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Promoting Hope In Children And Adolescents

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✦ CHAPTER 11 ✦

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THE PREVALENCE of depression has reached epidemic proportions. One in ten children experiences clinical depression before age 14 (Garrison, Schluchter, Schoenbach, & Kaplan, 1989). As many as one in five adolescents suffers a major depressive episode before the end of their high school years (Lewinsohn, Hops, Roberts, & Seeley, 1993). For many depressed youth, the future seems foreshortened and bleak—a pervasive sense of hopelessness is a prominent symptom of their major depressive disorder.

Suicide is the ultimate expression of this hopelessness. Suicide is the default option when all other courses of action have been eliminated as futile. Tragically, many of our youth do come to feel so profoundly hopeless. More than 8% of high school students in this country attempt suicide each year (Center for Disease Control, 1991). Each year, approximately 13 in every 100,000 American adolescents aged 15 through 19 take their own lives (Lewinsohn, Rohde, & Seeley, 1996). Paradoxically, this occurs against a backdrop of unprecedented opportunity for social and economic advancement.

This chapter examines the Penn Optimism Program—a depression prevention initiative for children developed at the University of Pennsylvania. There are two major components of the Penn Optimism Program (POP), which together instill a sense of hope in children at risk for depression; the first is predominately cognitive and the second is largely behavioral. In the cognitive module, children learn to challenge

their overly pessimistic attributions and predictions. Through this process participants learn to generate problem-solving options that were previously unavailable to them. The behavioral component equips participants with the skills to act on these options.

HOPE AND HOPELESSNESS

Clinical psychologists have traditionally adopted a disorder-oriented approach to personality, emphasizing the remediation of negative characteristics over and above promotion of the positive. Consequently, substantially more research attention has been paid to the etiology of hopelessness than to understanding the development of hope.

Abramson, Metalsky, and Alloy have developed one of the most comprehensive models of the etiology of hopelessness and have proposed a corresponding hopelessness subtype of depression (Abramson, Metalsky, & Alloy, 1989). According to their theory, hopelessness is a proximal sufficient cause of depression, and the final common pathway for all other, more distal, causes of the subtype (Metalsky, Joiner, Hardin, & Abramson, 1993). They characterize hopelessness as the "expectation that highly desired outcomes will not occur or that highly aversive outcomes will occur, with the further expectation that nothing is going to change this situation for the better" (Metalsky et al., 1993, p. 101). The critical risk factor for hopelessness depression is a cognitive diathesis—the tendency to attribute negative life events to stable and global causes.

Snyder and his colleagues conceptualize hope as a journey, requiring a destination, a map, and a means of transportation. That is, a child preparing for such a journey needs well-defined goals, knowledge of how to achieve those goals, and the determination and energy to act (Snyder, McDermott, Cook, & Rapoff, 1997). They emphasize that this journey of hope "lives first and foremost in our minds" (Snyder et al., 1997, p. 3).

The theories of Snyder and Abramson and colleagues intersect at the realm of cognitions. For Abramson and colleagues, attributions and expectations of negative valence are focal to hopelessness. For Snyder and colleagues, hopefulness is the product of the synergy between

mental representations of goals, pathways to goals, and mental energy (Snyder et al., 1997, p.7). It seems clear then that any program designed to promote hope and prevent hopelessness and depression should address cognitions, and the first half of POP is devoted to cognitive restructuring. But is this sufficient?

We contend that two conditions must be satisfied to foster hope in children. First, the child's cognitive style must allow that, to a threshold degree, her situation is changeable, her goals are clear, and that desirable outcomes can be achieved. Second, the child must be equipped with the behavioral skills to successfully accomplish her goals. Neither condition is sufficient. If the at-risk child perceives that she can improve her life, but does not have the skills to act on that perception, then the window of hope will close. If the child believes that the causes of her problems will be around forever and will ruin everything she attempts, then she will feel helpless and hopeless whether or not she in fact has the social, academic, or introspective skills to advance her life.

In this chapter we examine how POP aims to promote hope in children through training in cognitive and behavioral techniques.

THE PENN OPTIMISM PROGRAM

POP is a 12-week (24-hour), school-based intervention (see table 11.1). It is delivered in groups of eight to twelve children by a trained leader. POP is a manualized protocol in which the principles of cognitive-behavioral therapies have been calibrated for the appropriate developmental age and recast in a preventive mode. Key aspects of cognitive theory are taught in brief didactic sections. Most of the session is devoted to scripted activities in which the participants try out the new skills.

