY PLAN ANYTHING”</p> <p>“THINGS JUST KINDA HAPPEN”</p> <p>“WHEN IT COMES TO FINDING DIFFERENT WAYS TO A SOLUTION, WHAT’S THE POINT? THE BAD THING’S GONNA HAPPEN ANYWAY”</p>	<p>“I’LL REVISE A NEW STRATEGY”</p> <p>“I JUST DIDN’T HAVE THE RIGHT APPROACH TO IT”</p> <p>“I’LL MAKE SURE TO SET UP A PLAN”</p> <p>“I’LL PLAN OUT A TIME”</p> <p>“I PLANNED TO MAKE SURE I PAID ATTENTION IN CLASS”</p> <p>“I BASICALLY JUST MADE SURE THAT I DIDN’T SCREW MYSELF OVER WITH ANY OF MY ACTIONS”</p>
Agency Thinking	<p>“OH, I’M THE BIGGEST PROCRASTINATOR EVER”</p> <p>“I’VE DONE BAD THINGS”</p> <p>“I KNOW WHAT I WANT; I DON’T DO IT; I DON’T KNOW WHY”</p>	<p>“I’VE LEARNED FROM MY MISTAKES”</p> <p>“I HAD TO OVERCOME THAT”</p> <p>“WHAT REALLY DROVE ME WAS JUST SEEING MY FRIENDS AND GETTING TO MY NORMAL HOME SCHOOL DISTRICT”</p>

Table 21 (below) illustrates some of the descriptions of hope given by the research participants. Each comment had something to do with the future and moving toward some kind of goal. “Joey’s” description of hope was the most similar to Snyder, Harris, et al.’s (1991), but all of the research participants talked about having goals and finding ways to reach them. The four students with EBD had higher pathways thinking scores than agency scores, while “Isaac,” identified with ID, had a higher agency score when compared with his pathways score. When I interviewed each participant, I noticed that “Isaac” had the most confidence in his ability to succeed. In contrast, the students identified with EBD had a difficult time believing they could actually achieve their goals even though they could describe various ways to reach them. Unlike the students identified with EBD, “Isaac” could not explain how to reach a goal, he just believed in his ability to do so.

Table 21

Hope descriptions from research participants

“Raven”	<i>Without it, you’re not going anywhere.</i>
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“Joey”	<i>My hope is basically my aspirations of actually obtaining my goals and being able to get them when they’re in reach, being able to actually do all the steps to get to them. So, basically hope to me is just moving forward, not standing in one position like a log or a turtle, and making sure to keep moving, not stopping to take a break.</i>
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“Joshua”	<i>A desire to be a better version of who I am now. I would say hope would be just any amount of time where I don’t feel like—like I don’t belong with people I’m around. Or even if it’s a really bad day, sometimes hope would just be a day where I feel I belong to be alive and all that.</i>
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“Morgan”	<i>Hang On Pain Ends. So that’s kinda how I look at it. I just keep looking towards the future. And eventually you’ll get to the point that you wanna be at.</i>
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“Isaac”	<i>Peace and freedom; no war</i>
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Analytic Category 3: Recognizing that the Adult Hope Scale results (quantitative data) converged with the participant interview responses (qualitative data) of students identified with EBD and that the qualitative data helped to explain the quantitative data. (Research questions 4 and 5)

One of the clearest definitions of hope is put forth by Snyder (1994) on page five of his book entitled, *The Psychology of Hope: You Can Get There From Here*. This definition states, “Hope is the sum of the mental willpower and waypower that you have for your goals.” Snyder (1994) then proceeds to define what he means by the three mental components that encapsulate the essence of his view of hope, e.g. goals, willpower (also defined as agency thinking) and waypower (also defined as pathways thinking).

Goals

First, Snyder (1994) explains that goals “are any objects, experiences, or outcomes that we imagine and desire in our minds” (p. 5). One caveat he mentions in his book alongside this definition of goals, however, is that goals “involving hope fall somewhere between an impossibility and a sure thing” (p. 6). In effect, Snyder (1994) is saying that hope is not necessary in cases where goal attainment is impossible and it is equally unnecessary in cases where goal attainment is inevitable.

Willpower (a.k.a. agency thinking)

The second component of his hope definition, willpower or agency, is what compels most people to move in the direction of their goals. This was the weakest area for the students identified with EBD in this study, yet it was the strongest area for “Isaac,” identified with ID. Snyder (1994) uses various terms to explain this concept, including “reservoir of determination and commitment” (p. 6), “driving force in hopeful thinking” (p. 6), “sense of mental energy” (p.

6), and “willful thinking” (p. 7). According to Snyder (1994), it is usually easier to “activate willful thinking” (p. 7) when one’s end goals are important. He includes goals like finding a job, having children, or *dealing with an illness* (something each of my research participants has to do daily) in this category of important goals. When it comes to willpower, Snyder (1994) states overcoming previous difficulties tends to strengthen it.

Waypower (a.k.a. pathways thinking)

The third component in Snyder’s (1994) definition of hope is waypower. This is defined as “The mental capacity we can call on to find one or more effective ways to reach our goals” (Snyder, 1994, p. 8). For waypower to be enhanced and activated, Snyder (1994) maintains goals need to be both important and well defined. “Isaac,” the research participant identified with ID, seemed to have enhanced willpower, but his capacity to plan out various ways to get to a goal was not evident during his interviews.

The Adult Hope Scale was developed to assess the hope levels of individuals based on their waypower and willpower subscale scores. Five research participants completed this scale and also consented to an interview for this study. When both sets of data (AHS scores and interview responses) were compared, they complimented each other. Stated differently, most of what students communicated during their interview times reflected their scores on the Adult Hope Scale. Only “Isaac’s” responses during his interview reflected some dissonance between his scores on the AHS and how he described (or did not describe) ways to achieve his goals. Although he talked about what he wanted to be some day, he was not able to clearly articulate the steps needed to get there. The AHS pathways thinking subscale score of 20 out of a possible 32 for “Isaac” did not clearly reflect this difficulty. (This will be discussed in more detail in Chapter 6.)

Data Are Connected

In order to illustrate the connections between the two types of data, each participant's scores are discussed along with relevant interview responses in the following section, and each participant's data are displayed in separate tables. AHS scores are reported as fractions. For example, the highest possible score for each of the eight items is eight, so if a student scored a two on a particular item, it is reported as "2/8." Interview responses are reported as In Vivo data because they are copied exactly as they were recorded and transcribed. According to Snyder (2000), the average Adult Hope Scale score for both non-college and college student samples was 48 in 1991. The AHS was never tested on high school students who receive special education services, so I considered 8-21 a low hope score, 22-45 an average hope score, and 46-64 a high hope score. Using this range, "Raven" scored in the low hope range, "Joshua" and "Morgan" scored in the low average range, and "Joey" and "Isaac" scored in the high hope range.

"Raven's" total AHS score of 20 placed her in the low hope category (see Table 22, following page). Although Snyder et al. (2000) demonstrated that some people can have willpower without much waypower, and vice versa, "Raven's" waypower and willpower scores were identical. Both components are necessary in order to sustain successful goal pursuit over time (Snyder, 2002). Jensen (2016) suggests other interpretations of "Raven's" low hope scores are possible, including "Raven's" frustration at not being able to make decisions without the input of her mother and her mother's boyfriend and "Raven's" extreme social anxiety. "Raven" also told me she has not seen her father in years because she has chosen to eliminate him from her life.

“Raven’s” Hope Level

Table 22

“Raven’s” Data

AHS Statements	AHS Score	Interview Response
I can think of many ways to get out of a jam.	Somewhat False (3/8)	“I’M IN THIS SITUATION; THERE’S NO WAY OUT”
I energetically pursue my goals.	Slightly False (4/8)	“I KNOW WHAT I WANT. I DON’T DO IT. I DON’T KNOW WHY.”
There are lots of ways around any problem.	Slightly False (4/8)	“WHEN IT COMES TO FINDING DIFFERENT WAYS TO A SOLUTION, WHAT’S THE POINT? THE BAD THING’S GONNA HAPPEN ANYWAY”
I can think of many ways to get the things in life that are important to me.	Mostly False (2/8)	“I DON’T REALLY PLAN ANYTHING”
Even when others get discouraged, I know I can find a way.	Definitely False (1/8)	“WHATEVER HAPPENS, HAPPENS”
My past experiences have prepared me well for my future.	Mostly False (2/8)	“IT’S EASIER FOR ME TO TAKE THE FALL”
I’ve been pretty successful in life.	Mostly False (2/8)	“I DON’T HAVE ANY OF THE CREDITS THAT EVERYONE ELSE HAS”
I meet the goals that I set for myself.	Mostly False (2/8)	“I’M NOT VERY ORGANIZED”

Depression

Even though Hope Theory suggests “Raven’s” lack of waypower and willpower thinking is likely the cause of her low hope levels, an alternative explanation for her low hope could reside in “Raven’s” self-reported diagnosis of anxiety disorder and depression. In a study conducted by Ashby, Dickinson, Gnilka, and Noble (2011), hope scores among middle school students were negatively correlated with depressive symptoms. In other words, as their hope scores increased, their scores of depressive symptoms decreased, and vice versa. “Raven”

suffers from depression and anxiety, so her hope levels may be directly related to the chemistry in her brain that is causing these disabilities.

When the original Children's Hope Scale (CHS) was developed and validated, Snyder et al. (1997) found positive correlations between hope scores and how children perceived their physical appearance, scholastic competence, social acceptance, and athletic ability. At the same time, they found hope scores were negatively related to depression. In another study conducted by Gilman and Huebner (2006), youth with high levels of hope reported less emotional distress and greater global life satisfaction over all. Snyder (1994) also discovered that children who believe they can control things that happen in their lives tend to have higher hope than children who believe they are controlled by circumstances. Both types of people (described as "internals" and "externals" by Snyder (1994)) were illustrated by "Raven" and "Joey" in this research study. "Raven" felt she was being controlled by circumstances (external mindset) whereas "Joey" felt he was in control of circumstances in his life (internal mindset) and demonstrated this via his higher hope level when it was compared with "Raven's."

Anxiety

Along with the debilitating effects of depression, "Raven" has to put up with anxiety that manifests itself in sudden, unpredictable panic attacks. Her anxiety sometimes overwhelms her to the point where she has to leave a classroom and go for a walk around the building. During these times, Miss S. often walks and talks with her to get her to calm down, take deep breaths, realize that life is not as stressful as the messages in her brain would like her to believe.

According to The Mayo Clinic website, "Panic attacks typically begin suddenly, without warning. They can strike at any time — when you're driving a car, at the mall, sound asleep or in the middle of a business meeting" (or in the middle of a class, as in "Raven's" case). Some of

the symptoms of panic attacks include a feeling of impending danger, a rapid heart rate, shaking and sweating, chills, and nausea. Once a panic attack ends, the sufferer may feel very tired. This often happens to “Raven” and it negatively affects her ability to stay caught up with classwork, not to mention her ability to maintain a high level of hope.

All of “Raven’s” responses on the AHS were chosen from the “false” category—slightly false, somewhat false, mostly false, and definitely false. Her interview responses were generally negative as well. Her pathways subscale score was low and her statements about pathways thinking were mostly in the negative zone. For example, typical responses included statements like, “whatever happens, happens,” “I don’t really plan anything,” and “there’s no way out.” Negative agency thinking patterns were evident in “Raven’s” interview responses as well. “It’s easier for me to take the fall,” “I don’t have any of the credits that everyone else has,” and “I’m not very organized” are some of the self-deprecating statements she made during our meetings. “Raven’s” negative perceptions about herself were no surprise—they reflected the low hope score she received on the AHS.

