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A Qualitative Study on Clients' and Therapists' Perceptions of Therapeutic Interventions that Foster Hope

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A Qualitative Study on Clients' and Therapists' Perceptions of
Therapeutic Interventions that Foster Hope

by

April B. Brewer

Presented to the Faculty of the
Graduate Department of Clinical Psychology
George Fox University
in partial fulfillment
of the requirement for the degree of
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in Clinical Psychology

Newberg, Oregon

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A Qualitative Study on Clients' and Therapists' Perceptions of Therapeutic Interventions That

Foster Hope

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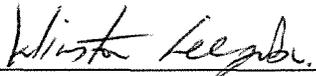
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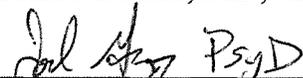


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A Qualitative Study on Clients' and Therapists' Perceptions of
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Abstract

Much research has shown that hope is beneficial in facilitating change and promoting progress in psychotherapy (Larsen & Stege, 2010a, 2010b, 2012; Lopez et al., 2004). However, little research has been done looking at specific interventions clients and therapists perceive as fostering hope and promoting change in clients' lives (Larsen & Stege, 2010a, 2010b, 2012). This study involves interviews with clients and therapists following an early psychotherapy session using a technique called Interpersonal Process Recall (Larsen, Flesaker, & Stege, 2008). During this interview, participants were able to review video clips of their session and comment on ways they felt hope was communicated or fostered in session.

Information from interviews was used to develop themes and categories relating to therapeutic interventions that affect the level of hope experienced by clients. Five categories were formed to encompass the identified interventions. Four of these categories related to interventions that foster hope (therapeutic relationship, reframing/providing a new perspective,

empowering clients, and highlighting the client's utilization of resources), and one category addressed interventions that have the potential to lower hope. These results will be beneficial in informing psychotherapists of ways hope can be communicated and fostered in psychotherapy, thereby enriching the experience for both the psychotherapist and client as well as improving client care and therapeutic outcomes.

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Chapter 1

Introduction

Research has consistently shown that hope is beneficial in facilitating change and promoting progress in the psychotherapeutic process (Larsen & Stege, 2010a, 2010b, 2012; Lopez et al., 2004). Hope has been defined in a number of ways and although it has proven to be beneficial in facilitating change, the term itself is ambiguous. Smith (2007) alludes to this ambiguity as he states, "It has been called an emotion, an act, a virtue, a habit, an attitude, and a passion" (p. 82). Larsen, Edey, and Lemay (2007) as well as Larsen and Stege (2010a) postulate that the many definitions of hope contain overlapping elements, and the most succinct definition of hope is "a process of anticipation that involves the interaction of thinking, acting, feeling, and relating, and is directed toward a future fulfillment that is personally meaningful" (p. 402). Lynch (1965) provides a definition of hope which demonstrates more clearly how hope is beneficial in the counseling process; hope is "the fundamental knowledge and feeling that there is a way out of difficulty, that things can work out, that we as human persons can somehow manage internal and external reality" (p. 32).

Benefits of Fostering Hope

As hope becomes more clearly defined, it is evident this is a factor that can have a significant impact on therapeutic outcome, facilitating change, and promoting progress. For example, researchers estimate that hope accounts for 15% of outcome variance in therapy, which is equal to the influence of theoretical orientation (Asay & Lambert, 1999; Flaska, 2007;

Hubble, Duncan, & Miller, 1999; Lambert, 1992; Larsen & Stege, 2012; Snyder, Michael, & Cheavens, 1999). In addition, hope plays a pivotal role in early psychotherapy sessions (Hanna, 2002; Ilardi & Craighead, 1994; Larsen & Stege, 2010a, 2012; Snyder, Ilardi, Michael, & Cheavens, 2000). Although it is unclear why this is the case, it has been suggested that when hope is introduced early in sessions, it builds a sense of empowerment that strengthens a person's ability to face future problems. It can also increase a person's ability to focus on positive possibilities the future may hold rather than fixate on the problems at hand (Hanna, 2002). Larsen et al. (2007) emphasized the importance of hope from the client's perspective, noting that "clients identified the single best predictor of treatment satisfaction as 'the counselor encouraged me to believe that I could improve my situation' suggesting that counselors inspire hope for positive change" (p. 403).

Although the benefits of hope on counseling outcome have been noted, the majority of research done on specific interventions that increase hope occurred outside of the counseling community. Hearth (2001) discusses the implementation of a Hope Intervention Program, which examined specific nursing interventions that enhanced hope among individuals who were experiencing a recurrence of cancer. Similarly, a study by Duggleby and Wright (2004) examined what elderly palliative care cancer patients perceived to be hope-fostering strategies. In addition, Smith (2007) describes significant themes of hope that bring alcoholics from hopelessness to a life of hope. Larsen and Stege (2010a, 2010b) note that these studies may provide a glimpse into potential hope-fostering strategies in psychotherapy, but the focus of the research is on issues related to illness and addiction rather than counseling.

Although research has established the importance of hope in counseling, very little emphasis has been placed on examining specific hope-fostering interventions used in psychotherapy (Larsen & Stege, 2010a, 2010b, 2012). Flaskas (2007) notes that although hope accounts for as much outcome variance as theoretical orientation, much attention has been given to orientation techniques but there is a lack of attention given to interventions of hope. Bruininks and Malle (2002) also note the lack of research into the antecedent factors of hope in comparison to factors leading to other positive states such as happiness or joy. Larsen et al. (2007) argue that there is still much to learn about how hope is facilitated in therapy sessions and this knowledge is necessary to determine the best practices and most effective use of hope in therapy.

Hope-Focused Therapy Interventions

There are a few studies that have attempted to fill the gap in research by examining hope-focused therapy interventions. Worthington (1999) discusses the use of hope-focused marriage counseling as being a beneficial alternative to traditional marriage counseling. Worthington hypothesizes that in hope-focused marriage counseling, change occurs more quickly but produces long term change equal to traditional marriage counseling. Hope-focused marriage therapy is a Christian faith-based therapy which focuses on rekindling hope rather than achieving happiness. Worthington notes hope is "certitude that God is with us through difficult circumstances, even when he has not made a way around those circumstances" (p. 31). Worthington stresses that although couples may be experiencing hopelessness upon entering therapy, through love, faith, and work they can build hope in their marriage.

Within hope-focused marriage counseling, the therapeutic relationship is an essential tool that maximizes hope and change. Worthington (1999) outlines several practical ways in which

counselors promote hope. These ways include using short-term interventions, naming problems thereby helping the problem self-destruct, recognizing patterns and suggesting ways to change these patterns, teaching new ways to communicate, praying for or with a couple, identifying emotions, distinguishing problems that cannot be changed but may be accepted or coped with, providing a close and caring relationship, helping the couple in forming a support network, and calling attention to the ways God intervenes. Worthington also provides specific interventions used in hope-focused marriage counseling. These fall into the areas of interventions for drawing on central values, re-visioning a core vision, promoting confession and forgiveness, strengthening communication, abiding conflict resolution, changing cognition, stimulating more closeness, cementing commitment, and promoting couple commencement for counseling.

Ripley and Worthington (2014) expand on hope-focused marriage counseling by breaking interventions used in hope-focused marriage counseling into five categories. The first category, HOPE (handling our problems effectively) interventions, focuses on bettering problems through building skills and improving behaviors. The second category, BOND (bind our nurturing devotion) interventions, focuses on strengthening the couple's bond. The third category, HURT (handling unacceptable relationship tears) interventions, focuses on addressing hurts in a couple's relationship that have led to rifts in the fabric of the relationship. The fourth category, FREE (forgiving and reconciling through experiencing empathy) interventions, focuses on repairing the hurts and increasing understanding and wisdom to bring the partners back together. The final category, TRUST (trusting response united with shared trustworthiness) interventions, focuses on building reconciliation through trust worthy acts.

In further research examining hope-focused therapy interventions, Edey and Jevne (2003) discuss the use of hope-focused questions and language in identifying and facilitating hope in counseling sessions. Hanna (2002) discusses building hope by empowering clients through reframing negative behaviors as skills and converting a threat into a challenge. Hope can also be built through the retelling of a narrative of a client's life, examining core beliefs about the future, and in using humor to increase awareness. Larsen et al. (2007) discuss a study that identified the therapeutic relationship as an implicit intervention of hope, which assisted in the healing process for clients in bereavement counseling. A study by Larsen and Stege (2010a) examined implicit hope focused interventions identified by therapists. Within the therapeutic relationship as an intervention, therapists identified themes of witnessing hopelessness as well as hopefulness by validating client's experiences and highlighting resources by focusing on strengths in the client's lives. Later on, Larsen and Stege (2012) examined hope focused interventions identified by clients and reported that clients perceive the counseling relationship as being crucial in facilitating hope with aspects of "safety/acceptance, feeling heard and understood, and evidence of counselor investment" (p.47).

Larsen and Stege (2010a) also mention perspective change as an implicit intervention identified by therapist. This perspective change can take place in many ways. The identified ways include by using reframes and metaphors, sharing personal stories, externalizing the problem, and joking with the client using humor to challenge the client's thinking. In 2012, Larsen and Stege found that clients also find perspective change to be a hope-fostering intervention. Clients identified this happening through highlighting strengths, recognizing possibilities, making hope intentional, and reframing thoughts.

Another article published by Larsen and Stege in 2010b described several explicit hope-fostering interventions identified by therapists. These interventions addressed multiple dimensions of hope, psychoeducation about hope, and framing problems as threats to hope. The first dimension of hope was cognitive with the focus on cognitive goals associated with hope by asking clients about their hopes for outcomes. The second dimension was behavioral with clients considering what actions reflect hope. The third dimension was temporal with hope focused on the future. With this approach, clients became more aware of the possibility the future may hold. The fourth dimension was emotional, with using the word hope as a catalyst to focus on the emotional experience of hope. The last dimension was relational with relationship often being identified as a source of hope. Psychoeducation about hope involved teaching clients about hope in an effort to make it a more useful concept for the client.

Interpersonal Process Recall Interview Technique

The 2010 and 2012 studies by Larsen and Stege make up the bulk of the research that examines how therapists and clients perceive that hope is communicated and fostered in session. Both of these studies were conducted using an Interpersonal Process Recall (IPR) interview technique. The IPR interview technique is described by Larsen, Flesaker, and Stege (2008) as being, “used to access individuals’ conscious yet unspoken experiences as they occurred at the time of the interpersonal interaction” (p. 19). The technique provides a look at meaningful, in-session experiences as opposed to broad generalizations about how the session went. The IPR technique allows clients to describe specific moments that increased hope in session, which can be a powerful experience in and of itself.

In addition to using the IPR interview technique (Larsen et al., 2008), the studies by Larsen and Stege (2010a, 2010b, 2012) used therapists who had received formal training in promoting hope. Larsen and Stege (2012) note this as a limitation in their research and state, “additional research should examine how hope is experienced by clients whose counselors have not received formal education on hope in counseling” (p. 52).

Present Study

The present study addresses this gap by utilizing the IPR interview technique (Larsen et al., 2008) with beginning therapists and their clients. By comparing interventions of beginning therapists with therapists who have received training in hope (Larsen & Stege, 2010a, 2010b, 2012), the present research identified interventions that communicate hope to clients and foster hope in sessions even when the therapist has not been trained to do so. These results are applicable to a greater population of therapists and can be used to provide didactics on how to implement more beneficial interventions in sessions to improve client care and psychotherapeutic outcome. In addition, this study examined hope in early psychotherapy sessions as research has shown hope to be pivotal in this time period (Hanna, 2002; Ilardi & Craighead, 1994; Larsen & Stege, 2010a, 2012; Snyder, Ilardi, Michael, & Cheavens, 2000). The goal is that more psychotherapists become aware of the benefits and implement hope early in the therapy process, leading to even greater outcomes throughout the course of therapy.

