The Development of a Cognitive Behavioural Therapy Based Manual to Increase Self-esteem in Adolescents

Amber Martin

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I would like to dedicate my thesis to someone very important to me. Unfortunately, she is not here to read this but it is in part because of her that I am here today. For as long as I can remember, she has always told me that I can do whatever I set my heart to and I have done just that. I worked really hard to be where I am right now, and it is because of the push and the confidence you gave me. I would like nothing more than to have you here with me now, but regardless, I know you’re proud.
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ABSTRACT

Adolescents with high levels of self-esteem as they enter into high school become less susceptible to experiencing the negative outcomes that are associated with low levels of self-esteem such as substance abuse, academic underachievement, psychological disturbances, poor relationships, loneliness, and teen pregnancy. Current literature places emphasis on the importance of targeting low-self esteem during adolescence. The current project consisted of the development of a cognitive behavioural therapy (CBT) based manual that focused on increasing self-esteem in adolescents. A facilitator’s guide was also developed and included detailed instructions for each activity within the manual to aid those delivering the counselling sessions. The manual was directed towards adolescents however, it may be modified to benefit different age groups. The manual was not evaluated as part of this project; however, it is hypothesized that a CBT based manual would be effective in increasing self-esteem in adolescents.
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Chapter I: Introduction

In adolescence, low self-esteem is correlated with a number of negative outcomes including substance abuse (Habibi, Khushabi, & Moradi, 2012), relationship problems, academic under achievement, psychological disturbances (Myers et al., 2009), pregnancy (Berry, Hohman, Peak, & Shillington, 2000), over dependency (Lorr & Wunderlich, 1986), eating disorders, detachment, delinquency, loneliness, behavior problems and suicide (Haney & Durlak, 1998). A manual-based treatment that seeks to increase social skills along with feelings of calmness, adequacy, and confidence may lead to enhanced self-esteem (Lorr & Wunderlich, 1986).

Lorr and Wunderlich (1986) used cognitive behavioural therapy (CBT) to increase self-esteem in adolescents by focusing on topics related to body image, social skills, peer relations, family life, problem solving, anxiety, relationship building, health, and academic goal setting.

Since CBT was effective in increasing self-esteem of adolescents by focusing on the topics mentioned above, this student researcher developed a CBT manual designed to increase self-esteem in 12-13 year old adolescents. Lorr and Wunderlich provided therapist-led group therapy in a clinical setting. This student researcher designed a manual and facilitator’s guide to be used by teachers/EAs in group therapy within the classroom setting. School-based interventions are more cost effective and serve more adolescents than clinic-based interventions (Lorr and Wunderlich, 1986).

This thesis consists of the literature review, manual (method), summary of the manual (results), and discussion, respectively. The literature review provides evidence for the use of manual-based treatments to increase self-esteem in adolescents. The Manual consists of six sessions focusing on psycho-education, social skills, relationships, the self, health, and academic goal planning. The summary of the manual provides an overview of the hypothesized benefits of the manual. The discussion includes the benefits to psychology field, the strengths and limitations of the manual, future recommendations, and a discussion of the multilevel challenges to service implementation.
Chapter II: Literature Review

This review of the evidence-based literature on mental health problems in adolescents explores the use of Dialectical Behaviour Therapy (DBT), Acceptance and Commitment Therapy (ACT), Cognitive Behaviour Therapy (CBT), and manual-based treatments to increase self-esteem in adolescents. While there is a paucity of treatment literature on the application of DBT, ACT, and CBT in manual or other formats to treat low self esteem; these evidence-based methods are commonly employed when treating adolescents who suffer from depression, anxiety, or engage in self-harming behaviours. This literature review was completed to garner evidence for this student researcher’s development of a manual-based CBT treatment protocol to decrease low self-esteem in adolescents.

Self-Esteem

The term self-esteem is used to describe a person’s evaluation of themselves and their self-worth; it is an attitude and a judgment. Self-esteem includes core beliefs (e.g., “I am worthy”, “I am competent”) and emotions like despair, triumph, and pride (Hewitt, 2009). Mackie and Smith (2007) define self-esteem as “The self-concept is what we think about the self; self-esteem, is the positive or negative evaluations of the self.” Newman and Newman (1975) use words of worthiness, discouragement, and pride when defining self-esteem. People with high self-esteem are less prone to experience stress and negative affect when associated with negative events (Dams et al. 2011). Armitage (2012) suggests that adolescents are very concerned with their appearance and social standing and are strongly influenced by social media (Heatherton & Wyland, 1994).

