Journal of Health Science & Education
An open access journal

eSciRes

ISSN 2817-1780

Literature Review JHSE-1-238

A Critical Interpretive Synthesis of Hope Inventories for Use in Addiction Clinical Practice and Research

Silverman MJ*

Professor and Music Therapy Program Director, University of Minnesota, School of Music, USA

Abstract

Background: Although hope is a malleable and future-oriented precursor to change often associated with positive outcomes, there is a lack of literature regarding hope as a primary dependent measure and what hope inventories may be most appropriate in addiction clinical practice and research. **Objective:** The purpose of this critical interpretive synthesis was to examine the strengths and limitations of hope inventories applicable to addiction clinical practice and research. **Method:** Applying a recovery-oriented lens, I analyzed the strengths and limitations of eight hope inventories. **Results:** The eight hope inventories could be applicable in future clinical practice and research. Six hope inventories were self-report tools and two inventories relied upon analyses of dialogue. A major limitation is that none of these inventories was specifically created for addiction research and therefore lack the voices and experiences of people with addictions. **Conclusions:** Although hope represents an important construct applicable for addiction clinical practice and research, there is a lack of research on this construct. Scholars, clinicians, and people with addictions might consider collaboratively developing addiction specific hope inventories for use in clinical practice and research. Implications for clinical practice, limitations of the critical interpretive synthesis, and suggestions for future research are provided.

Keywords: Hope; Psychometric tool; Inventory; Addiction; Substance use disorder; Critical interpretive synthesis

Introduction

Although scholars have not agreed upon a single theory or definition for hope [1], hope is a positive expectation that a person can meet their goals [2] and their circumstances can improve [3,4]. Also considered a reawakening after despair [5,6], hope is a malleable, motivational, and future-oriented precursor to change [7,8]. Hope can be considered a resource [9] and may incorporate aspects of meaning, positive identities, and optimism [10]. When conceptualized as a multidimensional construct, hope can involve cognitive, affective, behavioral, contextual, emotional, relational, spiritual, and temporal components related to future fulfillment of something that provides a person with purpose and meaning [1].

Hope is typically considered an integral component of recovery from substance use disorders (SUD). For example, Shumway et al. [10] conducted a principal components analysis on recovery factors germane to both SUD and mental health and identified hope as a central construct. In another example, Leamy et al. [11] conducted a systematic review and narrative synthesis on recovery. These scholars developed five recovery processes: connectedness, hope and optimism about the future, identity, meaning in life, and empowerment (CHIME; [11]). Therefore, hope constitutes a principal aspect of the CHIME model of mental health recovery and is also applicable to addiction.

As hope is a motivational construct that leads to behavioral change, it is highly applicable for clinical work and research regarding people with SUD. In addiction contexts, hope is crucial as scholars have found it to be associated with entering treatment [12], substance use severity [13], outcomes in outpatient treatment [14], completion of aftercare [15], and abstinence [16]. Gutierrez [13] noted that hope is a concept rooted in spirituality that "is considered an essential virtue in several major faith traditions" (p. 230). Spirituality is sometimes considered a component related to a higher power in 12-Step programs, thus underscoring the relevance of hope germane to addiction recovery.

Hope is highly relevant in various stages of addiction recovery. Applying the Transtheoretical Stages of Change [17] to hope in addiction contexts, there is a corresponding increase in hope when people move from precontemplation to contemplation stages. In addition, hope is likely required for people to reach the action stage of change [10]. Although Mathis and colleagues (2009) advocated that hope is more consequential in the later stages of SUD recovery, Bradshaw et al. [10] contended that hope also has a role in earlier stages of addiction recovery as people are transitioning from active substance use to early recovery. In addition, Bradshaw et al. [10] recommended that clinicians conceptualize hope as a protective component in long-term recovery as hope may increase people's ability to cope with stressors that can lead to relapse.

Despite being an important motivational construct in addiction contexts, hope has not received adequate attention in the scientific literature [18]. This gap in the literature is consequential as hope is a malleable and future-oriented precursor to change [7,8]. More specifically, a better understanding of how to measure hope may help advance the

literature base and improve treatment outcomes for people with SUD. Therefore, the purpose of this critical interpretive synthesis is to analyze the strengths and limitations of hope instruments that are applicable for SUD clinical practice and research. The specific research question was as follows: Applying a recovery-oriented critical lens, what are the strengths and limitations of hope inventories applicable to SUD?

