Feelin’ Fine- A Self-Esteem Workshop

for

Males with Diagnosed Mental Illness

by

Logan Kerr

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DEDICATION

I would like to dedicate this paper to my grandmother, the late Mary Dibb Kerr. Thank you for loving me with your whole heart and teaching me something new everyday. You continue to inspire me to live my life out of kindness, patience, and perseverance.
ABSTRACT

Low self-esteem is correlated with a higher risk of individuals experiencing at least one episode of depression or anxiety in their lifetime (Baumeister et al., 2003). In particular, low self-esteem in males is an area lacking in significant research and treatment (Haas, Pawlow, Pettibone & Segrist, 2012). A workshop for males who have reported low self-esteem was designed and implemented using basic cognitive behavioural therapy (CBT) techniques and Yalom’s (1995) nine elements of group psychotherapy. The workshop consisted of a two-hour interactive CBT therapy in which participants were measured before and after treatment using the Rosenberg (1965) self-esteem rating scale as well as a participant workshop questionnaire to rate personal satisfaction with workshop activities. Results indicated the workshop was effective in improving self-perception of 66.6% of participants based on their response to items on the Rosenberg self-esteem rating scale with an average increase of 3.5 between pre- and post-test administration scores. Further research must be conducted in order to explore the efficacy of these techniques in a larger population.
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Chapter I: Introduction

Background
In *A Theory of Human Motivation*, Abraham Maslow (1943) proposed a theory regarding the hierarchy of human needs which clearly states that the acceptance, respect and love of oneself is an essential piece of psychological health. Low self-esteem exists in many individuals, is often overlooked or untreated and can increase the likelihood of mood disorders developing and risk of suicidal ideation (Baumeister, Campbell, Krueger & Vohs, 2003). Individuals with high self-esteem are more likely to report greater overall life satisfaction and better quality of life than those with low self-esteem. Positive correlations exist between self-esteem and good health, meaningful relationships, income and job satisfaction. This is a strong indication that self-esteem is an important area to focus on when developing best practices in the treatment of psychological health matters.

A meta-analysis of longitudinal data from 77 studies on depression and 18 studies on anxiety explored the effect of low self-esteem on depression and the effect of depression on low self-esteem. The purpose of this study was to understand whether low self-esteem contributes to depression or whether depression contributes to low self-esteem (Sowislo & Orth, 2012). It was found that there was a significantly stronger effect of self-esteem on depression confirming that self-esteem is an essential element of mental health. Awareness and treatment of self-esteem related problems should be a priority of mental health workers.

Rationale
Self-esteem awareness and treatment often focuses on adolescents and women, however adult males make up a largely uncultivated population who require closer examination, increased awareness and improved treatment of self-esteem issues (Derdikman-eiron, Indredavik, Bratberg, Taraldsen, Bakken & Cotton, 2011). It has been established that women are at significantly higher risk for developing mood problems, such as major depressive disorder (Dunlop & Mletzko, 2011). Research indicates that women are 50% more likely than men to develop mood problems. It is possible that this representation is inaccurate since women are more likely than men to seek professional help, therefore creating a potential bias in the data (Dunlop & Mletzko, 2011). The field of mental health is responsible for continually identifying areas with unmet needs and filling these gaps in order to best provide care for individuals with mental health concerns. There is supporting literature indicating that male self-esteem is an important area of mental health and well-being that needs to be further researched. For example, low self-esteem is correlated with other negative life experiences such as depression and poor job performance (Baumeister, Campbell, Krueger & Vohs, 2003). Furthermore, men are less likely to seek help for self-esteem related emotions (Dunlop & Mletzko, 2011)

Hypothesis
The paucity of research focusing on effective treatment for men who have reported or appeared to have low self-esteem is acknowledged by many researchers focusing on this topic (Choma, Visser, Pozzebon, Bogaert, Busseri & Sadava, 2010). This study explored the need for more effective treatment of low self-esteem in men with a diagnosed mental illness. Within a structured group workshop consisting of 4-6 participants, a variety of activities and discussions took place to focus on the education,
promotion and enhancement of self-esteem and self-efficacy. Cognitive behavioural therapy techniques such as exploring the relationship between thoughts, behaviours and emotions, negative and positive self-talk, and role playing were used in a group setting. Levels of self-esteem were assessed before and after the workshop using the Rosenberg (1965) self-esteem rating scale. This scale was used to evaluate the effects of the workshop on how participants respond to statements regarding self-esteem. A group setting was most suitable for the workshop based on empirically supported literature outlining the benefits of group therapy and its financial efficiency (Bieling, McCabe & Antony, 2006).

The workshop was designed based on Yalom’s (1995) nine relevant therapeutic factors offered by group therapy to promote positive social interactions and group cohesiveness. This technique provides a small and non-threatening environment where the individuals are encouraged to express their honest opinions and feelings. The nine therapeutic factors are as follows: “Instillation of hope, universality, imparting information, altruism, the corrective capitulation of the primary family group and interpersonal learning, development of socializing techniques, imitative behaviour, group cohesions and catharsis.” Among these nine factors, four are applicable for the treatment of male low self-esteem in a group format; instillation of hope, group cohesiveness, imitative behaviour and socialization.

It was hypothesized that the male participants would respond to the statements regarding self-esteem in a more positive manner after participating in the workshop as compared to the pre-test. This will be measured using the Rosenberg self-esteem rating scale before and after the workshop, as well as a post-workshop satisfaction questionnaire. The satisfaction questionnaire consisted of statements regarding the workshop in which participants responded to through the use of a likert scale. It also included a comment section in which participants were given the opportunity to provide their own feedback on the workshop. This development was based on the integration of cognitive behavioural techniques into the workshop, focusing on four principles within Yalom’s (1995) nine relevant therapeutic factors, and tailoring these techniques to the specific needs of men with a mental health diagnosis and reported low self-esteem.
Chapter II: Literature Review

Definition of Self-esteem
Self-esteem can be defined as the way we as humans view ourselves and the thoughts related to those views (Centre for Clinical Interventions, 2005). It not only refers to how we view ourselves, but also the value or worth that we allocate to ourselves. The ability to place value and make judgments about ourselves may result in negative thoughts and feelings, as well as cause interference with accomplishing our goals. This can be categorized as low self-esteem. Some examples of the perception individuals with low self-esteem may potentially have of themselves are: I’m not good enough, no one likes me, I can’t do anything right, I’m ugly, I’m stupid, I’m useless, or I’m worthless. Low self-esteem can have a very significant impact on an individual’s life, increasing the chances that they will develop a mood disorder such as major depressive disorder, and negatively affect job performance, personal relationships, and overall health (Baumeister, Campbell, Krueger & Vohs, 2003). On the contrary, high self-esteem and self-value can have a positive impact on healthy and quality of life, indicating that it is an important element of mental and physical well-being. The need for more effective and available treatment for low self-esteem issues in men in particular will be discussed further.