Chapter 2

Methods

Design

This research follows a qualitative grounded theory methodology. Merriam (1998) notes that grounded theory studies develop substantive theories useful in everyday-world situations. These theories are helpful in practice as they address areas not normally covered in theories directed at more global concerns. Merriam also notes that in substantive theory, segments of data are compared, grouped based on similarities, and then categorized. Themes or patterns are identified leading to a theory that can be applied in practice. Qualitative grounded theory is interpretative, as researchers will be using their interpretation of the data as the method of analysis, and the researchers' interpretation will be used to create conceptual categories (Merriam, 1998).

Participants

Participants were four therapists and five clients recruited from The Behavioral Health Clinic affiliated with George Fox, a faith-based University in Newberg, Oregon. The sample was entirely European American, as it was drawn from a predominantly white community in Oregon. Participants included beginning therapists, two males and two females, ages 25 (1), 26 (2), and 27 (1), who were in their second (1), third (2), and fourth (1) year of a doctoral psychology program. Given the size and nature of the clinic, the same therapist was used for two interviews with each interview being in relation to separate clients and sessions.

Participants also included clients of these therapists, three males and two females, ages 36 (1), 38 (2), 45 (1), and 59 (2), who were in their third therapy session. Client participants had a wide range of symptoms and presenting problems including trauma, anxiety, depression, chronic pain, relational problems, employment problems, phase of life problems, and anger. Clients were asked in the initial intake appointment if they were willing to participate in the study. Flyers were also posted in the clinic allowing clients to read about the study and decide if they would like to participate (See Appendix A). Once a client decided to participate, his or her counselor informed the client that the researcher would be in contact to gather more information and schedule a time for an interview. As compensation for participation in the study, client participants were given a \$20 gift card from Fred Meyer. Taking part in an interview of this nature can at times be an emotional experience, and it was possible that the process could elicit a stronger emotional response than the therapy session itself. Therefore, clients who experience psychosis, dissociative symptoms, have been diagnosed with a personality disorder, or who were in the midst of experiencing acute crisis or suicidal ideation were excluded from the sample.

Materials

A single session in therapy was videotaped using a deactivated iPhone. Session recordings were immediately transferred to an external hard drive and deleted from the iPhone to ensure security and confidentiality of the information. Within one week of recording the therapy sessions, client and therapist participants were interviewed separately about their experience in that therapy session. Interviews were conducted using Interpersonal Process Recall (IPR) (Larsen et al., 2008). During the interview, the participant's session was viewed using a laptop video playback program, on which the interviewer as well as the participant had the ability to

stop the video recording and comment on certain parts. Client participants were asked open-ended questions regarding their in-the-moment experiences in counseling sessions and how they saw hope related interventions being used. Client participants were also asked to rate on a scale from 1 to 10 their level of hope before, during, and after session.

Therapist participants were given a few questions to reflect on at the end of their sessions so they could begin to think about where they saw hope in the session (See Appendix B).

Throughout the interview therapist participants were asked open-ended questions regarding how they intentionally or unintentionally engaged with and provided hope to their clients in session.

Therapist participants were also asked about their experiences of client hope in sessions.

Interviews were audiotaped for the purpose of obtaining a transcript for analysis.

Procedure

To begin with, the researcher hosted a group meeting with the therapists. The researcher informed the therapists of the study being conducted and determined which therapists were interested in participating through recruiting clients, video recording sessions, and participating in an hour and a half long interview. Therapists were also informed of the flyers that would be placed at the clinic and the possibility that clients may express an interest to participate.

Therapists were asked to provide only basic information about the study such as letting clients know the study is about the use of hope and certain interventions in sessions and involves an interview process. Therapists also had clients who were interested in participating in this study sign a release of information form to be able to share client contact information with the researcher, and therapists notified these clients that their contact information would be passed on to the researcher who would call them soon with more information.

After expressing interest in participating in the study, client participants were contacted to discuss the study further and to schedule an interview within one week of their session. The researcher also ensured that the client previously provided their therapist with written consent to have their session video recorded for research purposes. Client participants were given brief information regarding the purpose of the study and that the study is examining how hope is communicated through the counseling process. Participants were also informed that the interview may take up to one and a half hours, will be audiotaped, and will consist of questions asking the client to comment on his or her in session experiences such as reactions and ideas that occurred in their session. Verbal consent to participate was obtained and the researcher confirmed interview times with both clients and therapists.

Before the interviews took place, the researcher viewed the session recordings in full to determine specific segments of the session to discuss with the participants. These segments were congruent for therapist and client participant interviews. The researcher also prepared open-ended questions associated with each segment regarding the experience of the participants (See Appendix D). Interviews took place in a quiet, comfortable, and private space at the Behavioral Health Clinic. Before beginning the interview, participants were asked to provide written informed consent (See Appendix C) and were shown how to pause the video playback in the instance they wanted to comment on a certain point in the session. The interviews began by asking both clients and therapists their perceptions of hope in the session. The researcher then referred to the prepared segments.

Client participants were asked to help the researcher in exploring their inner, unspoken experience by recalling as clearly as possible “there and then” experiences in regards to thoughts,

feelings, and sensations experienced in session. Clients were also asked to comment on things the therapist may have said or done that affected the client's level of hope, whether positively or negatively. If clients began to reprocess or share parts of their stories that were not a part of session, the interviewer validated their feelings and gently redirected them to remember and focus on what they were thinking and feeling in session rather than processing what they were thinking and feeling at the time of the interview. Following the interview, client participants were debriefed to ensure they felt comfortable with the experience and were reassured that they could bring any experiences or anything learned during the interview back to their therapist in their next session. Clients were also asked if they would like the researcher to briefly share bullet points from their interview with the therapist for the intended purpose of informing and improving the outcome of future sessions. Each client participant expressed a desire for the researcher to relay information to their therapist, and one client explicitly expressed that he was also going to discuss the interview with his therapist for the purpose of communicating things he became aware of that increase or decrease his level of hope.

Therapist participants were asked to comment on how they implicitly or explicitly utilized or engaged with hope while conducting therapy with the client. They were also asked to recall their own experiences in regards to thoughts, feelings, and sensations experienced as their clients talked about or processed events and emotions. They were also encouraged to comment on their perception of clients' level of hope and personal feelings related to moments they tried to interject hope and the client did or did not accept it. Following the interview, therapist participants were informed that clients may want to bring back experiences from their interview to the next session. Therapists were debriefed to ensure they felt comfortable with the

experience as well as the possibility of engaging in that conversation with their client. Therapists were also informed that their client consented to the researcher briefly sharing interview bullet points with the therapist, and therapists were asked if they would like to hear the bullet points. Each therapist expressed a desire for the researcher to relay this information. The bullet points were discussed along with specific implications this knowledge may have on future sessions with these clients. Implications included therapists noting a desire to incorporate more interventions their clients found to increase hope, and appreciating the opportunity to become aware of interventions their clients perceived to decrease hope.

Data Analysis

Interviews with participants were audio recorded and transcribed to allow researchers to engage in qualitative analysis of participant responses. Researchers analyzed participant responses for themes regarding how hope is communicated in counseling sessions. Specifically, researchers examined interviews identifying ways clients believe hope was fostered or communicated by their therapist in session as well as ways therapists believe they utilized and engaged with hope in session.

Using grounded theory, the main researcher initially analyzed all interviews to develop a general idea of responses that indicate hope was communicated or fostered in sessions. The main researcher as well as an additional researcher, a doctoral-level psychology student, then separately analyzed one client and one therapist interview. Each researcher identified areas hope was communicated in the session, including a differentiation of whether hope was implicitly or explicitly communicated. Both researchers compared their findings for inter-rater agreement.

By discussing themes at length and comparing similarities and differences, the researchers came to an agreement on a refined version of each theme and developed a preliminary codebook of refined themes. Remaining interviews were divided evenly between researchers, and themes were identified in these interviews using the codebook. The primary researcher reviewed themes identified by the additional researcher to ensure the primary researcher was able to engage with the data from each interview. Following the identification of themes in each of the interviews, researchers met again to further discuss and refine the identified codes. The main researcher then clustered responses based on themes and developed preliminary categories of hope-focused practices that described the themes within. These categories were discussed with the secondary researcher and together the researchers further delineated categorization leading to five main categories of data, four of which relate to interventions that foster hope, and one that relates to interventions that lower hope. As the researchers discussed categorization, it became evident that the hope fostering categories naturally bear some semblance to phases or stages of hope.

The findings of interventions that were used by beginning therapists were compared to interventions used by therapists formally trained in hope (Larsen and Stege, 2010a, 2010b, 2012). There was also a comparison of ways clients and therapists perceived hope to be fostered. Differences and similarities identified in clients and therapists' perceptions could lead to hypotheses on the reasons differences and similarities exist and therefore inform future counseling sessions further.

Chapter 3

Results

Interventions that Foster Hope

Data analysis revealed a number of themes from both therapists' and clients' perceptions of therapeutic interventions that foster hope. These were organized into four overarching categories, which encompass the hope fostering interventions within: (a) Therapeutic Relationship; (b) Reframing/Providing a New Perspective; (c) Empowering Clients; and (d) Highlighting the Client's Utilization of Resources. In analyzing themes within these categories, it became apparent that the process of fostering hope in therapy seems to occur in phases.

The phases of hope noted by researchers begin with the therapeutic relationship. Through the therapeutic relationship, therapists are able to build rapport with clients, and clients are able to experience safety, trust, and stability as a product of this relationship. It is then out of the relationship and a sense of safety that therapists are able to come to an understanding of clients, and thus provide a new perspective based on this understanding. As clients encounter this new perspective, they are encouraged to move into a place of internalizing the new perspective and begin to hold it as their own. Clients start the move towards independence and transition to relying on the use of their own resources, rather than on the therapist to provide them with resources. However, it appears clients continue to look to the underlying stability of the relationship, as hope is fostered through therapists taking notice of the client's efforts and progress, furthering the client's self esteem and ability to carry forward on their own.

Throughout the categories and themes identified, therapists and clients shared a striking number of similarities in the interventions perceived to foster hope. Given the overwhelming similarities in themes detected in client and therapist interviews, results have been divided by theme rather than by separating addressing the client themes and therapist themes. Differences between client and therapist responses are discussed on a case by case basis within the correlating theme. It is worth noting that although researchers attempted to differentiate times hope was implicitly or explicitly communicated, hope was only explicitly referred to by a therapist one time within the ten sessions used for this research.

Therapeutic relationship. The therapeutic relationship is the core of safety, trust, and stability in psychotherapy sessions. It is no wonder then that this category yielded the most robust results. Within this category, 10 themes were identified. With 10 themes and 10 interviews, there were 100 total possible times this category could have been identified as a part of an interview. In the sample addressed, the themes in this category were identified 70 out of 100 possible times, with every participant indicating no less than five themes relating to the therapeutic relationship. The themes encompassed in this category in order of importance (the number of interviews in which the theme was identified) are as follows: Attunement (10), Empathy and Understanding (10), Unconditional Positive Regard (9), Witnessing Hopelessness (8), Connecting Interpersonally (7), Demonstrating Care (6), Being the Client's Ally (6), Genuineness (5), Communicating Respect (6), and Connecting with Spirituality (4).

Attunement. Attunement appears to play a significant role in fostering hope in therapy, as this theme was present in every interview with clients and therapists. Interviews revealed that attunement is perceived as times a therapist is able to follow along with a client. Even more

deeply, attunement refers to times a therapist is able to perceive when to intervene in session and what intervention to use.

In regards to a therapist's ability to follow along with a client, one participant noted the experience of this raising his hope in his session with his therapist, "She remembers what we have talked about going into other sessions. I don't have to repeat myself. It's like she remembers, and she has made some suggestions and added to our conversation...It's important. It made me feel important." This client's therapist also commented on her ability to follow along:

I think he's probably appreciative that I'm tracking. I'm information gathering to try and see if we should sit and problem solve any of these or if we should use techniques to manage the thoughts, so I imagine it probably feels good to him that I heard all of that, so maybe his hope is up.