Method

Critical Interpretive Synthesis

Although systematic reviews have many strengths, they can be limited in their ability to critique various aspects of the literature. Critical interpretive synthesis (CIS) methodology addresses this limitation by amalgamating (a) the beneficial aspects of systematic reviews and (b) induction and interpretation [19,20]. Originating from meta-ethnography, CIS integrates the methodological strengths of systematic reviews and interpretivist traditions [21]. Researchers using CIS methodologies can interpret data from a critical lens in contrast to that of objectivist traditions.

In the current study, I used existing CIS studies focusing on measurement inventories [22-25] as methodological frameworks to answer the research question. Bibb et al. [22] studied self-report inventories in mental health research specific to Australia, Silverman studied substance craving [24] and withdrawal [23] inventories used by authors who published in the *Journal of Substance Use*, and West and Silverman (2021) investigated social skills inventories used in the *Journal of Autism and Developmental Disorders*.

Inclusion and Exclusion Criteria

Based on existing CIS [23,24], I initially planned to study hope inventories that researchers had used in the *Journal of Substance Use*. I therefore conducted an advanced search in Google Scholar on June 20, 2023 using "hope" in the title and the "*Journal of Substance Use*" as the journal. This search resulted in three articles [26-28]. In the Young and Herinzerling paper, the authors did not investigate hope; rather, they titled their intervention as the Harnessing Online Peer Education intervention and used HOPE as an acronym. The same author [26,27] conducted the other two studies I identified. In both studies, Wnuk investigated adults with alcohol use disorder attending Alcoholic Anonymous sessions in Poland and used the Hearth Hope Index [29]. However, the Hearth Hope Index was developed for cancer patients, well elderly, and elderly widowers and can be considered an inventory more appropriate for nursing [1].

Based on the lack of results of this initial search, I consulted the Redlich-Amirav et al. [1] systematic review of the psychometric properties of hope inventories. These scholars searched four electronic databases and then conducted a hand search. Redlich-Amirav and colleagues [1] identified 18 hope inventories and categorized them into five areas by discipline: management, nursing, psychiatry, psychology, and theology. As I wanted to apply CIS methodology to hope inventories applicable to SUD clinical practice and research, I included scales that Redlich-Amirav et al. [1] categorized as psychiatry and psychology. This resulted in eight hope inventories:

1. Comprehensive Hope Scale [18]
2. Hope Index [30]
3. Hope Scale [31]
4. Hope Scale [32,33]
5. Integrative Hope Scale [4]
6. Narrative Hope Scale [34]
7. State Hope Scale [35]
8. Trait/Dispositional Hope Scale [36]

Procedure

To answer the research question, I used CIS by Bibb et al. [22], Silverman [23,24], and West and Silverman [25] as frameworks. I applied a recovery-oriented critical lens to analyze the strengths and limitations of the eight hope psychiatry and psychology inventories that met inclusion criteria as identified in the Redlich-Amirav et al. [1] systematic review. I analyzed and synthesized these eight inventories concurrently [19,20,37].

Recovery-Informed Lens

Recovery continues to be a challenging construct to operationally define [38] because it can constitute a subjective process as well as an objective outcome [39]. As part of a recovery workgroup, Ashford and colleges [38] defined recovery as "...an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness" (p. 183). Recovery typically involves aspects of service user directed hope, meaning, and purpose.

Applying a recovery-oriented lens to addiction, service users should be considered the experts and clinicians should empower service users throughout all aspects of treatment. As such, service users should have the agency to decide what provides them with hope, meaning, and purpose in their recovery. Throughout recovery, clinicians and researchers establish collaborative partnerships with service users to center and amplify their voices. Relating recovery to hope in people with SUD, the purposeful inclusion of people with the lived experience of SUD is central to adequately understand their lived experiences and context of what hope means to them.

Author's Biases and Limitations

I identify as a highly privileged able-bodied White cis-gendered male who has tenure at a research-intensive university. As a clinician, researcher, and educator, I am primarily influenced by recovery-oriented approaches. With over 23 years of clinical and research experience in SUD settings, I continue to be drawn to recovery as I believe it is necessary to amplify the voices of people with SUD as they constitute a community that has been marginalized and disempowered.