Self-Esteem Development

According to Fuji et al. (2012) high self-esteem enables children and adolescents to cope with stressful situations and protects them from psychological distress however, there are no consistent views on its development. Fuji et al. aimed to determine the effectiveness of evaluating self-esteem in children and adolescents and discuss the ideas for its development. According to Fuji et al., the environment in which the child or adolescent is raised influences self-esteem heavily. Harter (1983) stated that positive self-esteem is a result of the parent-child relationship, self-acceptance, social behaviour, and the means to cope with unwanted emotions. Coopersmith (1967) states that the parent’s child-rearing behaviour plays a large role in the development of self-esteem. The child’s first relationships are built with parents and other family members and therefore parents who react to their children in the extreme (e.g., overprotective) or show little concern for their children may contribute to the child’s low self-esteem. As the children get older, relationships are now being built with their peers or teachers and begin to evaluate themselves based on academic, social, physical, and emotional aspects. Accomplishments in these areas increase the child’s self-esteem and form the basis for future development. Endo (1992) suggests that in general, girls have lower self-esteem then boys. Bailey, Crocq, and Guillon (2003) state that low self-esteem is associated with the presence of a psychiatric disorder in adolescents and Mendelson (2002) suggested that low self-esteem has been observed in adolescents with eating disorders.

In conclusion, Fuji et al. states that understanding and evaluating the self-esteem of children and adolescents can not only help to understand their past and present circumstances but also be useful when treating children with psychosomatic disorders because children with low self-esteem are more susceptible to psychological and social problems. These problems hinder their ability to recover from the low self-esteem.

Just recently, more attention has been drawn to the developmental patterns of self-esteem and its development across the lifespan (Jonkmann, Ludtke, Trautwein, & Wagner, 2013). Recent studies had noted a general increase in self-esteem from adolescents until middle age. The aim of the study was to
examine the developmental trajectories of self-esteem, address the effects of structural characteristics, and evaluate gender specific patterns. The sample consisted of 4,532 participants recruited from 149 randomly selected secondary schools. Measures were based on self-esteem, Big Five personality (i.e., neuroticism, extraversion, agreeableness, openness to experience, and conscientiousness), structural characteristics (i.e., living situation, current educational path, and relationship), and demographics (i.e., age, gender, family situation). A latent growth curve model analyzed interindividual differences and intraindividual change patterns in self-esteem. Findings suggested that self-esteem showed a small increase after secondary school. This was followed by a large increase in self-esteem beginning at age 21. Longitudinal studies are effective however, unobservable third variables may have affected the increases in self-esteem.

The Negative Effects of Low Self-Esteem

Low self-esteem is strongly related to depression, however the nature of the relation is unknown (Orth & Sowislo, 2013). The vulnerability model suggests that low self-esteem leads to depression. The scar model holds that low self-esteem is a consequence of depression. The vulnerability model says that self-esteem, like any other personality traits, influences the onset and maintenance of depression. Low self-esteem specifically contributes to depression through interpersonal (i.e., constantly seeking reassurance about personal worth, social avoidance, and seeking negative feedback) and intrapersonal (i.e., constantly thinking deeply about the negative aspects of the self) pathways. The scar model states that low self-esteem is a consequence of depression rather than a causal factor. Depression has the potential to impair an individual’s self-esteem through interpersonal (i.e., depressive episodes may damage relationships or social networks, important sources of self-esteem) and intrapersonal (i.e., the experience of depression may alter the ways in which individuals process self-relevant information and perceive negative information about the self) pathways. Orth and Sowislo (2013) evaluated both models of low self-esteem for depression and anxiety by doing a meta-analysis of 77 depression studies and 18 anxiety studies. The participants spanned childhood to old age. The mean age of participants was 27.7 years. While low self-esteem is both a symptom of depression and an associated feature of a variety of other clinical conditions (American Psychiatric Association, 2000); current reviews emphasize the role of low self-esteem in the cause of depressive disorders (Orth & Sowislo, 2013). Findings showed consistent support for the vulnerability model and only weak support for the scar model. It was suggested that the relationship between depression and low self-esteem is most strongly described by the vulnerability model, and the relationship between anxiety and low self-esteem is described best as a shared relationship (Orth & Sowislo. 2013). This data provides evidence for the use of these models to better describe the correlation between self-esteem and depression and self-esteem and anxiety. Future research however, should attempt to gain insight into the reasons that account for the vulnerability model effect of low self-esteem on depression the reasons that account for the effect of the scar model on low self-esteem and depression. As well, future research should attempt to account for biological factors that might affect self-esteem. An important limitation of the study was that almost all studies included in the meta-analysis relied heavily on self-report measures. This study also could not account for overlap between measures. Depression measures often include items that are related to self-esteem and therefore future research should use designs that examine anxiety, self-esteem, and depression simultaneously.