The therapist's comment also speaks some to the therapist's ability to perceive when to intervene in session and what intervention to use. Through the therapeutic relationship, therapists seem to be able to align with their clients to the point of being intuitively aware of times certain interventions may be helpful for fostering hope. Therapists are also able to sense when the timing is not right, and even if an intervention may foster hope in the future, if used in the moment, that intervention may actually lower hope. In the interview with the same therapist, she notes:

I really want to validate where he's at and what's going on for him...I didn't want to present a whole bunch of obstacles because he was wrestling with a whole bunch of things the night before...I'm just aligning, building rapport, validating experience.... A

part of maintaining hope is not mentioning all of my doubts... I think that closeness was probably what he needed in the moment.

Empathy and understanding. Similar to attunement, the theme empathy and understanding was present in every interview with clients and therapists. Empathy occurs a number of ways in session, and it often appears in conjunction with other themes as an underlying catalyst for co-occurring hope fostering interventions. As empathy is generally an underscored part of a therapist's training, in interviews, therapist participants often referred directly to empathy; however, client participants may not be as familiar with empathy as a therapeutic intervention, so they often referred to empathy using terminology such as *understanding*. In either case, throughout therapist and client interviews, empathy and understanding showed up in three forms. The first was through the therapist directly communicating or displaying empathy. The second was through the therapist or client's awareness of the therapist having empathy, even if it is not explicitly displayed. Lastly, the third was through the therapist attending to empathy by securing understanding in asking clarifying questions or using analogies.

The first form was evidenced in an interview with a therapist. The therapist's comment came following watching a clip of his session with a client, who was discussing the difficulties of growing up in an unstable home. In the session, the therapist relates with the client as he notes the unpredictable nature of the situation. When asked in the interview how he engaged with hope in that moment, the therapist simply stated, "Trying to empathize with the feeling of unpredictability ... just being empathetic."

This form was further evidenced in an interview with a client who notes experiencing empathy and understanding following a summary his therapist made. The client speaks to the importance of understanding for hope by noting, "He [the therapist] really acknowledged what was going on. He summarized it well and understood it...understanding is important for hope...even if they don't do a lot to help, the understanding itself is helpful. That he understood was hopeful."

The second form was evidenced in a therapist's description of empathy being in the room, and wanting to implicitly communicate understanding to his client through his way of being with the client. The therapist noted:

I was primarily just reflecting and being like "This is what I hear, let me be sure that I understand you." ... When I am doing those reflections I don't have a specific purpose in mind it's just, "Yes, I'm listening. I hear you. I understand what you're saying."... I think most likely being understood being heard that's a very positive thing that might help somebody feel more hopeful, like I don't feel alone in this.

The final form was evidenced as a client discussed that he and his therapist often use analogies to secure understanding, "Analogies are useful in helping other people understand what is going on for you...you can get an important piece of information passed.... It affects understanding, which affects hope ... it makes me feel like I am understood ... so it does affect hope."

Unconditional positive regard. Unconditional positive regard is a theme that is woven throughout the interviews and plays a part in many other themes. This theme was present in interviews with five clients and four therapists. When a client feels their therapist will accept

them no matter what, it brings the client a sense of freedom and allows them to share openly.

Acceptance from another cultivates self-acceptance, which fosters hope and courage for facing difficulties, or may even lead to more overall acceptance of difficulties. This section from one of the interviews demonstrates how unconditional positive regard impacts a client's ability to share difficult things with her therapist, which in turn impacts the client's hope for the future. When asked what allows her to remain hopeful in the midst of sharing difficult things with her therapist, the client notes,

it's something I've got to do to make myself better ... I am thinking that she is nonjudgmental, so who better to talk to.... It's better for me to deal with it with her [the therapist] than to bring that poisonous seed back into my family. So, I definitely like getting to share with her even though it hurts so badly.

An interview with a therapist participant revealed the therapist's attempt at communicating acceptance of the client's whole person, including the client's difficult emotions or the client's anger, parts of the client that even he is scared of. In the session with this client, the therapist encourages the client to show all of himself and assures the client that he will be met with acceptance. The therapist states, "I wonder what it would be like if we were to ... bring up some of these emotions ... actually let you feel some of the things you're feeling ... I'm not scared of you getting mad, I'm not scared of you being emotional."

In the interview, the therapist is asked how he engaged with hope in this moment. To begin with, he speaks as though he were talking with the client, referred to by the pseudonym "Josh." The therapist notes:

it's the idea that your stuff is not as scary as you think it is. You have this idea that there's this piece of you that you can never let out in the light of day, like you have this little monster Josh chained in the basement...I think that we could go down and we can work with monster Josh a little bit...maybe he's just misunderstood.... That's the image I want to get across, and I think if that resonates with him then that would be a very hopeful thing.

Witnessing hopelessness. Larsen and Stege (2010a) discuss the theme of witnessing hopelessness in their article noting, “On the surface it may seem implausible that listening carefully to hopelessness could open the door to hope; nevertheless, some therapists stated that compassionately attending to client pain is a vitally important aspect of implicitly supporting client hope” (p. 278). This was also found in the present study as this theme was noted in interviews with five therapists and three clients. During one session, a client discusses the pain of having experienced abuse as a child. In her interview, the therapist reflected on how sharing this pain can bring hope in session. To begin with, as if speaking to her client, she notes, “...you’ve got to go *through* the pain. Rely on my presence and our relationship.... This space can hold it.’...She’s saying the pain is with these people. I’m saying the pain is here, now, and we can handle it.”

The concept of witnessing hopeless also carries over into clients experiencing hope through being able to share difficult things, knowing that the therapy room is a safe place to allow all of themselves to be seen. In being interviewed, one client discusses hope being increased through sharing difficult things with his therapist, “...he's the only person I've ever

said that stuff to ... I used to sink everything down ... at inappropriate times it would come up...talking about it is taking weight off, and the more stuff we dig through, the lighter I feel.”

The therapist of this client also commented on the benefit of sharing difficult things to avoid the negative impact they could have on the present if not shared, “...he does despair a lot in this session, but I think his hope is that it won't affect now. That's why he's processing it.”

Connecting interpersonally. Connecting interpersonally was a theme present in four therapist and three client interviews. Interpersonal connection enters into therapy as clients and therapists take note of who they are and what they are bringing to the interaction, or the therapeutic relationship. In other words, it is an understanding of what is underlying the interaction, in a sense, knowing that individuals do not just exchange words when we communicate. Instead, communication happens on many levels, and connecting interpersonally involves figuring out what each other's words and behaviors stand for, represent, or imply. Although a therapist may never explicitly state the desire to foster hope, safety, trust, and stability, they may feel that through their presence or way of being with a client, these things are communicated. One therapist spoke to this exact concept as she stated, “I hope interpersonally, I'm communicating safety, stability, and love.”

A client participant commented on being aware of his own style of interpersonal style, and although it was different than his therapist's, the client was able to pick up on his therapist's interpersonal communication, and experienced the intended message as a means of fostering hope, “... he didn't say anything, but his way of being ... he was engaging ... he wasn't shutting me down and that's important. His way of being was ... ‘This is a safe place, you talk, I listen, and I help.’” The client went on to say,

he did do stuff on the subtle side that did help ... smiles, eye contact ... I'm not a big eye contact kind of person ... for most people it means confidence and goodness. For me it's a sign of aggression ... so I translated his eye contact, smiles, and everything and was able to be happy with that.

A therapist also commented on eye contact as a form of connecting interpersonally with her client as she noted, "He's got strong eye contact, and I hold the gaze ... I wanted to show I'm strong enough to hold this...it seems like an anchor, safety line for him ... that communicates hope and safety that I'm here, I'm present, I'm not going anywhere...."

Demonstrating care. Demonstrating care was found as a hope fostering intervention in four therapist and two client interviews. The idea of demonstrating care seems to go beyond a therapist's role as such, and taps into a personal desire or authentic concern for clients and a longing to be a support to them. Experiencing the therapist's desire to be a support can aid in a client feeling hopeful that things will improve. A client speaks to this idea in his interview as he discusses suggestions his therapist offered to accelerate the treatment process, "He's really wanting to help make things go faster. I appreciate that he wants to make things better, quickly. It's helpful to be like let's see what we can do to speed this up a little bit for you."

Another client notes sensing the personal connection he and his therapist have, and this contributing to the level of care he feels from her, which also influences the level of trust in their relationship. When asked what allows him to build trust in the relationship with his therapist, the client answers, "I can discern that she is a true sister in Christ. I can see she actually does care and she is trying to help, and she's just easy to talk to. I am comfortable talking to her."

Being the client's ally. Being a client's ally was an intervention found in three therapist and three client interviews. Alongside the idea of a therapist demonstrating care, there is a sense that when a client does not have to face things on their own, hope is positively impacted. When a therapist is able to side with a client, and the two unite resources, hope is fostered. In interviews with a therapist and client pair, both note the client's previous perception of having to face difficulties on her own. They also note the increased hope that came from the therapist uniting with the client's efforts. After being asked how she engaged with hope in the session, the therapist noted, "I think she [the client] thinks she's kind of floundering on her own, so being someone there like 'Maybe we can figure this out together.' instead of just her being all by herself." After being asked what it was like to talk with her therapist about her struggles, the client notes, "It's nice...she's trained to help me, not just sit and spin my wheels, thinking, feeling the same thing over and over again...She's a really positive, comfortable person to meet with...I love having her in my corner."

Genuineness. The theme genuineness connects back to the ground work of the therapeutic relationship, safety, trust, and stability. When a therapist is genuine, it allows the client to experience a sense of safety and trust in the therapist. It also allows for a sense of comfort in the stability of the relationship, as well an ability to depend on the stability of therapist themselves. Genuineness then contributes to several other factors such as attunement, the client being able to share difficult things, and the therapist's demonstration of care. Although this theme was present in four therapist interviews and one client interview, it was particularly salient in one of the sessions, and it was discussed by both the client and therapist that were a part of that session.

The client put voice to genuineness building trust. Before watching any clips of his session, the client was asked, "What are some of the ways you feel like [your therapist] provided hope in this session?" Without hesitation he responded, "I can tell she is genuine ... and she actually cares, so that made me develop a degree of trust to be able to open up and talk."

Similar to the client, before the therapist was shown any clips of the session, she was asked, "What are some of the ways that you felt like you provided hope in this session?" She quickly responded, "I think that [the client] and I have a strong rapport ... we are just pretty real ... his appearance is very rural, blue collar, and that's where I've been living ... he brings me back to my roots ... and if it works, it works." At the end of this interview, the therapist was asked if she had any other comments on ways she provided hope in the session, and she responded, "I hope that the down to earth-ness ... all the things that I say that are just down to earth...relatable, practical. It's just straight talk ... being direct, not beating around the bush."

Communicating respect. Communicating respect to the client was found to be a means of fostering hope in sessions. This theme was evident in four therapist interviews and one client interview. Communicating respect can happen in a number of ways, but it most often showed up in interviews as the therapist respecting the client's boundaries by knowing when to push a client and when to pull back. By respecting the client's boundaries, safety is maintained and a rupture in the therapeutic relationship is avoided. This was especially apparent in one of the sessions, as both the client and therapist commented on it in interviews.

After being asked the opening question of the interview, "What are some of the ways that you think [your therapist] provided hope throughout the session or communicated hope?" the client noted:

Being listened to, he does a really good job listening, and even though he was trying to get me to go to the border of my anger, and that was not something that I felt safe doing...he pushed it the right amount ... it was just one of those few instances where it wouldn't be a good idea for me to do that, and he picked up on that, allowed for it, backed off, and it was good...

In regards to this same moment in session, the therapist not only demonstrates respect for the client's boundaries, but also respect for the client in general and respect for the client's ability to direct the session. The therapist commented, "I realized I was pushing on something he didn't want me to push on ... I then wanted to back up and strongly reaffirm he was in the driver's seat...and I am not going to negate his experience or his perception."