Sessions 1 through 5 represent the cognitive component. In Sessions 6 through 9 we teach more behaviorally-oriented skills. Sessions 10 and 11 combine these skills with more hopeful thinking in a comprehensive problem-solving strategy.

Table 11.1

The 12-Session POP Agenda

Session #	Cognitive/Behavioral Content
Session 1:	The ABC Model
Session 2:	Explanatory Style
Session 3:	Generating Alternatives and Evaluating Evidence
Session 4:	Decatastrophizing
Session 5:	The ABC's of Family Conflict and Rapid-Fire Thought Disputing
Session 6:	Assertiveness and Negotiation
Session 7:	Relaxation and Other Coping Strategies
Session 8:	Dealing with Procrastination and Social Skills
Session 9:	Decision Making
Session 10:	Problem Solving
Session 11:	Problem Solving
Session 12:	Review and Farewell Party

THE COGNITIVE ELEMENTS OF POP

There is now considerable research evidence indicating that children are vulnerable to the same cognitive distortions as adults, and that these cognitions are causal in the development of childhood and adolescent hopelessness and depression (e.g., Hammen, 1988; Kaslow, Rehm & Siegel, 1984). Many of the children who enter POP have cognitive styles that restrict their behavioral options and hamper their problem solving.

The cognitive component introduces the participants to five skills designed to increase cognitive flexibility, expand the arena of possible solutions, and thereby maximize hopefulness: the ABC model, explanatory style, disputing of causal beliefs, decatastrophizing, and rapid-fire disputing.

Cognitive Skill #1: The ABC Model

Session 1 encapsulates the focal role of cognitions in mood under the rubric of Ellis's ABC model (Ellis, 1962; Ellis & Grieger, 1977). Ellis recognized that our lay understanding is that activating events (As) have direct emotional and behavioral consequences (Cs). For example, Tom fails to make the cut in the school baseball tryouts (A), feels depressed (emotional C), and never again tries for another sporting team (behavioral C). However, Ellis proposed that a mediating individual difference variable must be added to the model to explain why different people react differently to what is ostensibly the same event. For example, Linda's failure to make the cut for baseball, rather than leading her to give up on sports, inspires her to train harder for track. According to Ellis, our beliefs (Bs) about the event and the meaning we attach to it directly cause what we feel and what we do (i.e., A→B→C). It is not the activating event per se, but rather Tom's belief, "I'm a terrible athlete," that causes him to avoid all future tryouts. Conversely, Linda's belief that she missed the baseball cut because "I didn't train hard enough" is energizing. Causal attributions (Session 2) and catastrophizing (Session 4) are important belief subsets of ABC.

We convey the ABC skill to participants using cartoons in three panels, representing activating events, beliefs, and emotional consequences (see figure 11.1). The children are taught to describe objectively the activating event pictured in Panel A, providing only the facts of the situation without the actor's interpretation (e.g., "he missed the cut for the baseball team" rather than "he messed up again" or "he's a terrible athlete"). Participants label the emotion on the face in Panel C and estimate its intensity. Finally, the children fill in the thought bubble with a belief that will make sense of the emotion, given the activating event.

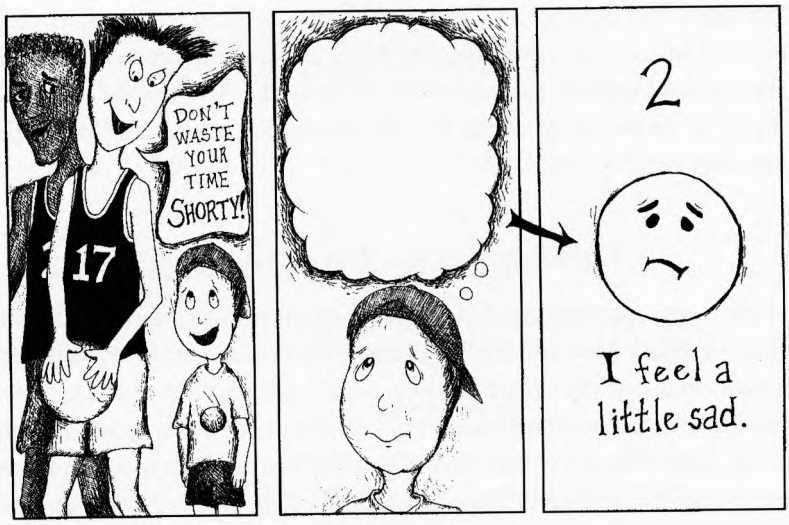

Figure 11.1. The ABC skill with 3-panel cartoons.