Because most of my SUD clinical and research experiences has occurred in adult detoxification settings, I am particularly interested in hope because people in detoxification are experiencing excruciating withdrawal symptoms and crises. However, as a person without the lived experience of a SUD, I am limited in my interpretations of hope in the context of SUD. Given these factors, it is impossible for me to separate my own privileges, identities, and experiences from my ways of interpreting or understanding the hope inventories and recognize this as a consequential delimitation of the CIS.

Results

I evaluated the strengths and limitations of each of the eight hope inventories categorized as psychiatry and psychology identified as meeting inclusion criteria in Redlich-Amirav et al. [1] using a recovery-oriented lens. The Hope Scale [30] and The Narrative Hope [34] relied upon analyses of dialogue while the other six hope inventories were self-report scales. The recovery-oriented strengths and limitations are listed by hope inventory in Table 1.

Tool	Citation	Strengths	Limitations
Comprehensive Hope Scale	Scioli et al., [18]	• Includes both trait and state measures • Some items are reverse coded • Trait subscales: attached mastery, personalized mastery, basic trust, attached survival, self-generated survival, spirituality • State subscales: attachment, mastery, survival, spirituality • Recognizes hope as multidimensional; comprehensive scale • “Adequate” (Scioli et al., 2011, p. 92) internal consistency	• Not designed for SUD • Length: Trait subscale has 56 items; State subscale has 40 items • No instructions
Hope Index	Staats [30]	• Two subscales: Hope self, hope others • 16 items	• Not designed for SUD • Potential problems in psychometric properties (Redlich-Amirav et al., 2018)
Hope Scale	Abler [32]; Abler et al., [33]	• Three subscales: personal motivation to achieve goals, anticipation of a positive future, influence of others on hope • “Excellent reliability” (Abler et al., 2017, p. 2156) • Developed for young women in South Africa • Directions include “please” • Items framed positively	• Not designed for SUD • No item reverse coded
Hope Scale	Gottschalk, [31]	• Not a self-report tool • Analysis of verbal samples; prompted to talk and analysis based on content categories and coding • Seven items, with score of +1 or -1 • Used people with mental health conditions and people experiencing incarceration in original psychometric testing	• Not designed for SUD • Participants may not be aware that their hope is being measured • “God’s” (Gattschalk, 1974, p. 780) is included in two items • No subscales
Integrative Hope Scale	Schrank et al., [4]	• Four subscales: trust and confidence, positive future orientation, social relations and personal value, lack of perspective • Length: 23 items • “Satisfactory reliability and validity” (Schrank et al., 2011, p. 417) • Some items negatively worded • “Easy to use and shows excellent psychometric properties” (Schrank et al., 2011, p. 427) • Can be used with people who are healthy or have mental health conditions	• Not designed for SUD • Could be interpreted as trait or state • No instructions
Narrative Hope Scale	Vance [34]	• Based on Snyder et al., 1991 • 12 items • Two subscales: Agency and pathways • Not a self-report tool • Analysis of verbal samples; prompted to talk and analysis based on coding	• Not designed for SUD • Psychometric properties not strong • Participants may not be aware that their hope is being measured

		• Analyzes six dimensions of dialogue: how, to whom, what, why, where, and when	
State Hope Scale	Snyder et al., [35]	• Widely used; familiar • Two subscales: Agency and pathways • Length: six items • All items positively framed • Specific to state hope • Directions include "please"	• Not designed for SUD • Unidimensional • Considered a "goal scale" instead of a hope scale (Scioli et al., 2011) • No reverse coded item
Trait/Dispositional Hope Scale	Snyder et al., [36]	• Specific to trait hope • Two subscales: agency and pathways • 12 total items, four distractor items • Directions include "please"	• Not designed for SUD • Distractor items are framed negatively • No reverse coded item

Table 1: Hope Inventories and Recovery-Oriented Strengths and Limitations.

Although all inventories meeting inclusion criteria could be used for people with SUD, no inventory was developed for people with SUD. As such, no hope inventory was specific to SUD clinical practice or research. Another potential complication with some of the inventories was a lack of specificity regarding hope as a dispositional characteristic/trait or hope as a state. This temporal and contextual distinction is consequential and may hinder clinical practice and research for people with SUD. Another potential problem with some of the hope inventories was that they lacked the multidimensional components necessary to describe the gestalt of hope.