Connecting with spirituality. Connecting with spirituality seems to be a way for therapists to connect with something that is a great source of strength and hope for some clients. Furthermore, it can demonstrate the therapist's attunement in session as they pick up on and incorporate areas of meaning and value for the client. This may also help the client feel validated. This theme was identified in two therapist and two client interviews. In one session, a therapist uses an intervention tailored to the client's spiritual beliefs. In the interview, she was asked about this moment in session, and the therapist noted, "Speaking about God I think gave him some hope, having this place as a place that he can be real with his beliefs." The therapist also noted prior to this session the client shared with her that one of his favorite places was the beach. Having gone to the beach the weekend before this session, the therapist was able to incorporate the client's favorite place into the spiritual intervention:

I picked up a bunch of these rocks that have been pounded smooth by the waves (hands a rock to the client) ... and for you I was thinking, there is a rabbi who once said that everyone should carry two rocks in your pocket to remind you, (client attempts to hand the rock back to the therapist) no you can keep that. That's for you. One rock to remind you that from the earth you were made, and another rock to remind you the earth was made for you. So, it's to keep you humble and also to help you remember how special you are to God.

In the moment prior to this, the client rated his hope in session as a 5 on the scale from 1 to 10. However, the present moment in session brought his rating up significantly. The client addressed how this intervention affected his level of hope as he stated, "It went up to a ten. That she thought about me when she was getting it [the rock], and found a saying from a rabbi. It made me feel important, accepted."

These results reveal that within the therapeutic relationship there is immense potential for fostering hope in psychotherapy sessions. The rapport established between therapist and client can also provide a safe space for the utilization of other hope fostering interventions. The next section covers interventions categorized as reframing/providing a new perspective.

Reframing/providing a new perspective. Many individuals come to therapy seeking change and in hope of a fresh perspective. Looking at things in a new way may be the catalyst for the change they seek. This can be true even in times clients do not precisely connect with the new perspective. Even in those times, there is still hope that eventually they will find something they do connect with. One client addressed this very idea as he stated, "He's [the therapist] got a different perspective on stuff ... he might have a different way of looking at it that might help

me... There might be something worth listening to and trying. It didn't end up happening that way but it was worth it.”

It is important to note that therapists may not always see these moments as hopeful as this client's therapist commented “... as we progress through the session, I tried to find other things and nothing worked ... he's acknowledging yeah that's a legitimate thing to think about, but he sounds frustrated ... like ‘I've tried this and it hasn't worked.’”

Within the category of Reframing/Providing a New Perspective, nine themes were identified, making there 90 total possible times this category could have been identified as a part of an interview. In the sample addressed, the themes in this category were identified 55 out of 90 possible times, with every participant indicating no less than four themes relating to a new perspective being provided. The themes encompassed in this category in order of importance (the number of interviews in which the theme was identified) are as follows: Highlighting Hope for the Future (9), Being Positive (8), Framing Difficulties as Temporary (7), Encouraging Realistic/Attainable Goals (6), Communicating Belief in the Client (7), Framing Hope as Present (6), Highlighting Clients' Worth (4), Normalizing Experiences (4), and Externalizing Problems (4).

Highlighting hope for the future. Highlighting hope for the future was noted in five client and four therapist interviews. A change in perspective that suggests a more fulfilling future is possible is a very useful means of fostering hope. This seems true even when there is no foreseeable end to a client's struggles. Rather, it is communicated that the future can be desirable and livable even if struggles are still present. In her interview, one therapist spoke of her attempts to foster hope for the future, “... I'll try to talk about where she [the client] wants to

go, like 'this is what you could hope for in your future ... where you want to go.' to give that sense of 'wouldn't it be great if I could do that.'" The client of this therapist also spoke to hope for the future being fostered in session:

part of the stumbling block was looking at how I have always done things and not looking at the vision ahead ... you hear people say that we limit ourselves by ... being afraid to dream ... to a certain extent, it's probably true ... maybe all I need to do is change my thinking and stop thinking about how I've always done stuff, and think about how I could do things differently and look at things differently. That does give me hope of a positive change.

Another client and therapist pair spoke of hope being fostered by discussing positive possibilities for the future. The client stated, "I'm thinking about the positive things that will be happening. You know I *will* be back up, and I'm imagining that, so I'm much happier at that moment...making me think about the future is definitely a good thing." The therapist stated, "I think what happened is he looked at 'this is what the future could be,' and that's a positive thing for hope."

The therapist went on to comment on how looking toward the future could lower hope if a client considers all of the steps and time involved in making it there, "... then he sort of thought through what it is going to take to get there and felt more negative, then that dropped the hope down." Although the therapist thought this moment in session brought hope down, the client considered it a moment hope was fostered because of the possibility for a more positive future.

Being positive. A therapist having a positive presence, or engaging in positive discussion seems to impact the experience of hope in a therapy session. Five therapist and three client interviews contained this theme. This section of a client interview indicates how the therapist being positive is a means of fostering hope, “Happy and upbeat is a very important thing. It's important to be serious at times, but having a positive attitude and showing that throughout is very important,... When I'm down I need positivity ... the therapist's happiness ... how they project themselves is important.”

While being interviewed, the therapist of this client also spoke to positivity as a hope fostering intervention when he stated, “I think I attempted to instill hope by having a more positive viewpoint on things than what he was presenting.”

Framing difficulties as temporary. Framing difficulties as temporary in some ways utilizes the basis of the hope fostering theme highlighting hope for the future, but combines it with the idea that present difficulties will, at some point, end. This theme was present in four client and three therapist interviews. A therapist and client pair discuss how framing difficulties as temporary fostered hope in their session. The therapist noted:

she knows what she needs to do and she just doesn't want to do it because ... it's not very fun...so the short-term part of it ... this isn't the rest of your life. It is just a couple months, and you can get through a couple months.

The therapist goes on to incorporate hope for the future, “... imagine where you want to be. If you can do this for a couple months, you'll be a lot closer to having a job that you'd be happy in for a longer-term ... the payoff is there down the road ...” When asked what interventions fostered hope in these moments in the session, the client commented, “... framing it in the way

'You don't have to do it for the rest of your life.' ... to think of these things as they're not for the rest of my life. They're for however long they need to be for this end."

Encouraging realistic/attainable goals. This theme was present in three therapist and three client interviews. Encouraging realistic goals communicates that something can be done now, even in the midst of difficulties, which may make life more fulfilling. One client commented on how the therapist used this in session, "... he is ending the session with making me think about things that we can do now, things that will make my quality of life better given what's going on now, and that is good." In regards to this same moment in the session, the therapist noted:

When I said "Okay, I'm just going to accept that this healing process is going to take as long as you say that it's going to take ... what are some things that we can do that would make it more positive while you're waiting?" Then he [the client] was able to be like "Here's 10 ideas," ... so that to me I felt like okay there's finally something that's being offered here.

A therapist may also encourage attainable goals as a means of helping the client work towards something that will give them a sense of accomplishment. Accomplishing small goals may further the belief that the large or overarching goal is itself more attainable. One therapist spoke to this as she noted, "I was trying to give her a small task that she can accomplish by this week ... I want her to be able to accomplish something and then have the incentive 'Look I did something like we've been talking about.'"

Communicating belief in the client. A client's hope is lifted when they have someone who is able to communicate sincere belief in them. Providing encouragement is vital, especially

when a client does not have an internal sense of their own strength and abilities. With three clients and four therapists noting communicating belief or encouragement positively affecting hope, it is evident both therapists and clients see this as a hope fostering intervention. One therapist noted the importance of communicating belief in her client as she commented, "I try to always encourage her... say things that indicate I believe she can do it ... sometimes I think she wonders if she can, so I try to say things like 'I know you can do this, let's figure out how.'"

A client commented on how her therapist's belief in her brought her hope up significantly. The client previously noted her hope was at a 1 on the scale from 1 to 10, but after hearing her therapist's belief in her, the client noted her level of hope raised from 1 to 7. This moment in session came as the client discussed the fear that she is becoming too old to go to college and to get hired out of college:

Client: I need to start school ... I'm getting older and school is not going to wait for me.... My mom was telling me, "Well you know by the time you're in your 40s people aren't going to want to hire you."

Therapist: I think school will always be there no matter what your age. You can get hired if you have a degree. I don't care how old you are. That is a possibility.

Framing hope as present. Interviews revealed that hope is fostered when it is framed as being in the present. This allows accessibility to hope rather than hope being seen as tied up in the future or existing in the past. This view of hope is not dependent on the difficulties passing or reliant on accomplishing goals. This theme was seen in four therapist and two client interviews, and it appeared in two forms. The first form was interventions implying hope was present in the room, or as one therapist put it, "... there is hope and it's here and it's now." The

second form was seen as internalizing hope, in other words, moments in session that encouraged clients to recognize the hope that already exists within. One client spoke of hope being in the present, existing alongside the temporal nature of his struggles as he stated, "Hope is ... always there, but I need to be reminded of it at times ... sometimes you just get lost and you need to be reminded that it might take a while, but whatever the issue is, it will get figured out."

Highlighting clients' worth. Although this theme was present in several interviews, it was predominant in therapist interviews rather than client interviews. This theme relates to the idea of other-esteem as opposed to self-esteem, or the idea of therapists holding esteem for their clients when their clients are in a place of lacking self-esteem. Four therapists noted believing highlighting their client's worth fostered hope, whereas only one client mentioned this as a hope fostering intervention. When taking into account the difference between therapists' and clients' perceptions of this intervention, it seems the idea of holding esteem for another may fall flat if that person is not in a place of holding that view for themselves. This was evident in interviews with a client and her therapist in which both participants noted the client's view of herself did not match the therapist's view, making it difficult for the client to connect with her therapist's intention of communicating worth.

In this session the client discusses needing to prove herself to her family by showing she is not a quitter and she can amount to something. The therapist responds by saying, "Are you not something already?" In the interview, the client comments how she was affected in that moment:

Client: It was shocking to hear her say that ... I thought "What are you talking about? What do you mean? I know that I am somebody."

Interviewer: you were thinking and feeling “I am somebody.” So you took it as she was saying, “What are you now?”...like she was questioning who you are now.

Client: Yeah ... I definitely struggle with self confidence. I've been working on my self esteem.... I know I am a good person. I know I am loving and caring, and I give a lot of myself, but I don't always have the confidence there that I need.

Interviewer: So you feel like that came into play in this moment?

Client: Yeah, I do.

The therapist also identifies the disjointed nature of her comment, but still holds hope that her comment can, on some level, sink in with the client:

I met her core schema with words that didn't match. Saying, “Are you not enough already?” did not match what she truly believes about herself.... That she needs something to amount to something.... She needs something outside of herself, because herself is not enough, and for me to try to communicate that she is [enough], isn't something she can really take and keep right now...Hopefully she took a piece of it.

Normalizing experiences. The therapist normalizing a client's experiences as a hope fostering intervention was a theme present in two therapist and two client interviews. Moments of normalizing can be particularly powerful when they are rooted in a therapist's ability to empathize with a client. For instance, in one session, both the client and therapist experienced a stand out moment following the client's engagement in self-criticism while discussing the stress and frustration of being unable to organize her home. The moment stood out as the therapist responded by noting all of the decisions that can go into organizing a home, and briefly disclosing her own stress and frustration with this at times. In regards to this moment in session

the therapist noted, "I was trying to validate how she was feeling and empathize with her ... because I've had these times where it's just, it's too much ... just trying to join with her ... she's not the only one that struggles with that kind of stuff." When the client was asked how her hope was impacted in this moment, she noted the intervention raised her level of hope, stating, "It was good to hear another person say it's hard."

Another client also comments on the therapist communicating hope through normalizing his experiences as he noted, "She was interacting and I could tell she was involved...I could see and discern she was saying she would probably feel that same way, she related."

Externalizing problems. Larsen and Stege (2010a) identified a similar theme in their research. They describe this theme as, "working with the client to language the problem in such a way that it was seen as an entity that resided outside of the client ... the issue was depersonalized, separating the problem from the person" (p. 282). Externalizing problems as a means of fostering hope was identified in two therapist and two client interviews. In one session, the therapist works to externalize negative messages the client believes about herself as the therapist stated, "it sounds like there's been some internalized messages and beliefs that they've taught you that are lies about yourself."

