Development and Validation of the Hope in Counselling and Psychotherapy Scale (HCPS)

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Background

- Hope is consistently identified in the mental heath literature as a key factor accounting for client change in counselling and psychotherapy (Grencavage & Norcross, 1990).

- Research on client and psychotherapist understandings of hope in psychotherapy calls into question the singular, unidimensional focus on goals that dominates hope research in psychology (e.g., Cutcliffe, 2004; Larsen & Stege, 2010a, 2010b).

- Specifically, Snyder et al's unidimensional, global hope scale in psychotherapy has demonstrated equivocal relationships with psychotherapy outcome and neglects dimensions of hope established as important in psychotherapy research (Coppock et al., 2011).

- The goal of this study is to develop and validate a draft expert-informed multidimensional hope scale designed specifically for use in counselling and psychotherapy research and practice.

Phase I

Objectives:

1. Define the dimensions of hope in psychotherapy and verify/modify based on responses from expert participants.
2. Draft items corresponding to dimensions of hope in psychotherapy and verify/modify based on responses from expert participants.

Stage 1: Developing Constitutive Definitions

- From an in-depth review of the literature an initial definition of hope in psychotherapy and its eight dimensions were developed by the primary research team.

  Client hope in psychotherapy is the client's anticipation of meaningful change in the face of uncertainty. Client hope in psychotherapy is experienced in one or more of the following dimensions: relational (therapeutic and other), cognitive, emotional, temporal, behavioural, process, and personal meaning.

- Fourteen expert reviewers with expertise in both hope and counselling provided feedback on the initial definition of hope in psychotherapy and its dimensions.

- Nine dimensions of hope were identified: Therapeutic Relationship, Other Relationships, Cognitive, Emotional, Temporal, Behavioural, Process, Personal Meaning, and Spirituality (added upon review).

Stage 2: Assessing Relevance and Representativeness of Items

- 138 items were developed by the research team and were then reviewed by 21 participants with expertise in both counselling and hope.

- Fit of the item to the dimensions was then determined using item ambiguity and the median computed for each items for each dimension.

- The items for each dimension were ordered by their degree of fit (median) and within degree of fit, by item ambiguity. Items with high fit for the dimension to which they were referenced and low fit for the other dimensions were considered for the final form.

- Following analysis 117 items remained.

Sample Items:

Therapeutic Relationship: *I matter to my therapist; I trust my therapist*

Other Relationships: *I am becoming aware of the people who love me; I am aware of people who have hope for me*

Cognitive: *I can now see my problem differently; I am learning to accept my situation*

Emotional: *I feel encouraged in therapy; I have moments where I feel hopeful*

Temporal: *Sometimes I feel hopeful in the moment; Therapy is helping me imagine the future I want*

Behavioural: *I am doing something to change my situation; I am becoming more engaged in life*

Process: *I can tell that I am changing; Therapy has helped me expand my understanding of hope*

Personal Meaning: *I am worthy of a good life; My life has meaning*

Spirituality: *Therapy feels spiritual to me; My spiritual beliefs inspire me*

Phase II

Objectives:

1. Validate the newly developed *Hope in Counselling and Psychotherapy Scale (HCPS)*.
2. Collect and assess convergent, discriminant, and criterion-related validity evidence for the HCPS.

Scale Validation

- Pilot testing of the HCPS scale was conducted to ensure face validity of the scale and readability of the items. Feedback from pilot testing revealed strong face validity and readability of the items.

- Data collection occurred at seven different counselling facilities across Canada. Sites included four student counselling centres, two community mental health clinics, and one rehabilitation centre.

- The sample consisted of 211 participants receiving therapeutic services at one of the seven data collection sites. Participants were asked to participate in the study between their third and sixth session of therapy.

Further Analysis

- An exploratory factory analysis will be conducted and will involve first determining the number of dimensions (factors) using the Kaiser-Guttman rule and the Scree Test.

- Principal axis followed by a varimax rotation and a direct oblimin transformation of the initial factor matrix will be used to obtain a final solution that reflects simple structure and is clearly interpretable.

- The items loading most highly on each factor without cross loadings will be retained to form the HCPS.

- Corroboration of the number of dimensions and identification of at least 8 items for each dimension will provide strong initial evidence that the scores yielded by the HCPS can be validly interpreted in terms of dimensions of hope in psychotherapy.

- Given confirmation, the internal consistency (reliability) of each dimension will be assessed using Cronbach's alpha and Cronbach's stratified alpha for the full scale. The desired level of reliability will be 0.80.

- Convergent and divergent validity will be assessed by looking at the direction and size of the correlations between the relevant scores on the *HCPS* and the *LOT-R, DASS-21,* and the *HS.*

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