Impact of Low Self-esteem
Self-esteem is a complex area and can be subjected to multiple sources of influence in an individual’s life (Johnson, 2012). Feelings of low self-esteem are common and likely something that most individuals will encounter at some point during their lives. Low self-esteem may include feelings of worthlessness, shame and incompetency. Low self-esteem is often a result of existing negative core beliefs that individuals acquire in regards to themselves and their self-worth. These core beliefs may have existed within a person for years, causing them to have distorted thinking patterns affecting their perception of themselves and their beliefs about others perceptions of them. Some people possess the coping skills to overcome low self-esteem, but for others, it may have a significant impact on quality of life, affecting everything from relationships to job performance (Baumeister et al., 2003). Those who reported low self-esteem are at significantly higher risk of experiencing at least one episode of major depression in their lifetime (Baumeister et al., 2003). Some literature supports the theory that when high self-esteem exists in individuals, the individual will possess stronger resilience to negative life events. Understanding the sources of low self-esteem and the severity and impact on clients will help practitioners develop the most effective treatment methods.

Neistein and Katkovsky (1974) predicted a direct relationship between low self-esteem and self-reinforcing behaviour; they conducted a study which provided evidence that inconsistent reinforcement of low self-esteem behaviour may be an antecedent of low self-esteem itself. Inconsistent reinforcement was defined as reinforcement (in this case self-reinforcement) not delivered on a fixed interval or fixed ratio basis. The study examined the effects of variables, self-esteem and inconsistent reinforcement on negative self-critical responses following an ambiguous task. It was found that a direct correlation exists between self-esteem and verbal expression of attitudes related to self-esteem, either high or low. This may indicate that individuals with low self-esteem are more likely to
engage in negative self-statements, further reinforcing their low self-esteem and vice versa for individuals with high self-esteem. As noted, core beliefs regarding self-image are usually long standing and when negative self-statements are inconsistently reinforced, this provides a basis for a negative overall image of oneself and one's abilities (Johnson, 2012).

**Treating Low Self-Esteem**

It is empirically evident that cognitive behavioural therapy (CBT) techniques have been effective in assisting individuals in modifying negative core beliefs and boosting feelings of self-worth (Johnson, 2012). Effective techniques used to improve self-esteem were examined and it was found that CBT was an important element to consider and include in treatment. With the foundation of this method being the relationship between thoughts, emotion, and behaviour, it is a logical resource to use when treating low self-esteem, as it can help identify the negative core beliefs the individual has about themselves and work towards modifying their cognitive distortions using CBT techniques.

The use of positive self-statements may be an effective and efficient way to increase self-esteem (Hames & Joiner, 2012). Existing research has only explored the use of a global and unstable positive self-statement. A quasi-experimental design was used to test the effects of writing positive self-statements using either global/stable statements, unstable/specific statements, or writing about a preferred activity following a controlled laboratory stressor. The laboratory stressor used in this research study was a false negative feedback strategy on a piece of writing submitted by each participant, to simulate a negative life event. It was found that participants with previously determined low self-esteem had the most significant decrease in negative effect of the laboratory stressor when assigned to writing about a favourite activity as opposed to writing a global/stable self-statement or unstable/specific self-statement. Participants with previously determined high self-esteem had the most significant decrease in negative effect of the laboratory stressor following the writing of stable-global positive self-statements. It can be concluded that individuals with low self-esteem respond differently to positive self-statements than those with high self-esteem and it may be an effective technique of resilience to include when developing a treatment plan for those individuals with low self-esteem.

Examining past events in an individual’s life is important in understanding how low self-esteem has developed and how it affects their functioning in the present day (Percival, 2004). Neurolinguistic programming (NLP) is a therapeutic technique used to identify root causes of problems that interfere with a person’s current daily functioning and reprogramming or modifying those thought patterns in order to improve their circumstances. According to Percival, this technique is especially effective in treating low self-confidence and low self-esteem. Neurolinguistic programming parallels the cognitive behavioural procedure of modifying cognitive distortions by understanding the relationship between thoughts, emotions, and behaviour.

Competitive memory training (COMET) has been used in clinical settings to treat low self-esteem among a variety of populations (Korrelboom, de Jong, Huijbrechts & Daansen, 2009). The focus of this method is to augment the retrieval of positive or beneficial information from client’s memories. According to Korrelboom et al., the
effects of an 8-week intervention in 52 patients with eating disorders (gender was not identified) indicated that COMET paired with existing therapy was more beneficial than existing regular therapy alone. The focus in this intervention was to assist patients in being increasingly aware of things they already know (i.e. that they are a worthwhile person) by enhancing ability to retrieve information from the long-term memory that supports this knowledge. Results showed that self-esteem improved and depression subsided after the trial intervention. Limitations of this study include lack of long-term follow-up and therefore, it is unclear whether or not it can be empirically supported as a long-term solution to suppressing feelings of low self-esteem. This study was completed on a specific population and may not generalize to other mental health disorders. Further research exploring this method in multiple mental health diagnoses can confirm if it is a viable technique when treating men with a variety of mental health diagnoses.

Etiology of Workshops

Cognitive behavioural therapy is a long-standing empirically proven practice in behavioural psychology used by professionals to effectively treat everything from anxiety and depression to severe psychotic disorders. (Bieling, et al., 2006). Although traditional methods were carried out on an individual basis, it is now common practise to implement these strategies in group therapy. The original concept of group cognitive behavioural therapy was described by Beck, Rush, Shaw & Emery (1979). Many benefits have arisen from the group dynamic or workshop setting of treatments, including improved efficiency and financial savings (Morrison, 2001).

There is literature on group workshops designed for psychotherapy that focuses not only on the group as the recipients of the traditional CBT techniques but understanding the group process as an important element of the intervention (Bieling et al., 2006). This theory proposes that the primary influence of change within each group participant is a result of positive group interactions between members.

Another theory of group therapy explains unique remedial factors that are only offered in a group setting (Yalom, 1995). These elements are categorized into nine factors: “Instillation of hope, universality, imparting information, altruism, the corrective capitulation of the primary family group and interpersonal learning, development of socializing techniques, imitative behaviour, group cohesions and catharsis.” Most importantly among these elements of group therapy in relationship to low self-esteem treatment are instillation of hope, group cohesiveness, imitative behaviour, and socialization.

Workshops and Low Self-esteem

Workshops that included cognitive behavioural approaches have been shown to improve self-esteem and decrease depressive symptoms (Brown, Elliott, Boardman, Ferns, Morrison, 2004). Brown et al. conducted a study to examine the effectiveness of a psycho-educational workshop specifically formulated to be easily accessible to its participants. Participants were selected based on self-referral and partook in day-long sessions on how to improve self-confidence. A wait list control group was used to compare results of participants three months after the workshop. The general health questionnaire was used to measure participants and control group participant’s levels of depression, distress, and self-esteem. It was concluded that among other effective
methods of treating depression, low self-confidence or low self-esteem, workshops tend to be the most easily accessible and effective. This leads to the demand for further research in order to determine best practices for improving self-esteem.

These techniques can also be considered when examining Yalom’s (1995) theory of group psychotherapy and its nine elements of beneficial techniques unique to a group setting. As stated earlier, four of these elements in particular are applicable to the group treatment of low self-esteem in a workshop: Socialization, group cohesiveness, imitative behaviour, and instillation of hope.

Considering that the nature of low self-esteem is directly related to social interaction and self-presentation, the social environment of the group dynamic promotes acceptance of oneself and others. Taking into account that self-esteem may be perceived as a threat to masculinity for some men, the group environment will allow for participants to relate to one another and overcome feelings potentially related to this perception (Dunlop & Mletzko, 2011). This will encourage participants to be honest and engage freely without feelings of embarrassment or shame. Furthermore, workshops and group therapy often involve role-playing activities which promote the development and practice of social skills (Yalom, 1995).

