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Hope as a Crucial Factor in Integration Among Unaccompanied Immigrant Youth in the USA: A Pilot Project

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Abstract In 2014, 53,518 unaccompanied immigrant youth, predominantly from Central America, arrived in the USA. By mid-2015, over 12,000 had already arrived (Office of Refugee Resettlement 2015). Despite experiencing a myriad of risk factors and challenges, these children display remarkable resiliency. An important component of this resiliency which, in turn, enhances the well-being of these populations, is the maintenance of hope. This paper reports on a study conducted in spring 2013 on the presence of hope among 138 unaccompanied immigrant children, ages 9–18, receiving services from 20 affiliates of a family reunification program in 12 states in the USA. The study found that children reported a high level of hope on the Children's Hope Scale (Snyder et al., New York Free Press 1994; Psychological Inquiry 13(4):249, 2002). This article reports on these findings and discusses their implications for policy, practice, and research.

Keywords Migrant Children · Immigrant · Refugee · Central America · Youth · Hope · Resilience

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Introduction

Unaccompanied immigrant youth (UIY) enter the US daily to escape violence, oppression, extreme poverty, and other forms of political instability in their countries or as victims of human trafficking. From 2000 to 2011, between 5000 and 7000 of these youth, whom the US government refers to as unaccompanied alien children (UAC), arrived annually. In fiscal year (FY) 2012, the number of arrivals dramatically increased to 14,649 unaccompanied immigrant youth. The following year, FY 2013, nearly 25,000 arrived. In FY 2014, the number had more than doubled to 53,518, and so far in FY 2015, over 12,000 UIY have arrived (Office of Refugee Resettlement 2015). In response, the federal government has developed systems of specialized care for unaccompanied immigrant youth through the ORR, Division of Children's Services (ORR, DCS).

Once these youth enter the USA and are encountered by legal authorities, they are placed in shelter care by ORR until a sponsor/caregiver is identified. ORR contracts agencies such as Lutheran Immigrant and Refugee Services Children Services (LIRS CS) to provide both in-shelter and follow-up services. Usually, UIY are released to biological parents, but sometimes they are released to other family members, such as aunts, uncles, or cousins, or even family friends. These youth exhibit multiple risk factors that could indicate a need for increased attention from social service providers. Among many other risk factors are physical or sexual abuse in their country of origin, a history of trauma or violence in their country of origin or *en route* to the USA, and family separation for half of the minor's life or more.

Most recent unaccompanied immigrant youth arrived in the USA are from Central America, including El Salvador, Honduras, and Guatemala; countries where there have been increased incidents of violence, physical or sexual abuse, and persecution that traumatize children and drive them from their homes (United Nations High Commissioner for Refugees 2014). In Honduras, for example, gangs target children as new recruits and commonly use kidnapping, extortion, and murder to coerce families to give up their children. Gang recruitment continues to intensify in El Salvador where gangs target children at school, resulting in one of the lowest school attendance rates in Latin America (Women's Refugee Commission 2012; U.S. Committee for Refugees and Immigrants 2013). Information from a recent United Nations High Commissioner for Refugees (UNHCR) report demonstrates that of approximately 100 minors who indicated experiences of gang-related harm in their country of origin, 29 % of girls and 16 % of boys reported school-related dangers (UNHCR Children on the Run report, March 2014). In addition to the problems occurring in Honduras and El Salvador, Guatemala has been experiencing an extreme food crisis (Women's Refugee Commission 2012; U.S. Committee for Refugees and Immigrants 2013) that drives youth to leave their homes and families.

Unaccompanied immigrant youth who exhibit particularly high risk factors, such as these, are referred to supportive follow-up services, including case management, health or mental treatment, and legal counsel, to ease the transition to life with a family in the United States and ensure access to future services within the community. While these post-release services (PRS) can effectively mitigate risks, only a small percentage (approximately 5–10 %) of unaccompanied immigrant youth actually receives such services upon release from ORR, DCS custody. The pronounced gap between the

number of these youth who need support services and those who obtain them underscores the importance of working with these children and youth after they are placed with families.

If provided, such services can enhance resiliency and promote positive outcomes (Panter-Brick and Eggerman 2012). Hope has been found to be an important component of resiliency and is the focus of this paper (Luthar et al. 2000; Luthar 2003). In a continued effort to incorporate research into practice, in the spring of 2013, LIRS CS conducted exploratory research to investigate hope among foreign-born youth in family reunification programs within the LIRS CS affiliate network. The purpose of this paper is to share findings from a study that examined the effects of hope on the ability of the children in these programs to assimilate successfully into their new communities.