In interviewing the client about this moment in session, the interviewer restated the client's description of this intervention, "So it seems like she really understood that this isn't you. This is them, which drew it outside of yourself." The interviewer also assessed how the intervention may have fostered hope, eliciting the client's response that this intervention raised her hope from the previous rating of 6 to a rating of 8.

In another interview, a therapist speaks to her attempts to aid her client in externalizing negative messages. The therapist stated, “she will say stuff ... that’s self derogatory like ‘Maybe I’m just lazy ...’ I was trying to [communicate] ‘I think there's something getting in your way.’ as opposed to ‘This is your character trait.’”

These results point to ways a new perspective can aid in a client’s experience of hope. This new way of looking at things can begin to take root and become an internalized part of a client’s way of being. With this new outlook, clients can feel empowered and may be more open to recognizing their role and ability in experiencing hope. The next section covers interventions that foster hope through empowering clients.

Empowering clients. Through the therapeutic relationship and a fresh perspective, clients become equipped to begin looking inward for the resources to face the challenges that brought them to therapy in the first place. There is much hope in knowing you are no longer facing things on your own, but even more hope resides in the belief that you are able to face things on your own if need be. The themes within this category address that very idea, helping a client get in touch with the part of themselves that tells them they are able.

Within the category of Empowering Clients, five themes were identified, making there 50 total possible times this category could have been identified as a part of an interview. In the sample addressed, the themes in this category were identified 37 out of 50 possible times, with every participant indicating no less than two themes relating to empowering clients. The themes encompassed in this category in order of importance (the number of interviews in which the theme was identified) are as follows: Bringing Awareness (10), Fostering Self-Esteem (7),

Providing Tools/Coping Skills (7), Highlighting Client Strengths (7), and Challenging Complacency/Confronting Avoidance (6).

Bringing awareness. When a therapist is able to help a client come to a new awareness, there is hope that with awareness come change. As clients face difficulties, they may not be able to see the full extent of those difficulties. They may not be able to see around the problem. As therapists help uncover patterns or contributing factors, clients become aware of things that were previously hidden from view. The client then has the power to decide what to do with this new awareness, and with the power back in their hands, they are no longer at the mercy of their struggles.

This theme was present in every interview. One client commented, "If one understands why we do or don't do the things we do or don't do, it makes it easier to navigate your way around it and figure out how to change it." This theme was also evident in interviewing the therapist of this client:

having a better awareness of what's going on for her would be helpful ... if someone had told me that kind of stuff I would be like "Oh this makes a lot more sense," and even if I wasn't quite sure where to go from there I would ... feel more hopeful in the sense that ... I know more about myself or I have a little more insight into what's happening in those situations.

Another therapist noted the importance of bringing awareness as he discusses identifying recurring themes in the session with his client, "trying to make connections with other things that he said will hopefully help him complete the picture a bit more." The client of this therapist commented on this noting, "it actually opened my eyes to a couple of things that I've been

noticing but I just never paid much attention to.” The client and interviewer go on to discuss the patterns that are being pointed out to him that he may not have been aware of before. The client notes hoping that by recognizing negative patterns, he may be able to avoid them in the future, consequently improving his sense of well being and his relationships.

Fostering self-esteem. As seen previously in the discussion of Highlighting Clients' Worth, a therapist's esteem for a client may not foster hope in clients if the client does not hold themselves in high esteem. Results indicate a greater likelihood of fostering hope if a therapist's interventions are focused on raising the client's level of self-esteem. If successful, an intervention of this nature could in turn make it more likely that the client is able to benefit from interventions aimed at highlighting their worth. In any case, when a client is able to experience increased self-esteem, self-belief, or self-worth, their hope for facing and overcoming challenges can also increase. This theme was noted in four therapist and three client interviews.

One therapist spoke in the interview about her attempts at fostering self-esteem in her client, whom is often self-critical:

she doesn't give herself enough credit ... I try to mention when clients are being too hard on themselves or if they don't give themselves enough credit ... sometimes it's nice to have other people tell you, “I know you are being really hard on yourself. I can see that you made some effort and it was really good thing for you.”

Providing tools/coping skills. To begin with, a client may not be aware, on a practical level, how to address the things they struggle with. Even if they feel confident they could, and have the strength and willingness to do so, they may just lack the tools or the know how to carry that out. By therapists providing clients with tools and coping skills, a client may be able to

obtain the missing piece of the empowerment puzzle, and once they obtain it, they can finally address their struggles. This theme was identified in four therapist and three client interviews. In one interview, a therapist discusses a positive turning point in her client's level of hope after she introduced him to a website full of mindfulness meditation exercises. The therapist described providing her client with a stone to hold to assist in grounding him as she led him in one of the exercises.

Another therapist spoke to his desire in session to assure his client of the tools available for managing times symptoms become overwhelming. The therapist's comment also alludes to the idea that empowerment can be hierarchical, passed down from supervisor to therapist, and therapist to client. The therapist stated:

he is bringing up a lot of thought patterns, and we have tools for handling thought patterns. He's bringing up a lot of emotion. We have tools for regulating. Even if I don't necessarily know those tools, I can go to supervision, learn the tools, and bring them to him.

Highlighting client strengths. Larsen and Stege (2012) also note the presence of this theme in their research on client accounts of hope fostering interventions in therapy. They describe the theme by noting, "reflecting on personal strengths enhanced client hope in session. Clients experienced hope when counselors highlighted strengths and emphasized resourceful aspects of clients' stories that were not commonly recognized or honored by clients themselves" (p. 49). This was also seen in the present study as this theme was identified in four therapist and three client interviews. In regards to drawing out her client's strength to increase hope, one therapist noted, "She has a lot of natural motivation I'm trying to build on. I'm trying to find her

natural strength and harness it ... to use it in a way that will be conducive to her goals ... I think she left with more hope.”

This therapist also refers to the potential for a client to experience empowerment in recognizing their own strength. This comment came after watching a clip of the therapist's session with the client, in which the therapist acknowledges the client made the choice to discuss difficult things in session:

She made that choice ... I was trying to speak to the power in that moment, that she has the power to change her situation. That's quite hopeful. She had the power to avoid the pain as she has all the other times, and this time she didn't. She stayed there and that was so cool ... I think she was able to acknowledge her own strength in that moment...

Challenging complacency/confronting avoidance. The theme of challenging client complacency or confronting avoidance was present in four therapist and two client interviews. This theme refers to the idea that a therapist cares about their client enough to challenge them to grow, even if it is difficult. However, to foster hope, these times must occur when the therapeutic relationship is strong, and when challenging or confronting is firmly rooted in respect and care.

In interviews, one therapist's discussion of challenging his client overlapped with other themes discussed. Challenging the client was also a means of joining with the client as an ally as well as a means of providing the client with a new perspective. When asked how he engaged with hope in session, the therapist noted, “challenging his assessment of problems.... If you feel alone in something, it can grow in your mind, whereas if somebody else can reflect back ‘This is

actually what is happening.' you have a little bit more hope because [your view is] more realistic.”

Another therapist discussed at length her client's tendency to engage in tangential conversation as a means of avoiding the deeper topic. This was despite the fact that the client previously expressed a desire to go to a deeper place in sessions. In session, the therapist explicitly confronts the possibility that the client may be avoiding going to that deeper place. As the client was interviewed, she was asked about this moment in session. Her response reveals that when a client is encouraged to face something they may have been avoiding, this can bring awareness, may lead to hope for the future, and can present an opportunity for healing to take place in the present. The client commented:

the session brought up some of the stuff I have been trying to stuff down, because she [the therapist] was talking to me a lot about avoidance ... I actually hadn't thought about the fact that I am trying to avoid it ... I've really been trying to work on these things that are messing me up and keeping me from moving forward.

These results indicate hope is fostered through interventions that allow a client to feel empowered. This sense of empowerment can be further solidified throughout the therapy process, thereby aiding in the communication of hope. At times, this solidification happens through a therapist's recognition of moments a client has been able to access and use their resources. The next section covers interventions categorized as highlighting the client's utilization of resources.

Highlighting the client's utilization of resources. Following a sense of empowerment, a client begins to draw on their own resources to aid them in facing difficult moments, rather

than turning to the therapist for resources. However, following this time, there appears to be a time in which hope is fostered through the therapist's use of interventions that assist the client in solidifying this new found ability. By a therapist highlighting times the client utilized their resources, the client's sense of self-confidence and self belief is deepened, and they continue to move towards individuation in the treatment process.

These themes in this category have an underlying tone of hope being fostered through things the client says or does, and the therapist's role is often just to take note of these times in session. Within this category, four themes were identified, making there 40 total possible times this category could have been identified as a part of an interview. In the sample addressed, the themes in this category were identified 29 out of 40 possible times, with every participant indicating no less than two themes relating to Highlighting the Client's Utilization of Resources. The themes encompassed in this category in order of importance (the number of interviews in which the theme was identified) are as follows: Client Sharing About Meaningful Moments (10), Emphasizing Motivating Factors (9), Discussing Ability to Overcome Past Struggles (6), and Recognizing Client Efforts/Progress (4).

Client sharing about meaningful moments. Hope is fostered in session when a client is able to share a narrative containing meaning and value, or when a therapist is able to make note of these things. When a client is able to connect with meaning and value, positivity enters the room, hope is brought to the present, and clients can be reminded of a part of their identity that bears hope. A client can be momentarily lifted out of their struggles, and experience hope for the future or difficulties as temporary as they discuss joyful, life giving, and meaningful moments with their therapist. This theme was present in every client and therapist interview. One

therapist recalled witnessing his client become able to connect with meaning in session, as the therapist stated, "It's not that he is thinking of new things that he can do, that he can add in. He's remembering the stuff that's already going on in his life that is positive."

The discussion surrounding meaning was present in three interviews in the form of the client mentioning finding meaning and hope in being able to give back. In his interview, one client discussed how his own healing process can aid in his ability to help others, and the idea of this increases hope, "I'm not in that position anymore, but if I knew somebody that was having those problems, at least I could talk to them and say, 'I went through the same stuff. There's a light at the end of the tunnel.'" Another client discussed having hope that in sharing his story with his therapist the work they do may assist her down the road in helping other clients, "I want to plant some seeds in her at the same time ... sharing these things that are uncomfortable, maybe it will help her in her area of service and work in a future client ... it felt good to do that."

This same client also discussed how his story is helpful in sharing his faith and hope with others, "It's a part of God's will ... God delivered me from a lot of things and helped me ... I am able to use that ... to give someone else hope that 'Hey, he did it for me, he'll do this for you.'"

Emphasizing motivating factors. The theme exploring motivating factors was present in four therapist and five client interviews. When a client is reminded of factors motivating their engagement in therapy, it makes the difficult moments in therapy worthwhile, and it gives them the strength to continue the work. Clients often initiate the exploration of these factors, and their level of hope is increased, but when a therapist is able to join with the client by emphasizing the factors, the client's level of hope increases even further. This was evident in interviews with a client and a therapist regarding moments in the session in which the client's motivations were

uncovered. In the interview with the therapist, she discussed feeling confused in session, as she was unsure why her client was seemingly in a rush to complete college. The therapist expressed she was concerned the client enrolling in college would negatively impact the relationship with her kids. In session, the therapist is able to come to an understanding the client is motivated to complete school so she can earn more to be able to provide better for her kids. The therapist notes:

this was a big clarifying moment for me, like “I see how kids connect to what you’re doing.” I was previously worried, like this was going to take away from those kids. Now I see how this is going to come full circle, where I didn’t see that before.

In session, it is also uncovered that the client is motivated by a passion for teaching. The therapist is able to emphasize this motivating factor in session as she states, “I see the light in your eyes, ‘I get to be with kids!’ That’s such a gift.”

Looking back on this moment in session, the client recalls the affect this intervention had on her level of hope, “It brought me [hope] back up to a ten ... I get really excited knowing I’ll be working with kids... it makes me really happy and I am glad that she got to see that.”