“Joshua’s” Hope Level

There was pain in “Joshua’s” face when he talked about fighting with his dad, and there was deep concern that his juvenile record would follow him throughout his life and would keep him from achieving as much as he would have, could have, should have done if he had managed to stay out of trouble. He expressed his concern this way:

I’m a polite person. Would you from knowing me guess that I’m not all a bad person? I’m not gonna blame it all on depression and all that, but because of all this, I now have a police record for truancy and assault because my dad pushed me and hit me and all that. I’ve gotta go to court and all that. I had to go to the hospital. It was at those times I feel hope as an emotion or just as—when things like that happen, I feel like people like me

don't think about hope as much as they should. I think that's not a good thing. I don't know if there's a fixer or not. There's a possibility that I might not be able to get any job that I want because of my juvenile police record and stuff like that. And if that happens and I get rejected or something, then I can almost guarantee—even if I think about it now, I can almost guarantee that something hopeful—hope itself and hopeful won't come to mind (“Joshua” personal communication, February 26, 2016).

“Joshua’s” AHS score of 37 was in the low average range, and his comments were a mixture of positive and negative, hopeful and discouraged as illustrated by Table 23 (following page). His pathways thinking subscale score of 20 was higher than his agency thinking subscale score of 17, indicating he has an easier time planning out goals than actually finding the strength to complete them. As described by Snyder (2000), “Joshua” is a high waypower/low willpower kind of individual who can think of many routes to a goal but is not able to maintain (or sometimes even start) progress toward a goal.

Like “Raven,” “Joshua” has to deal with mental illness on a daily basis. He told me it is very difficult for him to handle his racing thoughts and they often get in the way of clear thinking. He also suffers from depression that in the past has led to hospitalization and suicidal ideation. How does Hope Theory speak to people with serious mental illness?

Serious Depression and Suicidal Ideation

Cheavens (2000) provides some answers to this question. “Joshua’s” main source of hopelessness is his depression. According to Cheavens (2000), “Most individuals suffering from depression experience deep feelings of sadness, worthlessness, and pain” (p. 321). “Joshua” confirmed this statement and often described his *best* days not as days when he felt good but as days when he felt less bad. His low agency subscale score (17) reflected his sense of worthlessness. On a positive note, Cheavens (2000) confirms that high levels of hope may play

an important role in “protecting against the onset of depression” (p. 322), and may also shorten the duration of depressive episodes and help to prevent their recurrence. Stated differently, high levels of hope can be regarded as a protective factor when it comes to individuals like “Joshua” who have been diagnosed with serious depression that in the past led to suicidal ideation.

Table 23

“Joshua’s” Data

AHS Statements	AHS Score	Interview Response
I can think of many ways to get out of a jam.	Mostly true (7/8)	“MY OPTIONS WILL BE FAR BETTER THAN THEY WERE BEFORE”
I energetically pursue my goals.	Somewhat true (6/8)	“I KNOW I’M CAPABLE OF MAKING PLANS FOR THE FUTURE”
There are lots of ways around any problem.	Mostly true (7/8)	“I FEEL I DEFINITELY CAN MAKE A PLAN TO FINISH HIGH SCHOOL AND SUCCESSFULLY FOLLOW UP WITH IT”
I can think of many ways to get the things in life that are important to me.	Slightly false (4/8)	“I KNOW PEOPLE WHO HAVE DEPRESSION CAN HAVE HOPE, BUT I DON’T HAVE MANY DAYS WHERE I FEEL HOPEFUL”
Even when others get discouraged, I know I can find a way.	Mostly false (2/8)	“BUT SOMETIMES WHEN OBSTACLES ARE PRESENTED, I SHUT DOWN EMOTIONALLY AND MENTALLY AND I DON’T KNOW HOW TO RESPOND”
My past experiences have prepared me well for my future.	Mostly false (2/8)	“BUT IT’S JUST I NEGLECT THE FACT THAT THE POSITIVE THINGS EXISTED. SOMETIMES I THINK THE NEGATIVES OUTWEIGH THE POSITIVES FAR TOO MUCH”
I’ve been pretty successful in life.	Slightly false (4/8)	“I HAVE A LOT OF ANXIETY AND DEPRESSION. THAT REALLY GETS IN THE WAY OF A LOT OF SCHOOLWORK”
I meet the goals that I set for myself.	Slightly true (5/8)	“I JUST TELL MYSELF I GOTTA DO IT”

Stressful Family Life

Aside from low hope, an alternative and plausible explanation for “Joshua’s” sadness may have been related to his stressful relationship with all of his family members, particularly his father. After one of our meetings, “Joshua” purposefully made his mother wait for him even

though he knew she was outside in the parking lot and needed to get home. This told me he and his mother may not have been on the best of terms, either. Suldo and Fefer (2013) state that a growing body of research has demonstrated happy children tend to have parents who “express warmth, care, and support, and spend quality time with their children” (p. 131).

Multiple research studies support the existence of empirical links between parent-child relationships and youth wellbeing (Diener & Diener McGravan, 2008; Hoy et al., 2012; Ma & Huebner, 2008; Schwarz et al., 2012). In 2009, Suldo conducted a review of empirical youth studies and found that “Low subjective wellbeing appears to co-occur with parental over control and punishment, as well as parent-child conflict” (Suldo & Fefer, 2013, p. 134). Seligman’s (2002) definition of wellbeing encompasses positive emotions about one’s past and one’s future as well as contentment with one’s present circumstances. In his definition, he mentions that “hope” is one of the positive emotions associated with the future. These research data suggest “Joshua’s” depression and low hope levels may be tied to a poor relationship with his family members and not just low agency thinking skills.

“Joey’s” Hope Level

When I first met him, “Joey” was experiencing life in special education as an odyssey, a challenge, a kind of test to see how much progress he could make dealing with his negative emotions. According to Olympia, Heathfield, Jenson, Majszak, Ramos-Matias, and Thacker (2013), “Joey” is part of a select group of adolescents who “often experience some of the most segregated and restrictive settings in school” (p. 475). These researchers describe children with behavioral and emotional disabilities like “Joey’s” as “very atypical in terms of their behaviors, symptoms, and treatments” (Olympia et al., 2013, p. 473). Typical symptoms of noncompliance exhibited by children with behavioral and emotional disabilities listed by these researchers

include depression, substance abuse, breaking rules, and aggression (Olympia et al., 2013). In “Joey’s” particular case, aggression is a serious problem, yet out of all the research participants, he had the highest AHS hope score. He also had strong family support, pets, a good relationship with his special education teacher, and positive friendships in his high school. His goal, to become a diesel mechanic, was firmly stated and passionately pursued through strong agency and pathways thinking skills. As the only *externalizer* (exhibitor of behaviors that negatively affect other people) in the EBD group, I wondered how “Joey” had been able to develop hopeful thinking patterns and strong friendships.

Listed in Table 24 (following page) are some of “Joey’s” interview comments. Most reflect the tenets of Hope Theory and all correspond with AHS responses ranging from “slightly true” to “mostly true.” “Joey” exhibited strong tenacity, optimism, patience, and self-control when I spoke with him about hope and his future goals. These qualities contrasted sharply with his fractured wrist and reminded me that appearances can be deceptive. “Joey” can go from normal to furious in a matter of seconds.

High Hope People

Snyder (2000) has a lot to say about people with high hope profiles. Interestingly, “Joey” possessed many of the attributes associated with high hope people as defined by both Snyder (2000) and Cheavens (2000). Some of these attributes include exhibiting more pathways and agency thinking, having a generalized expectancy for success, placing the focus on past successes, and setting more growth-seeking goals rather than validation-seeking goals (Cheavens, 2000, pp. 331-334).

Table 24**“Joey’s” Data**

AHS Statements	AHS Score	Interview Response
I can think of many ways to get out of a jam.	Mostly true (7/8)	“AND IF THAT STRATEGY DOESN’T WORK, I’LL REVISE A NEW STRATEGY”
I energetically pursue my goals.	Somewhat true (6/8)	“I NEVER TAKE A BREAK FROM MY GOAL OF GOING TO COLLEGE”
There are lots of ways around any problem.	Somewhat true (6/8)	“I ALWAYS HAVE A BACKUP PLAN AND MAYBE A SECONDARY BACKUP PLAN”
I can think of many ways to get the things in life that are important to me.	Mostly true (7/8)	“I’VE BEEN TAUGHT MANY COPING SKILLS THAT HELP ME GET THROUGH HARD SITUATIONS”
Even when others get discouraged, I know I can find a way.	Mostly true (7/8)	“IF I HIT A SNAG, I GET UP AND DUST MYSELF OFF AND KEEP GOING”
My past experiences have prepared me well for my future.	Somewhat true (6/8)	“I KIND OF ALWAYS WANTED TO BE A GOOD STUDENT”
I’ve been pretty successful in life.	Mostly true (7/8)	“THAT WAS THE FIRST TIME I EVER SUCCESSFULLY DID THAT DRILL”
I meet the goals that I set for myself.	Slightly true (5/8)	“YES, I DO REACH MOST OF MY GOALS. THERE ARE SOME GOALS THAT I’M STILL WORKING ON AND HAVE NOT YET REACHED. BUT I PLAN ON REACHING THEM AS SOON AS I CAN”

Pathways and Agency Thinking

“Joey’s” pathways subscale score of 27 was the highest out of the group who completed the AHS, and his agency subscale score of 24 was the second highest after “Isaac’s.” “Joey” used the word “plan” more than anyone else, and he talked about always wanting to be a good student, defending his friends and family, and getting up after experiencing setbacks (see Table 24, above). He seemed to have pathways and agency thinking skills in abundance.

Expectancy for Success

“Joey” expressed a lot of excitement when he talked about the technology campus opportunity afforded him through special education services. Not only did he express the desire to become a diesel mechanic, he also expressed the certainty that he *would* become a diesel mechanic. Unlike some of the comments made by the other research participants starting with

words like “probably maybe,” or “I kinda” or “there’s a possibility,” “Joey’s” overall tone was imbued with confidence in his ability to reach his goal. He expected to succeed.

Past Successes

Although “Joey” was placed in an alternative school for a while because of his behavioral challenges, when I spoke with him he chose to focus on how he got back to his home school rather than on how he got into the alternative school. He took what many would consider a very negative circumstance and turned it into a positive challenge. By making sure he didn’t “screw himself over with his behaviors” and by putting extra effort into paying attention, following directions, and being respectful to teachers, “Joey” was able to return to his regular high school.

Snyder et al. (1997) claim that because people with high hope levels distance themselves from past failures and attach themselves to past successes (like “Joey” did), they are able to view the *experience* as a failure rather than themselves, and they may also “achieve useful objectivity to learn from these failures” (Cheavens, 2000, p. 333). In “Joey’s” case, he took a negative experience, learned from it, and decided to change his behavior in response to what he learned.

Growth-seeking Goals

Cheavens (2000) distinguishes between growth-seeking goals and validation-seeking goals. Validation-seeking goals are attempts to “prove one’s self-worth, competence, and likeability through attainment of a goal” while growth-seeking goals are “strivings to learn, grow, and improve” (p. 333). For high hope individuals like “Joey,” the journey toward the goal is just as important as attaining the goal. He described his goal pursuits as challenges, odysseys, and tests of his ability to control his emotions. For him, goals were not about proving his self-worth or competence, but were instead chosen based on whether he could grow and learn from striving to reach them.

“Isaac’s” Hope Level

“Isaac” described himself with the words “autistic American.” The Autism Society of America uses the following definition:

Autism is a complex developmental disability that typically appears during the first three years of life and affects a person’s ability to communicate and interact with others.

Autism is defined by a certain set of behaviors and is a spectrum disorder that affects individuals differently and to varying degrees (ASA, 2011).

About 1 in 110 children born in the United States is located somewhere on the autism spectrum. Currently, about 1% of the US population between the ages of three and seventeen have an Autism Spectrum Disorder (Zager, 2013, p. 496). According to “Isaac’s” Director of Special Education, autism is the fastest growing diagnostic category in the US special education system.