Group cohesiveness will also play a significant role in the support and trust that exists between group members, particularly when addressing issues of low self-esteem (Yalom 1995). This will, in theory, provide an environment in which each group member feels comfortable disclosing personal emotions and thoughts, further solidifying the group cohesion.

Imitative behaviour is another key element in effective group dynamics and is based partly on the social learning theory or the concept of learning by observation and imitation. Group members are given the opportunity to not only learn by the practitioner or facilitator, but by other group members based on the reinforcement of observer positive behaviour. Particularly when addressing esteem issues, group members can observe other participants and acquire different coping or interpersonal strategies that may not be accessible in a one-on-one setting.

Lastly, instillation of hope is an applicable component of group learning in relation to low self-esteem. Many individuals may feel that they are alone in the way they feel, and exposure to a group environment in which participants can relate to one another will potentially increase motivation to change and instil an increasingly optimistic outlook on their potential as individuals. Advice or experience related content from an individual who has overcome low self-esteem is also an important element to consider when addressing low self-esteem as it may be difficult for individuals to imagine themselves as confident without evidence of another person’s success.

**Men and Self-esteem**

There is a debate about whether or not gender differences exist in self-esteem behaviour and patterns (Choma, Visser, Pozzebon, Bogaert, Busseri & Sadava, 2010) A study was conducted by Choma et al. to examine gender differences in self-esteem and self-objection. The purpose of the study was to test roles of self-esteem and explore if gender stereotypes exist using specific measures of self surveillance. Stereotypes indicate that low self-esteem is more prevalent in women. Results indicated that high self-
surveillance (over awareness) was correlated with low self-esteem and that gender played no role in the outcome of self-esteem, high or low.

Current socioeconomic trends have had a significant impact on the perceived self-esteem of men (Dunlop & Mletzko, 2011). Research indicates that it is now common for men to share responsibilities traditionally held by women, such as childcare, and it is hypothesised that this has challenged conventional sources of positive male self-esteem. Men are now more likely to feel comfortable expressing their feelings and seeking assistance for personal struggles, whereas in the past, it was more frequently stigmatised as a sign of weakness or a threat to their masculinity. This creates a healthy foundation for the examination and extension of effective treatment directed towards men with low self-esteem.

The media has shaped a misconception and bias surrounding self-esteem and lack of confidence in women and young girls, especially adolescents (Haas, Pawlow, Pettibone & Segrist, 2012). It is important to acknowledge the relationship between low self-esteem in men and their behaviour and mood, both relational and criminal (Johnson, 2012). In the interest of harm reduction, treating low self-esteem in a male population from a mental health perspective will encourage a safer community and better life satisfaction for these clients.

Current study and relationship to the literature

Self-esteem is a large component of mental health and well-being, and can negatively or positively influence important areas of an individual’s life including but not limited to, relationships, career, and health (Baumeister, Campbell, Krueger & Vohs, 2003). Low self-esteem may be at the root of many other problem areas related to mental health in an individual’s life (Sowislo & Orth, 2012). It is an area of mental health that needs to be taken seriously and addressed as early as possible in the interest of harm reduction (Johnson, 2012).

Empirically based treatment for low self-esteem is fundamentally based on cognitive behavioural therapy techniques (Johnson, 2012). Cognitive behavioural treatment developed with the benefits of group dynamics has proven to be an effective, efficient, and positive social environment and treatment method for individuals with low self-esteem (Yalom, 1995). Many studies have been conducted to address low self-esteem using a variety of sub-strategies of CBT, however, there is limited research exploring the unique requirements of men in this category (Dunlop & Mletzko, 2011). Men are less likely to seek help for emotional distress and it is an area that needs to be closely examined by mental health workers. By gathering proven practices from multiple research studies on this subject, a CBT-based workshop allowed for this area to be explored in a group setting to fill the gap and understand best practices. Analysis of the results will allow for further understanding of which specific techniques were beneficial for the target group.
Chapter III: Method

Participants and criteria of inclusion

The participants in this research project were 6 males diagnosed with a mental illness that have reported low self-esteem. The participants were between the ages of 19 and 42 ($M=24.6$, $SD=8.8$). The participants were all existing clients with open files at Frontenac Community Mental Health and Addiction Services (FCMHAS). The participants were referred by their FCMHAS workers based on their recommendation and opinion of whether or not they are suitable subjects for the applicable workshop. Three participants were referred from workers within the court support department; two participants were referred from transitional case management, and one participant was referred from the rural case management department. Criteria of inclusion required participants to be male, report/demonstrate low self-esteem, and be currently receiving clinical services from FCMHS. All participants had previously reported feelings of low self-esteem and believed that it was significantly affecting their lives. A poster including the information of the workshop was sent to all departments within the agency 4 weeks prior to the date of the workshop.

Consent

Informed consent was obtained through the signing of a consent form outlining the purpose, risks and benefits of the research project. (See Appendix A) Participants were required to read the consent document indicating their full understanding and consent before participating in the workshop. Consent included information regarding confidentiality, and the purpose and storage of data collected during the research study. Any questions participants had regarding the workshop or consent were addressed at this time.

Background on Participants

*To protect confidentiality, all names of participants have been changed

Participant 01: Jonathon

Jonathon is a 20-year-old male with reported symptoms of depression and social anxiety. Jonathon is diagnosed with cystic fibrosis and reports that this contributes to his mood and energy. He was initially referred to FCMHS court support by the crown attorney on weapon related charges. He was approved for court diversion and developed a treatment undertaking with his worker, Sonya. He is not on any psychotropic medication, and his motivation is relatively low; however, he is compliant and rarely misses appointments. Jonathon currently resides with his mother, father and two brothers and receives financial support from the Ontario Disability Support Program. Jonathon began meeting with this student bi-weekly seven weeks prior to the workshop and participated in mild cognitive behaviour therapy to address his social anxiety at which point he was recommended for the workshop.
Participant 02: Andrew

Andrew is a 19-year-old male with reported depression and social anxiety. Andrew became involved with FCMHS through self-referral and the recommendation of his family and family physician. Andrew is currently on anti-depressant medication and has reported that it has been effective in reducing his depressive symptoms. Andrew attends appointments consistently and appears to be motivated to address his social anxiety; however, his affect is relatively flat. He currently resides with his mother, father, and brother after withdrawing from University and deferring his education for a year to address his mental health concerns. This student began meeting weekly with Andrew six weeks before the workshop. Cognitive behavioural therapy techniques were used to address his social anxiety and it was recommended that he attend the workshop.

Participant 03: Brandon

Brandon is a 42-year-old male with substance abuse disorder. He has been involved with FCMHS since 2006 and most recently, was referred to FCMHS court support by the crown attorney on charges of assault with a deadly weapon. He participated in court diversion with his worker, Sonya, and was not sentenced to any time in custody as a result to his charges. Brandon is diagnosed with type 2 diabetes, hepatitis C and a thyroid condition. Brandon currently resides alone and receives financial support from the Ontario Disability Support Program. This student attended a number of community meetings with Brandon and his worker, Sonya, and established rapport while attending doctor’s appointments and securing housing. Brandon was recommended for the workshop and was actively motivated to participate.