Risk, Resiliency, and Hope Among Migrant Children

Unaccompanied migrant children frequently carry with them the effects of traumatic experiences in their home countries following their release to family members, friends, or other sponsors. Research conducted on recent Latino/a migrants to the USA found that the trauma migrant children have experienced in their home countries can combine with the trauma of migration to increase the likelihood that these children will develop serious mental health problems and acute behavioral issues (American Psychological and Presidential Task Force on Immigration 2012). Few studies exist regarding the experience of undocumented youth who migrated from Central America to areas of the world other than the USA (Mason 2014; Rocha and Coronado 2014).

Other contemporary studies of migrant children, conducted in both industrialized and developing nations, however, have identified a variety of risk and protective factors that affect children's health, mental health, overall well-being, and ability to integrate into their new environments. Although these studies do not specifically focus on the issue of hope, they have identified a variety of factors that affect the extent of dislocation these children experience in the migration process and which contribute to or prevent their assimilation into their new countries. These include the economic well-being and gender of the parents that accompany them (Abrego 2009), the degree of family disruption in the migration experience (Adserà and Tienda 2012), the child's gender and age of migration (Aguilera-Guzmán et al. 2006; Belhadj Kouider, Koglin, and Petermann 2013; Yin and Liu 2013), parental parenting styles (Belhadj Kouider et al. 2013), ethnic and cultural identity (Meir, Slone, and Lavi 2012; Stevens and Vollebergh 2008; van Oort et al. 2007), exposure to war or conflict (Chan et al. 2009), extent of contact with parents (Graham et al. 2012), degree to which they experienced discrimination in their host countries (Liu and Shen 2009), exposure to environmental risks (McLaurin 2012), degree of social exclusion and isolation (Shi et al. 2009; Yao and Hao 2013), level of family social support (Wu et al. 2012), and extent of stigma (Xiu-Yun et al. 2009).

Studies have also found that without effective and sensitive interventions, migrant children may experience a variety of subsequent problems including reduced economic well-being (Abrego 2009); poorer educational attainment and school adjustment (Adserà and Tienda 2012; Chen et al. 2009; Yao and Hao 2013); heightened psychological stress, depression, and anxiety disorders (Aguilera-Guzmán et al. 2006; Guo

et al. 2012; Keung Ong et al. 2009; Yin and Liu 2013); more frequent internalization of problem behavior (Belhadj Kouider et al. 2013; van Oort et al. 2007); increased incidents of bullying (Hjern et al. 2013); higher health risks (McLaurin 2012); diminished self-perception and self-esteem (Meir et al. 2012; Xiu-Yun et al. 2009); lower occupational status as adults (Oort et al. 2007); increased involvement with the criminal justice system (Paalman et al. 2011); and heightened social exclusion (Shi et al. 2009). Some of these difficulties arise because of different perceptions of migrant children's needs among helping professionals, the children's parents, and the children themselves (Chen, Wang, and Wang 2009; Hamilton 2013a, b; Liu and Shen 2009; Margari et al. 2013; Säävälä 2012).

Conversely, well-designed health, mental health, and educational programs have facilitated the integration of migrant children into their new societies and reduced the effects of the multiple risk factors they experience (Chen, Wang, and Wang 2009; Connor et al. 2007; Hamilton 2013a, b; Hannah 2007; Hjern et al. 2013; Keung Ong et al. 2009; Margari et al. 2013; Oort et al. 2007; Säävälä 2012; Wu et al. 2012; Yao and Hao 2013). Several programs that adopted a more holistic approach and emphasized enhancing migrant children's self-efficacy (Chan et al. 2011), social competence (Chen, Wang, and Wang 2009), empowerment (Hannah 2007), happiness (Jordan and Graham 2012), self-esteem (Peng et al. 2012; Xiu-Yun et al. 2009), and agency (Roddy 2012) are particularly noteworthy. The latter studies are closely related to the research reported in this article which focuses on the possession of hope among unaccompanied immigrant youth in family reunification programs within one agency's affiliate network.