According to Zager (2013), “Isaac’s” diagnosis of Autism Spectrum Disorder (ASD) means he is more prone to negative disordered thinking after a perceived failure, and he is also more likely to experience depression. For students along the autism spectrum who possess higher intellectual ability, like “Isaac,” the chances for increased anxiety and depression are even greater (Zager, 2013, p. 503). One of the “filler” items (it is not scored) on the AHS is the statement, “I usually find myself worrying about something.” “Isaac” indicated this statement is definitely true for him, and this was also evident during our interview times. He expressed concern about his father’s health, his own health, his dogs’ health, whether he would be late for class, whether his teacher would support his efforts, and whether I was going to turn the recorder on even though I assured him I would not without his consent. He was equally concerned about world affairs—whether war was coming soon, what was happening to the soldiers in

Afghanistan, whether he could be a soldier himself some day. When I picked him up from his class, he was anxious about the time and kept looking at the clock on the wall of the Commons in his high school.

Along with anxiety concerns, Zager (2013) also indicates “moving forward from unsuccessful situations is extremely difficult for students with ASD” (p. 503). This could partially explain “Isaac’s” difficulty identifying various pathways toward goal attainment. If forced to explain how to get somewhere, “Isaac” might be faced with the realization that getting to his goal involves more than just agency thinking patterns. For example, perhaps it is easier for him to envision himself as a firefighter than it is for him to figure out what training he will need in the future to become one.

Although “Isaac” indicated on the AHS that he can think of many ways to get the things in life that are important to him (see Table 25, following page), his interview responses did not reflect this assertion. He was not able to demonstrate pathways thinking. When asked to respond to the statement, “Even when others get discouraged, I know I can find a way,” “Isaac’s” score of eight on the AHS indicated he believed this to be definitely true for him. However, his interview responses to any kind of pathways-related questions were never specific. I believe “Isaac” genuinely wants to help people, so his answer to this particular question reflected this desire rather than any concrete ideas about how to actually carry out this goal.

Snyder (1994) indicates optimistic people (like “Isaac”) “are more likely to have a sense of mental energy for their goals, but they may not necessarily have the waypower thoughts” (p. 44). In “Isaac’s” case, he actively thought about his goal of becoming a firefighter, but his

thoughts never seemed to reflect the steps needed to become one. Snyder (1994) would probably describe “Isaac” as a high willpower/low waypower individual.

Table 25

“Isaac’s” Data

AHS Statements	AHS Score	Interview Response
I can think of many ways to get out of a jam.	Definitely false (1/8)	“I AM NOT SURE. I AM NOT GOOD AT THAT”
I energetically pursue my goals.	Definitely true (8/8)	“ I AM GOING TO BE A FIREFIGHTER”
There are lots of ways around any problem.	Slightly false (4/8)	“I AM NOT SURE. I AM NOT GOOD AT THAT”
I can think of many ways to get the things in life that are important to me.	Mostly true (7/8)	“I WANT TO BE A FIREFIGHTER”
Even when others get discouraged, I know I can find a way.	Definitely true (8/8)	“I WANT TO HELP PEOPLE”
My past experiences have prepared me well for my future.	Mostly true (7/8)	“MRS. W. IS HELPING ME WITH CAREER SKILLS”
I’ve been pretty successful in life.	Slightly true (5/8)	“I AM AUTISTIC”
I meet the goals that I set for myself.	Definitely true (8/8)	“MY TEACHERS AND MY MOM HELP ME SET GOALS”

“Morgan’s” Hope Level

“Morgan” is seventeen years old, contemplating attending college next year, and coping with chronic pain due to late-stage Lyme disease. During her interview times, she expressed her appreciation for special education services because they made it possible for her to “have the possibility of graduating.” Just a year ago, she was seriously considering dropping out of high school because she “couldn’t see a future.” Key to her current success is the flexibility in her schedule. She is able to come to school at a later time than most students, and she is able to leave earlier if her pain gets too severe.

Chronic Lyme disease, also known as late stage Lyme disease, can affect both the brain and nervous system. Some of “Morgan’s” symptoms include fatigue, rash, and arthritis. She also experiences depression and wild mood swings. Her prognosis is uncertain, but she is approaching the future with hope because her goal of attending college is becoming a reality. She has already been accepted at numerous colleges in the Midwest, but she would like to attend college in California. That is her current goal.

Table 26

“Morgan’s” Data

AHS Statements	AHS Score	Interview Response
I can think of many ways to get out of a jam.	Somewhat true (6/8)	“I GUESS AT FIRST I WAS KIND OF UPSET ABOUT NOT BEING IN NORMAL CLASSES WITH MY OTHER FRIENDS. I FIND WAYS TO SEE THEM AND KEEP IN TOUCH”
I energetically pursue my goals.	Slightly true (5/8)	“YEAH, THIS PAST YEAR, IT WAS REALLY HARD FOR ME TO COME TO SCHOOL BECAUSE I HAVE LYME DISEASE. IN THE MORNING MY KNEES REALLY HURT AND MY ANKLES, SO IT’S HARD TO WALK. I STILL TRY TO COME TO SCHOOL”
There are lots of ways around any problem.	Slightly true (5/8)	“I GUESS I KIND OF PLAN OUT WHAT I’M GONNA DO AND THEN I TAKE ACTION”
I can think of many ways to get the things in life that are important to me.	Slightly false (4/8)	“AT THE BEGINNING OF THIS YEAR, I REALLY WANTED TO JUST DROP OUT ‘CAUSE I JUST DIDN’T REALLY SEE A FUTURE”
Even when others get discouraged, I know I can find a way.	Slightly false (4/8)	“I WAS REALLY DOWN ON MYSELF”
My past experiences have prepared me well for my future.	Somewhat false (3/8)	“THERE WERE FIVE YEARS WHEN I DIDN’T KNOW WHAT WAS GOING ON WITH ME”
I’ve been pretty successful in life.	Somewhat true (6/8)	“IT FEELS REALLY GOOD. NOW THAT I’VE GOTTEN TO THIS POINT AND MY TEACHERS HAVE HELPED ME LOOK TOWARD THE FUTURE, I’M GLAD I GOT THROUGH IT”
I meet the goals that I set for myself.	Slightly false (4/8)	“I DON’T HAVE ANY MOTIVATING WORDS FOR MYSELF”

“Morgan’s” hope level score of 37 (Table 26, above) was in the low average range like “Joshua’s,” although her agency and pathways subscale scores were virtually identical, while his were not. A pathways subscale score of 19, one point higher than her agency score, indicated

“Morgan’s” agency and pathways thinking abilities were about the same. Her interview responses were somewhat cautious, often starting with words like “I guess” or “I guess I kind of.” She talked about not getting proud of herself for arriving at goals and indicated she was more concerned about how reaching her goals would affect other people, not how it would affect her. An indication of her low agency subscale score was evident when she stated, “I don’t have any motivating words for myself.”

Revisiting Chapter One Assumptions

When this research study began, I had several assumptions and listed them in Chapter One. These assumptions were based on some of the research I had already conducted regarding minority overrepresentation in certain special education categories. My assumptions were also influenced by my experiences as a special education teacher and a third and fourth grade teacher in a general education setting. In the next section, the four assumptions I had at the outset will be discussed in light of several findings uncovered during my research.

The first assumption I had was that, regardless of their disability label, hopeful students would have a better chance of doing well in school than those with little or no hope. This assumption turned out to be true based on the second finding. Students in this study described hope in terms directly related to goals, pathways toward those goals, and motivation. According to Snyder, Harris, et al. (1991), all three of these elements are related to hope. Despite his EBD label, “Joey’s” high hope coincided with high grades, while “Raven’s” lower hope level coincided with lower grades.

My second assumption was that placement in special education would not prepare high school students for the real world because they would be treated differently than those considered normal. This assumption turned out to be half true, half false. It was true in the sense

that the students in special education I interviewed were treated differently than “normal” students, but it was not true that they were not being prepared for the real world. The first and third findings made it clear that students from this study who were diagnosed with either Autism or EBD would not be in high school today if it were not for special education placement and the accommodations they received as a result of this placement. The accommodations helped keep these students in school and made it possible for them to participate in college level classes on a separate technology campus (“Joey” and “Raven”), apply and get accepted to various liberal arts college programs (“Morgan”), graduate early (“Joshua”) and participate in a work-study program (“Isaac”). In short, although special education placement gave them a label, it also gave them hope and a positive pathway forward. Students from this study viewed their special education experiences in a mostly positive light.

It was also my assumption that most of the research participants in my study would be minorities. This third assumption was based on multiple research studies suggesting minorities were overrepresented in both EBD and ID categories. This assumption turned out to be false, although one of the seven students who completed just Phase One of the study (“Ethan”) was an Asian American. It was not possible to investigate minority overrepresentation during this study because of my limited, all white sample of interview participants, but this topic is a suggested one for future research in Chapter Six.

The fourth and final assumption was that my research participants would construct their individual experiences of the world by interacting with other people in different social settings over extended periods of time. Although not directly related to my research findings, this assumption colored the way I interpreted the students’ stories and helped me to overlook their labels. I was able to focus on the moment and what they were telling me rather than what I

expected them to tell me based on their diagnoses. It kept my focus on their voices rather than on misguided preconceptions of disability.

It was difficult to keep my preconceptions (also known as biases) away from the data analysis process during this study. Not surprisingly, two other deep-seated assumptions not listed in Chapter One surfaced as I analyzed data. These are discussed in the next section along with some unexpected revelations.

Unexpected Revelations

Preconceptions characterized my stance toward special education placement when this research study began. For example, I was fairly certain high school students would hate being placed in special education and would be more likely to drop out as a consequence of said placement. I was wrong. Instead, the students in this research study shared harrowing pre-placement narratives full of poor grades, sitting under desks, getting in trouble with the law, being kicked out of their regular school, being placed in alternative schools, truancy, and all manner of other stressful events. Then, special education services came to their assistance, and life improved. Now they had “a safe place” (“Morgan”), “emotional support” (“Raven”), “nice teachers” (“Isaac”), “a chance to graduate early” (“Joshua”), and “hope to achieve goals” (“Joey”). How do their stories square with those who would recommend complete inclusion? Contrary to my expectations, these students’ voices did not implicate special education as the problem as much as they blamed general education and its apparent lack of concern for their varied needs.

It has always been my assumption that general education is the best place to be. As a special education teacher, I always told students my job was to get them back into their regular class and out of special education. The high school students from this study would take issue

with this assumption. They would argue that special education services provided them with well-trained teachers who cared about them, that they were given hope when they felt hopeless, and that accommodations were provided to meet their needs. They would also argue that general education has a long way to go before students like them will ever feel comfortable there or able to reach their full potential given the type of general education environment currently in place in their high schools.

The students I interviewed found hope through special education services on several fronts. First, hope as defined by Dr. Snyder entails overcoming obstacles by developing successful pathways to meet goals. “Joey” credited his homeroom special education teacher with helping him develop all kinds of coping skills to get through hard situations: “Mainly Mr. B. talks about relaxation. Like if you’re feeling anxious, stand up and tell the teacher and see if you can walk in the hall or something, get a drink. If you’re angry, deep breaths and stuff like that and basically just basic coping mechanisms” (February 23, 2016). For “Joey,” special education services have helped him overcome serious anger issues, the kind that cause a fractured wrist from punching a cabinet, the kind that keep a person from reaching goals, the kind that can diminish hope.