Participant 04: David

David is a 21-year-old male with reported depression and anxiety. David is diagnosed with temporal lobe epilepsy and as a result has difficulty with memory recall and occasionally has seizures. He reports that fear of seizures contributes to his low mood and anxiety. David was referred to FCMHS court support by the crown attorney on charges of weapon possession. A treatment undertaking was developed with his worker, Sonya, and he was approved for court diversion. David is on medication for his epilepsy. David currently resides with his mother and sister, and receives financial support from the Ontario Disability Support Program. This student attended weekly meetings with David and his worker, Sonya, in his home to develop techniques that will allow him to manage anger. David appears to be motivated to participate actively in treatment and completes weekly homework assignments. Sonya recommended David for the workshop.

Participant 05: Mitchell

Mitchell is a 20-year-old male with mild Asperger’s. Mitchell has reported that he has problems dealing with anger and feels that low self-esteem is an issue. He is married
and has a young daughter who is currently in the care of Children’s Aid Society. He initially became involved with FCMHS when he accessed crisis walk in services in July of 2012, at which point he was referred to transitional case management services. He was recommended for the workshop by his transitional case management worker Randy. This student was not able to meet with Mitchell prior to the workshop.

**Participant 06: Bob**

Bob is a 26-year-old male with major depressive and concurrent disorder. He was referred to transitional case management services at FCMHS by Kingston General Hospital. He is currently on anti-depressant medication. He has reported low self-esteem allegedly related to a negative relationship with his Father. Bob works from home. He was referred to the workshop by his transitional case management worker Nina. This student was not able to meet with Bob prior to the workshop.

**Research Design**

The research design used in this study was a one-group pretest-posttest design. In this research design, each participant in a single group is assessed or measured once before treatment and once after treatment (Gravetter & Forzano, 2012). It is classified as nonexperimental research as it prohibits a cause and effect result. Self-esteem was measured using the Rosenberg (1965) self-esteem scale once before the workshop and once after the workshop. Statements on the scale were related to self-esteem (i.e. at times I think I am no good at all) and participants were required to rate them on a four-point likert scale (strongly disagree, disagree, agree, strongly agree). The participants were not informed before hand that they would be completing the same scale both before and after the workshop. The title and scoring rubric were removed from the client version of the scale. This student was the primary facilitator of the workshop. Other staff members and a supervisor were available within the office during the hours of the workshop to assist this student if needed. The target behaviour was self-esteem. The small size of the workshop eliminated the need for assigning any further subgroups within the workshop.

**Independent Variables**

The dependent variables in this study were the participant’s perceived level of self-worth through the response to statements regarding self-esteem. This was assessed using the Rosenberg self-esteem rating scale. For the purpose of this study, self-esteem is defined as “the overall evaluation of one’s personal worth or value as a person” (Korrelboom et al., 2009) (p. 974). The satisfaction of participants involved in the workshop was also an independent variable, measured using the post-workshop questionnaire. The questionnaire involved five questions related to enjoyment and effectiveness of the workshop using a five-point likert scale. The questionnaire also provided an opportunity for participants to rate the activities from most useful to least useful.

**Dependent Variables**

The intervention was developed based on four of the nine therapeutic factors of group therapy (Yalom, 1995) with a focus on psychoeducation and cognitive behavioural
therapy techniques. The four factors that were the focus of the workshop were socialization, group cohesiveness, imitative behaviour, and instillation of hope. Activities included the psychoeducation of self-esteem, core beliefs and self-talk as well as confidence boosting exercises through worksheets designed for participants to identify positive characteristics in themselves. Guided group discussion was included throughout the workshop to encourage participants to engage and share personal experiences. The workshop was concluded with the design and development of “personal business cards.” This activity consisted of a creative project geared towards summarizing participant’s positive attributes, discovered throughout the workshop, and creating a business card to represent them.

**Materials**

The materials involved in implementation of the workshop were a white board, flip chart and paper, dry erase markers, laminator for business cards and projector for a PowerPoint presentation. In addition, each participant was provided with a workshop material package which included the consent document, name tag, five fabulous facts worksheet (See Appendix D), mirror in words worksheet (See Appendix E), mirror in words cheat sheet (See Appendix F) pen, pencil, notebook and post-workshop questionnaire. The Rosenberg (1965) self-esteem rating scale was distributed by the facilitator before and after the workshop and was not included in the material package.

Coffee, tea, and donuts were provided at the beginning of the workshop. Two five-minute breaks (after section one and section two) allowed for participants to refill their coffee, go out for a cigarette, or use the facilities.

**Data analysis**

The data for the study was obtained through the Rosenberg (1965) self-esteem rating scale. An increase in the rating scale between pre-test and post-test completions would indicate that participants had a more positive perception of themselves after the workshop by analyzing how they respond to statement regarding self-esteem. The effectiveness of the workshop was also measured by the post-workshop questionnaires in which participants rated items on a likert scale regarding their perception of the workshop and most useful/least useful components.

**Setting/Apparatus**

The setting of the workshop was a training room at the FCMHAS 385 Princess Street location. The room consisted of a large table and chairs, dry erase board, and flip chart. A computer with a projector was used to display the workshop PowerPoint slides. Each participant was provided with a material package including a variety of items needed to successfully participate in the workshop (see Materials).

**Ethical Approval**

Prior to implementing the workshop, the integrity of the treatment was assessed and approved by the Research and Ethics Committee at St. Lawrence College. After entering the designated workshop area, participants were immediately provided with a consent document outlining the purpose, risks and benefits of the research project. The purpose and storage of the data collected in the study was described. Participants were
required to read the consent document indicating by signing their full understanding and consent before participating in the workshop.

**Measures**

**Rosenberg Self-esteem Scale (1965)**

The Rosenberg self-esteem scale was used as a measure for pre-and post-test analysis of the workshop (See Appendix B). It consists of 10 statements regarding self-perception in which participants must rate on a four-point likert scale (strongly disagree, disagree, strongly agree). A point system is used to score the answer to each statement, and sum of the score is used to determine level of self-esteem (i.e. the higher the score, the higher the self-esteem).

**Rationale**

The Rosenberg self-esteem rating scale was chosen based on its empirical support and straightforward design. The cognitive ability of participants was of a wide range and it was selected to accommodate variable levels of literacy and comprehension.

**Participant’s feedback post-workshop Questionnaire**

The participant’s feedback post-workshop questionnaire was developed to evaluate the quality of the workshop from the participant’s perspective. The questionnaire included five statements about the workshop that the participant could rate on a likert scale of 1-5, low-high. The questionnaire also included a section which provided the participant with the opportunity to rank each activity of the workshop from one to five based on what they believed to be the most useful and the least useful component of the workshop (See Appendix C).

**Rationale**

A feedback questionnaire was included in the measures to gauge how beneficial the dynamics of the workshop were, in addition to the influence it had on the perceived self-esteem of the participants. It provided the researcher with the relevant information to understand the overall effectiveness of the workshop, make improvements and understand which areas were pertinent and well received by the participants.