Discussing ability to overcome past struggles. This theme was evident in three therapist and three client interviews. Discussing a client’s ability to overcome past struggles can foster hope through the reflection of a client’s strength, competence, and ability to use resources. It can also provide both the client and therapist with insight into resources that may assist the client in facing present struggles. One therapist takes this solution focused approach as she commented on her utilization of this intervention in session, “I was trying to emphasize, she has had these

moments she would consider successful in the past, so I was trying to figure out ... what could we intentionally notice about that, and try to set that up for future times.”

Recognizing client efforts/progress. Recognition of a client’s efforts and progress may be a way of reinforcing those efforts, and it may provide the client with the hope that they are able to continue making progress. This may also be a means of continuing to increase client self-esteem and a client’s confidence in their ability to face difficulties, both present and future. This theme was identified in two client and two therapist interviews. The theme was particularly salient in interviews with a therapist and client duo. Speaking about a time the client tried something that was difficult for her, the therapist noted, “she discounts her effort a lot ... she talks a lot about not even being able to make herself try stuff ... I was like ... ‘you took the initiative ... it feels hopeful knowing this is something you tried.’”

The client of this therapist noted:

I did feel a surge of hopefulness because I felt like I had just done these little things ... then this conversation that we had.... It did change something in me ... I felt something, like a window opened and a little bit of fresh air blew in there and made it seem like there is a possibility ... of getting past that ... and celebrating when I do things that I didn't really want to do. I thought they were hard, and I did them and felt good about it, so tapping into that I think is an important thing...

In addition to hope being fostered through the therapeutic relationship, reframing/providing a new perspective, empowering clients, and highlighting the client’s utilization of resources, therapists are also able to communicate hope through their own

experience of hopefulness. The next section discusses how hope is fostered through the therapist experiencing hope.

Therapist experiencing hope. One theme was identified that seems to play a part in all the themes, and therefore does not fit in any one category. This theme occurred in times the therapist experienced hope through inspiring the client, and it was identified in 6 out of 10 interviews, four times by a therapist and two by a client. In the researched sessions, there was only one instance of a therapist explicitly naming hope, so it seems surprising that this theme was evident in client interviews as well as therapist interviews. It appears this theme may be cyclical in nature. As a therapist experiences hope, the client's hope also rises. The therapist then takes note of the fact that hope has been inspired in their client, furthering the therapist's experience of hope, and the cycle repeats. In one interview, a therapist discussed her experience of hope as she took note of how interventions had encouraged progress in her client, "I was really excited...for me I was like maybe this is doing something good."

It is evident clients and therapists perceive there to be several ways hope is fostered in psychotherapy sessions. However, there may also be times in therapy that a client experiences a decrease in hope. The next section looks at interventions that lower hope.

Interventions that Lower Hope

Throughout interviews, participants were asked how interventions affected a client's level of hope. Naturally, times arose when both therapists and clients identified moments in session client hope was affected by being lowered rather than fostered; thus a category was developed to address themes found in interventions that lower hope. Within this category, four themes were identified, making there 40 possible times this category could have been identified

as a part of an interview. In the sample addressed, the themes in this category were identified 12 out of 40 possible times, with every participant indicating no more than three themes relating to hope being lowered. The themes encompassed in this category in order of importance (the number of interviews in which the theme was identified) are as follows: Lack of Attunement (5), Encouraging Realistic/Attainable Goals (3), Therapist Feeling Unhelpful (3), and Allowing the Client Space (1).

Lack of attunement. Just as attunement can foster hope, a lack of attunement can bring the level of hope down. Interviews revealed a lack of attunement can occur in several ways, including challenging a client when they are not ready to be challenged and using metaphors when a client does not understand the metaphor used. One therapist noted the effect challenging his client had on lowering hope as he commented, "I felt a loss of rapport here...I was suggesting this big elaborate 'Let's do this.' and he was like 'That's not going to work.... You don't understand me.... You're trying to push me into something that doesn't feel safe.'"

Interviews also revealed times there can be miscommunications in therapy that lead to a client's perceived lack of understanding or invalidation from the therapist, when the therapist's intent is to communicate something entirely different. This was evident in one session as a client discussed her excitement about going back to school to earn a teaching degree, and her therapist mentions the client is already close to getting her associates degree. The therapist meant for this to be a hopeful moment where the client felt encouraged. This is seen in a section from the interview with this therapist as the therapist notes, "I'm hoping that she heard me like a cheerleader ... there's just been a lot of people who didn't believe in her and tear her down and I really wanted to point out the strengths she's already got going on."

As the therapist alludes to, this client has a long history of feeling invalidated, so when it came to hearing this therapist comments, the client understood them to be similar to all the other comments she has gotten in her life. The client perceived this to be the therapist's way of telling her to just get her associates degree without continuing on in her education. This is clear in the interview with this client:

She was asking me "Why don't you just go get your associates?" ...It shot me down ... I was thinking why would she bring this up because this is something that I am really looking forward to. I have heard a lot of this in my life and I was just kind of stunned that she would ask that.

Later the client noted this moment brought her level of hope from the highest possible rating to the lowest possible rating, from a 10 down to a 1.

Encouraging realistic/attainable goals. Throughout the interviews, there is a recurring theme that the discussion around goals is a tricky one. Encouraging goals is easily viewed as an intervention that brings hope down. This was seen in an interview with a client. After watching a clip of her session, in which the therapist is encouraging her to set some goals she can achieve before the next session, the client notes, "making the plan makes it [hope] go down a little bit because I have one more thing for me to not stick with, so it's not a positive thing for her to suggest."

Within the idea of encouraging goals is the underlying idea that things can change, or there is hope for the future. As we saw in previous themes, it is the hope for the future that seems to foster and communicate hope, rather than the steps or goals to get there. It does not matter so much what road is taken. It just matters that "there is light at the end of the tunnel." It

matters that a therapist believes a client can make it, and that the client feels empowered to set their own path.

Therapist feeling unhelpful. Several interviews with therapists revealed that a therapist's hope goes down when he or she feels unhelpful. As seen previously, clients seem to be able to pick up on times their therapist feels hopeful. In addition, client hope is fostered through therapists believing in them as well as being an ally. Therefore, it is possible that the absence of hope in the therapist could unconsciously negatively affect the client's level of hope as well. The tendency to feel unhelpful may be particularly present in beginning therapists. One therapist noted, "Part of it is just the uncertainty of being a beginning therapist ... when things don't go well in therapy I don't know is it because the client just isn't ready or is it because I'm not that good of a therapist?"

As seen in this comment from another therapist, beginning therapists also seem to question their ability to help a client when the client is coming to therapy for a longstanding issue, "her husband died ten years ago and she's been working on this stuff since then ... I feel helpless because how am I going to do anything that helps her if she hasn't been able to figure it out in ten years?"

Allowing the client space. This theme refers to the therapist minimizing their role in session, allowing the client space to process on their own. From the therapist's perspective, allowing the client space to process was viewed as a way of believing in client's ability to process on their own, and it was thought that this would foster hope as a means of empowering the client. It was also believed that if the therapist were to intervene more, it would get in the way of or interrupt the client's process as the therapist noted, "I didn't feel like I needed to really

push him much to share through the session. He seemed like he was already pretty motivated to talk, so I was ... getting out of the way so he can just process.”

Although this theme was only mentioned by one client, it is worth mentioning as it was a main thread throughout the interview with that client. It is also worth noting because interviews from this session yielded the lowest total number of identified themes, as well as the lowest number for a client interview and a therapist interview. The vast difference in the therapist's approach and the approach preferred by the client likely contributed to the low number of themes identified in these interviews. In interviewing the client, it became clear that the client wanted more input from his therapist, and he found the lack of input confusing rather than a means of empowerment fostering hope:

Interviewer: you mentioned several times throughout the session about not being understood or you don't think that someone will understand, how do you feel about the level of understanding that you encountered in this session from [the therapist]?

Client: I don't know, to be honest with you. He's pretty quiet for most of our sessions, so I don't know if he's just trying to process it all and trying to figure out something to say, or if he just got lost in it all.

In this instance, the therapist's intent was vastly different than the message the client received. It is possible that this situation could be avoided through therapists discussing their approach or their reasoning for interventions with clients. This means of securing understanding can increase hope. It may provide an opportunity for a client to have a voice in their treatment, and may therefore become a more salient part of the therapeutic process, bringing more balance to power differentials, and strengthening the therapeutic relationship.

Chapter 4

Discussion

The present study sought to expand on existing research by furthering understanding of how hope can be implemented early on in the course of therapy to increase therapeutic outcomes. In order to explore this topic, the current study examined how psychotherapists and their clients perceive hope to be fostered in beginning psychotherapy sessions. Themes were found through using Interpersonal Process Recall (Larsen et al., 2008), a semi-structured interview technique in which participants were asked about their in-the-moment, internal experiences in session and how hope may have been impacted through the counseling process. The knowledge gained from this research study provides insight into interventions used by the general therapist population that communicate hope, and thereby improve client care and psychotherapeutic outcome.

Analyses of data indicate several methods believed by therapists and clients to foster hope. On average, interviews with therapists yielded several more themes than interviews with their client counterparts. This may, in part, be attributed to the simple fact that therapists are trained in the use of interventions, and therefore have an increased awareness of the presence of interventions in session. Therapists may also be more attuned to session outcomes and more readily identify factors contributing to higher outcomes. However, further research could be done to more closely determine the reasoning behind the increase of themes in therapist interviews as opposed to client interviews.

Five categories were developed to encompass the interventions identified by therapists and clients. Out of these, four categories related to ways hope was fostered in session, and one category related to ways hope was lowered. The hope fostering categories noted and the number of themes within were Therapeutic Relationship (10), Reframing/Providing a New Perspective (9), Empowering Client (5), and Highlighting the Client's Utilization of Resources (4).

Compared to previous studies examining the use of hope fostering interventions by therapists who had been formally trained in hope (Larsen & Stege, 2010a, 2010b, 2012), the present study utilized a sample of beginning therapists and their clients. Notable differences and similarities are present in the side by side comparison of the use of hope by beginning therapists and therapists who have been formally trained in hope. One of the most notable differences is in the use of explicit hope fostering interventions. Compared to therapists who are trained in hope, beginning therapists demonstrate significantly less explicit engagement with hope. In fact, hope was only explicitly discussed by one beginning therapist, whereas Larsen and Stege (2010b) reported the therapists in their study, who have received formal training in hope, intentionally used the word hope 124 times over 10 sessions. These therapists explicitly engaged with hope to highlight cognitive (goal oriented), behavioral, emotional, relational, and temporal facets of hope.

Therapists in the present study engaged with most of these aspects of hope, but this was done through the use of implicit interventions without specifically addressing hope or using the word *hope*. This was seen in interventions that became a part of themes in the therapeutic relationship category as well as various other themes such as encouraging realistic/attainable goals, providing tools/coping skills, framing difficulties as temporary, highlighting hope for the

future, and discussing ability to overcome past struggles. The only aspect therapists in the present study did not engage in was the emotional aspect. Larsen and Stege (2010b) note that this aspect related to times therapists explicitly reflected on a client's emotional or physical experience of hope. It is possible that by discussing hope explicitly, having an open conversation about attempts to foster hope, or simply checking in with clients regarding their level of hope throughout session could prevent some of the instances noted in the present study in which hope may be lowered in session.

Several similarities are evident when comparing implicit hope fostering interventions used by therapists who have not been formally trained in hope and those who have (Larsen & Stege, 2010a, 2012). It is worth noting that similarities in themes were present even in times themes may have been categorized differently in past studies. Similarities in categories also exist although the themes encompassed in those categories varied between studies. Of particular significance are similarities with the categories therapeutic relationship and reframing/providing a new perspective. Although past research was not consulted in the development of categories for the present study, the categories therapeutic relationship and reframing/providing a new perspective bear striking resemblance to categories used by Larsen and Stege in their research with psychotherapists trained in hope (2010a) as well as clients of therapists trained in hope (2012). Given that similar categories emerged in all three studies, as well as the fact that these categories contained the most robust results in the present research, it is likely these concepts play a distinct role in a therapist's ability to foster hope in session.