Second, special education services provided a home away from home for all of the students in this study. For “Raven,” the emotional support provided by her small class and caring teacher proved invaluable: “When Miss S. notices that I’m having an anxiety attack or I’m not doing the work, she’ll be like, ‘Go sit in the dispensary for five minutes.’ But if I’m in a general education class, they won’t even notice it because they’re not trained to notice those things” (February 19, 2016). For “Morgan,” special education was a lifesaver: “It makes school possible for me. I have a lot of days when I’m scared about coming to school or nervous or

upset. The special education program gives me a place to go and feel safe. It gives me the opportunity to graduate” (February 25, 2016). If hope means achieving a goal and following several paths to get there, it is difficult to justify the elimination of special education services for students like “Morgan” and “Raven” who need the emotional support it provides just to keep them moving toward graduation.

One of the most intriguing phenomena I encountered during this study was the way some of the research participants characterized their fellow special education classmates in the third person as if somehow they themselves were not in special education. Table 27 (following page) reveals some of the comments made along these lines. The participants demonstrated a lot of compassion toward their fellow students, but their comments were almost patronizing. The research participants identified with EBD placed themselves in a separate category from the rest of their classmates. Although labeled, they seemed perfectly capable of resisting the label for themselves while still labeling others with the identical diagnosis. I found this interesting and recommend following it up with further research in Chapter Six.

Table 27

How we feel about “them”

The children who misbehave very often

It might take a day or two before they assimilate

The rest of the class is slower

The kids in there aren't dumb

They don't know how to express the things that they're thinking

A lot of them annoy me

Summary of Interpretation of Findings

This chapter presented an analysis of the research findings by organizing them into three analytical categories that answered the five research questions posed in Chapter One. The voices of research participants were represented with extensive quotes in order to honor their unique perspectives. How they described hope and their special education experiences were discussed and interpreted using Hope Theory as a backdrop. The discussion revealed connections between AHS scores and interview responses and demonstrated the Adult Hope Scale measures hope levels in high school students identified with emotional and/or behavioral disabilities, but may not be appropriate for high school students identified with certain intellectual disabilities. The importance of student-teacher relationships, the significance of special education accommodations, and the differences between low and high hope teenagers diagnosed with EBD were also part of the discussion. Attempts were made throughout the chapter to offer explanations as to why some students diagnosed with EBD were more hopeful than others.

As is true in any qualitative research study, it is important to acknowledge the data can be interpreted in myriad ways. There is no one “right” way to interpret what the research participants shared. In addition, because the research sample was very small, interview data were limited. Only one student identified with intellectual disabilities (e.g., “Isaac”) participated in Phase Two of the study, so data about hope in students identified with ID were especially sparse. This study was further limited by the fact that the AHS had never been given to high school students identified with EBD or ID before. This made it virtually impossible to compare the AHS results of research participants with those of similar high school students. Because of these limitations, conclusions drawn from this study, along with any implications implied by said

conclusions, must be viewed as specific to the experiences of this particular group of research participants.

CHAPTER 6: CONCLUSIONS

The purpose of this qualitative study was to explore the hope levels of seven high school students diagnosed with soft disabilities in order to better understand how they described hope in relation to their special education experiences. This study consisted of two separate phases. During Phase One, the seven students were each given the Adult Hope Scale (AHS) developed by Snyder, Harris, et al. (1991) in order to measure their hope levels using an 8-point Likert scale. The results were scored, tabulated, and compared. Phase Two of the study involved interviewing five of the original seven students who completed the AHS in order to gain a deeper understanding of their descriptions of hope in relation to special education placement, future goals, and their AHS scores. The five interview participants were chosen because they provided parent consent forms, expressed a desire to participate, and were diagnosed with either mild intellectual disabilities or emotional/behavioral disabilities. The interview participants were interviewed on their high school campuses during the winter and early spring of 2016. Their interview responses were coded, tabulated, and analyzed from both a Disability Studies perspective and a Hope Theory perspective.

The conclusions from this study are derived from answers to the five research questions and the findings that emerged after data analysis. Consequently, five areas are addressed in this section:

1. Special education accommodations and hope levels
2. Hope descriptions of students identified with ID or EBD
3. Descriptions of special education experiences by students identified with ID or EBD
4. AHS hope scores explained by hope narratives of students identified with EBD
5. Hope narratives and AHS score convergence

Special Education Accommodations and Hope Levels

The first major finding of this research is that all of the high school interview participants who received special education services for emotional/behavioral disabilities or intellectual disabilities indicated their hope levels were positively influenced by the accommodations they received from being placed in special education. Several conclusions can be drawn from this finding.

First, the assumption that all students can benefit from being placed in regular education classes may not hold true for students identified with intellectual, emotional, and/or behavioral disabilities. The state of regular education in their high schools, as described by my research participants, is abysmal. Attempts to incorporate into the system failed on several levels. Not only were so-called “co-taught classes” indistinguishable from regular classes, but class sizes made participation a frightening enterprise for participants struggling with anxiety disorder and what “Joey” called “anti-social” tendencies. In order for students like “Joey,” “Morgan,” “Raven,” and “Joshua” to fully participate in regular education, *accommodations within the general education classroom setting* need to be made. This means the burden to help students achieve their full academic potential while simultaneously receiving emotional support should not fully rest on the shoulders of special education personnel, but should instead be shared by everyone within the school setting.

Second, excessive testing and test preparation is not helping students who may need extra emotional support from teachers during the school day. If teachers have to spend increased amounts of time on test preparation, it takes away from the time they might otherwise spend interacting with students. And some students need that interaction in order to feel hopeful. As “Raven” indicated, regular education classes would be great if there were a thousand Miss S’s

there to provide her with emotional support. She also explained that her panic attacks arrive without warning, and no regular education teacher in her school would know how to handle them. So, more training and more time spent developing relationships with students would make a difference for students with emotional disabilities who are trying to fit into the regular education system. Minus those changes, “Raven” and other students identified with EBD will likely continue to hide in self-contained special education classrooms.

A related final conclusion that can be drawn from this finding is that students with different learning styles deserve respect and accommodations that lead to success in any learning environment. This success can then lead to hope. Brueggemann (2013), a Disability Studies scholar, recommends viewing “all human variation as lying on a continuum of difference” in order to “remove the stigma and negative value judgments that are so often associated with ‘abnormal’ bodies and minds” (p. 288). Ultimately, viewing difference as normal and part of the human experience will lead to a better outcome for all students.

Hope Descriptions of Students Identified with ID or EBD

The second key finding is that all five participants in Phase Two of the study described hope in terms linked to Snyder, Harris, et al.’s (1991) Hope Theory, including the importance of having goals, the importance of being motivated to achieve those goals, and the need to plan out how to reach those goals. Students’ descriptions of hope were unique, but the common elements they shared were based on Hope Theory’s three components. “Raven” talked about planning to have spaghetti and then making it for dinner; “Isaac” talked about having a peaceful world with the help of soldiers; “Joshua” talked about becoming a better version of himself; “Joey” described aspiring to reach his goals; and “Morgan” discussed hope as the acronym, “Hang On Pain Ends.” To illustrate the relevance of Snyder, Harris, et al.’s (1991) Hope Theory, their

hope descriptions are divided into the three Hope Theory components in Table 28 (below).

Table 28

Hope elements

Student	Agency	Pathways	Goal
“Raven”	I desire to eat spaghetti; I know how to make it	I can go home after school and cook it	Eat spaghetti for dinner
“Isaac”	I can become a soldier	I can join the military after high school	World peace
“Joshua”	I am smart; I can graduate early	Online school	Become a better version of me
“Joey”	I am a good student; I can meet my goals	I have plans and backup plans; technology campus	Meet my goal to become a diesel mechanic
“Morgan”	I am smart; I plan to go to college	Visiting various college campuses; asking for accommodations; show them my IEP	Hold On Pain Ends; manage my Lyme disease and attend college

The first conclusion that can be drawn from this finding is that some students with intellectual disabilities or emotional/behavioral disabilities may find Hope Theory particularly useful in not only describing goals, but also in identifying whether their pathways or agency thinking needs improvement. Because of its cognitive foundation and practical utility, Hope Theory seems to be particularly amenable to helping students with intellectual and/or emotional/behavioral disabilities. Describing hope in concrete and cognitive terms makes it accessible to students who might otherwise confuse it with a feeling they will never experience. Students with mental illnesses like depression often have emotional blockages in their brains that prevent them from experiencing emotions in the same way others might. Hope Theory offers a way for them to experience hope through setting and reaching goals rather than trying to feel it.

Another conclusion that follows from this finding is that students with emotional/behavioral disabilities have a variety of goals, but the research participants identified with EBD who had the highest hope levels from this study also had the kinds of goals Snyder (1994) would

define as “stretch” goals. Making spaghetti for dinner would not be considered a “stretch” goal, so it is not surprising that “Raven” had the lowest hope level. On the other hand, goals that are just out of reach but still attainable with the right amount of pathways and agency thinking (e.g., stretch goals) were chosen by students with higher hope levels than “Raven.” Stated differently, this study’s higher hope participants described stretch goals when they described hope. Snyder’s (1994) conclusion, that higher hope individuals usually have stretch goals, was confirmed by this study.

Descriptions of Special Education Experiences by Students Identified with ID or EBD

The third finding is that all of the research participants described their special education experiences in a mostly positive light, placing particular emphasis on their close relationships with teachers. The weakest area identified by research participants was academic stimulation. Several conclusions can be drawn from this finding.

First of all, high school students from this study indicated they would have dropped out of school if not for the special education services they were receiving at the time of their interviews. It follows that special education services are meeting the emotional needs of some high school students who would otherwise add to the growing lists of high school dropouts in this country. If this is true, it behooves policy makers to look more closely at inclusion practices in regular education to see if accommodations can be made that mimic some of the positive practices put in place through special education services in self-contained classrooms. For example, all teenagers, regardless of whether they have a special education label or not, could probably benefit from some kind of “relax room” similar to the ones available to students with special education labels in self-contained rooms. If relax rooms were available in regular education settings, students like “Raven” and “Joey” would probably feel they could succeed

alongside their regular education peers.

Close relationships with teachers were a crucial part of how each research participant described special education services. “Isaac” listed five teachers when asked about special education. He told me they were all “very nice” and cared about him “and the other kids.” The obvious, commonsense conclusion is simply that teachers make a huge difference in the lives of students, particularly those with intellectual or emotional/behavioral disabilities. All of the research participants had only positive comments about their special education teachers, comments like, “They encouraged me” (“Morgan”), “He is very calm and nice” (“Joey”), “They care about me and the other kids” (“Isaac”), and “Miss S. gives me the emotional support I need” (“Raven”). The student-teacher bonds experienced by my research participants increased their hope levels and encouraged them to persevere in the face of serious emotional and intellectual disabilities.

A third and final conclusion derived from this finding is that, since special education services are meeting the emotional needs of some disabled students, it would be a mistake to eliminate special education entirely. Although inclusion in regular education classes is an admirable goal, particularly in light of the equity ideology position held by numerous Disability Studies scholars, inclusion practices in the high schools represented by the research participants in this study leave much to be desired. Until similar high schools can develop and incorporate strategies that take the needs of students with emotional/behavioral or intellectual disabilities seriously, special education services must fill the gap. In addition to emotional needs, the students identified with EBD in this study had academic needs that were not being addressed through special education services. Again, it is apparent that both parts of our current educational system—special education and regular education—need to work more closely

together in order to find ways to academically challenge students with EBD who have great intellectual potential that is not being tapped. Given the current emphasis on inclusion found in the literature, it seems likely this trend will continue indefinitely into the future. If universal inclusion without the needed supports ever becomes a reality, students like “Raven,” “Joshua,” “Morgan,” “Joey,” and “Isaac” will likely lose their connection to school altogether.

AHS Hope Scores Explained by Hope Narratives of Students Identified with EBD

The fourth finding uncovered from this research is that the narratives shared by the high school participants identified with EBD explained their AHS scores by describing their daily struggles with depression, anxiety, anger, and various other obstacles to hope.