Self-Esteem Research

McConnell and Sim (1999) believed that children of divorce were more likely to experience low self-esteem. The study included 52 children with divorced parents. Twenty-four of the children were placed in a counseling group and the other twenty-eight in a non-counseling group. They used a mixed-methodological assessment approach using quantitative (i.e., The Culture Free Self Esteem Inventory and The Children’s Perception of Parental Divorce Scale) and qualitative measures (e.g., semi structured
interviews). Each child received an average of seven sessions. Session topics included family relationships, recent emotional stressors, school/peer relationships, and coping and problem solving strategies. Children in the control group did not attend counseling sessions. The aim of the study was to minimize the potential damage that a divorce might have on the children’s self-esteem, trust, and satisfaction. Overall, the study showed that participants in the counseling group had healthier perceptions of the divorce, stronger relationships with their parents, and higher levels of self-esteem (McConnell & Sim, 1999). The results of this study indicated that the counselled children were in greater need of counselling than the non-counselled children.

Orth, Robins, and Widaman (2011) conducted a longitudinal study with 1,824 individuals aged 16 to 97 who were assessed to determine the effects that self-esteem had on relationship satisfaction, job satisfaction, depression, and health. The study indicated that self-esteem increases from adolescence to middle adulthood, peaks around age 50, and decreases in old age. Orth et al. (2011) also examined whether self-esteem trajectories transformed across generations. The measures used investigated self-esteem, relationship, and job satisfaction, and screening for depression and health problems. Overall, Orth et al. showed that low self-esteem in adolescents led to later relationship and job dissatisfaction, depression, and poorer health. Future research should evaluate the effects that self-esteem has on the development of life outcomes in countries with more diverse contexts. Individuals from different cultural backgrounds show different self-esteem styles and different tendencies towards self-enhancement, which may affect the direction of self-esteem. Future research should also aim to account for third variables (i.e., personality factors) that may affect the direction of self-esteem.

McManus, Shafran, and Waite (2012) provided 10 cognitive behavioural therapy sessions and showed that individual counseling sessions aimed at increasing self-esteem levels were successful. Since high and low self-esteem can affect the life trajectories of adolescents, it would be appropriate to target self-esteem within this age group.

**Dialectical Behaviour Therapy (DBT)**

Dialectical behaviour therapy improves self-esteem (Dams et al., 2011). DBT uses strategies aimed to increase awareness and acceptance of unpleasant emotional experiences. DBT is similar to cognitive behavioural therapy in that it aims to regulate and alter the participants’ thoughts and emotions. Dams et al. (2011) conducted a study to determine the effectiveness of DBT as a treatment for participants with borderline personality disorder. Participants were assessed using Psychometric Scales Assessing Self-Esteem and the Self-Concept (Dams et al.). Twenty participants engaged in 12, once weekly hour-long sessions for psycho-education and body oriented therapy (i.e., exercises focused on improving body concepts) and 20 were placed into a waitlist group.

The DBT program included individual therapy for one hour a week, group skills training for three hours a week, mindfulness groups for two hours a week, group psycho-education for one hour a week, peer group meetings for two hours a week, individual body-oriented therapy for one and a half hours a week, and therapist team consults for two hours a week. Overall the study indicated that DBT was successful in increasing the self-esteem, social skills and confidence in patients with BPD. The scales of self-esteem (i.e., self-regard, social skills, and social confidence) were enhanced significantly in the intervention group. A limitation of this study was the lack of randomization between the two groups of participants. Also, the intervention group was treated like patients at a hospital while the waitlist group spent that time at home. This study could not avoid the possible effects of hospitalization.