Studies have also found that these youth and their sponsors have remarkable resiliency which enables them to overcome these traumatic experiences and make successful adaptations to their new lives. In this context, resiliency refers to the ability to cope and adjust positively to new circumstances despite the presence of high levels of risk and stress. According to resiliency theory, risk and protective factors co-exist in people's lives. Resilience is "the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks" (Fergus and Zimmerman 2005, p. 399). Theorists of resilience assert that the interaction of protective factors, such as those listed above, may lessen the effects of exposure to harsh conditions. Thus, the more protective factors available, the more resilient a person will be (Ungar 2011). This implies that resiliency is not the product of fixed personality characteristics; rather, it is the result of a dynamic process between individuals and protective features in their environment (Panter-Brick and Eggerman 2012), such as policies and programs that intervene at critical "tipping or turning points" in a person's life (Panter-Brick and Eggerman 2012, p. 370). Another factor which contributes to resiliency and, in turn, enhances the well-being of these populations, is the presence of hope (Luthar et al. 2000; Luthar 2003) which supportive programs and services can help create and sustain.

In this context, hope has two principal components: pathways, the possession of concrete, feasible goals; and agency, a belief in one's ability to reach those goals (Snyder 1994, 2002). Research suggests that programs which promote hope among undocumented immigrant minors may help them achieve greater stability in their lives and enable them to integrate more quickly and painlessly into their new communities. Research that was not limited to migrant children and youth has also demonstrated the

positive impact of hope on their healthy physical development (Buran et al. 2004), adherence to health and mental treatment protocols (Berg et al. 2007; Snyder 2002), response to mental health interventions (Dew-Reeves et al. 2012), life satisfaction and emotional state (Edwards et al. 2007; Marques et al. 2013; Sukkyung et al. 2008), academic achievement (Gilman et al. 2006; Kaylor and Flores 2007), long-term psychological well-being (Marques et al. 2011), and decreased substance abuse (Wilson et al. 2005). In addition, hope has been found to be a protective factor against adverse life events and, therefore, has been a component of multiple youth intervention projects (Valle et al. 2006). Finally, high levels of hope have been connected to greater civic engagement among youth, an indicator of their successful integration into their new communities (Ager and Strang 2008).

The study reported in this article examined the level of hope among recently arrived unaccompanied immigrant youth who had been reunited with their family sponsors. The findings suggest that there may be a relationship between these youth's level of hope and the degree of stability they experience in their new home environments and between their level of hope and the nature and extent of the social, health, and legal services they receive.

Methodology

Procedure

A cross-sectional survey research design was used for the study. Researchers used the Children's Hope Scale (CHS) (Snyder 1994, 2002) to measure hope among participating youth placed in family reunification programs through LIRS CS. In the spring of 2013, researchers asked all 22 LIRS CS Family Reunification (FR) affiliates to administer the CHS to children in their programs. Twenty of the 22 affiliates agreed to participate. One person from each of 20 FR affiliates administered the hope scale to unaccompanied immigrant youth; they received a total of 138 responses. In addition, relevant demographic variables, including age, gender, country of origin, type of program, time in program, location of program, and legal status, were also studied to examine their relationship with hope. The researchers obtained Institutional Review Board approval from the University of Maryland, Baltimore County.

After agreeing to complete the CHS during the established period, one person from each of the 20 participating affiliate programs, either a supervisor or case manager, received basic written instructions for the study from the research team, which included three people—two LIRS CS staff members and one faculty researcher from a nearby university. These instructions included the purpose of the data collection, information on how to administer the survey, background literature on the CHS, an explanation of the translation of the CHS from English to Spanish, and a list of other demographic information that needed to be collected. The three researchers continually emphasized the importance of confidentiality in this study when training the staff who administered the questionnaire; they instructed these staff members to inform the children that participation in the study was voluntary, optional, would in no way impact youth's receipt of services, and that they could withdraw at any time. They also informed the

staff members that the CHS could be completed individually by the youth or with the assistance of the case manager if the youth so desired.

One researcher at LIRS CS was appointed to field any questions that arose prior to or after administering the CHS. At the end of the data collection period, the researchers at LIRS CS held a focus group via telephone with the supervisors and case managers who had participated in the study. This provided them with qualitative feedback from direct line staff about the research process, which is discussed below.

Measure and Data Analysis

The CHS is a six-item Likert scale that measures the two components of hope: agency and pathways. Each subscale is represented by three items in the scale. (See Appendix 1 for specific items on the scale.) Pilot testing revealed that reducing the number of response categories on the scale from 6 to 4 would better meet the needs of the population. This is consistent with previous research regarding this population (Flaskerud 1988; Jani 2010). Thus, for this project, the scale was modified to include four response categories so that each item was scored on a scale of 0–3. Each subscale, therefore, had a maximum score of 9, indicating the highest level possible, and a minimum score of 0, indicating the lowest level possible. Thus, the highest possible total CHS score was 18, indicating the highest level of hope possible, and the lowest possible total score was 0, indicating the lowest level of hope possible.