A conclusion that can be drawn from this particular finding is that the Adult Hope Scale seems to measure what it purports to measure in high school students diagnosed with EBD. Students with higher hope like “Joey” exhibited traits similar to the people Snyder (1994) describes as having high hope, including viewing goals as “welcome challenges” (p. 53), believing they are “more likely to obtain their goals” (p. 52), and viewing life as a kind of “giant game board” (p. 53). “Joey” described his life as a type of odyssey and seemed very optimistic about the road ahead. In contrast to this, the students like “Raven” and “Joshua” who scored lower on the AHS exhibited traits Snyder (1994) identified with lower hope people, including less self-esteem, fear of the future, and more anxiety (pp. 48-49).

Hope Narratives and AHS Score Convergence

The fifth and final finding of this study, revealed through data analysis, is that all of the narratives shared by the participants converged with the scores they received on the AHS except “Isaac’s.” “Isaac’s” pathways subscale score was higher than would be expected based on his interview responses.

Since the only interview responses that did not match up with AHS responses were “Isaac’s,” it is possible to conclude the Adult Hope Scale may not measure hope levels in individuals identified with certain intellectual disabilities like Autism. “Isaac’s” pathways subscale score was fairly high, but during interview times, he was unable to verbalize any pathways thinking. He had difficulty explaining how he was going to become a fireman, although he was extremely motivated to become one. Although the Adult Hope scale is designed as a self-report measure, “Isaac’s” reading level (kindergarten) prevented him from reading the scale on his own. As a consequence, it is possible to conclude I did a poor job explaining the Likert scale options to him or he found them too confusing to provide an accurate assessment of his hope level. This will be further discussed in the recommendations that follow.

Recommendations

This section enumerates several recommendations that flow from this study’s findings, analysis, and conclusions. Included here are recommendations for (a) high school students diagnosed with intellectual or emotional/behavioral disabilities, (b) general education administrators, and (c) further research.

Recommendations for High School Students Identified With ID or EBD

Because this study used Snyder, Harris, et al.’s (1991) Hope Theory as a foundation to explore the hope levels of high school students diagnosed with ID or EBD, the recommendations suggested here are based on increasing the hope levels of diagnosed students using tenets of Hope Theory.

1. The first recommendation is to make sure any goals are both concrete and manageable. It is more likely goals will be reached if the paths to those goals are broken down into smaller steps, or as “Morgan” said, “I guess when I’m planning

- how I'm gonna get to my goal, I have different checkpoints. And then I can tell if I'm reaching it if I reach those checkpoints before the big goal" ("Morgan" personal communication, February 25, 2016).
2. Students in this study tended to criticize themselves a lot. Instead, a good recommendation would be to acknowledge they have brains that may not function like most brains because of certain chemical imbalances beyond their control. Teaching students identified with EBD to embrace that difference as part of their identity might help, particularly if they are taught to disconnect the concept of intelligence from their emotional/behavioral differences. Instead of repeating negative messages inside their heads, like, "I assume I am dumb" ("Joshua"), "I lack a lot of talent" ("Raven"), and "I don't have any motivating words for myself" ("Morgan"), Snyder (1994) recommends repeating positive messages like, "I can do this" or "I am capable."
 3. This study revealed that some high school students diagnosed with EBD are not receiving the academic support they need to excel in challenging classes even though they are capable of completing advanced school work. Instead, they are trading in their brainpower for the emotional support provided through special education services. One recommendation that might work to ameliorate this emotional support-academic support gap is for students to take more online credit courses similar to the ones "Joshua" participates in. According to "Joshua," classes can be completed at one's own pace. Community Colleges also offer online classes for pre-college credit.

Recommendations for General Education Administrators

The research participants in this study had few positive things to say about their general education experiences. From their perspective, classes in the general education puddle are too big, too confusing, too boring, and too focused on test preparation. Although research on adolescent brains has demonstrated teenagers need a lot of sleep, classes at their high schools started at 7:15 in the morning. Additionally, despite the fact that studies have shown how important student-teacher relationships are, there was a never-ending cycle of test preparation and testing going on every day at the high schools attended by the research participants. The recommendations that follow are derived from participant comments and struggles and are intended to address some of their concerns.

1. The first recommendation is that high schools develop a more flexible schedule with later start times. It is still unclear to me why high schools start so early in the morning despite scientific evidence that adolescents are not getting the sleep they need because of early school start times (Richmond, 2015, p. 2). For “Morgan,” getting to school at any time is difficult, but getting there that early in the morning is next to impossible. The symptoms of her Lyme disease are particularly active in the morning, making it hard for her just to get out of bed. Fortunately, her schedule is flexible because special education services stepped in to meet her unique needs so she could graduate this year. Why not make the schedule more flexible for everyone?
2. Teachers can inspire or destroy hope in their students. For the research participants from this study, teachers were regarded as the key to their future: Without their support, these students would have given up before graduation. This demonstrates to me that teachers need more leeway and flexibility built into their schedules so they can spend more quality

time interacting with students. The only way this is going to happen is if school administrators make it happen by decreasing the emphasis on testing and increasing the emphasis on relationship building within America's high schools.

3. The research participants identified with EBD recommended that teachers in general education receive training in how to deal with behavioral and emotional disabilities before they set foot inside any classroom. For them, knowing that all teachers in their high school had received training in how to deal with emotional and behavioral crises *on the spot* would have made it easier for them to attend general education classes. Given the current state of affairs inside their high schools, students who have any emotional problems during class are immediately removed and sent to the office. Then, it's class as usual. "Joey" wondered why teachers didn't simply talk to the students outside the classroom before passing them along to the office. So do I.

Recommendations for Further Research

In conclusion, it would be difficult to overstate the need for further research in the area of hope in adolescent populations receiving special education services. The purpose of this research study was to better understand how high school students receiving special education services in either ID or EBD described hope and how they experienced special education, but there are eleven other diagnostic categories that could probably benefit from further research as well. To summarize, research that covers hope in diagnosed students at the high school level is extremely limited. At this point in time, it appears to be a promising and wide-open field of inquiry.

Along with a general call for research about hope in diagnosed students at the high school level, there are four other more specific areas that came to mind throughout the course of this

study. First, as stated in Chapter Five, “Research participants identified with EBD placed themselves in a separate category from the rest of their classmates. Although labeled, they seemed perfectly capable of resisting the label for themselves while still labeling others with the identical diagnosis” (p. 198). What does this mean? I am not sure. Therefore, I believe researching how diagnosed students at the high school level describe other diagnosed students and how this is related to hope levels would be an interesting enterprise, particularly in self-contained EBD classrooms.

Hope Theory has been criticized for its emphasis on individual goals rather than the greater good and also for its lack of a moral compass. I believe further research is needed to explore how high hope students diagnosed with EBD describe their goals in relation to the wellbeing of society at large. Since goals can have negative consequences for others, it would be naive to assume that all goals are morally neutral. For instance, it would be difficult to argue that the bombing of the trade center buildings in 2001 was a morally neutral goal. Further research into both the morality of individual goals and their relationship to society at large is therefore recommended here.

Although “Isaac” seemed to enjoy participating in this research study, more research is needed to explore whether the Adult Hope Scale is appropriate for use with students identified with intellectual disabilities. Other studies might use the Children’s Hope Scale (also developed by Snyder, 1994, p. 109) to explore the hope levels of students who may have difficulty with the AHS because of its 8-point Likert scale and greater number of questions. The Children’s Hope Scale can be used with children from ages eight through age sixteen. It consists of only six items and a 6-point Likert scale. Snyder (1994) states, “A child with reasonable reading skills can take the Children’s Hope Scale with little or no adult interaction” (p. 108). Since students with

intellectual disabilities exhibit varying degrees of reading ability, reading this instrument aloud to them is another option. Further research is necessary to develop alternative ways of measuring hope in populations that might not be able to use the instruments currently available.

Finally, I could not locate any information about the hope levels of minority students diagnosed with special educational needs. Further research is needed to explore the hope levels of high school students who are labeled both as minorities and as special education students. One possibility would be using the Adult Hope Scale or the Children's Hope Scale as screening devices to explore the hope levels of these students. If high hope can act as a protective factor against depression and other negatives, it is important to increase it in the lives of students who may need hope more than we currently realize.

Researcher Reflections

People are wired to search for happy endings. There is a reason fairy tales often end with the words, "And they lived happily ever after." There is comfort in knowing everything worked out in the end and the bad guys got what was coming to them. When The Three Musketeers emerge from the flames to fight another day, we all cheer, and when Frodo and Sam are lifted to safety on the wings of Gandalf's eagles, we are finally certain good will prevail and everyone we have come to care about will live happily ever after.

The nature of qualitative research is such that the stories told are never-ending. It would bring comfort to know for certain that "Joshua" will get to move into his own place and become a computer programmer, that "Raven" will "get her mind right" and study cosmetology, that "Isaac" will realize his dream of becoming a firefighter, that "Morgan" will wake up in California next year, and that "Joey" will find fulfillment in becoming a diesel mechanic. Sadly,

I will never get the chance to find out if they lived happily ever after. Their stories are continuing into the future, and this research study is coming to an end.

Lessons I will take away include a greater respect for high school students who live with the detrimental effects of mental illness daily. I have also come to realize that qualitative research is both time-consuming and rewarding. It exercises the mind and stretches the heart. Finally, it goes without saying that teachers who work with high school students deserve a lot of respect, but those who try to help students diagnosed with EBD or ID deserve the most. They inspire hope in hurting students and keep them moving in the direction of their goals. They make it possible for students to learn by listening to them and caring for them. It is a high calling.

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Appendix: A

IRB Approval

DEPAUL UNIVERSITY



Office of Research Services
Institutional Review Board
1 East Jackson Boulevard
Chicago, Illinois 60604-2201
312-362-7593
Fax: 312-362-7574

Research Involving Human Subjects
NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

To: Cynthia Norbeck, Graduate Student, College of Education

Date: January 6, 2016

Re: Research Protocol # CN101615EDU

“What’s Hope Got to Do With It? A Quantitative and Qualitative Analysis of Hope Levels in High School Students Diagnosed with Soft Disabilities”

Please review the following important information about the review of your proposed research activity.

Review Details

This submission is an initial submission. Your research project meets the criteria for Expedited review under 45 CFR 45 CFR 46.110 under the following categories:

“(6) Collection of data from voice, video, digital, or image recordings made for research purposes.”

“(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.”

Approval Details

Your research was originally reviewed on October 20, 2015 and revisions were requested. The revisions you submitted on November 9, 2015 were reviewed on November 25, 2015, the revisions you submitted on November 30, 2015 were reviewed on December 14, 2015 and at each time point additional revisions were requested. The revisions you submitted on December 17, 2015 were reviewed and approved on January 6, 2016.

Approval Period: January 6, 2016- January 4, 2017

Approved Consent, Parent/Guardian Permission, or Assent Materials:

- 1) Parent/Legal Guardian Permission, version 1/6/2015 (attached)
- 2) Adult Consent, version 1/6/2015 (attached)
- 3) Assent for ages 14-17, version 1/6/2016 (attached)

Other approved study documents:

- 1) Dear Parent/legal guardian and students recruitment letter, version 1/6/2016 (attached)

Number of approved participants: 45 Total

You should not exceed this total number of subjects without prospectively submitting an amendment to the IRB requesting an increase in subject number.

Funding Source: 1) None

Approved Performance sites: 1) DePaul University; 2) Lakes Community High School, Antioch, IL; 3) Antioch Community High School, Antioch, IL

The Board determined that the research satisfies 45 CFR 46.404; it is not involving greater than minimal risk, therefore children may participate in this research project. The Board determined that according to 45 CFR 46.408 one parent must sign the permission document, as one parent's signature is sufficient, and age appropriate assent will be obtained from each child.