**Acceptance and Commitment Therapy (ACT) vs. Cognitive Behaviour Therapy (CBT)**

ACT was derived from behaviour therapy and differs from conventional CBT. It focuses on acceptance and mindfulness (Gaynor & Hinton, 2010). Acceptance is a person’s assent to the reality of a situation recognizing a process or condition (often negative or uncomfortable situations) without
attempting to change it, protest, or exit (Marlatt & Kristeller, 1999). Mindfulness is bringing one’s complete attention to the present experience on a moment-to-moment basis (Marlatt & Kristeller, 1999). ACT focuses on cognitive defusion; a process by which no attempt is made to change the content or frequency of negative thoughts, it seeks, instead, to change how an individual relates to their undesirable thoughts. Unpleasant thoughts and emotions lose their influence through a process called desensitization (i.e., the diminished emotional responsiveness to a negative or aversive stimulus after repeated exposure to it). Thoughts become words without meaning. The aim of ACT is to promote psychological flexibility without altering the content or frequency of undesirable thoughts and feelings (Gaynor & Hinton, 2010). ACT therapists commonly use Tichener’s “milk, milk, milk” activity in their sessions with clients (Gaynor & Hinton, 2010). This activity involves saying a word repetitively for brief periods of time (e.g. 20-30 seconds). Repeating the word with increasing and decreasing speeds removes its conventional meaning. Once the meaning of the word is gone, clients are less likely to believe in the meaning of the word. Masuda, Hayes, and Twohig (2004) examined the efficacy of vocal repetition and found that after 30 seconds of vocalizing an undesirable thought, emotional discomfort decreased. Gaynor and Hinton (2010) examined the efficacy of three, once weekly, sessions of cognitive defusion for university students experiencing dysphoria, psychological distress, and low self-esteem. Twenty-two participants were randomly assigned to one of two conditions (i.e., cognitive defusion (CD) or waitlist (WL) with intent to treat). The goal of the study was to help the participants recognize negative thoughts without becoming fused to them. As a result of three cognitive defusion-based sessions, psychological discomfort decreased and low self-esteem increased. Cognitive defusion also produced a decrease in negative thinking however, the study was not able to account for behaviour changes outside of the sessions and all assessments were self-reports measures.

CBT is a commonly used evidenced-based treatment for individuals with anxiety disorders. ACT is an alternative treatment that has received less study. In response to the paucity of research on ACT and the high percentage of non-responders to CBT, Arch et al. (2012) undertook a study of 128 participants with at least one anxiety disorder. The participants were randomly assigned to either the CBT or ACT group. Assessments measured anxiety specific and non-anxiety specific outcomes pre-treatment, post-treatment, and at 6- and 12-month follow-ups. Participants received 12 weekly, one hour long individual CBT or ACT sessions. Participants in the CBT group focused on assessment, psycho-education, self-monitoring, cognitive restructuring, controlled breathing training, exposure, and relapse prevention (Arch et al., 2012). Participants in the ACT group focused on psycho-education, acceptance, cognitive defusion, valued action (i.e., to live in accordance with your values), experimental exercises, and creative hopelessness (i.e., exploring whether previous efforts to control anxiety worked and recognizing how these efforts led to the elimination of valued life activities [Arch et al., 2012]).) The findings suggested that ACT and CBT were equally effective; yet, ACT was superior to CBT in producing psychological flexibility and symptom improvement and CBT was superior to ACT in producing an increase in self-concept and a higher quality of life as measured by The Quality of Life Inventory (Frisch, 1994a, 1994b). The researchers however, did not assess therapist commitment to the programs, which may have affected the treatment results. Also, these therapists were inexperienced. This study did not include a control group, which overall, had made it difficult to assess treatment success. Without a control group, the researchers were not able to say that the success was a result of the treatment.

**Cognitive Behaviour Therapy (CBT)**

CBT is referred to as one of the most effective therapies for depression and anxiety in adolescents (Bernal, Rivera-Medina, & Rossello, 2012). It suggests that thoughts, actions, feelings, and behaviours are closely related. Bernal et al. (2012) treated 121 Puerto Rican adolescents who suffered
from depression. The adolescents attended 12, weekly hour-long individual therapy sessions. The goal of the study was to evaluate the efficacy of CBT in reducing the number, severity, and duration of symptoms and to teach preventative strategies. Bernal et al. showed that CBT greatly reduced depression in adolescents.