We believe that the skill is best internalized if the children practice it on situations in their own lives. For this reason we devote considerable class time to eliciting activating events from the children (e.g., "My dad yelled at me when I broke the vase"), delineating the emotional consequences ("I felt really sad"), and identifying the causal belief ("I always mess up"). The group leader helps the participants "tune in" to their automatic thoughts—the "self talk in their heads." We utilize the group setting to spotlight the power of the model in explaining how different Bs lead to different Cs (e.g., "I wouldn't have felt sad. I would have been angry, because he shouldn't yell at you if it's an honest mistake").

After several iterations most of the children learn the logic of the B-C connection, the link between their thoughts and their feelings. They become adept at identifying Bs that can explain their Cs. This is an essential skill. It is their cognitions that lead to helplessness, hopelessness, and depression. These cognitions are often inaccurate. Only by learning to identify their beliefs can they hold them up to empirical scrutiny.

Cognitive Skill #2: Explanatory Style

We are predisposed to explain the adversities that bombard our lives. We generate beliefs about their causes, and from these attributions we make predictions about our future. For both the hopelessness theory of depression (Abramson, Metalsky, & Alloy, 1989) and the reformulated learned helplessness model (Abramson, Seligman, & Teasdale, 1978), our habitual manner of explaining negative events, or explanatory style, is a significant causal risk factor for hopelessness and depression. Imagine a child who fails to make the school baseball team. Any belief she has about why she failed can be coded on three dimensions. First, causal explanations are relatively internal or external; that is, she will attribute the failure either to herself or to another person or circumstance (e.g., "I'm not good at baseball" versus "the coach has it in for me"). Second, she will attribute the failure to relatively permanent or temporary causes (e.g., "I don't have good hand-eye coordination" versus "I wasn't focused enough"). Third, the cause she infers will be relatively pervasive or specific, undermining everything she does or affecting only her baseball standing (e.g., "I'm such a loser" versus "I'm no good at ball games").

Pessimists are those who, in the wake of adversity, tend to infer internal, permanent, and pervasive causes. Conversely, optimists tend to generate external, temporary, and specific causal explanations. Each of the three characteristics of causal beliefs is dimensional, and any given causal belief can be located in this three-dimensional space. Over time we come to inhabit an idiosyncratic area in attributional space, and respond reflexively with causal beliefs that reflect this explanatory style. There is some research evidence that our style crystallizes by about age nine and, without intervention, remains stable across the life span (Burns & Seligman, 1989; Nolen-Hoeksema, Girgus, & Seligman, 1986; Peterson, Seligman, & Vaillant, 1988).

Our perception of the controllability of adversity is represented across the three dimensions. External attributions indicate less control than internal beliefs, holding permanence and pervasiveness constant. Attribution to permanent causes indicates uncontrollability across time, while pervasiveness suggests uncontrollability across life domain (see Shatté,

Reivich, Gillham, & Seligman, 1998). Helplessness derives from the belief that we currently have no control over an adversity. We feel hopeless when we believe that we will never be able to gain that control.

Many of the children who enter POP are reflexive pessimists. They automatically apply an internal, permanent, pervasive "cookie cutter" to the world whenever adversity strikes. "I didn't make the team because I have no athletic ability" (internal, permanent, pervasive across sports). "She doesn't like me because I'm just not good with people" (internal, permanent, pervasive across interpersonal situations). "I failed the history class because I'm just plain stupid" (internal, permanent, pervasive across intellectual pursuits). In some cases, their attributions may reflect a reality. There are innate abilities and temperaments, normally distributed, which partially determine athletic and intellectual ability and interpersonal skill. But in many cases their pessimistic attributions are either inaccurate, or present only part of the causal picture (c.w., "I'm not the best athlete in the school by any stretch of the imagination, but I didn't practice that much before the tryouts either").