Reminders

- Only the most recent IRB-approved versions of consent, parent/legal guardian permission, or assent forms may be used in association with this project.
- Any changes to the funding source or funding status must be sent to the IRB as an amendment.
- Prior to implementing revisions to project materials or procedures, you must submit an amendment application detailing the changes to the IRB for review and receive notification of approval.
- You must promptly report any problems that have occurred involving research participants to the IRB in writing.
- If your project will continue beyond the approval period indicated above, you are responsible for submitting a continuing review report at least 3 weeks prior to the expiration date. The continuing review form can be downloaded from the IRB web page.
- **Once the research is completed, you must send a final closure report for the research to the IRB.**

The Board would like to thank you for your efforts and cooperation and wishes you the best of luck on your research. If you have any questions, please contact me by telephone at (312) 362-7593 or by email at sloesspe@depaul.edu.

For the Board,



Susan Loess-Perez, MS, CIP, CCRC
Director of Research Compliance
Office of Research Services

Cc: Horace hall, PhD., Faculty Sponsor, College of Education
Amy Feiker Hollenbeck, PhD., LRB Chair, College of Education

Appendix: B

Recruitment Letter

DePaul IRB Approved
 Protocol #CN101615EDU
 January 6, 2016 **Through** January 4, 2017

Dear Parent/Legal Guardians and Students:

I would greatly appreciate your help. My name is Cynthia Norbeck and I am a graduate student at DePaul University. In order to complete my doctoral degree, I am asking for your (your child's) participation in a research project about hope. Dr. Cederna is sending this letter to you on my behalf.

My research project has two phases. The first phase involves taking a five-minute survey, and the second phase involves a 1-hour interview. The survey asks 12 questions related to hope and the future, and students will also be asked to provide their name, age, gender, and ethnicity. Five students who complete the survey will be interviewed about their answers on the survey. Interview questions will revolve around student goals and how to reach them. Students will spend about 15 minutes reviewing their interview answers a week after the interview in order to ensure the answers were recorded accurately. To be included in this study, you must receive special education services for emotional and behavioral disabilities, or for mild intellectual disabilities.

To thank students who participate in the research, I am offering all survey participants a *Rosati's Pizza* gift card for \$10.00. Students who complete the survey and then are invited and agree to an interview later will receive an additional pizza gift card for \$15.00, for a total gift card amount of \$25.00.

For children under the age of 18 or for students who may not be able to consent for themselves, I will need your parent/legal guardian to read and sign the enclosed form. Then for the student, I need you to read and sign the enclosed assent document. For students who are age 18 or older and are able to consent for themselves, I need you to read and sign the enclosed consent document. So if you want to participate in the research, please review and sign the appropriate enclosed documents and return them to me in the stamped envelope as soon as possible. There are two boxes in the form to pay special attention to and to check: You may check the box for participation in Phase 1 only or you may check the box for participation in both Phase 1 and Phase 2. If you have any questions, you may email me at: norbeckcynthia@yahoo.com, or you may call my cell phone number: (847) 714-6238. In addition, I will be available at Lakes Community High School from 1:00 PM to 4:00 PM each day of the week before the research project begins and at Antioch Community High School from 9:00 to 12:00 each day of the week before the research project begins.

This research will take place right at your high school. The survey will take place during non-instructional class time so you will not miss anything important, and interviews will take place about a week later during a time that your teacher says is good for you. Then about a week later I will review what you said with you to make sure my notes are accurate. The total time commitment for those who are interviewed will be about one hour and 15 minutes. I will work with your classroom teacher so that interview times fit with your schedule at school. This may involve meeting during your prep period, study hall, or lunch period. Special parental permission will be required for any after or before school interviews. Instructional class time will not be used during this research study. Your decision whether or not to be in this research study will not affect your grades or relationship with your school in any way.

This project is about hope and finding ways to increase yours. There are only a small number of research studies about hope at the high school level. Your participation will contribute to our knowledge about this topic and will make a difference in the lives of future students and teachers.

I look forward to working with you should you decide to participate!

Sincerely,

Cynthia Norbeck



Version 1/6/2016

Appendix: C
The Adult Hope Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1 = Definitely False 2 = Mostly False 3 = Somewhat False 4 = Slightly False
5 = Slightly True 6 = Somewhat True 7 = Mostly True 8 = Definitely True

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

Note. When administering the scale, it is called **The Future Scale**. The agency subscale score is derived by summing items 2, 9, 10, and 12; the pathway subscale score is derived by adding items 1, 4, 6, and 8. The total Hope Scale score is derived by summing the four agency and the four pathway items.

Appendix: D

Interview Questions

Questions are reprinted from Lopez, Ciarlelli, Coffman, Stone, and Wyatt (2000), Diagnosing for strengths: on measuring hope building blocks. In C. R. Snyder (Ed.), *Handbook of hope: Theory, measures, and applications* (pp. 69-72). San Diego, CA: Academic Press. Revised questions are printed in parenthesis. Which questions are used will depend on my participants' levels of understanding.

General Hope Queries

- 1) When you experience difficulty in reaching a goal, do you think that it is because you have used the wrong strategy or because you lack talent and/or ability? (When you do not meet a goal you have set for yourself, do you think it is because you started with a poor plan, or do you think it is because you do not have enough ability to meet the goal?)
- 2) Are you capable of making plans to move forward even when you encounter obstacles? (When you have trouble doing something, do you quit or make other plans to reach your goal?)
- 3) Overall, do you think that you reach your goals? (Do you usually reach your goals?)
- 4) Do you have difficulty recalling past successes? (Is it hard to remember when you did well?)
- 5) In pursuing a goal, is it easier for you to plan how to reach your goal, or to motivate yourself to follow through with your plan? (Is it easier for you to make plans to reach a goal or is it easier to talk yourself into reaching a goal?)
- 6) Generally, how will you know you're on the right path to achieving your desired goal? (How can you tell you're on the way to reaching your goal?)
- 7) What do you say to yourself as you work toward something you want?
- 8) Tell me about a time when you accomplished something after many hardships and setbacks?
- 9) What kept you going? Tell me about the paths you took to reach your aims.

Appendix: E

Interview Introduction Script

Thank you for agreeing to be in my research study. Your opinions are greatly appreciated! You can ask me to repeat any questions and you can ask me to explain any of them better if you are not sure what I mean. I want to start by telling you a little bit about me and why I am interested in hope.

My name is Cynthia Norbeck and I am working on my dissertation at DePaul University. I am a former LD Resource teacher and elementary school teacher. I have also worked with adults who have intellectual disabilities. I am interested in hope because it has a very positive impact on those who have lots of it. It can help people feel positive about life and it can make a difference in how they approach school. I want to help students like you enjoy school as much as possible and I think hope can lead to that result. Do you have any questions you want to ask about me?

To start this interview, I would like you to choose a special name that we can use during the interview process. I want to protect your real name so that no one will connect this interview to you. The special name you choose is the one that will be used in the recorded interview and the written dissertation so that no one will be able to connect you with your answers.

During the interview, you can stop me at any time and ask me to repeat any question or ask me to explain the question in a different way.

This interview is being audio recorded for research purposes. Please let me know now if you do not agree to being recorded. You may request that the recording stop at any time.

(If student agrees to being recorded, I will state: “The recording will begin now” and turn on the cassette player. If not, I will take notes during the interview).

Appendix: F

Parent/Legal Guardian Permission Form

DePaul IRB Approved
Protocol #CN101615EDU
January 6, 2016 **Through** January 4, 2017

PARENT/LEGAL GUARDIAN PERMISSION FOR A CHILD'S PARTICIPATION IN RESEARCH

WHAT'S HOPE GOT TO DO WITH IT? A QUANTITATIVE AND QUALITATIVE ANALYSIS OF HOPE LEVELS IN HIGH SCHOOL STUDENTS DIAGNOSED WITH SOFT DISABILITIES

Principal Investigator: Cynthia L. Norbeck, Graduate Student

Institution: DePaul University, Chicago, Illinois, USA

Department: College of Education

Faculty Advisor: Dr. Horace Hall, Associate Professor of Educational Policy Studies and Research, School of Education

What is the purpose of this research?

We are asking your child to be in a research study because we are trying to learn more about hope in high school students receiving special education services. This study is being conducted by Cynthia L. Norbeck, a graduate student at DePaul University as a requirement to obtain her doctoral degree in education. This research is being supervised by her faculty advisor, Dr. Horace Hall.

We expect to include about 45 people in Phase 1 of the study, and we hope to have 5 individuals participate in Phase 2.

Why is your child being asked to be in the research?

Your child is invited to participate in this study because she/he is a high school student receiving special education services for either mild intellectual disabilities or emotional/behavioral disabilities at either Antioch High School or Lakes Community High School.

What is involved in being in the research study?

- If you allow your child to be in this study, being in the research involves completing a short survey of 12 questions about the future. Your child will also be asked to provide her/his name, gender, age, and ethnicity. All personal information provided by your child will have a code assigned to it so that his/her name is not with the data when we have it in our records. The survey will be completed in class time, but during a time that the teacher has indicated will not interfere with your child's learning time.
- After the survey is completed, your child may be contacted to be interviewed. Only a small portion of the students in Phase 1 will be interviewed in Phase 2. The researcher

DePaul IRB Approved
 Protocol #CN101615EDU
 January 6, 2016 ~~Through~~ January 4, 2017

will contact your child and you to let you know he/she has been chosen for the interview. The interview will be audio recorded and transcribed into written notes later in order to get an accurate record of what your child said. Your child will be asked questions about her/his answers on the survey. Questions will be about her/his goals and what she/he is looking forward to in her/his life. A week after the interview, your child will have a chance to review what he/she said in order to make sure the interviewer recorded what they said accurately in the written notes. This review will happen during non-instructional time periods at the school at a time designated by the classroom teacher.

How much time will this take?

The survey will take about five minutes to complete. Interviews will each take about an hour to complete and your child's teacher will be able to pick the interview time and location inside your child's high school. No instructional time will be used for interviews. When interviews are finished and transferred to written notes, your child will have a chance to review what he/she said. This review will take about 15 minutes.

Are there any risks involved in participating in this study?

Your child may feel uncomfortable or embarrassed about answering certain questions. Your child does not have to answer any question he/she does not want to. Your child may be concerned about their peers' reactions to them being interviewed, but we are relying on teachers to indicate the best interview times and to provide private interview areas so that students feel secure. There is the possibility that others may find out what your child has said, but we have put protections in place to prevent this from happening. We will use a code number on your child's survey and a fake name on the interview recording and all records will be kept in a secure place.

Are there any benefits to participating in this study?

Your child may not personally benefit from being in this study, but we believe his/her contribution will help other students in the future. We hope that what we learn will help teachers create more hopeful environments for students who receive special education services. Right now there isn't a lot of research about hope at the high school level, so this study will increase our knowledge in this area.

Is there any kind of payment, reimbursement or credit for being in this study?

As a way to say "thank you," students who participate in Phase 1 of this study will be given a *Rosati's Pizza* gift card in the amount of \$10.00. Students who decide to participate in Phase 2 of the study will receive *Rosati's Pizza* gift card in the amount of \$15 for a total of \$25.00 for the full study.

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Can you decide not to let your child participate?

Your child's participation is voluntary, which means you can choose not to allow your child to participate. Even if you agree to allow your child to be in the research, your child may decide that he/she does not want to be in this study now or once he/she starts the study, he/she can withdraw at any time. There will be no negative consequences, penalties, or loss of benefits if you decide not to allow your child to participate or if you change your mind later and withdraw your child from the research after he/she has begun participating. Your decision whether or not to allow your child to be in the research will not affect your child's grades.

Parents, please be aware that under the Protection of Pupil rights Act. 20 U.S. C. Section 1232 (c)(1)(A), you have the right to review a copy of the questions asked or of materials that will be used with your child. If you would like to do so, you should contact Cynthia Norbeck at (847) 838-6491 to obtain a copy of the questions or materials.

Are there other options to my child's being in the research?

Instead of being in this study your child may participate in her/his regular classroom activities.