In adolescents, anxiety, depression and low self-esteem are often co-morbid (Kendall & O’Neill, 2012). The study conducted by Kendall and O’Neill (2012) was used to determine whether co-morbid conditions would affect treatment success. Seventy-two children and youth ranging in age from 7 to 14 years received individual or family CBT. The treatment included a total of 16 weekly, hour-long sessions; the first eight of which focused on psycho-education. The next eight provided opportunities to practice newly acquired skills. Overall, anxiety-disordered youth with depression showed the same reduction in anxiety as those without depression. It may be the case that adolescents with low self-esteem and anxiety or low self-esteem and depression may be successfully treated for low self-esteem regardless of the co-morbid conditions.

In adolescents, low self-esteem is highly correlated with substance misuse and substance misuse is strongly correlated with conduct disorder (Ogel & Coskun, 2011). Ogel and Coskun (2011) conducted a study with 62 hospitalized adolescents aged 13 to 18 with the diagnosis of volatile substance dependence. Half of the participants received a brief CBT intervention and an education program and the other half received only the education program. Adolescents in the CBT group attended only three counseling sessions in which they discussed the harmful effects of substance misuse, how to cope with their cravings, and taught the skills needed to ensure abstinence; such as how to cope with emergency situations (Ogel & Coskun, 2011). The education program consisted of one, hour-long session discussing the harmful effects of substance misuse. Ogel and Coskun concluded that the participants who received the brief CBT intervention showed a higher abstinence rate at the one-year follow-up than those who participated only in the educational program. Overall, the study showed that cognitive behavioural therapy was an effective treatment when working with an adolescent age group.

Pharmacotherapy and cognitive behavioural therapy are effective evidence-based treatments for adolescent depression (Vitiello, 2009). Vitiello (2009) combined pharmacotherapy and cognitive behavioural therapy to determine whether it improved results compared to one therapy alone. Both a pharmacotherapist and a cognitive behavioural therapist treated participants in the combined condition, while participants in the pharmacotherapy condition were treated by only a pharmacotherapist (Vitiello, 2009). After 12 weeks of therapy, combined therapy showed to be more effective in influencing remission of depression, improving functioning and feelings of well-being, and decreasing suicidal ideations (Vitiello, 2009). As well, those in the combined therapy group showed higher response rates on lower doses of the medication than those in the pharmacotherapy group. Similarly, suicidal ideations or attempts occurred more commonly in patients in the medication only group (Vitiello, 2009). While combined treatments can require more time and money, Vitiello stated that CBT for adolescent depression showed greater results than pharmacotherapy alone.

School-Based Interventions

Recently there has been a significant growth in the use of school-based programs for students experiencing mental health or adjustment problems (Chandler, Cowen, Guare, & Weissberg, 1984). The rationale for these programs can be found in the correlations between early childhood adjustment problems and later mental health problems. Chandler et al. (1984) conducted a study that evaluated the effects of a Primary Mental Health Project (PMHP), which was a school-based intervention program. Children are identified and seen individually or in small groups. The study assessed the current mental health status’ of 61 fourth to sixth graders who had taken part in the study two-five years earlier and addressed whether the students maintained program gains and their current adjustments. Three different
types of measures were collected for all participants: teacher adjustment rating scales, academic achievement scores, and children’s self-reports of perceived competence. Classroom adjustment rating scales were used to measure aggressive, disruptive, withdrawn, shy-anxious, dependent, and nervous behaviours. Data was collected at referral, post-treatment, and follow-up. Overall, the PMHP results were found to have been maintained two-five years after the program termination. This program strengthens the children’s long-term adaptability through early detection and intervention for school adjustment problems.

Because adolescents spend much of their time at school or engaged in school-based activities, schools have recently begin to search for more creative ways to meet not only the academic needs of the children, but also the social-emotional and behavioural needs as well (Gwin, Jones, & Wisner, 2010). One of the most recent and creative types of interventions being offered in schools is meditation. The current available research that studied and evaluated the effectiveness of meditation as a cognitive behavioural treatment shows improvements in emotional, physical, social, and psychological areas in adolescent students. Meditation has the ability to strengthen the coping abilities of these adolescents while enhancing the psychological strengths. The benefits of meditation programs include decreased anxiety, an enhanced ability to pay attention, emotional and behavioural self-regulations, self-control, frustration tolerance, and improvements in concentration skills. According to Gwin et al. (2010), mediation also helps students improve their self-esteem and facilitates emotional intelligence. Adolescents are developmentally learning how to control and regulate their emotions and therefore school social workers may find it helpful to use meditation techniques. Meditation when practiced regularly can be learned quickly however, training and experience is required to effectively teach meditation practices. Unfortunately, current literature on meditation practices in schools for adolescents is limited and studies often include only a small number of participants (Gwin et al.).