In Session 2 of POP, we liken the concept of explanatory style to an individual's fashion style—a habitual way of thinking just as we have habitual ways of dressing. We focus on the internal and permanent dimensions since they are easier constructs for the children to grasp. We introduce two cartoon characters to represent pessimism and optimism (Gloomy Greg and Hopeful Holly) and the children act out several skits depicting each until they are confident using the two dimensions. We guide the children to an understanding of their own style as well as the recognition that any causal explanation is merely one view of the world—one possible belief in response to that adversity.

Cognitive Skill #3: Disputing Causal Beliefs

Adversities typically are multifactorially caused. To the extent that we obstinately endorse the causal explanation derived from our explanatory style, we will fail to recognize the richness of the causal picture. Since we use our beliefs about the cause of our problems to generate possible solutions, our problem-solving options will also be restricted. The first step in disputing, then, is to generate alternative causal explanations.

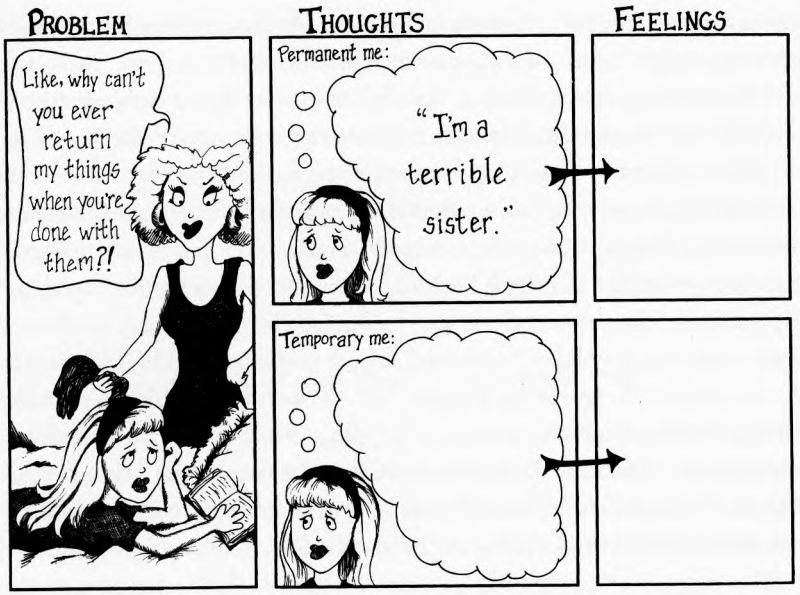

Figure 11.2. Generating alternatives using 3-panel cartoons.

We begin teaching the requisite cognitive flexibility in Session 2, again using cartoons (see figure 11.2). We present children with an adversity in Panel A and with either a highly internal or permanent thought in Panel B. The participants are expected to describe the logical behavioral and emotional consequences of the pessimistic causal belief, generate a more optimistic alternative, and delineate how the initial and new behavioral and emotional responses differ. Participants are encouraged to generate four or five alternatives that span the three explanatory style dimensions. In the 'sister' example presented above, some 'temporary me' alternatives to the actor's initial 'permanent me' explanation (i.e., "I'm a terrible sister") could include "I'm sometimes careless with my sister's things," or "I don't pay attention to when she's about to get angry," or "this time I took something she really cares about." At other times we may encourage the children to generate external causes, as counterpoint to the extreme pessimism of the initial belief (e.g., "she gets so angry over nothing"). Returning to our baseball tryout example, if the child's initial beliefs are reflexively optimistic, he is taught to

generate less optimistic beliefs that indicate some responsibility for the adversity (e.g., "maybe I didn't train hard enough").

The next step in disputing is the skill of evaluating evidence—adducing evidence from one's life to determine the accuracy of the initial and alternative causal beliefs. Cognitive therapists often compare this to the scientific process—generating several hypotheses and testing each against the available empirical evidence. In POP we use a detective analogy. A good detective, like Sherlock Holmes, comes up with a full list of suspects (initial belief plus alternatives) and looks for clues (evaluates evidence). Some suspects, it will be discovered, have a convincing alibi. This process is comparable to disproving a causal belief ("well I guess it's not true that I have no athletic ability, because I do ok at tennis and that takes athletic ability too"). Bad detectives conclude that the first suspect that popped into their heads (initial belief) must be guilty, without checking on the suspect's whereabouts on the night in question (evaluating evidence).

The process of generating alternatives and evaluating evidence taps into the complexity of adversity. Many factors contribute to problems in varying degrees. The alternatives and evidence process helps children analyze the relative importance of several candidate causal explanations. POP participants are taught through a series of activities to incorporate the results of their search for alternatives and evidence into a pie chart, in which each piece of pie corresponds to a causal belief, and with the size of each slice reflective of causal significance (see figure 11.3).