In order to examine the relationships between risk factors and hope, data previously collected by staff using the 50-item LIRS CS FR Minor Risk Factors Checklist were also entered. These data are routinely collected by LIRS CS staff when a UIY first enters the program. The four risk factors identified most frequently among the 138 FR youth were prolonged family separation ($N = 57$ or 41.3 %), mental health needs ($N = 65$ or 47.1 %), abuse in home county ($N = 51$ or 37 %), and history of trauma ($N = 57$ or 41.3 %). All other risk factors occurred in less than 25 % of participants and thus were not included in the analyses. Data were entered into Statistical Package for the Social Sciences (SPSS) 20 and recoded to reflect normal distributions.

Participants

Table 1 describes the number of respondents in each participating FR affiliate program and the city where the program is located. Of the 138 UIY FR respondents, 68 are males, and 70 are females. Tables 2 and 3 describe the respondents' age and length of time in the program. A majority of youth were being reunified with their mothers. The breakdown of sponsors' relationship with the participants is indicated in Table 4.

The respondents had traveled to the United States from six countries; 99.3 % of them are from Latin America: El Salvador ($N = 62$ or 44.9 %), Honduras ($N = 39$ or 28.3 %), Guatemala ($N = 23$ or 16.7 %), Mexico ($N = 8$ or 5.8 %), and Ecuador ($N = 5$ or 3.6 %). One respondent was from India ($N = 1$ or 0.7 %). Although the survey was offered in Spanish and English, 87.8 % of the respondents choose to participate using the Spanish version.

Table 1 Program location of respondents

City of participating FR affiliate program	Number of respondents
Barium Springs	1
BCS-Fresno	4
BCS-GA	3
BCS-MD	27
BCS-NE	9
BCS-NJ/NY	11
BCS-SC	1
BCS-VA	9
Children's Choice-MD	20
Int'l Christian Adoption	2
KVC Behavioral Health	3
LFS-Carolinas	3
LFS-Rocky Mountains	1
LSS-FL	2
LSS-NW	2
LSS-NY	8
NVFS	12
Salvation Army	1
Sierra Vista	2
Independent contract	17
Total	138

Results

A major finding of this project is that the respondents' total hope scores and agency and pathways scores were high: over 75 % of respondents scored 15 or higher out of 18 for total hope, and an 8 or higher out of 9 for agency and pathways. Total hope scores and agency and pathway subscale scores can be found in Table 5. As displayed, the majority of respondents show high scores on total hope as well as both subscales. Total hope score, agency, or pathways were not found to be significantly related to age, gender, country of origin, length of time in program, location of program, or sponsor relationship.

Table 2 Age of respondents

	Age (years)
Range	9–18
Mean	15.5
Mode (most commonly occurring age)	17 (29.7 % of respondents)
25 % of respondents	15 or younger
50 % of respondents	16 or younger
75 % of respondents	17 of younger

Table 3 Length of respondent time in program

	Time in program (months)
Range	1.03–44.2
Mean	10.43
25 % of respondents	3.77 or less
50 % of respondents	7.03 or less
75 % of respondents	13.5 or less

Strong, positive correlations were found between subscales: total hope and agency ($r = 0.848, p = 0.000, p < 0.01$), total hope and pathways ($r = 0.831, p = 0.000, p < 0.01$), and agency and pathways ($r = 0.411, p = 0.000, p < 0.01$). Thus, as any of the three scores separately increased; the other two scores increased as well. Positive correlations were also found among each of the CHS items.

Using the information obtained on risk factors, means were compared to determine if youth who had been identified as having risk factors had a different level of hope than those who were not identified as having risk factors. As described previously, the four risk factors identified most frequently (prolonged family separation, mental health needs, abuse in home country, and history of trauma) were tested. Youth who were not identified as having experienced abuse in their home countries had a significantly higher level of overall hope (a mean score of 14.24 compared to a mean score of 12.82) than children who did not have that risk factor ($t = 2.626, p = 0.010, p < 0.01$). Youth who did not identify abuse in their home countries also had significantly higher agency ($t = 2.262, p = 0.026, p < 0.05$) and pathways ($t = 2.266, p = 0.025, p < 0.05$) subscale scores. Interestingly, youth who were identified as having the other frequently occurring risk factors did not have significantly different levels of hope than their counterparts. In addition, none of the frequently occurring risk factors were significantly related.