**Intervention Procedures**

The workshop consisted of a single, two-hour session held in the training room at Frontenac Community Mental Health Services at the 385 Princess Street location. The workshop was primarily delivered in the form of a PowerPoint presentation with multiple short interactive assignments taking place throughout the session. The workshop was divided into three sections each outlined below. A brief manual with specific details of the workshop design and delivery was created for future implementation (See Appendix I). The manual provided details of each section and subsection of the workshop, allowing for other facilitators to reference and individualize the delivery of the content in future applications. It provided the reader with the purpose of each section for both facilitator and participants.
Section one: Self-esteem: cause and effect

Section one focused on educating the participants about the basic principles of self-esteem and core beliefs. It began with the completion of the pre-workshop self-esteem rating scale. The facilitator described basic principles of self-esteem and discussed potential origins of low self-esteem in order for participants to have a better understanding of how they potentially developed low self-esteem. Core beliefs (both negative and positive) were described and participants were informed about how they may potentially influence self-esteem. Participants were encouraged to share personal experiences or insight if they felt comfortable. A flip chart activity involving the education of the thought-emotion-behaviour relationship was completed. In this activity, two stick people were drawn on large flip chart paper and participants were asked to offer what they believed to be thoughts emotions and behaviours of individuals with low self-esteem and high self-esteem respectively (See Appendix I for more details). The following is an itinerary and timeline of the activities in section one:

2:05pm  Self-survey
2:15pm  Learning about self-esteem and core beliefs
2:25pm  Models of low and high self-esteem
2:40pm  Break

Section two: Modifying self-esteem: tools for daily life

Section two focused on understanding the concept of negative and positive self-talk. After the principles of self-talk were explained, an activity involving modifying negative self-talk statements (i.e. I made a mistake so I am not good enough) into positive self-talk (i.e. I made a mistake but I’m only human and I learned from that mistake) was completed. Facilitator provided the group participants with a negative self-talk statement on a flip chart and asked for the group to brainstorm ways of modifying the same statement into a positive self-talk statement. It was then explained how this can assist in modifying core beliefs and in turn, improving self-esteem. The retrieval and acknowledgement of positive attributes within the participants was also explored using the five fabulous facts worksheet (See Appendix D). The purpose of this activity was to encourage positive self-reflection and build upon instillation of hope. The five fabulous facts worksheet was designed to promote positive self-statements and allow participants to feel proud when articulating achievements and personal qualities. The following is an itinerary and timeline of the activities in section two:

2:50pm  Self-talk and Reframing Negatives to Positives
3:05pm  Five Fabulous Facts: Acknowledging Positives
3:20pm  Break

Section three: Defining your best self

Section three focused on identifying personality traits and creating a personal business card summarizing what participants learned about themselves within the workshop. The exercise mirror in words (See Appendix E) was completed using the five fabulous facts worksheet as a reference and starting point for identifying non-physical
descriptors of participant’s positive personality traits. A “cheat sheet” for this exercise was included in the material package which consisted of a list of descriptive adjectives to use as a reference (See Appendix F).

As a conclusion to all activities in the workshop a personal business card creative project took place. A template (See Appendix H) was provided to each participant and participants were encouraged to include personal accomplishments/attributes/interests (determined in preceding activities) to include on the business card that they will carry with them in their wallet. The purpose of this exercise was to give participants a compact, portable version of all the workshop’s activities involving positive acknowledgment. Participants were encouraged to refer to the business card when facing moments of insecurity or just to remind themselves of their accomplishments and positive attributes. They were able to pick what was on the front and the back of the business card. Once the templates were completed, the post-workshop Rosenberg self-esteem rating scale (1965) and post-workshop questionnaire were administered. While the participants were completing the post-workshop activities, the facilitator entered the information from the business card template into a program for designing business cards. Business cards were printed, laminated and distributed to each participant.

Discussion took place summarizing the workshop and what the group gained from it. Opportunity was given for participants to ask questions or provide comments regarding the workshop. Certificates were granted to all participants who completed the workshop. The following is an itinerary and timeline of the activities in section three:

3:30pm    Mirror in words: Seeing the best in yourself
3:35pm    Personal business card: The future you
3:50pm    Post self-survey and feedback questionnaire
4:00pm    Q&A and Certificates
Chapter IV: Results (includes figures and tables)

Summary
The study evaluated the effectiveness of a male self-esteem workshop for individuals with a diagnosed mental illness. The Rosenberg (1965) self-esteem rating scale was administered to participants as a pre-and-post-test assessment of the workshop. Results demonstrated that the workshop was effective in improving self-perception of two participants based on their response to items on the Rosenberg scale. All participants indicated improved self-perception on at least one item of the scale when comparing pre-test to post-test. It is important to note that perceptions of self-esteem may not be significantly modified in the short period of time; however, participants were likely to be increasingly aware of what contributes to feelings of low self-esteem and the tools required to improve it. As a result of a 50% attrition rate, only three participants attended the workshop. As such, data collected in this study was limited. A participant’s feedback survey was completed by each participant and indicated an overall satisfaction of the workshop in areas such as usefulness, enjoyment and education within the workshop. Each participant ranked activities differently, indicating that the variety of activities incorporated into the workshop was important in accommodating a wide range of interests and skills. Below is a table outlining usefulness of activities ranking from 1-5 from each participant.

Results for Participant 01: Jonathon
Participant 01 scored an 8 on the pre-test Rosenberg self-esteem rating scale. On the post-test, Participant 01 scored a 13, indicating a moderate improvement in his self-perception.
Figure 2

![Participant 01 Response to Rosenberg Items](image)

Figure 3

![Participant 01 Questionnaire](image)
**Results for Participant 02: Andrew**
Participant 02 scored a 17 on the pre-test Rosenberg self-esteem rating scale. On the post-test, participant 02 scored a 19, indicating a mild improvement in his self-perception.

Figure 4

Figure 5
Results for Participant 03: Brandon
Participant 03 scored a 7 on the pre-test Rosenberg self-esteem rating scale. On the post-test, participant 03 scored a 6, indicating a very slight decrease in his positive self-perception.

To demonstrate in a table the effects of the workshop on each participants self-esteem score, raw data and itemized results are displayed in figures below for pre- and post-test scores.
Figure 8

Rosenberg Raw Scores

![Bar chart showing Rosenberg Raw Scores for participants 1, 2, and 3. The chart comparesPre and Post scores.](chart.png)
Figure 9

Rosenberg Self-Esteem Rating Scale
Pre-Test

Figure 10

Rosenberg Self-Esteem Rating Scale
Post-Test
Participant 04, 05, 06

Participants 04, 05, and 06 were not present for the scheduled workshop. The FCMHS workers of the corresponding participants placed a reminder call in the days leading up to the workshop, however, they did not attend. Participants 04 and 05 cancelled and participant 06 did not show up. No further follow-up explanations were received.
Chapter V: Conclusion/Discussion

Summary

It was found that the male self-esteem workshop had a moderate impact on the perceived self-esteem of participants, based on responses to pre and post administrations of the Rosenberg self-esteem rating scale. Participants scores increased an average of 2 points between pre-test and post-test. The results may be attributed to a number of factors. It is reported that men are less likely to seek professional help which may have influenced disclosure from participants during activities that involved addressing personal weaknesses or vulnerabilities (Dunlop & Mletzko, 2011). The workshop involved a relatively short single session design indicating that it may not have provided the amount of intervention needed to significantly impact participants’ responses to statements regarding self-esteem. Presumably the workshop increased self-awareness and if a long-term follow-up was attainable, impact may have been more significant. In one participant, the score on the Rosenberg self-esteem rating scale decreased. This may be due to the fact that in the short time of the workshop he became more aware of how he views himself, and received the tools required to improve his feelings, however, the workshop did not have enough of an impact in the short period of time to modify his response to statements regarding self-worth.