As discussed previously, the themes witnessing hopelessness, externalizing problems, and highlighting client strengths, were themes identified in the present research as well as in past

research with therapists formally trained in hope (Larsen & Stege, 2010a, 2012). As seen in Table 1, several other similarities were also noted in themes from the present and past studies.

Table 1

Similarities Found Between Present Study Themes and Themes from Therapists Trained in Hope

Present Study: Therapists not Trained in Hope	Past Studies: Therapists Trained in Hope
Unconditional positive regard	Safety/acceptance
Attunement Empathy and understanding	Feeling heard and understood
Demonstrating care Connecting interpersonally	Evidence of counselor investment
Communicating belief in the client Recognizing client efforts/progress Discussing ability to overcome past struggles	Agency
Bringing awareness Client sharing about meaningful moments	Self-awareness
Framing hope as present	Embodied hope
Highlighting clients' worth Fostering self-esteem	Worthiness
Highlighting client strengths	Highlighting strength
Highlighting hope for the future	Future focus
Emphasizing motivating factors	Recognizing possibilities
Encouraging realistic/attainable goals Providing tools/coping skills	Borrowing possibilities

In addition to the similarities indicated, the comparison of past and present research revealed that several of the themes identified in the present research were not identified in past research. Although the therapists in the present study have no formal training in hope, it seems they implicitly engage with hope in ways therapists trained in hope may not. It is possible this difference may be due to nuances in reporting the results, but it may also be due to therapists trained in hope placing added emphasis on the explicit use of hope, and therefore not utilizing or identifying as many implicit interventions. Themes identified in the present study that were not identified in past studies include genuineness, communicating respect, being the client's ally, connecting with spirituality, being positive, normalizing experiences, and therapist experiencing hope. The present study also identifies interventions that have the potential to lower hope, which is an unreported area in past research. Themes that were only identified in the present study may be of added importance when considering the generalizability of hope fostering interventions, and when taking into account the ways therapists can engage with hope even if they do not have extensive training on the benefits or uses of hope.

As noted, the present study indicates several methods of communicating and fostering hope in psychotherapy. These methods are applicable to a wide range of both beginning and experienced therapists. Although this is a helpful starting place for educating clinicians on the benefits and uses of hope in therapy, future research can build on these results by expanding the participant pool.

Limitations

The primary limitation of this study is that participants were chosen based on accessibility and convenience. In addition, a small sample size was used due to the extensive

nature of this research. The population consisted entirely of European American individuals as well as therapists who may have spirituality as a part of their background, as the Behavioral Health Clinic is affiliated with a faith-based institution, George Fox University. It is possible that the results of this study may not accurately represent the general psychotherapy population. Future research may account for this limitation by conducting interviews with clients and therapists with more diversity in demographics as well as in a variety of treatment settings.

Furthermore, it is possible the noticeable presence of a video recording device could affect the nature and content of psychotherapy sessions. The recording device used in the present study was selected based on the ability to clearly capture participant verbal and nonverbal communication. However, in order to capture verbal and nonverbal communication, the recording device had to be placed within close proximity of the participants and was in clear view throughout the session. The close proximity of a recording device can feel intrusive, and even if rapport has been established between the client and therapist, it is possible the client may be influenced by the lack of rapport between themselves and the examiner who will be watching the session.

This may have occurred in one of the sessions used in the present research. In a particularly difficult moment in the session, it was noted the client repeatedly glanced at the camera. This was also a moment the client seemed hesitant to engage in the intervention suggested by the therapist. Although the client attributed his hesitancy to other factors, it is possible the camera may have been an unconscious deterrent. In future research, if it is not possible for camera to be less intrusive, it may be helpful for the client to meet examiner ahead of time before going into the therapy session. This could provide an opportunity for some

rapport to develop, minimizing the potential impact lack of rapport with the examiner could have on the session.

It is also possible the therapist's use of particular interventions may be impacted by increased awareness of the recording device. This became evident in one of the interviews as a therapist mentioned becoming aware of the camera while in the midst of his session. However, in this instance, awareness of the camera actually encouraged the therapist to explicitly engage with hope in the session. This furthers the idea that when therapists are aware of the benefits of hope, and hope is on their radar, they may attempt to communicate hope more often in their sessions, thereby furthering progress.

Implications

This study provides a framework for ways hope is fostered in psychotherapy even when therapists have not received training in hope. The study also continues to address the utilization of hope early in the therapy process (Hanna, 2002; Ilardi & Craighead, 1994; Larsen & Stege, 2010a, 2012; Snyder et al., 2000). Expanded awareness of interventions that both communicate and lower hope is applicable to a wide scope of mental health practices. Many mental health professionals may not be aware of the benefits of hope or how their clients experience hope. In addition, providers may be engaging in practices they believe provide hope, when these practices could in fact influence a decrease in the client's perceived level of hope. Two hope fostering interventions mentioned in every interview of this study were attunement and empathy and understanding. This indicates that it may be beneficial for therapists to focus on attunement and secure understanding by occasionally talking openly with clients, discussing techniques, motives, or specific points of conversation. This open dialogue could increase hope by strengthening the

therapeutic relationship and helping clients feel heard. It may also prevent miscommunications leading to decreased client hope. Future research would be beneficial to more precisely determine how a discussion of this nature may impact hope.

Given the impact hope has on promoting progress in therapy (Larsen & Stege, 2010a, 2010b, 2012; Lopez et al., 2004), but the limited scope of knowledge in this area (Larsen & Stege, 2010a, 2010b, 2012), there is a substantial amount of valuable research still to be done. Future studies could look at how hope fostering interventions may vary based on theoretical orientation, treatment setting, treatment population, and primary presenting problem. It has also been noted that additional research is needed to gain an understanding of how hope is experienced beyond the beginning phases of the therapy process (Larsen & Stege, 2010a, 2012). Furthermore, research examining hope fostering interventions could be done pre and post therapy sequence. Pre-therapy information could shed light on client beliefs about hope before the therapy process even begins, which may provide valuable information that can be used from the very start and throughout the course of therapy. This would also allow researchers to compare pre-therapy beliefs to post-therapy reports of actualized encounters with hope. This may allow therapists a window into how the experience of hope changes over the course of therapy, so interventions can be adjusted accordingly to help bolster treatment outcomes even further.

Summary

The results of this study provide information on how therapists and clients perceive hope to be fostered in psychotherapy sessions. Hope has proven to be an important and valuable component of promoting client change in therapy (Larsen & Stege, 2010a, 2010b, 2012; Lopez

et al., 2004). Therefore, these results should be used to help educate established clinicians as well as student therapists on the benefits of hope and ways to incorporate hope more in the therapy process. To continue to expand hope based progress, further research is needed to explore how hope fostering interventions may be tailored based on the therapy phase, setting, population, and treatment focus.

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Snyder, C. R., Michael, S. T., & Cheavens, J. S. (1999). Hope as a psychotherapeutic foundation of common factors, placebos, and expectancies. In M. Hubble, B. Duncan, & S. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp. 179-200). Washington, DC: American Psychological Association.

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Appendix A

Invitation to Participate

Volunteers Needed for Research Study

We need participants for a research study on how clients perceive their experience of hope in therapy sessions.

Description of Project: We are researching client's perceptions of how hope is used in therapy. Your participation will take about one and one half hours. We will ask you to meet with a researcher one-on-one for an informal interview about your counseling experience.

To participate: You must be a current client at the Behavioral Health Clinic and must be in your first, second, or third session. You must also be over the age of 20 years old.

Compensation for participating in this study includes a \$20 gift card for Fred Meyer. In addition, your participation will be a valuable addition to our research and findings could lead to improving client care as well as therapeutic interactions and outcomes. In addition, past client-interviewees have found participation to be additive to their counseling experience (Larsen, Flesaker, & Stege, 2008).

To learn more or to express interest in participating speak with your therapist or contact the principle investigator of the study, April Brewer, at 405-509-0992 or abrewer01@georgefox.edu.



April Brewer

This research is conducted under the direction of Dr. Winston Seegobin, Graduate Department of Clinical Psychology.

Appendix B

Therapist Questions to Consider Following a Session

1. What are some of the ways you provided/engaged with hope in this session?

2. What specific strategies did you use that would strengthen hope?

3. Do you have a sense of the client's level hope was in the session?

4. Were there times when you tried to interject hope and the client didn't/ did accept it? If so, what did that feel like for you as the therapist?

Appendix C

Informed Consent for Participation

The purpose of this research is to learn about the experiences of therapy clients for the benefit of improving therapeutic interactions. I _____ understand that my participation in this research project is voluntary and that I can withdraw from the project prior to the analysis of the data without penalty. I understand that participation consists of a one-on-one interview that could take up to 1 1/2 hours. I understand that this interview will be audio taped for the purpose of transcribing and analyzing responses. I understand that this material will be used solely for April Brewer's (investigator) Doctoral Dissertation and may be published in a scholarly journal. I further understand all data will be kept confidential with only the investigator of this research, a peer reviewer, and a faculty advisor having access to the interview information. The only demographic information that will be published will be my gender and age. There will be no reference to my name on any of the research material or public indication that I participated in this project. I also understand that the investigator is required by state law to disclose any report of suicidality, homicidality, or abuse of a child or elder. I understand that I may contact Dr. Winston Seegobin at (503) 554-2381 or April Brewer 405-509-0992 if I have questions or concerns about my participation in, or any part of, the research project.

By signing, I agree to participate in the research project, under the terms noted above.

Signature of participant: _____ Date: _____

Signature of witness: _____ Date: _____

Appendix D

Therapist and Client Interview Questions

Questions to ask clients:

1. What are some of the ways your therapist provided hope in this session?
2. What was it like for you in this moment, what were your internal experiences?
3. What did that do for your hope in that moment?
4. How did you feel when you told that story to your counselor?
5. When your therapist said _____, what was that like for you in the session?
6. What do you remember thinking at that point in the session?
7. I noticed you (some form of nonverbal communication, e.g. smiled or brought the pillow close to you) there. What were you thinking or feeling in that moment?
8. On a scale from 1 to 10 with 1 being the lowest and 10 being the highest where would you rate your level of hope (before the session, after the session, and at various stop points throughout the session)?
9. When the therapist suggested this to you what made you want to grab ahold of it or what kept you from grabbing ahold of it? (To give indication of why is it sometimes clients do or don't respond to therapist hope)

Questions to ask therapists:

1. What are some of the ways you provided hope in this session?
2. What specific strategies did you use that would strengthen hope?
3. What did it feel like for you as a therapist when you tried to interject hope and the client didn't/ did accept it?
4. What importance do you think hope has in therapy?
5. How did you engage with hope in this moment or in this session?
6. Do you believe this intervention communicated hope? implicitly or explicitly?

7. Do you have a sense of where the client's hope may be as they are hearing this from you? Did you have any sense of that in the session?
8. What was it like for you to hear them talk about this or to hear them process this? What were your internal experiences?

Appendix E**Curriculum Vitae****APRIL B. BREWER**

Phone: (405) 509-0992
 abrewer01@georgefox.edu

4709 Marston Ct.
 Norman, OK 73072

EDUCATION

George Fox University, Newberg, Oregon

- Graduate Department of Clinical Psychology: APA Accredited
- Currently a Doctorate level student in a Doctorate of Clinical Psychology Program
- Masters received May 2014
- Doctorate expected May 2017

University of Central Oklahoma, Edmond, Oklahoma

- Bachelor of Arts, Psychology 2008
- President's Honor Roll

SUPERVISED CLINICAL EXPERIENCE

Oklahoma Health Consortium, Norman, Oklahoma

07/2016 – Present

Internship: The University of Oklahoma

Student Counseling Center and Health Sciences Counseling Center

Supervisors: Justin Wyckoff, Ph.D. and Victoria Christofi, Ph.D.