Table 4 Sponsor relationship to FR participant

Sponsor relationship to FR child	Number of FR respondents (%)
Mother	62 (44.9 %)
Father	18 (13 %)
Sister	3 (2.2 %)
Brother	9 (6.5 %)
Grandmother	3 (2.2 %)
Aunt	10 (7.2 %)
Uncle	8 (5.8 %)
Family friend	12 (8.7 %)
Cousin	6 (4.3 %)
Others	7 (5.1 %)
Total	138 (100 %)

Table 5 Overall scores on the CHS

	Total hope	Agency	Pathways
Range	6–18	2–9	1–9
Mean	13.72	6.69	7.03
Mode	14	9	9
50 % of respondents	14 or higher	7 or higher	7 or higher
75 % of respondents	16 or higher	8 or higher	8 or higher

Implications for Practice and Future Research

The high scores on hope, agency, and pathways found in the study could be explained by the fact that unaccompanied immigrant youth placed in family reunification programs are already living with family members, a circumstance that could contribute to their greater resiliency. Consequently, these youth possess concrete goals (a reflection of the pathways component of hope), feel that they can *initiate* the process of stabilization, and understand how they can *achieve* their goal of stability in their new environments (both reflections of the agency component of hope). They may possess these qualities because they believe that they are in a stable, long-term living situation which, according to the social-ecological framework, is crucial for the development of resilience (Panter-Brick and Eggerman 2012).

The findings of this study could indicate that regardless of other variables that seem relevant to hope, such as time in the program or age, once UIY are merely identified by authorities and offered help by a resettlement program, such as the LIRS CS program, they feel a sense of hope, despite the abundance of legal and emotional issues they still face. This may be due to the effects of the interactive processes such programs introduce at a critical turning point in the youth's lives that promote greater resiliency (Panter-Brick and Eggerman 2012). In a sense, the program itself—not the child's intrinsic personality—becomes a protective factor. This perspective would be consistent with the recent research on how resiliency develops and the effects it has on children's well-being (Ungar 2011).

This research captures unaccompanied immigrant youth's responses regarding hope when they first arrived in the USA and were reunified with their family sponsor. Current findings suggest that there may be a close relationship between UIY's level of hope and whether they are placed in stable family situations. To obtain a clearer understanding of the impact of support services on these youth, it would be interesting to compare their level of hope before this reunification occurred and after living for several years in their host country as undocumented immigrants.

The former comparison might be significant because of other findings of the research. For example, youth identified as having experienced "abuse in home country" were less hopeful than youth that were not identified as exhibiting this risk factor. This could be because, based on their previous experiences, such youth did not regard living in a family situation as necessarily a positive development. However, the risk factors "mental health needs" and "history of trauma" were not significantly correlated. This may be the result of flaws in the data collection process as discussed below. It is also

possible that the changing context of the UIY's lives may have produced the absence of any significant correlation between these risk factors.

In addition, the comparison between the past and current levels of hope could shed light on the extent to which the process of family reunification itself is a factor in elevating UIY's level of hope. Conversely, by comparing the findings of the current study with the results of a similar study conducted in the future, we could determine the impact of policy or program change or inaction on the overall well-being of these youth. Such a comparison could also determine the importance of social service organizations developing a range of interventions—from legal to health and mental health—to facilitate the assimilation of these youth.

As in all research, this study had several limitations. The sample size was small and, while the sample was collected at several different sites, all of the respondents were in the same program. Although the findings may not be generalizable, they contribute to our understanding of the role of hope and development of resiliency in the lives of unaccompanied immigrant youth and to the development of future policies and programs geared toward this growing population.

In addition, qualitative feedback from administrators indicated that there were some language and cultural barriers in using the scale. Some words, such as "pretty," "kid," and "quit" needed to be clarified; the scale often needed to be administered orally, and the purpose of the research needed to be clarified in some instances. Administrators who participated in the research indicated that the tool fostered a positive connection between youth and workers, as the scale has a "refreshing" focus that helped youth think about positive long-term goals and also helped workers build rapport because it let youth know "(we) care about them having success (in the future)."