As part of the post-workshop feedback questionnaire, participants were asked to rate on a likert scale of 1-5, five different elements of the workshop. Generally participants found the workshop beneficial ($m=3.3$), fun ($m=3.3$), educational ($m=4.6$), comfortable ($m=4.6$), and would recommend it to others ($m=4$).

When participants were asked to rank each activity based on usefulness, each participant found a different activity to be most and least useful to them, underscoring the importance of incorporating different activities into the workshop in order to appeal to a variety of personalities, strengths, and weaknesses among participants.

When analyzing the results from this study, it is evident that the topic should be further explored in order to develop effective methods of treatment. Lack of participation and enthusiasm may be attributed to the mentality and sensitivity that still exists surrounding male self-esteem (Choma, Visser, Pozzebon, Bogaert, Busseri & Sadava, 2010). The focus of further research should be to explore and provide insight to educate clients on male self-esteem in order to decrease the stigma and increase the chances of effective treatment.

Strengths and Limitations

Strengths of this research project included efficiency based on the length of the workshop, as well as the simple nature of the measures used. Since the workshop was relatively short and included two breaks, participants were able to remain engaged throughout and complete the workshop feeling refreshed and educated. Measures were simple self-report documents, collecting data on the perceived self-perception and self-esteem of participants, as well as personal feedback on specific activities of the workshop in terms of usefulness to each participant.

The most significant limitations of this research project were the considerable attrition rate and lack of follow up with participants. The number of participants signed up was small to begin with: six individuals initially registered to participate. On the day
of the workshop, two of the participants cancelled and one did not show up leaving the facilitator with only three participants for the workshop. This is logically the minimum number of participants required to move forward with a workshop which includes group-focused activities. This also resulted in a significantly smaller amount of post-data available to the researcher to assess the effectiveness of the workshop. As a result, it was more difficult to draw conclusions from the limited data available.

Although evidence supports the use of cognitive behavioural techniques to treat low self-esteem, no prior evidence supports the effectiveness of a single workshop in a limited time frame of two hours. In future research, multiple, shorter sessions are likely to be have a more significant impact on the perceived self-esteem of participants.

Although the Rosenberg self-esteem rating scale (1965) was a quick and efficient way of obtaining information related to self-esteem, it is an outdated measure and has not been tested to assess its validity and reliability. In the future, a more recent and empirically supported measure of self-esteem should be utilized.

Since the workshop was near the end of this student’s placement, follow up with workshop participants was limited. This student completed weekly sessions with participants, and communicated with each participant’s original worker at FCMHS about progress in the workshop for their personal reference in continuing treatment.

**Multi-level challenges**

**Client level**

Challenges at a variety of levels influence the functioning of all agencies and it is important to recognize them in order to effectively problem solve. Mental health services strive to provide the most effective, ethical, and efficient services possible, and in order to do so, we must acknowledge all multi-level challenges and understand how they affect service implementation, especially in terms of group focused treatment. Some common challenges faced on the client level are client engagement and motivation. With weekly hour-long sessions with a number of clients, as well as a two-hour-long self-esteem workshop, it was difficult to engage individuals and motivate them enough to actively participate in homework activities assigned. This makes it difficult to move forward with treatment and make progress. The three individuals that did show up to the workshop were the three individuals who this student had prior interactions with; indicating the importance of establishing a therapeutic relationship with workshop participants on an individual basis prior to beginning the group treatment or workshop.

**Program level**

Program outcomes can be difficult for clients to understand, therefore influencing their motivation to participate actively. It was also important to recognize that time spent with clients was limited. As such, ensuring that program outcomes and progress were communicated to the client’s original agency worker after this student left is essential. The purpose of this communication is primarily so progress made during the workshop is maintained and prompts are used to remind participants of some of their positive attributes.

**Organisation level**

Communication between departments within an agency and between agencies is a significant existing challenge for many agencies including FCHMS. Between medical
facilities and mental health agencies, there is often information missing between sharing of files or misinformation being given from either party. Ideally, all social and human services would work on a master database in order to eliminate this problem; however, this may be an unrealistic expectation and more attention should be paid to the transferring of information on clients between agencies.

**Societal level**

Stigma remains surrounding individuals with mental illness. Continuing public education is important to help reduce this stigma and encourage the access of resources available to those individuals affected by mental illness. The more aware people become, the smaller the stigma and the more likely it will be that individuals will seek out the help that they need. Agencies should make this challenge a priority in better serving all individuals with mental health concerns to create a more balanced community and complete more successful treatments.

**Implications for behavioural psychology**

This study has demonstrated the need for both client and therapist to further explore and understand the relationship between male self-esteem and mental health. By testing a variety of empirically supported therapy techniques, professionals can determine the most effective, most efficient, and least intrusive methods for treating low self-esteem in males with mental health diagnosis. The field of behavioural psychology strives to provide individuals with the tools they need to effectively manage their behaviour and mental health while respecting individual needs and developing ethically sound practices. Being a relatively unexplored area- an area that typically focuses on females- more research must be conducted in order to develop effective ways to help clients gain insight regarding their self-esteem and its importance, as well as effective and lasting treatment methods (Derdikman-eiron, Indredavik, Bratberg, Taraldsen, Bakken & Cotton, 2011).

**Recommendations for future research**

For future studies, it is important for researchers to further explore the effectiveness of cognitive behavioural therapy techniques with men who have reported low self-esteem not only in a group setting, but on an individual basis. It may be useful to run the workshop again within FCMHS to collect data and make comparisons between data collected during the first workshop and data collected during a second workshop. As an alternative, a questionnaire distributed to male clients receiving services within FCMHS may be an effective way to further understand what may be effective ways of addressing low self-esteem other then the workshop. When self-esteem is explored and individuals gain insight regarding the influence of self-esteem, best practices can be implemented and quality of life will potentially improve for individuals with mental illness.
References


Street, H., Rees, C., Erceg-Hurn, D., Janca, A. (2008). *Centre for Clinical Interventions*

Retrieved from:


Appendix A

**Project title:** Feelin’ Fine- a self-esteem workshop for males with a diagnosed mental illness  
**Principal Investigator:** Logan Kerr  
**Name of supervisor:** Erin McCormick  
**Name of Institution:** St. Lawrence College  
**Name of part partnering institution/agency:** Frontenac Community Mental Health Services (FCMHS)

**Invitation**

You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at Frontenac Community Mental Health Services (FCMHS). As a part of this placement, I am completing a research project (called an applied thesis). I need your help! This consent form will help you understand my project and what you can contribute if you choose to do so. Please read all information and feel free to ask any questions along the way.

**Why is this study being done?**  
This study is being done for the purpose of developing a workshop specifically tailored to men with mental illness and improving their self-esteem. With your help, I can understand how effective the workshop is by having you fill out a survey regarding your self-esteem before and after the workshop is completed. I will also ask for your feedback specifically on the workshop, so I can improve it for future sessions.

**What will you need to do if you take part?**  
If you choose to take part in this study you will be asked to attend the workshop at FCMHS at 385 princess street. The workshop will last two hours, and will be divided into three sections, each roughly 40 minutes long. At the beginning of the workshop, after having signed this form, you will complete a short survey asking questions regarding your self-esteem. This will only take about 5 minutes of your time. After the workshop you will complete the same survey for a second time, as well as questionnaire asking for your feedback about the workshop. (10 minutes total).