Discussion

Hope is a future-oriented malleable construct associated with positive outcomes in people with SUD. However, there is a lack of literature regarding hope as a primary dependent measure and what hope inventories may be most appropriate in addiction research. Therefore, the purpose of this CIS was to examine the strengths and limitations of hope inventories applicable to SUD clinical practice and research. I analyzed the eight hope inventories categorized as psychiatry and psychology that met inclusion criteria in the Redlich-Amirav et al. [1] systematic review from a recovery-oriented lens. The Hope Scale [31] and The Narrative Hope Scale [34] relied upon analyses of dialogue while the other six hope inventories were self-report scales. A major limitation is that no inventory was created specifically for addiction research and therefore lack the voices and lived experiences of people with SUD.

Implications for clinical practice in addiction settings include a focus on uncovering hope. Addiction treatment typically focuses on recovery and there are links between hope and recovery [10,11]. In recovery, service users are responsible for most of the change and the work in therapy, so it seems that hope might be an important construct to address. From a clinical perspective, assessing hope is important as service users need to experience hope by third or fourth session if therapy is to be effective [40]. Other researchers have found similar results highlighting the importance of hope early in treatment. For example, service users who do not experience hope within the first three counselling sessions were more likely to discontinue treatment [41,42]. In a meta-analysis of hope in clinical and community settings, researchers found single-session interventions to have a larger effects size (d = 0.40) than multi-session interventions (d = 0.19; [43]). The impact of hope within single-session therapy is highly relevant for detoxification settings, wherein people may only receive a single therapy session [44]. Therefore, it would seem that clinicians need to be mindful of their potential impact on hope especially early in treatment. However, hope can be a trait or state characteristic and, given the plethora of addiction treatment models and their various corresponding lengths, service users' specific contexts must be considered. For example, people in detoxification may have more circumstantial and contextual state hope needs while people in six-month outpatient treatment may be more motivated to address their dispositional hope.

Limitations of the study can initiate with the limited lens of the researcher, who does not identify as having a SUD. The lack of hope inventories meeting inclusion criteria is another limitation. There are also limitations germane to the CIS methodology. For example, Dixon-Woods and colleagues [19,20] and Depraetere and colleagues [45] described how the flexibility inherent to CIS methodology is limited as it does not provide specified protocols for conducting reviews and may result in ambiguity. Therefore, future investigators may experience challenges if attempting to replicate results.

Suggestions for future research include specifically addressing and measuring hope. Given the relationships between hope and recovery as well as hope and positive addiction-related constructs [12-16], the lack of investigations using hope as a primary outcome measure or mediator in clinical trials is problematic [4]. Perhaps a SUD specific hope inventory might encourage more researchers and clinicians to address and investigate hope. Indeed, much of the literature regarding measuring hope is from nursing instead of psychology [18] and the psychometric testing of hope scales have tended to focus on university students [18].

If researchers create an addiction specific hope inventory, people with SUD need to be involved. Moreover, the scale should consider hope as a multidimensional construct [18] and incorporate temporal, emotional, identity, and temporal aspects within subscales. Researchers and people with SUD might include some reverse coded items to keep people engaged. However, because many people with SUD experience depression, the inventory should be framed positively so as not to induce negative affect states that can lead to substance

misuse. Additionally, as hope can be considered a state or trait characteristic [4,46], this aspect will need to be clearly delineated in the new inventory. The ensuing psychometric testing will need to be done with relevant clinical populations [30] that may include detoxification, various in- and outpatient facilities, and people in recovery who are living in the community.

Although hope is an important construct applicable for addiction research, there is a lack of research on this construct. This CIS identified strengths and limitations of existing hope inventories appropriate for future addiction research. Future researchers might consider developing addiction specific hope inventories for use in clinical practice and research.

Funding

No funding is reported for this paper.