Although qualitative feedback points to the positive use of research as an unintended intervention, it also suggests that an uneven administration of the survey tool may have skewed some of the results. For example, staff who administered the instrument may have defined certain key concepts like "abuse in home country," "mental health needs," or trauma differently. They may have assumed that a UIY who was physically beaten by his/her parents considered such treatment as abuse or they may have equated such experiences with other forms of trauma, such as being a victim of gang-related violence. This lack of consistency in data collection and/or recording may explain why youth identified as having experienced "abuse in home country" were less hopeful than youth that were not identified as exhibiting this risk factor, while, at the same time, the study found that the risk factors "mental health needs" and "history of trauma" were not significantly correlated. Although data on risk factors were not collected as part of this specific project, in future studies, careful attention and training should go into how risk factors and other variables are defined, identified, and recorded.

Nevertheless, the strong correlations between the CHS and its subscales verify the validity of the scale for use with this population. Qualitative feedback confirms that further modifications, possibly done through cognitive interviewing, may help to make the scale more useful for this population. Prior to beginning future research projects, it is recommended that more extensive training be provided to those involved in administering the survey to minimize threats to internal, external, and construct validity and to promote the development of an effective research infrastructure in the agency.

In summary, the research reported in this article supports the findings of previous studies that well-designed programs can have a positive impact on the emotional and

psychological well-being of UIY and promote the development of resiliency, regardless of their age, gender, or country of origin. It underscores the importance of efforts to provide these youth with a stable environment in order to facilitate their integration in their schools and communities and enable them to obtain access to essential health, mental health, social, and legal services. These results have several important implications for policy, practice, and future research.

As the study's data reflect, family connectedness and a stable living environment may play critical roles in the development of children's resiliency. This is consistent with resiliency theory; it also underscores the benefits of potential policy reforms that would enable the parents of unaccompanied immigrant youth to remain in the USA and the importance of ongoing funding for family reunification programs and other supportive interventions that would help UIY assimilate into their new environments. For youth who are not referred to a resettlement program, these interventions could occur in schools, community centers, or local social service agencies. The findings of this study also indicate that, at the practice level, quick placement into programs may be more effective in instilling a sense of hope among unaccompanied immigrant youth. In addition, they reflect the importance of involving them and their families in needs assessment and the design of services to enhance their sense of agency, and of the value of creating programs that integrate health, mental health, educational, and legal services. Thus, the stressful processes of migration and assimilation can be—under certain circumstances—transformed into a positive experience for children and their caregivers.

The impact of legal status on hope may also be an important variable to pay attention to in future research. The high hope scores and lack of any relationship between them and selected demographic characteristics suggest that further exploration into the factors that influence hope and predict it is warranted. Future quantitative research using information from incident reports, service plans, and referral reports, and the measurement of hope as an outcome of specific interventions or the use of qualitative methods, such as interviews, could contribute to a better understanding of the factors that contribute to the level of hope and resilience of unaccompanied immigrant youth in social service programs. Understanding these factors and how they are interrelated could make an important contribution to the creation of services tailored to meet the complex needs of undocumented immigrant minors.

Appendix 1

Adapted CHS in English and Spanish

English

1. I think I am doing pretty well.
   (1) Never (2) Sometimes (3) Most of the time (4) Always
2. I can think of many ways to get the things in life that are most important to me.
   (1) Never (2) Sometimes (3) Most of the time (4) Always
3. I am doing as well as other kids my age.
   (1) Never (2) Sometimes (3) Most of the time (4) Always

4. When I have a problem, I can come up with lots of ways to solve it.
   (1) Never (2) Sometimes (3) Most of the time (4) Always
5. I think the things I have done in the past will help me in the future.
   (1) Never (2) Sometimes (3) Most of the time (4) Always
6. Even when others want to quit, I know that I can find ways to solve the problem.
   (1) Never (2) Sometimes (3) Most of the time (4) Always

Spanish

1. Creo que me va muy bien.
   (1) Nunca (2) A veces (3) La mayoría del tiempo (4) Siempre
2. Yo puedo pensar en muchas maneras de conseguir las cosas que son importantes para mí en la vida.
   (1) Nunca (2) A veces (3) La mayoría del tiempo (4) Siempre
3. Me va tan bien como otros niños de mi edad.
   (1) Nunca (2) A veces (3) La mayoría del tiempo (4) Siempre
4. Cuando tengo un problema, yo puedo encontrar muchas maneras de resolverlo.
   (1) Nunca (2) A veces (3) La mayoría del tiempo (4) Siempre
5. Creo que las cosas que he hecho en el pasado me ayudaría en el futuro.
   (1) Nunca (2) A veces (3) La mayoría del tiempo (4) Siempre
6. Aún cuando otros quieren rendirse, yo sé que puedo encontrar maneras de resolver el problema.
   (1) Nunca (2) A veces (3) La mayoría del tiempo (4) Siempre

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