Who will see my child's study information and how will the confidentiality of the information collected for the research be protected?

The research records will be kept and stored securely. Your child's information will be combined with information from other people taking part in the study. When we write about the study or publish a paper to share the research with other researchers, we will write about the combined information we have gathered. We will not include your child's name or any information that will directly identify your child. We will make every effort to prevent anyone who is not on the research team from knowing that your child gave us information, or what that information is. However, some people might review or copy our records that may identify your child in order to make sure we are following the required rules, laws, and regulations. For example, the DePaul University Institutional Review Board may review your child's information. If they look at our records, they will keep your child's information confidential. The audio recordings will be kept until accurate written notes have been made, then they will be destroyed. Your child will have a chance to review what he/she said during the interview before this happens. Your child will be given a code number so that any information we collect in Phase 1 will use that code number and not your child's name. In Phase 2 of the study we will ask your child to pick a fake name and only the fake name will be used in the recording and our written notes.

You should know that there are some circumstances in which we may have to show your child's information to other people. For example, the law may require us to show your child's information to a court or to tell authorities if your child reports information about being abused or neglected or if he/she poses a danger to him/herself or someone else.

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Who should be contacted for more information about the research?

Before you decide whether or not to allow your child to take part in the study, please ask any questions that might come to mind now. Later, if you or your child have questions, suggestions, concerns, or complaints about the study or you or your child want to get additional information or provide input about this research, you or your child can contact the researcher, Cynthia Norbeck at (847) 838-6491 or email norbeckcynthia@yahoo.com. The faculty advisor can also be reached at: hhall@depaul.edu, phone number: 773-324-4693.

This research has been reviewed and approved by the DePaul Institutional Review Board (IRB). If you (or your child) have questions about your child's rights as a research subject you or your child may contact Susan Loess-Perez, DePaul University's Director of Research Compliance, in the Office of Research Services at 312-362-7593 or by email at sloesspe@depaul.edu.

You or your child may also contact DePaul's Office of Research Services if:

- Your (or your child's) questions, concerns, or complaints are not being answered by the research team.
- You (or your child) cannot reach the research team.
- You (or your child) want to talk to someone besides the research team.

You will be given a copy of this information to keep for your records.

Statement of Parent/Legal guardian Permission for a Child's Participation in Research:

I have read the above information. I have had all my questions and concerns answered. By signing below, I indicate my permission for my child to be in the research.

Phase 1 only (5-minute survey)

Phase 1 (5 minute survey) and Phase 2 (interview and review of transcription)

Child's Name: _____

Parent/Legal Guardian's Signature: _____

Parent/Legal Guardian's Printed Name: _____

Date: _____

Appendix: G**Student Information Sheet**

*Hope is the thing with feathers that perches in the soul
And sings the tune without the words and never stops at all.*

~Emily Dickenson~

Please fill in the following information:

Name: _____

Date: _____

Age: _____

Gender: (circle one) M/F

Ethnicity: (circle one)

American Indian

Hispanic

Caucasian

African American

Asian American

Mixed

Other

Would you be willing to participate in an interview? (circle one)

Yes/No

If “yes”, please provide your phone number or email address so I can contact you.

Phone Number: _____

E-mail Address _____

Appendix: H

Dr. Cederna's Letter



1625 Deep Lake Road * Lake Villa, Illinois 60046 * Phone 847-395-1425 * Fax 847-395-7553 * www.chsd117.org
 James McKay, Superintendent * Dr. David Bain, Asst. Superintendent * Jennifer Nolde, Asst. Superintendent/CSBO

September 15, 2015

To the DePaul LRB/IRB Members:

I am writing to inform you of my intent to act as gatekeeper for Cynthia Norbeck's upcoming research about hope. We have communicated via email and have also met to discuss how to proceed.

At this time, Cynthia is planning to start her research sometime in the fall of 2015, pending your approval.

I look forward to working with her and hope her research contributes much to the field of education. If you have any questions, please feel free to contact me at 847-838-7296.

Sincerely,

Dr. Brie Cederna
 Director of Special Education

BC/rk



Serving the communities of Antioch, Lake Villa, Lindenhurst and Old Mill Creek
 Community High School District 117, being a community of learners with a vision of excellence, is committed to providing an educational experience that encourages all learners to develop to their fullest potential, to engage in lifelong learning, and to be responsible members of society.



Appendix: I

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ADULT CONSENT TO PARTICIPATE IN RESEARCH

WHAT'S HOPE GOT TO DO WITH IT? A QUANTITATIVE AND QUALITATIVE ANALYSIS OF HOPE LEVELS IN HIGH SCHOOL STUDENTS DIAGNOSED WITH SOFT DISABILITIES

Principal Investigator: Cynthia L. Norbeck, Ed.D. Candidate

Institution: DePaul University, Chicago, Illinois, USA

Department: College of Education

Faculty Advisor: Dr. Horace Hall, Associate Professor of Educational Policy Studies and Research, School of Education

What is the purpose of this research?

We are asking you to be in a research study because we are trying to learn more about hope in high school students receiving special education services. This study is being conducted by Cynthia L. Norbeck, a graduate student at DePaul University as a requirement to obtain her doctoral degree in education. This research is being supervised by her faculty advisor, Dr. Horace Hall.

We expect to include about 45 people in Phase 1 of the study, and we hope to have 5 individuals participate in Phase 2.

Why are you being asked to be in the research?

You are invited to participate in this study because you are a high school student receiving special education services for either mild intellectual disabilities or emotional/behavioral disabilities at either Antioch High School or Lakes Community High School.

What happens if you are in the research study?

- If you agree to be in this study, being in the research involves completing a short survey of 12 questions about the future. You will also be asked to provide your name, gender, age, and ethnicity. All personal information you provide will have a code assigned to it so that your name is not with the data when we have it in our records. The survey will be completed in class time, but during a time that the teacher has indicated will not interfere with your learning time. Once all student data is collected and analyzed, it will be shredded.

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- Phase 2: After the survey is completed, you may be contacted for an interview. Only a small portion of the students in Phase 1 will be interviewed in Phase 2. The researcher will contact you and let you know if you have been chosen for the interview. The interview will be audio recorded and transcribed into written notes later in order to get an accurate record of what you said. Questions will be about your goals and what you are looking forward to in your life and will be based on your answers to the hope survey. You will also be asked to choose a pseudonym (fake name) to be used during the interview. A week after the interview, you will have a chance to review what you said in order to make sure the interviewer recorded what you said accurately in the written notes. This review will happen during non-instructional time periods at the school at a time designated by your classroom teacher. After your review, the audio recording will be destroyed.

How much time will this take?

The survey will take about five minutes to complete. Interviews will each take about an hour to complete and your teacher will be able to pick the interview time and place. No instructional time will be used for interviews. When interviews are finished and transferred to written notes, you will have a chance to review what you said. This review will take about 15 minutes.

Are there any risks involved in participating in this study?

You may feel uncomfortable or embarrassed about answering certain questions. You do not have to answer any question you do not want to. You may be concerned about your peers' reactions to you being interviewed, but we are relying on teachers to indicate the best interview times and to provide private interview areas so that you feel secure. There is the possibility that others may find out what you said, but we have put protections in place to prevent this from happening. We will use a code number on your survey and a fake name on the interview recording and all records will be kept in a secure place.

Are there any benefits to participating in this study?

You may not personally benefit from being in this study, but we believe your contribution will help other students in the future. We hope that what we learn will help teachers create more hopeful environments for students who receive special education services. Right now there isn't a lot of research about hope at the high school level, so this study will increase our knowledge in this area.

Is there any kind of payment, reimbursement or credit for being in this study?

As a way to say "thank you," students who participate in Phase 1 of this study will be given a *Rosati's Pizza* gift card in the amount of \$10.00. Students who decide to participate in Phase 2 of the study will receive a *Rosati's Pizza* gift card in the amount of \$15.00 for a total of \$25.00 for the full study.

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Can you decide not to participate?

We have asked your parent to let you be in the study. But even if your parent says “yes,” you can still decide to not be in the study. There will be no negative consequences, penalties, or loss of benefits if you decide not to participate or change your mind later and withdraw from the research after you begin participating. Your decision whether or not to be in the research will not affect your grades at your school.

Are there other options to my being in the research?

Instead of being in this study, you may participate in your normal classroom activities.

Who will see my study information and how will the confidentiality of the information collected for the research be protected?

The research records will be kept and stored securely. Your information will be combined with information from other people taking part in the study. When we write about the study or publish a paper to share the research with other researchers, we will write about the combined information we have gathered. We will not include your name or any information that will directly identify you. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. However, some people might review or copy our records that may identify you in order to make sure we are following the required rules, laws, and regulations. For example, the DePaul University Institutional Review Board may review your information. If they look at our records, they will keep your information confidential. The audio recordings will be kept until accurate written notes have been made, then they will be destroyed. You will have a chance to review what you said during the interview before this happens. You will be given a code number so that any information we collect in Phase 1 will use that code number and not your name. In Phase 2 of the study, we will ask you to pick a fake name and only the fake name will be used in the recording and our written notes.

You should know that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court or to tell authorities if you report information about a child being abused or neglected or if you pose a danger to yourself or someone else.

Who should be contacted for more information about the research?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study or you want to get additional information or provide input about this research, you can contact the researcher,

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Cynthia L. Norbeck (847-838-6491; norbeckcynthia@yahoo.com) or Dr. Hall, the research advisor, at: hhall@dedpaul.edu; (773) 325-4693.

This research has been reviewed and approved by the DePaul Institutional Review Board (IRB). If you have questions about your rights as a research subject you may contact Susan Loess-Perez, DePaul University's Director of Research Compliance, in the Office of Research Services at 312-362-7593 or by email at sloesspe@depaul.edu.

You may also contact DePaul's Office of Research Services if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.

You will be given a copy of this information to keep for your records.

Statement of Consent from the Subject:

I have read the above information. I have had all my questions and concerns answered. By signing below, I indicate my consent to be in the research.

Phase 1 only (5-minute survey)

Phase 1 (5-minute survey) and Phase 2 (Interview and review of transcription)

Signature: _____

Printed name: _____

Date: _____

Appendix: J

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ASSENT TEMPLATE FOR CHILDREN TO PARTICIPATE IN RESEARCH **AGES 14-17**

WHAT'S HOPE GOT TO DO WITH IT? A QUANTITATIVE AND QUALITATIVE ANALYSIS OF HOPE LEVELS IN HIGH SCHOOL STUDENTS DIAGNOSED WITH SOFT DISABILITIES

Principal Investigator: Cynthia L. Norbeck, Ed.D. Candidate

Institution: DePaul University, Chicago, Illinois, USA

Department: College of Education

Faculty Advisor: Dr. Horace Hall, Associate Professor of Educational Policy Studies and Research, School of Education

What is the purpose of this research?

We are asking you to be in a research study because we are trying to learn more about hope in high school students receiving special education services. This study is being conducted by Cynthia L. Norbeck, a graduate student at DePaul University as a requirement to obtain her doctoral degree in education. This research is being supervised by her faculty advisor, Dr. Horace Hall.

We expect to include about 45 people in Phase 1 of the study, and we hope to have 5 individuals participate in Phase 2.

Why are you being asked to be in the research?

You are invited to participate in this study because you are a high school student receiving special education services for either mild intellectual disabilities or emotional/behavioral disabilities at either Antioch High School or Lakes Community High School.

What happens if you are in the research study?

- If you agree to be in this study, being in the research involves completing a short survey of 12 questions about the future. You will also be asked to provide your name, gender, age, and ethnicity. All personal information you provide will have a code assigned to it so that your name is not with the data when we have it in our records. The survey will be completed in class time, but during a time that the teacher has indicated will not interfere with your learning time. Once all student data is collected and analyzed, it will be shredded.