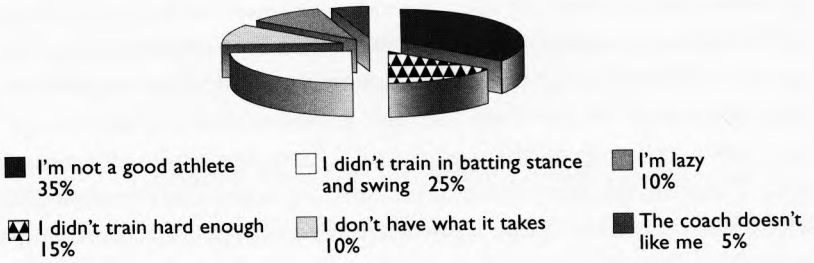

Figure 11.3. The pie chart maps the relative contribution of all causes.

A highly pessimistic belief, such as "I have no athletic ability," is a road block to problem solving and hope. As an initial belief, it represents

100% of the problem. Only after generating plausible alternatives and evaluating evidence is its true contribution revealed. Disputation may determine that a lack of athletic ability indeed explains a considerable portion of the variance in who made the cut and who did not. However, only through disputing can the child recognize the role of physical conditioning and batting practice—two causes over which the child can exert some control. As such, disputing is a skill that offers children hope for the future.

Cognitive Skill #4: Decatastrophizing

Implicit in any causal attribution is a prediction about the future role of the adversity. Highly permanent attributions indicate that the problem will continue to affect the person's life for a substantial time period. If combined with a high degree of pervasiveness, then helplessness and hopelessness are likely outcomes.

Pessimistic thoughts about the future tend to come in a catastrophic chain, the first link of which is an adversity that the child explains pessimistically. The following example represents an amalgam of anecdotes from our experiences implementing POP.

> Josh has noticed that his parents have been arguing more and more over the last six months. Every day now they seem to fight, shouting at each other and slamming doors. Recently he even heard his mother cry out, making him wonder if his dad had hit her. Today his mother yelled out to his dad, "You're a rotten father." His father had forgotten to pick him up after practice and Josh had to take a bus home—and this is not the first time. Josh thinks, "It's all my fault. I'm so messed up even my dad doesn't want to hang out with me. My dad's going to leave because he can't stand being with me. I'll never see him again. My mom won't be able to take care of all us kids. I'll probably end up in a foster home. If that happens I'll have to run away. I know what happens to kids like that. They end up on the streets and go to prison."

This tendency to catastrophize can be countered by using the skill of generating the worst case, best case, and most likely scenarios. The first step is to flesh out the entire causal chain, from current events through to the child's worst fears—the worst case scenario. For Josh, the chain is:

> Arguing → divorce → absent father → financial hardship → foster home → runaway → prison

Second, we estimate the likelihood of the final link in the chain, that Josh will end up in prison. Children, and adults, with pessimistic styles will tend to inflate the probability, perhaps giving estimates of one in ten or even one in three. The link to link nature of the chain of beliefs contributes to the tendency to exaggerate the probability of the catastrophic outcome. The step from the present reality to the final belief is enormous; imagine how our prisons would fill if we were imprisoned because our parents argue. However, the step from arguing to divorce is not absurd, nor is that between runaway status and prison. Nevertheless, catastrophic chains are a string of conditional probabilities—the probability that Josh's parents will get divorced *given* their arguing, the probability that Josh will never see his father again or get financial support *given* a divorce, and the probability that Josh would run away *given* his being sent to a foster home, etc. Therefore, the probability that the entire chain will play out is calculably small.

The next step in the skill of decatastrophizing is to generate some best case scenarios of similar probability (e.g., "his parents will never fight again because their struggles have caused them to bond more closely"). Best case scenarios provide a positive anchor to the negativity of the catastrophic chain. Finally, using worst and best as balances, we teach the children to generate most likely outcomes and devote most of their problem-solving resources to what is most probable, rather than what is most feared.

The skill of decatastrophizing provides children with a method of evaluating the accuracy of their expectations that "highly aversive outcomes will occur" (Metalsky et al., 1993). By so doing it provides a direct challenge to hopelessness.