**What are the potential benefits of taking part?**  
Benefits of taking part in this research study include having the chance to improve your self-esteem, learn more about yourself, and learn new skills. You will also meet new people, and of course have fun!

**What are the potential benefits of this research study to others?**
The potential benefits of this research study to others include increasing awareness of existing low self-esteem in males, and providing more effective treatment.

What are the potential disadvantages or risks of taking part?
Risks from taking part in this research study are minimal but may include uncomfortable emotions arising such as embarrassment or sadness based on the nature of the topics that will be covered and the group environment. It is also possible that you may not find the workshop helpful for you personally, but I will do my best to ensure that it is beneficial and fun at some level for all participants.

What happens if something goes wrong?
If the program does not go as planned, or something negative occurs we will immediately address the problem and/or stop the workshop if necessary.
Communication between you and I is important to ensure you are always enjoying yourself and do not feel negatively about participating. If the issue can not be resolved within the workshop, the participant will be referred to a court diversion worker for additional support and community referral.

Will my information you collect from me in this project be kept private?
Any and all information collected during my time spent with you will be kept completely confidential. Any documents with information regarding the workshop, including this consent form will be kept in a locked cabinet at the agency for seven years at which point it will be destroyed. Electronic documents will not contain any identifying information and will be kept on the researcher’s computer, password protected for 7 years at which point it will be permanently deleted. Your name will not be used in any reports or publications. Confidentiality and privacy between group participants will be reviewed before the workshop and repeated periodically throughout.

Do you have to take part?
Taking part is completely voluntary. If you do decide to participate, you are able to withdraw at any time with no explanation or negative consequences.

Contact for further information
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Erin McCormick my supervisor from St. Lawrence College. I really appreciate your cooperation and if you have any additional questions or concerns, feel free to ask me. You can also contact my College Supervisor Erin McCormick at 613-536-4506 or the Research Ethics Board at reb@sl.on.ca.
Consent
If you agree to take part in this workshop, please fill out the section below. A copy of this signed document will be provided to you. An additional copy of your consent will be kept at FCMHS.

By signing this form, I agree that:

✓ The study has been explained to me.
✓ All my questions were answered.
✓ Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
✓ I understand that I have the right not to participate and the right to stop at any time.
✓ I am free now, and in the future, to ask any questions I have about the study.
✓ I have been told that my personal information will be kept confidential.
✓ I understand that no information that would identify me will be released or printed without asking me first.
✓ I understand that I will receive a signed copy of this consent form.

I hereby consent to take part.

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Appendix B

**Rosenberg Self-Esteem Scale** (Rosenberg, 1965)

The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1. On the whole, I am satisfied with myself.  
2.* At times, I think I am no good at all.  
3. I feel that I have a number of good qualities.  
4. I am able to do things as well as most other people.  
5.* I feel I do not have much to be proud of.  
6.* I certainly feel useless at times.  
7. I feel that I’m a person of worth, at least on an equal plane with others.  
8.* I wish I could have more respect for myself.  
9.* All in all, I am inclined to feel that I am a failure.  
10. I take a positive attitude toward myself.

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Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

The scale may be used without explicit permission. The author’s family, however, would like to be kept informed of its use:

The Morris Rosenberg Foundation  
c/o Department of Sociology  
University of Maryland  
2112 Art/Soc Building  
College Park, MD 20742-1315
Appendix C

Dear: Participant

Please take roughly 5 minutes to fill out the following questionnaire to help the researcher evaluate the effectiveness of the workshop. Your feedback on this workshop is greatly appreciated and the information is completely anonymous and confidential. Instructions on how to complete the questionnaire are at the top of the following page. When you have completed the questionnaire, please fold it once and return it to your workshop instructor. If you have any follow up questions or comments please do not hesitate to contact the instructor at ekerr22@student.sl.on.ca
Post-Workshop Questionnaire

Please read the following statements and circle your answer

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<th>Low</th>
<th>High</th>
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<td>1</td>
<td>2</td>
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This workshop was beneficial to me

I found this workshop fun

I learned something about myself in this workshop

I would recommend this workshop to my friends

I was comfortable in the male only setting

Please rank the activities of the workshop from 1-5 (1 being most useful to you, 5 being least useful to you)

Stick man
Reframing self-talk
Five fabulous facts
Mirror in words
My personal business card

Thank you for your feedback! Please return this questionnaire to your instructor before leaving

***Reminder: No identifying information will be used and all information discussed in the workshop and survey will be kept strictly confidential. Do not put your name on this questionnaire.
Five Fabulous Facts

This worksheet is meant to help you recognize and acknowledge positive facts about yourself. Complete the following five sentences.

1. I’m really good at:

2. My best quality is my:

3. I am unique because I:

4. I am most proud of my:

5. I feel happiest when I am:
Appendix E
Appendix F

Considerate
Organized
Strong
Adventurous
Appreciative
Funny
Loved
Responsible
Reliable
Family Man
Loyal
Trustworthy
Creative
Athletic
Easygoing
Hardworking
Artistic
Determined
Responsible
Friendly
Kind
Caring
Handy
Good Listener
Resourceful
Hardworking
Sensitive
Empathetic
Intelligent
Gentle
Understanding
Forgiving
Supportive
Motivated
Resilient
Appendix G

SIGN-IN SHEET

1. Print Name:____________________Signature:____________________

2. Print Name:____________________Signature:____________________

3. Print Name:____________________Signature:____________________

4. Print Name:____________________Signature:____________________

5. Print Name:____________________Signature:____________________

6. Print Name:____________________Signature:____________________
Appendix H

FRONT

Name:

_______________________________

Interests/Occupation/Future
Occupation/Personal Summary:

_______________________________

_______________________________

_______________________________

Address:

_________________________________

Phone:

___________________________

Email:

_________________________________
Positive descriptors/reminders of your five fabulous facts/inspirational quotes

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Feelin’ Fine

Confidence is contagious!

A male self-esteem workshop

Guided group activities and discussion to help individuals explore, improve, and strengthen their self-esteem
Workshop Manual

Workshop Definition

Workshop Purpose:
To provide guided group activities and discussion to help individuals understand and explore their self-esteem. To teach ways to improve and strengthen self-esteem.

Workshop Goals / Objectives:

For Participants:
- Participants will gain a better understanding of self-esteem, impacts, origins, and influencing elements
- Participants will gain insight towards their own level of self-esteem
- Participants will learn new techniques for strengthening self-esteem, including self-talk, ways to acknowledge positive qualities
- Participants will set goals for continually strengthening their own levels of self-esteem

For Facilitators:
- Feedback from participants on effectiveness of content, process, and exercises/activities will enable continuing improvement of CBT methods, workshop approach, and best practices
- Data relating to efficacy/effectiveness of CBT in male oriented workshop environment
- New tools and content can be introduced to improve workshop
- Workshop can be easily individualized through the use of relevant examples
- Workshop and activities can be easily incorporated into variety of broader treatment program

Workshop Participant Eligibility:

Eligibility for participation in this workshop requires that participants must be an active client at Frontenac Community Mental Health Services or other mental health support agency, must have self reported feelings of low self-esteem, and be comfortable sharing personal information with members in a group setting.