References

1. Redlich-Amirav D, Ansell L, Harrison M, et al. (2018) Psychometric properties of Hope Scales: A systematic review. International J Clin Prac 72(7): e13213.
2. Lagger N, Amering M, Sibitz I, et al. (2018) Stability and mutual prospective relationships of stereotyped beliefs about mental illness, hope and depressive symptoms among people with schizophrenia spectrum disorders. Psychiatry Res 268: 484-489.
3. Acharya T, Agius M (2017) The importance of hope against other factors in the recovery of mental illness. Psychiatr Danub 29(suppl. 3): 619-622.
4. Schrank B, Woppmann A, Sibitz I, et al. (2011) Development and validation of an integrative scale to assess hope. Health Expect 14(4): 417-428.
5. Ridgway P (2001) ReStorying psychiatric disability: Learning from first person recovery narratives. Psychiatr Rehabil J 24(4): 335–343.
6. White W, Boyle M, Loveland D (2002) Addiction as chronic disease: From rhetoric to clinical application. Alcoholism Treatment Quarterly 20: 107-130.
7. Hanna FJ (2002) Therapy with difficult clients: Using the precursors model to awaken change. American Psychological Association.
8. Reiter MD (2010) Hope and expectancy in solution-focused brief therapy. J Family Psychotherapy 21(2): 132-148.
9. Kylmä J (2005) Dynamics of hope in adults living with HIV/AIDS: A substantive theory. J Adv Nurs 52(6): 620-630.
10. Shumway ST, Dakin JB, Smock Jordan SA, et al. (2014) The development of the hope and coping in recovery measure (HCRM). J Groups in Addic Recover 9(4): 280-293.
11. Leamy M, Bird V, Le Boutillier C, et al. (2011) Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. Br J Psychiatry 199(6): 445-452.
12. Jackson R, Wernicke R, Haaga DA (2003) Hope as a predictor of entering substance abuse treatment. Addict Behav 28(1): 13-28.
13. Gutierrez D (2019) Spiritus contra spiritum: Addiction, hope, and the search for meaning. Spirituality in Clinical Practice 6(4): 229-239.
14. Sowards KA, O'Boyle K, Weissman M (2006) Inspiring hope, envisioning alternatives: The importance of peer role models in a mandated treatment program for women. J Soc Work Prac in Addic 6(4): 55-70.
15. Strack S, Carver CS, Blaney PH (1987) Predicting successful completion of an aftercare program following treatment for alcoholism: The role of dispositional optimism. J Personality and Social Psychol 53(3): 579-584.
16. Irving LM, Seidner AL, Burling TA, et al. (1998) Hope and recovery from substance dependence in homeless veterans. J Soc Clinc Psychol 17(4): 389-406.
17. Prochaska JO, Norcross JC, DiClemente CC (2013). Applying the stages of change. Psychotherapy in Australia, 19: 10-15.
18. Sciol A, Ricci M, Nyugen T, et al. (2011) Hope: Its nature and measurement. Psychology of Religion and Spirituality 3(2): 78-97.
19. Dixon-Woods M, Bonas S, Booth A, et al. (2006a) How can systematic reviews incorporate qualitative research? A critical perspective. Qualitative Research 6(1): 27-44.
20. Dixon-Woods M, Cavers D, Agarwal S, et al. (2006b) Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. BMC Medical Research Methodology 26(6): 35-47.
21. Flemming K (2010) Synthesis of quantitative and qualitative research: An example using critical interpretive synthesis. J Adv Nursing 66(1): 201-217.
22. Bibb J, Baker FA, Skewes McFerran K (2016) A critical interpretive synthesis of the most commonly used self-report measures in Australian mental health research. Australasian Psychiatry 24(5): 453–458.
23. Silverman MJ (2022) A recovery-oriented critical interpretive synthesis of withdrawal tools in the Journal of Substance Use. J Subst Use.
24. Silverman MJ (2023) A recovery-informed critical interpretive synthesis of substance craving measures in quantitative studies in the Journal of Substance Use, 2001-2020. J Subst Use 28(2): 184-191.
25. West R, Silverman MJ (2021) Social skills instruments for children with Autism Spectrum Disorder: A critical interpretive synthesis. J Music Ther 58(2): 121-154.
26. Wnuk M (2015) Religious–spiritual sources of hope and the meaning of life in alcohol co-dependent subjects receiving support in self-help groups. J Subst Use 20(3): 194-199.
27. Wnuk M (2017) Hope as an important factor for mental health in alcohol-dependent subjects attending Alcoholics Anonymous. J Subst Use 22(2): 182-186.
28. Young SD, Heinzerling K (2017) The Harnessing Online Peer Education (HOPE) intervention for reducing prescription drug abuse: A qualitative study. J Subst Use 22(6): 592-596.
29. Herth, K. A. (1992). Abbreviated instrument to measure hope: Development and psychometric evaluation. Journal of Advanced Nursing, 17(10), 1251–1259. doi:10.1111/j.1365-2648.1992.tb01843.x