Cognitive Skill #5: Rapid-Fire Disputing

The effectiveness of the cognitive skills in preventing depression and hopelessness is contingent upon their utility. If the children cannot employ the skills when most needed, then the hope they offer will soon fade. Specifically, they must be effective in the real world, outside of POP, away from worksheets and supportive leaders. When pessimistic thoughts assail us they are fast and reflexive. In order to repel them successfully, the cognitive skills must operate *as* fast and reflexively. When negative thoughts arise, the child must be able to respond immediately with an alternative, some counter-evidence, or decatastrophizing. This skill is called rapid-fire disputing.

We teach this skill in POP using a game called the Hot Seat. The children are presented with a hypothetical adversity (e.g., "It's the first day of junior high and you don't feel like anybody likes you"). The leader reads a list of negative thoughts to the children and asks them to dispute on-line (e.g., "I'll never have any friends." "nobody likes me because I'm too boring," "If I were better looking, people would like me," "I'm going to be lonely for the rest of the year"). From its introduction in Session 4, rapid-fire disputing is practiced in every session.

THE BEHAVIORAL ELEMENTS OF POP

As stated earlier, while the cognitive skills afford the child the hope that change is possible, they do not provide the skills required to effect that change. In the second half of the program, POP participants receive training in some action-oriented, behavioral skills that are an essential part of many problem-solving strategies, including assertiveness and negotiation, countering procrastination, and decision making. We illustrate the additive nature of the cognitive and behavioral aspects of POP in the following three scenarios.

Scenario #1: Disputation and Assertiveness

Becky and her friend Debra have plans to meet at the mall after

school, but Debra fails to show for the third time this month. Becky feels very sad for the next few days and avoids Debra at school.

Becky uses the ABC technique to identify her initial belief that "people just don't like me because I'm boring" and to help understand why she has been feeling so depressed. Next, she generates some alternatives to her initial causal belief, including "Debra doesn't like me," "She's not good at keeping dates with anyone," "She's very forgetful," "Some people find me boring," and even "Debra's a jerk," She uses evidence and the pie chart to determine that while Debra can be inconsiderate, the biggest slices of pie correspond with her forgetfulness, especially when it comes to appointments.

Since this is a more external and specific attribution, the disputing work is likely to alleviate Becky's sad mood. In addition, it offers greater opportunity for change, since forgetfulness, even on the part of another, is more easily remedied than being unlovable. But as effective as this cognitive technique is, the problem with Debra remains. Indeed, reattributing to an external cause will likely give rise to mild anger or frustration. Clearly, Becky must do something more than clarify her perception of the adversity and its causes. She must do something about the adversity itself, that is, Debra's pattern of standing her up. She can achieve this by talking assertively with her and negotiating a mutually agreed upon plan of action for the future.

Scenario #2: Disputing and Procrastination

Jimmy's teachers know he's a pretty bright kid, but it almost never shows in his grades. His biggest problem is getting written assignments turned in on time. Getting him started on those essays is like pulling teeth. He'll even clean his room to avoid writing that paper.

Procrastination is a behavioral consequence of maladaptive beliefs. When Jimmy applies the ABC model with the help of his POP leader, he identifies several beliefs that cause him to avoid getting started. When

he has a paper to write, he often thinks "I have to get this just right to get a good grade." In combination with his recurring beliefs that "I'm a terrible writer" and "this project is just too big for me to get through," the situation seems hopeless. Using disputing he comes to realize that he could get a good grade even if the paper isn't perfect. But he still has trouble believing that the assignment is manageable. The behavioral skill of the graded task is valuable here. In the graded task, the child learns to break the entire project into ten or so meaningful and manageable chunks. For Jimmy, these may include "go to the library and check out some relevant books," "read the first book," "write a brief summary of it," "read the second book," "write a brief summary," "make a page by page outline for the essay," "write the introduction," "write section 1," "write section 2," "write the conclusion," and "turn in the paper." At the successful completion of each subtask, Jimmy has a reward planned for himself—two hours of TV, a movie, or a computer game.

Scenario #3: Decatastrophizing and Decision Making

> Lisa saw two classmates cheating during her science exam. She is currently on the B/C grade boundary, and this was her last chance for the semester to improve her grade. She knows that her sixth-grade science teacher grades on a curve. She has to decide whether or not to tell the teacher. If she does, the other kids may find out. But, if she keeps it to herself her grade could suffer.