Cognitive behavioural therapy programs to treat adolescent depression can be group-based interventions that meet for five to fifteen school-based sessions and can be delivered by teachers or educational assistants during school time (Freres et al., 2006). School-based intervention programs can prevent depressive symptoms and disorders from occurring in late adolescence and have the ability to help larger numbers of youth in shorter periods of time. The study aimed to include the parents of the adolescents and teach them both the same skills. Several factors that are correlated with parent depression will often become risk factors for depression in their children. The program was designed to promote emotional wellbeing and resilience to depressive symptoms (Freres et al., 2006). Most of the children participants showed high levels of depression and anxiety. Child participants were taught that when confronting a hardship, their beliefs have a strong effect on subsequent behaviours and emotional reactions. They were also taught strategies for problem solving, decision making, and recognizing and altering negative beliefs in the moments they occur. Overall, the school-based cognitive behaviour therapy intervention conducted by Freres et al. (2006) showed that school-based CBT decreased depression and anxiety symptoms in children as noted a the two-year follow-up.

Cognitive behavioural therapy is a successful form of treatment for adolescents.

**Manual-based Treatments**

Glasgow and Rosen (1978) found that manual-based treatments designed for clients were more effective when combined with written instructions for the therapists. While there is a paucity of literature on therapist-led manual-based CBT treatments targeting self-esteem in adolescents, there are therapist-led manual-based CBT treatments targeting anxiety and depression in adolescents (Paul, 2011). Paul found that therapist-led manual-based treatments using mindfulness-based approaches were effective in reducing anxiety. This suggests that manual-based treatments may be effective in the treatment of
adolescent self-esteem. These manuals were more effective when they include instructional and procedural components for therapists (Paul, 2011).

Crusellas et al. (2010) conducted a study with 1050, 1806, 1511, and 778 Portuguese children in years 1, 2, 3, and 4 of the study respectively to examine the effectiveness of a manual-based program that promoted social and emotional skills in elementary school children. The different sample sizes refer to the total number of questionnaires completed in each school year. The children were placed into either the control group or the experimental group. The children were assessed based on self-control, assertive behaviour, emotion identification, and emotional regulation and coping strategies. The children’s teachers facilitated the program.

The first year of the program focused on the promotion of self-regulation, self-control, self-esteem, and self-concept. The second year focused on self-esteem, self-concept, and behavioral, cognitive, and emotional differentiation. The third year focused on social skills and assertiveness and positive emotions an experiences. Finally, fourth year focused on emotional regulation and management and problem solving and decision-making. Activities in the first and second years included the development of self-control strategies, the importance of family and social groups, the use of cognitive strategies such as relational factors that may threaten personal value, emotion identification, the relationship between emotions, thoughts, and behaviours (completed in the challenging maps), and different types of thinking. Activities in the third year included the promotion of social skills such as different communication styles and assertiveness training, understanding and expressing positive emotions, expressing feelings, awareness of different emotional states, skills to control emotional states, mood management strategies, and decision making and problem solving strategies.

First year results suggested a statistical difference between groups in the levels of self-control and social acceptance. Participants in the experimental group showed higher levels of self-control and were more social accepted. The second year results suggest differences between groups in terms of emotional identification self-esteem, and differentiation skills. Third and fourth year results suggest differences of assertiveness between the two groups. Overall results showed more positive outcomes in the children that received the intervention compared to those that did not. Future studies should try to control for teachers abilities to assess the children and biases in regards to their questionnaire responses. Future studies should also aim to focus more on the later stages of development to establish whether the outcomes have been maintained over time (Crusellas et al, 2010).

Davidson et al. (2011) conducted a study of 25 adolescent (aged 12-18) participants. The aim of the study was to evaluate the efficacy of a therapists-led manual-based CBT program to reduce self-harm, depression, and anxiety. The results showed significant reductions in self-harm, depression symptoms and trait anxiety. The results of this study support the use of therapist-led CBT manual-based treatment for adolescents who harm themselves or experience depression or anxiety (Davidson et al., 2011).