Workshop Scope:
- Practice reframing positive to negative, by presenting negative statements, prompt participants to propose positive version
• Introduction to concepts of self-esteem
• Introduction to basic tools easily used in day to day life activities to strengthen self-esteem
• Practice exercises to demonstrate how these basic tools can be effectively used
• Self awareness, positive reframing and focus exercises
• Provide take away for continuing reference and reinforcement
• Can be included as a module in an overall program

Workshop Participants’ Rights and Rules

Clear rights and rules are explained, to provide assurance to participants, to guide behaviours, begin socialization, and describe confidentiality policies.

Participants Consents

Informed consent must be obtained through the signing of a document outlining the purpose, risks and benefits of the workshop. Participants will be required to read the consent document indicating their full understanding and consent before participating in the workshop. Consent must include information regarding confidentiality and the purpose and storage of the data to be collected.

Workshop Overview

Two-hour interactive workshop led by facilitator
Three sections
  Gaining insight, understanding, awareness of elements of self-esteem
  Setting a positive focus
  Setting the future
Introduction:

Materials:
- Name Tags
- Sign in Sheet
- Consent Forms
- Participant’s Workshop Package

Purpose: To provide overview of workshop proceedings

Objectives:
- To establish comfortable, trusting environment for participants to encourage candid, open and honest discussion
- To ensure workshop rules, responsibilities, are well understood and consent is properly obtained from informed participants

Method/Activities:
- Facilitator outlines workshop, rules of behaviour, purpose of consent forms,
- Round table introduction – participants introduce themselves, to begin socialization

Section 1: Self-Esteem: Cause and Effect

Materials:
- Self-esteem rating scale
- PowerPoint presentation to guide discussion
- Flip chart, markers, masking Tape
- Notepads, Pen/Pencils

Purpose: To provide context, education, self-assessment reference base, group cohesiveness

Objectives:
- To engage participants in discussion on characteristics of low self-esteem and of high self-esteem
- To demonstrate to participants that all individuals experience feelings low self-esteem at some time
- To demonstrate that low self-esteem is often rooted in things beyond one’s control
- To demonstrate to participants that tools are useful, that change is possible – Instil hope

Method/Activities:
1. Self Survey
   a. Facilitator hands out self-esteem rating scale to each participant.
   b. Facilitator describes method for completing
   c. Participants complete form and return to Facilitator

2. Learning about self-esteem and core beliefs
   a. Facilitator outlines definition of self-esteem, fundamentals of Maslow’s Hierarchy of Needs, why self-esteem matters, how it begins, how it establishes core beliefs, how everyone experiences different levels of self-esteem at different periods of time.

3. Exploring Models of Self-Esteem
   a. Facilitator leads discussion demonstrating how thoughts influence emotions, how emotions influence behaviours - towards positive or towards low self-esteem
b. Facilitator guides group discussion on models of self-esteem

c. Facilitator uses Flip Charts to capture participants discussions regarding thoughts, emotions, behaviours, separate page for low and for high self-esteem
   i. characteristics of an individual with low self-esteem – thoughts, emotions, behaviours
   ii. characteristics of an individual with high self-esteem – thoughts, emotions, behaviours

d. Post each flip chart page so participants can clearly review, remind, refer to during subsequent group activities

Section 2: Modifying Self-esteem: tools for daily life

Materials:
- PowerPoint presentation material to guide discussion
- Flip Chart, Markers, Masking Tape
- Notepads, Pen/Pencils

Purpose:
- To provide psycho education - concept self-talk and its relationship to core beliefs
- To provide participants the opportunity to practice reframing negative self-talk to positive
- To demonstrate that low self-esteem is often rooted in things beyond one’s control
- To demonstrate to participants that change is possible – Instil Hope

Method/Activities: Activities continue to develop group cohesiveness and socialization.

1. Self-Talk

Participants will learn the concept of self-talk and how it can be used to modify negative core beliefs, and strengthen self-esteem. Participants will engage in group exercise of reframing negative statements/phrases to positive statements.
   a. Facilitator outlines the concepts of self-talk and relationship to core beliefs.
   b. Facilitator describes method for re-framing from negative to positive, using example phrases
   c. Facilitator guides discussion, presenting examples of negative self-talk, participants reframe negative statements to positive statement

2. Five Fabulous Facts

Participants will be asked to complete the Five Fabulous Facts worksheet to help them recognize their unique strengths, accomplishments and skills. Participants will be encouraged to take this worksheet home and put it somewhere where they can be reminded of their self-worth.
   a. Facilitator passes out template for participants to document positive facts about themselves
   b. Facilitator gathers completed forms
   c. Participants enjoy break. opportunity to reflect on positives, further their positive mood
   d. While participants take a break, facilitator summarizes on flip chart to enable feedback and peer acknowledgement, positive reinforcement
   e. Participants review positive characteristics of participants

3. Exploring Models of Self-Esteem

Participants will …. Reinforses the influence of thoughts on emotions and behaviours
   a. Facilitator guides group discussion on characteristics of an individual with low self-esteem
b. Facilitator guides group discussion on characteristics of an individual with high self-esteem

Section 3: Defining Your Best Self

Materials:
- PowerPoint presentation material to guide discussion
- Flip Chart, Markers, Masking Tape
- Notepads, Pen/Pencils
- Mirror template
- Business card template
- Laminator/laminating sleeves
- Card stock

Purpose:
- To provide participants with tools necessary to self-praise
- To enable participants to focus and acknowledge their positive qualities and characteristics
- To provide reminder of what qualities make them unique
- To collaboratively reflect on workshop experience

Method/Activities:

1. **Seeing the best in yourself – Words in Mirror Exercise**
   In this exercise participants will be asked to describe what they feel to be their best personality traits using non-physical words inside a picture of a mirror. There will be a list of prompting words and phrases that they can use to if they wish to do so. The purpose of this exercise is to help individuals understand the value of their personality and encourage them to look in the mirror not only to see the physical traits but also more importantly, personality traits.
   
   a. Facilitator hands out template ‘mirror’ and prompt sheet of potential qualities.
   b. Participants select words that best describe their non-physical qualities
   c. Reinforces the positive qualities, reflecting back from the mirror

2. **Defining the best you – now and future – creating your Personal Business Card:**
   In this exercise the facilitator will discuss the basic principles of visioning, setting positive goals, reaffirming positive qualities, using reinforcing positive thoughts to guide behaviours
   
   a. Participants will review their five fabulous facts and the positive qualities they see in their mirror
   b. Participants will design their own personal business card
      i. Select the details for front
      ii. Select the qualities to list on back
   c. Participants will be encouraged to refer to their card to constantly remind themselves of their positive qualities and to guide their thoughts and behaviours throughout their day to day activities
   d. Facilitator will review templates, enter information into business card program and print/laminate business cards for participants to take with them

Wrap Up

*Materials:*
- Post self-survey
- Workshop Feedback questionnaire
- Workshop Participant Certificates
Purpose:
- To provide opportunity for feedback
- To enable participants to reflect on lessons learned
- To provide opportunity for participants to ask questions

Method/Activities: At the end of all sections, facilitator will revisit and summarize core concepts covered during the workshop. Participants will be provided with the opportunity to reflect on information presented and ask questions. Participants will complete both workshop feedback questionnaires and post-test self-survey (Rosenberg, 1965). Facilitator will grant participants who completed the workshop with a certificate indicating successful completion with the date and signature of the facilitator.