Lisa clearly faces a dilemma. She uses decatastrophizing to more accurately determine the probable outcomes of each option. In so doing, she realizes that if she were to tell, she would probably have a tough time interpersonally. However, she now recognizes that it is highly unlikely that no one will ever be her friend again, which was her worst fear. Her analysis also indicates that her catastrophic belief that she will fail the course were she to keep the information to herself is also improbable. This cognitive work has eased her anxiety considerably, but she still faces a tough choice.

POP Session 9 teaches the children a systematic approach to decision

making. In the case of a binary choice, participants draw up a simple two-by-two table and list the costs and benefits of pursuing each course of action under consideration. They weight those outcomes that are particularly salient to them—perhaps due to their ethics. In a future-oriented version of the pie chart, Lisa can estimate the probability of each outcome (the group leader's approach to this activity is more directive with younger children). She can also flag any especially desirable or aversive outcomes.

THE PROBLEM-SOLVING PROCESS

In this chapter we have presented snapshots of the cognitive and behavioral skills taught in POP, and how they combine to foster hope and prevent depression and hopelessness. Of course, these do not capture the true iterative nature of problem solving. For any adversity, the participants learn to follow a multi-step process. First, they apply ABC—objectively describing the adversity, identifying the beliefs, and understanding the effect of these beliefs on their emotions and behaviors. Second, if their negative thoughts are beliefs about cause, they generate alternatives, evaluate evidence, and determine the relative contribution of each causal factor. The skill of decatastrophizing is applied to beliefs about future implications. Third, they use their more accurate beliefs about the causes of events as the basis for generating possible problem-solving strategies. Fourth, they use decision-making skills to prioritize their plan of action, based on the changeability of the causes, their degree of contribution, and the likely outcomes of pursuing that plan. Fifth, they enact the plan using the behavioral skills of POP—social skills, assertiveness and negotiation, or the graded task. Sixth, they evaluate the success of the strategy in achieving their goals, and modify and reenact when necessary. This final step reflects the iterative nature of real-world problem solving. It requires resilience in the face of setbacks and disappointments, which in turn requires a sense of hope that the cognitive skill of disputing provides.

THE EFFECTIVENESS OF POP

In the first empirical test of POP, 140 children in fifth and sixth grade were assigned either to POP or a no-intervention control (Jaycox, Reivich, Gillham, & Seligman, 1994). The children were selected as at risk for depression due to their self report of depressive symptomatology and their perception of family conflict and cohesion at home. They completed the Children's Depression Inventory (Kovacs, 1985) every six months for two years following the final session of the 12-week program (see figure 11.4). The final sample numbered 118.

Children in POP experienced significantly fewer symptoms of depression than their control group counterparts across the 2-year evaluation period (Gillham, Reivich, Jaycox, & Seligman, 1995). Analysis of the proportion of children experiencing moderate to severe levels of depressive symptoms indicates that POP halved the rate of depression in at-risk children.

	Prevention	Control
Screen	11.7	11.1
Pre	9.1	10.1
Post	7.6	8.9
6 Month	7.8	9.9
12 Month	6.4	9.5
18 Month	7.3	12.4
24 Month	9.1	13.3

Figure 11.4. Depressive symptoms (mean CDI) by prevention condition and time.

Furthermore, children in POP remained significantly more optimistic than controls. These findings suggest that POP fostered a sense of hope, which buffered these children against the adolescent increase in risk for depression.

Since this study, our research attention has focused on two corollary issues—dissemination and active ingredients. We have developed a protocol for training educators and counselors as POP leaders. In order to examine the change process, we designed a specific-component control, an alternative, affective-interpersonal intervention called the Penn

Enhancement Program, or PEP. Early empirical indications are that middle school teachers can be trained to be effective implementers of POP. Our initial research with PEP has raised treatment specificity questions—girls seem to benefit more from PEP than POP. Our research agenda continues to isolate and test process hypotheses involving issues of program content and group dynamics.

We believe that both the cognitive and behavioral skills in POP are active ingredients of the observable changes in helplessness, hopelessness, and depression. The cognitive elements instill hope in the child who once believed that the problems in her life were caused by uncontrollable permanent and pervasive factors. The behavioral component equips the child with the resources to act on that hope. If these newly acquired skills fail her at first, she has the cognitive tools to challenge the beliefs about failure that previously led to helplessness and hopelessness. She has a resilience that comes from hope.

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