March and Mulle’s (1998) published a CBT manual using CBT to decrease symptoms of OCD in children and adolescents and provided procedures for assessment, treatment planning, and skills-based interventions. Clinicians move through four stages of treatment—psycho-education, mapping OCD, cognitive training, graded exposure and response prevention. The manual includes 13 to 20 clearly arranged and organized treatment sessions. The book includes appendices featuring rating scales, client handouts, and resources for parents. This manual is an effective manual-based treatment for OCD in adolescents. Precise specification of procedures and instructions, which are usually included within a manual, are essential to the evaluation of treatment (March & Mulle, 1996). March and Mulle discuss their approach to manual-based treatments for children and adolescents with OCD, teaching them how to manage their symptoms. March and Mulle also discuss the importance of the triggers, behaviours, and consequences for the OCD symptoms. Martin and Thienemann (2005) conducted a study with 14 children
with OCD. These children and their parents received a 14-week CBT treatment program based on the CBT manual published by March and Mulle (1998). Results of the study showed a decrease in OCD symptoms from moderate-severe to mild-moderate. This pilot study demonstrated that a manual-based treatment may be modified for group treatment (Martin & Thienemann, 2005).

Langelier (2001) published a CBT-based manual to help adolescents effectively manage difficult feelings and emotions like depression, anger, anxiety, and low self-esteem. The manual is written from a classroom or group counselling perspective. The manual is CBT based and teaches adolescents to maintain emotional wellbeing. This manual has been effective in reducing a variety of mental health symptoms in adolescents (Langelier, 2001).

Cognitive therapies (CT) like DBT, ACT, and CBT—in individual, group and manual-based formats—are helpful in treating depression, anxiety and self-harming behaviours in adolescents. In fact, DBT has already been shown to improve self-esteem in adolescents (Dams et al., 2011). Given the success of CTs in the treatment of mental health problems in adolescents and the helpfulness of manual-based treatments, this literature review was completed to garner evidence for this student researcher’s development of a manual-based CBT treatment protocol to reduce low self-esteem in adolescents. Manual-based treatments are effective in the event that the facilitator follow the layout exactly.

This review of the evidence-based literature on mental health problems in adolescents explored self-esteem, Dialectical Behaviour Therapy (DBT), Acceptance and Commitment Therapy (ACT), Cognitive Behaviour Therapy (CBT), school-based interventions, and manual-based treatments and based on the current findings, this student researcher feels confident in developing a CBT based manual to increase self-esteem of adolescents. However, this manual was only developed based on a review of the current evidence-based practices and would need to be evaluated by a trained clinician to determine its efficacy using a single subject design. Once the efficacy of the manual has been evaluated, the clinician may then implement treatment for larger numbers of adolescents. These steps need to be taken before the manual can be given to teachers to facilitate alone without training. The following section includes the outline of the manual and facilitators guide, description of participants, measurements used, and procedure and design.
Chapter III: Method

This project included the development of a CBT-based manual and facilitator’s guide, which were designed for school-based implementation. These manuals were developed to increase self-esteem in adolescents.

Participants (moved this up)

The manual is directed towards adolescent students aged 12 and 13. No exclusion criterion is required. All students in grades seven and eight are eligible to take part in the therapy sessions. It is suggested that the school send home a consent form to the parents of each potential adolescent participant. An example consent form can be found in Appendix C. The consent form contained detailed information regarding the confidentiality of the participant, session frequency, session duration, information about the measurement scales used, risks and benefits of taking part in therapy, and lastly contact information. Participant’s parents have the right to withdraw their child from the program at any time and for any reason and without penalty. It is suggested that the school ask the adolescents to give verbal consent.

Development of the Manual

The manual (Appendix A) was developed to appeal to adolescents. This student researcher examined and surveyed best practices in the evidence-based literature for activities that may increase self-esteem (March & Mulle, 1996; McConnell and Sim (1999). The manual provides psycho-education and self-esteem increasing activities directed at grades seven and eight students. The manual was designed so that the adolescents would receive 6, 40 minutes sessions to be spread over 6 weeks (i.e., one session a week). This short session model is in keeping with McManus, Shafran, and Waite’s (2012) findings that brief sessions are most effective for use with adolescents. Copies of the manual are to be handed out to the adolescents to be used as workbooks.