30. Staats S (1989) Hope: A comparison of two self-report measures for adults. J Personality Assessment, 53(2): 366-375.
31. Gottschalk LA (1974) A hope scale applicable to verbal samples. Arch Gen Psych 30(6): 79-785.
32. Abler LA (2012) Developing a measure of hope for exploring HIV-related risks among young South African women in a high prevalence setting (Doctoral dissertation, The University of North Carolina at Chapel Hill).
33. Abler L, Hill L, Maman S, et al. (2017) Hope matters: Developing and validating a measure of future expectations among young women in a high HIV prevalence setting in rural South Africa (HPTN 068). AIDS and Behavior 21: 2156-2166.
34. Vance MM (1996) Measuring hope in personal narratives: Development and preliminary validation of the Narrative Hope Scale. University of Kansas.
35. Snyder CR, Sympson SC, Ybasco FC, et al. (1996). Development and validation of the State Hope Scale. J Pers Soc Psychol 70(2): 321-335.
36. Snyder CR, Harris C, Anderson JR, et al. (1991) The will and the ways: Development and validation of an individual-differences measure of hope. J Pers Soc Psychol 60(4): 570-585.
37. Isobe J, Healey L, Humphreys C (2020) A critical interpretive synthesis of the intersection of domestic violence with parental issues of mental health and substance misuse. Health & Social Care in the Community 28(5): 1394-1407.
38. Ashford RD, Brown A, Brown T, et al. (2019) Defining and operationalizing the phenomena of recovery: A working definition from the recovery science research collaborative. Addic Res Theory 27(3): 179-188.
39. Leonhardt BL, Huling K, Hamm JA, et al. (2017) Recovery and serious mental illness: a review of current clinical and research paradigms and future directions. Expert Review of Neurotherapeutics 17(11): 1117-1130.
40. Ogrodniczuk JS, Joyce AS, Piper WE (2005) Strategies for reducing patient-initiated premature termination of psychotherapy. Harvard Review of Psychiatry 13(2): 57-70.
41. Larsen DJ, Stege R (2010a) Hope-focused practices during early psychotherapy sessions: Part 1: Implicit approaches. J Psychotherapy Integration 20(3): 271-292.
42. Larsen DJ, Stege R (2010b) Hope-focused practices during early psychotherapy sessions: Part 2: Explicit approaches. J Psychotherapy Integration 20(3): 293-311.
43. Weis R, Speridakos EC (2011) A meta-analysis of hope enhancement strategies in clinical and community settings. Psychology of Well-Being: Theory, Research and Practice 1(5).
44. Soshensky R (2007) Music therapy for clients with substance abuse disorders. In B. J. Crowe & C. Colwell (Eds.), Music therapy for children, adolescents, and adults with mental disorders (pp. 149-164). American Music Therapy Association.
45. Depraetere J, Vandeviver C, Keygnaert I, et al. (2021) The critical interpretive synthesis: An assessment of reporting practices. Int J Soc Res Methodol 24(6): 669-689.
46. Carifio J, Rhodes L (2002) Construct validities and the empirical relationships between optimism, hope, self-efficacy, and locus of control. Work 19(2): 125-136.

***Corresponding author:** Michael J. Silverman, PhD, MT-BC, Professor and Music Therapy Program Director, University of Minnesota, School of Music, 100 Ferguson Hall, 2106 4th Street SouthMinneapolis, MN. 55455, USA; Tel: 612-624-1091; e-mail: silvermj@umn.edu

Received date: September 11, 2023; **Accepted date:** November 08, 2023; **Published date:** November 10, 2023

Citation: Silverman MJ (2023) A Critical Interpretive Synthesis of Hope Inventories for Use in Addiction Clinical Practice and Research. *J Health Sci Educ* 7(3): 238.

Copyright: Silverman MJ (2023) A Critical Interpretive Synthesis of Hope Inventories for Use in Addiction Clinical Practice and Research. J Health Sci Educ 7(3): 238.