Duties:

- Conduct intakes and individual psychotherapy with university undergraduate and graduate students with chronic and acute issues.
- Provide on-call crisis services by completing risk assessments and assisting students in developing safety plans.
- Administer assessments to test for learning disabilities and Attention Deficit/Hyperactivity Disorder (ADHD), interpret assessment results, write reports, and provide feedback and recommendations.
- Collaborate with an interdisciplinary team of professionals to provide holistic client care.
- Assist in the development and implementation of mental health training and outreach presentations and workshops.

Willamette Family Medical Center, Salem, Oregon

8/2015 – 6/2016

Pre-Internship

Supervisors: Ross Bartlett, Psy.D. and Martha Wang, Ph.D.

Duties:

- Provided assessment, consultation, and brief interventions to behavioral health patients.

- Provided succinct feedback to primary care physicians regarding patient consultation and recommendations.
- Ensured timely completion of documentation of patient services in medical record.
- Evaluated crisis situations, assisted in the detection of “at risk” patients, and applied appropriate interventions.
- Provided on-going follow up and psychotherapy services to patients ages 4 and older with chronic and acute issues.
- Conducted intake interviews with on-going patients.
- Provided diagnoses and effective treatment planning tailored to patients to assist in successfully accomplishing goals.
- Created professional reports, presented case conceptualizations.
- Consulted with supervisors and members of clinical team.
- Administered assessments to test for learning disabilities and Attention Deficit/Hyperactivity Disorder (ADHD).
- Interpreted assessment results, wrote reports, and provided feedback and recommendations.
- Taped select sessions, reviewed, and discussed them in individual supervision.

Warner Pacific College Career and Life Counseling Center, Portland, Oregon

8/2014 – 5/2015

Practicum II

Supervisor: Denise Lopez Haugen, Psy.D.

Duties:

- Provided individual psychotherapy services to college students with chronic and acute issues.
- Conducted intake interviews, wrote diagnoses, and selected evidence based interventions tailored to clients.
- Provided campus wide outreach promoting therapy services.
- Created professional reports, presented case conceptualizations.
- Consulted with supervisors and members of clinical team.
- Administered career, learning disability, ADHD, personality, and neuropsychological assessments, wrote reports, and provided feedback and recommendations.
- Provided information and support to students regarding career development.

George Fox University Behavioral Health Clinic, Newberg, Oregon

10/2013 – 8/2014

Practicum I

Supervisors: Joel Gregor, Psy.D., Kathy Chappelle, M.A., and Luann Foster, M.A.

Duties:

- Provided individual and family psychotherapy services to children and adults ages 6 and older with chronic and acute issues.
- Conducted intake interviews, prepared treatment plans, and wrote diagnoses.
- Provided community outreach promoting group therapy.
- Created professional reports, presented case conceptualizations.

- Consulted with supervisors and members of clinical team.
- Administered learning disability and personality assessments, wrote reports, and provided feedback and recommendations.
- Taped select sessions, reviewed, and discussed them in individual supervision.

George Fox University, Newberg, Oregon

1/2013 – 4/2013

Pre Practicum II

Supervisors: Carlos Taloyo, Ph.D. and Jenae Ulrich, M.A.*Duties:*

- Provided outpatient individual psychotherapy services to volunteer young adult university students.
- Conducted intake interviews, prepared treatment plans, and wrote diagnoses.
- Created professional reports, presented case conceptualizations.
- Consulted with supervisors and members of clinical team.
- Taped all sessions, reviewed, and discussed them in individual and group supervision.

George Fox University, Newberg, Oregon

9/2012 – 12/2012

Pre Practicum I

Supervisors: Carlos Taloyo, Ph.D. and Jenae Ulrich, M.A.

- Given individual direction in psychotherapy skills training at the graduate level. These skills included intake interviews, nonverbal and semi-verbal listening skills, and videotaped simulated therapy.

WORK / VOLUNTEER EXPERIENCE

Peer Supervisor of Practicum I Student, Newberg, Oregon

8/2015 – 5/2016

Supervisor: Mark McMinn, Ph.D.*Duties:*

- Formed an effective working alliance with a Practicum I student and fostered the development of knowledge, skills, and attitudes of professional psychologists.
- Provided consultation on case conceptualization, modes of treatment, ethical matters, the impact of diversity on clinical work, reflective practice, the use of research in clinical work, and conducting and interpreting assessment.

Clinical Foundations Course Peer Supervisor, Newberg, Oregon

6/2015 – 5/2016

Supervisor: Glenna Andrews, Ph.D.*Duties:*

- Supervised first year students in the George Fox University Doctorate of Clinical Psychology Program in the use of Person-Centered Therapy.
- Taught interpersonal communication and empathy skills through the use of role-play techniques and audio and video review of clinical work.

- Provided psychotherapy skills training including intake interviews, nonverbal and semi-verbal listening skills, and record keeping.
- Provided feedback of written assignments including the use of APA formatting.

NorthCare Community Mental Health Center, Oklahoma City, Oklahoma

1/2012 – 7/2012

Position: Adult Case Management Supervisor

Supervisor: Jennifer McCreight, M.S.

Duties:

- Supervised staff that provided adult case management and rehabilitation services to clients with severe mental illness or substance abuse issues.
- Provided on-going clinical consultation, crisis management, and direction with regard to client care decisions.
- Supervised the maintenance of all clinical records and documentation and compliance with agency policies and procedures.
- Developed an atmosphere of trust, open communication, and cooperative working relationships between the staff.

NorthCare Community Mental Health Center, Oklahoma City, Oklahoma

11/2009 – 1/2012

Position: Adult Case Manager/ Behavioral Health Rehabilitation Specialist

Supervisors: Jennifer McCreight, M.S. and Nancy Reed, M.S.

Duties:

- Provided case management services to clients with severe mental health or substance abuse issues.
- Assisted clients in the development of social interaction, employment, and recovery skills through individual and group meetings.
- Completed recovery-focused treatment plans with clients as well as tracked and reported progress in treatment planning.
- Assisted clients in recognizing and utilizing their own strengths to increase self-sufficiency.
- Assisted clients in preparing a program newsletter.

George Fox University, Newberg, Oregon

9/2012 and 9/2013

Volunteer

- Worked alongside other students to provide landscaping, gardening, and mail packaging services for Juliette's House Child Abuse Center.

RESEARCH EXPERIENCE

Research Vertical Team	2012 - Present
<ul style="list-style-type: none"> • Assist team members in formulation of research projects. • Collaborate with team members on supplemental research. • Prepare for formal presentations of research projects and results. 	

- Completed preliminary defense of dissertation December 2014.
- Completed collection of dissertation data October 2015.
- Completed final dissertation defense June 2016.

PUBLICATIONS / PRESENTATIONS

- 2016 *A Study on Clients and Therapists Perceptions of Therapeutic Interventions That Foster Hope*
 Brewer, A., Seegobin, W., Gregor, J., McMinn, M., and Egger, A.
 Poster presented at American Psychological Association Convention, Denver, Colorado, August 4-7, 2016
- 2015 *Trauma Informed Primary Care*
 Brewer, A.
 Professional training presented at Willamette Family Medical Center, Salem, Oregon, October 5-6, 2015
- 2015 *Benefits for At-Risk Nicaraguan Youth Rescued from City Dump*
 Brewer, A., Rabie, A., Chang, K., & Seegobin, W.
 Poster presented at American Psychological Association Convention, Toronto, Canada, August 6-9, 2015
- 2014 *Trauma, Resilience, Hope, and Religious Coping from a Haitian Perspective*
 Galindo, D. & Brewer, A.
 Poster presented at American Psychological Association Convention, Washington, D.C., August 7-10, 2014

PROFESSIONAL AFFILIATIONS

2012 – Present American Psychological Association (Student Affiliate)

PROFESSIONAL TRAINING AND WORKSHOPS

- “Working with Multicultural Clients with Acute Mental Illness” May 2016
 Speaker: Sandra Jenkins, PhD
 Site: George Fox University, Newberg, OR
- “Neuropsychology: What Do We Know 15 Years After the Decade of the Brain?” February 2016
 Speaker: Trevor Hall, PsyD
 Site: George Fox University, Newberg, OR
- “Managing Emerging Sexuality in Therapy” October 2015
 Speaker: Joy Mauldin, PsyD
 Site: George Fox University, Newberg, OR
- “Spiritual Formation and Psychotherapy” March 2015

- Speaker: Barrett McCray, PsyD
 Site: George Fox University, Newberg, OR
- “‘Face Time’ in an Age of Technological Attachment” November 2014
 Speaker: Doreen Dogen-Magee, PsyD
 Site: George Fox University, Newberg, OR
- “Learning Disabilities: A Neuropsychological Perspective” October 2014
 Speaker: Tabitha Becker, PsyD
 Site: George Fox University, Newberg, OR
- “Understanding and Treating Attention Deficit
 Hyperactivity Disorder” October 2014
 Speaker: Erika Doty, PsyD
 Site: George Fox University, Newberg, OR
- “Couples Counseling” March 2014
 Speaker: Joel Gregor, PsyD
 Site: George Fox University, Newberg, OR
- “Grief Work” March 2014
 Speaker: Joel Gregor, PsyD
 Site: George Fox University, Newberg, OR
- “Assessment Training: Giving Feedback to Clients” March 2014
 Speaker: Joel Gregor, PsyD
 Site: George Fox University, Newberg, OR
- “Assessment Training on the Delis-Kaplan
 Executive Function System (D-KEFS)” February 2014
 Speaker: Joel Gregor, PsyD
 Site: George Fox University, Newberg, OR
- “Assessment Training on the Woodcock-Johnson III
 Tests of Achievement” February 2014
 Speaker: Joel Gregor, PsyD
 Site: George Fox University, Newberg, OR
- “Making the Most Out of Supervision” February 2014
 Speaker: Joel Gregor, PsyD
 Site: George Fox University, Newberg, OR
- “DSM V: Essential Changes in Form & Function “ January 2014
 Speakers: Jeri Turgesen, PsyD and Mary Peterson, PhD, ABPP

Site: George Fox University, Newberg, OR

“Assessment Training on the Roberts Apperception
Test for Children- 2nd Edition (Roberts-2)” January 2014

Speaker: Joel Gregor, PsyD

Site: George Fox University, Newberg, OR

“Providing Culturally Competent Treatment to Latino Patients” January 2014

Speaker: Deborah Galindo, MA

Site: George Fox University, Newberg, OR

“Motivational Interviewing” December 2013

Speaker: Joel Gregor, PsyD

Site: George Fox University, Newberg, OR

“Effective Parenting Skills” October -
November 2013

Speaker: Joel Gregor, PsyD

Site: George Fox University, Newberg, OR

“Evidence-based Interventions for Behavioral Health Problems” August 2013

Speaker: Joel Gregor, PsyD

Site: George Fox University, Newberg, OR

“Evidenced-based Interventions for Medical Problems” August 2013

Speaker: Joel Gregor, PsyD

Site: George Fox University, Newberg, OR

“African American History, Culture and Addictions
and Mental Health Treatment” January 2013

Speakers: Danette C. Haynes, LCSW and Marcus Sharpe, PsyD

Site: George Fox University, Newberg, OR

SELECTED COURSES

General

-
- Human Development
 - Psychopathology
 - Ethics for Psychologists
 - Theories of Personality and Psychotherapy
 - Clinical Foundations of Treatment
 - Learning, Cognition, and Emotion
 - Social Psychology
 - History & Systems of Psychology
 - Biological Basis of Behavior
 - Spiritual and Religious Diversity in Psychology
 - Consultation, Education, and Program Evaluation

	Professional Issues Supervision and Management of Psychological Services Spiritual and Religious Issues in Professional Psychology Psychopharmacology
Psychotherapy	Integrative Approaches to Psychology and Psychotherapy Acceptance and Commitment Therapy Family and Couples Psychotherapy Cognitive Behavioral Psychotherapy Psychodynamic Psychotherapy Multicultural Therapy Group Psychotherapy Substance Abuse
Clinical Assessment	Personality Assessment Cognitive Assessment Neuropsychological Assessment Projective Assessment
Research	Psychometrics Research Design Statistics

REFERENCES

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