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- Phase 2: After the survey is completed, you may be contacted for an interview. Only a small portion of the students in Phase 1 will be interviewed in Phase 2. The researcher will contact you and let you know if you have been chosen for the interview. The interview will be audio recorded and transcribed into written notes later in order to get an accurate record of what you said. Questions will be about your goals and what you are looking forward to in your life and will be based on your answers to the hope survey. You will also be asked to choose a pseudonym (fake name) to be used during the interview. A week after the interview, you will have a chance to review what you said in order to make sure the interviewer recorded what you said accurately in the written notes. This review will happen during non-instructional time periods at the school at a time designated by your classroom teacher. After your review, the audio recording will be destroyed.

How much time will this take?

The survey will take about five minutes to complete. Interviews will each take about an hour to complete and your teacher will be able to pick the interview time and place. No instructional time will be used for interviews. When interviews are finished and transferred to written notes, you will have a chance to review what you said. This review will take about 15 minutes.

Are there any risks involved in participating in this study?

You may feel uncomfortable or embarrassed about answering certain questions. You do not have to answer any question you do not want to. You may be concerned about your peers' reactions to you being interviewed, but we are relying on teachers to indicate the best interview times and to provide private interview areas so that you feel secure. There is the possibility that others may find out what you said, but we have put protections in place to prevent this from happening. We will use a code number on your survey and a fake name on the interview recording and all records will be kept in a secure place.

Are there any benefits to participating in this study?

You may not personally benefit from being in this study, but we believe your contribution will help other students in the future. We hope that what we learn will help teachers create more hopeful environments for students who receive special education services. Right now there isn't a lot of research about hope at the high school level, so this study will increase our knowledge in this area.

Is there any kind of payment, reimbursement or credit for being in this study?

As a way to say "thank you," students who participate in Phase 1 of this study will be given a *Rosati's Pizza* gift card in the amount of \$10.00. Students who decide to

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participate in Phase 2 of the study will receive a *Rosati's Pizza* gift card in the amount of \$15.00 for a total of \$25.00 for the full study.

Can you decide not to participate?

We have asked your parent to let you be in the study. But even if your parent says “yes,” you can still decide to not be in the study. There will be no negative consequences, penalties, or loss of benefits if you decide not to participate or change your mind later and withdraw from the research after you begin participating. Your decision whether or not to be in the research will not affect your grades at your school.

Are there other options to my being in the research?

Instead of being in this study, you may participate in your normal classroom activities.

Who will see my study information and how will the confidentiality of the information collected for the research be protected?

The research records will be kept and stored securely. Your information will be combined with information from other people taking part in the study. When we write about the study or publish a paper to share the research with other researchers, we will write about the combined information we have gathered. We will not include your name or any information that will directly identify you. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. However, some people might review or copy our records that may identify you in order to make sure we are following the required rules, laws, and regulations. For example, the DePaul University Institutional Review Board may review your information. If they look at our records, they will keep your information confidential. The audio recordings will be kept until accurate written notes have been made, then they will be destroyed. You will have a chance to review what you said during the interview before this happens. You will be given a code number so that any information we collect in Phase 1 will use that code number and not your name. In Phase 2 of the study, we will ask you to pick a fake name and only the fake name will be used in the recording and our written notes.

You should know that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court or to tell authorities if you report information about a child being abused or neglected or if you pose a danger to yourself or someone else.

Who should be contacted for more information about the research?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions,

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suggestions, concerns, or complaints about the study or you want to get additional information or provide input about this research, you can contact the researcher, Cynthia L. Norbeck (847-838-6491; norbeckcynthia@yahoo.com) or Dr. Hall, the research advisor, at: hhall@depaul.edu; (773) 325-4693.

This research has been reviewed and approved by the DePaul Institutional Review Board (IRB). If you have questions about your rights as a research subject you may contact Susan Loess-Perez, DePaul University's Director of Research Compliance, in the Office of Research Services at 312-362-7593 or by email at sloesspe@depaul.edu.

You may also contact DePaul's Office of Research Services if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.

You will be given a copy of this information to keep for your records.

Statement of Consent from the Subject:

I have read the above information. I have had all my questions and concerns answered. By signing below, I indicate my consent to be in the research.

Phase 1 only (5-minute survey)

Phase 1 (5-minute survey) and Phase 2 (Interview and review of transcription)

Signature: _____

Printed name: _____

Date: _____

Appendix: K

Participant Demographics Matrix

NAME	SPECIAL EDUCATION DESIGNATION	GENDER	HIGH SCHOOL	READING LEVEL	YEAR IN SCHOOL	AGE	PATHWAY SUBSCORE	AGENCY SUBSCORE	HOPE SCALE SCORE
"Raven"	EBD	Female	OSH	>GL	SOPH	15	10	10	20
"Ethan"	ID	Male	OSH	NA	FRESH	16	20	30	50
"Isaac"	ID	Male	KSH	<GL	SOPH	15	20	28	48
"Jeremy"	ID	Male	OSH	NA	FRESH	15	24	23	47
"Joshua"	EBD	Male	KSH	>GL	SOPH	16	20	17	37
"Morgan"	EBD	Female	KSH	>GL	SENIOR	17	19	18	37
"Joey"	EBD	Male	KSH	>GL	JUNIOR	16	27	24	51

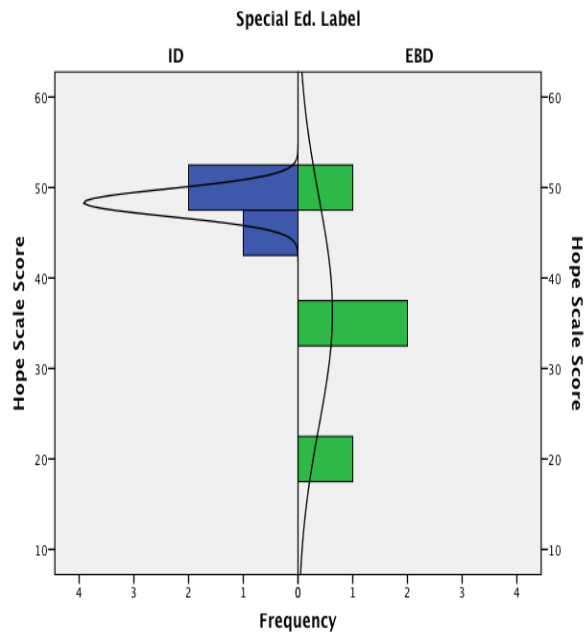
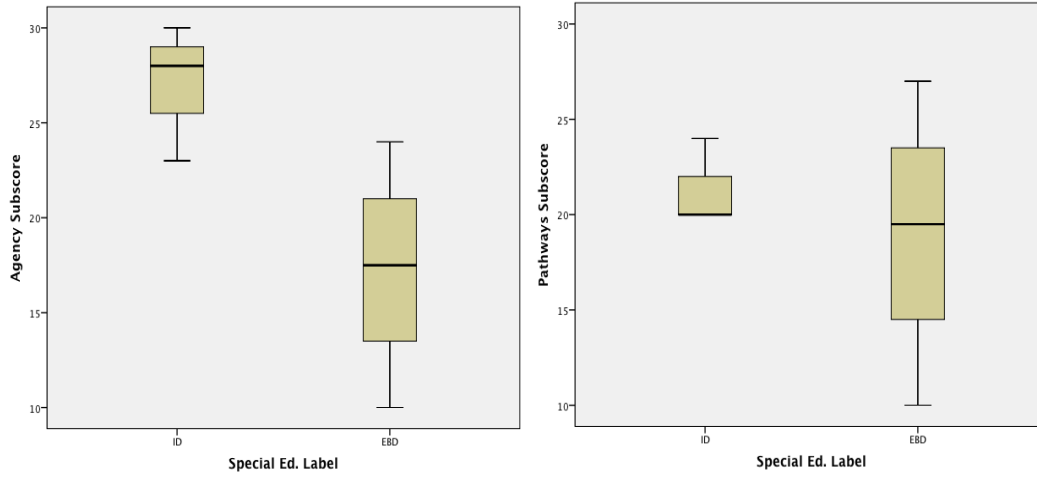
Appendix: L

Summary of Participant AHS Responses

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

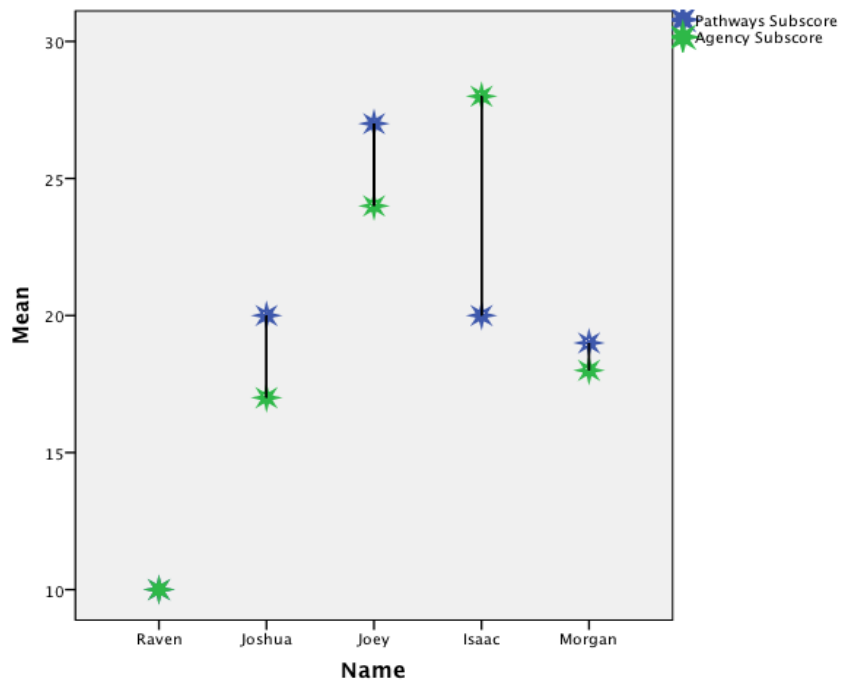
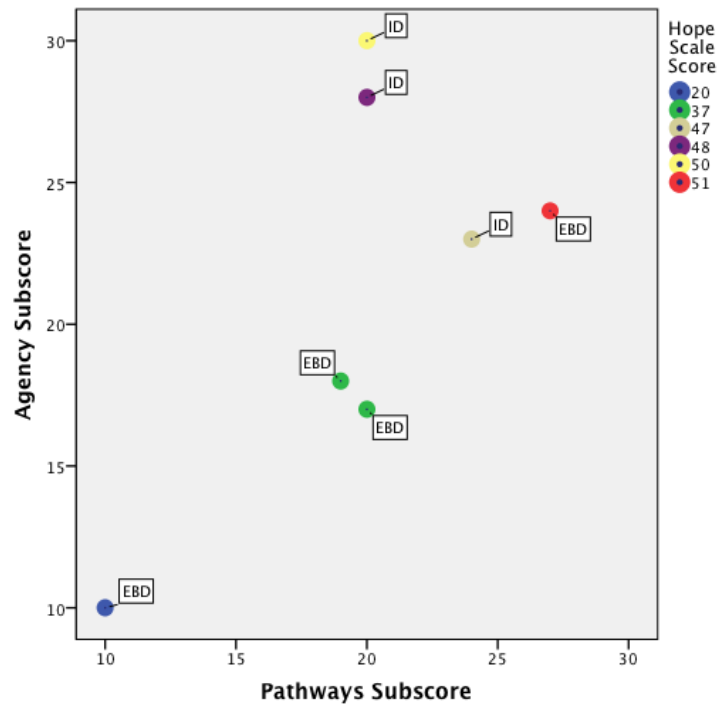
Appendix: M

AHS Data Trends



Appendix: N

AHS Results



Appendix: O

AHS Agency/Pathways Splits