Development of the Facilitators Guide

Glasgow and Rosen (1978) and March and Mulle (1996) support the inclusion of a facilitator’s guide because procedures or instructions are essential to the evaluation of treatment. The facilitator’s guide (Appendix B) was developed for teachers and educational assistants (EAs). The facilitators guide allows teachers to facilitate the sessions with minimal to no training in CBT techniques however, facilitators must possess an educational background in social work, child and youth work, or early childhood education at minimum. The facilitators guide includes instructions for each activity and measurement scale, a brief overview of the rationale for the manual, and schedules for each session.

Session Lesson Plans (Included in the Facilitator’s Guide)

Session 1

In the lesson plan for Session 1 each adolescent will (1) complete a modified version of Rosenberg’s (1965) Self Esteem Scale, (2) write a paragraph that answers the question: What Does Self-esteem Mean to Me? (3) be provided with brief descriptions of high and low self-esteem, (4) review five different scenarios to determine whether the character in the scenario shows high or low self-esteem, and (5) complete the 5-Point Session Usefulness Scale (Martin, 2013).

Session 2

In the lesson plan for Session 2 each adolescent will (1) list five good things about themselves, (2) generate a list of ten words that describe their body and draw a picture based on those 10 descriptors to be compared with the same activity completed in session 6, (3) complete a modified version of Langelier’s (200?) CBT Challenging Map (i.e., CBT thought record), and (4) complete the 5-Point Session Usefulness Scale.
Sessions 3
In the lesson plan for Session 3 adolescents are (1) asked to generate a list of words describing someone they admire and to draw a picture of that person, (2) given a questionnaire in which they are asked to consider their relations with friends, family, and school teachers and classmates and the degree to which they feel important, heard, and comfortable asking for what they want and need in the context of those relationships, (3) asked complete a modified Challenging Map, and (4) complete the 5-Point Session Usefulness Scale.

Session 4
In the lesson plan for Session 4 adolescents will (1) be provided with brief descriptions of problem solving techniques, (2) review four different scenarios to determine which characters effectively solved problems, (3) be provided with effective strategies for asking for what they want or need, (4) be asked to take home and complete a modified Challenging Map, and (5) complete the 5-Point Session Usefulness Scale.

Session 5
In the lesson plan for Session 5 adolescents will (1) review and discuss the Challenging Map that they completed for homework, (2) generate a list of words describing their family relationships and draw a picture of their family, (3) generate a list of people that they would consider to be in their support network and draw a support network diagram, (4) be provided with descriptions of healthy and unhealthy friendships, (5) be asked to take home and complete a modified Challenging Map, and (5) complete the 5-Point Session Usefulness Scale.

Sessions 6
In the lesson plan for session 6 adolescents will (1) review and discuss the Challenging Map that they completed for homework, (2) briefly review topics from previous sessions, (3) generate a list of ten words that describe their body, draw a picture based on those descriptors, and compare the results from those from session two, (4) generate a list of academic goals for the future, (5) record their current food choices and daily activities from which healthy food choices and activities will be generated, (6) complete the Session Usefulness scale along with the modified version of Rosenberg’s (1965) Self Esteem Scale.

Measures
Prior to the first session, it is suggested that the teacher or EA have each adolescent participant complete a modified version of the empirically based Rosenberg self-esteem scale (Appendix D), which measures the levels of self-esteem. The original scale uses language that may be difficult for a younger age group to understand and therefore, for the purpose of this manual, only the language of the scale was modified to fit the needs of adolescents. All other aspects of the scale remained the same as the original. The Rosenberg Self-Esteem scale is widely used for measuring self-esteem in adolescents and its reliability and validity has been well documented (Courtney & Fleming, 1984). It is suggested that this scale be re-administered at the end of the final session to determine any noticeable changes in the participant’s levels of self-esteem as a result of the activities within the manual. The scale ranges from 0-30. Scores between 15 and 25 are within normal range; scores below 15 indicate low self-esteem. At the end of each session, it is suggested that the teacher ask the participants to complete a session usefulness scale (Appendix E), which was developed by this researcher for the purpose of this manual only, to determine which activities the students found the most helpful. This scale, if used, is for the benefit of the facilitator’s and future students who will take part in this manual-based program.

Procedure/ Design
Teachers or educational assistants (EAs) facilitating the sessions will be given the facilitators guide, which includes simple, detailed instructions for each scale and activity in the manual. At the beginning of the first session, the facilitator will need to hand out a copy of the workbook manual to each
adolescent. The manual is used to increase the self-esteem of the adolescent participants. Adolescents with low self-esteem may find it difficult to discuss personal topics in front of others; therefore, depending on the class and personalities of the participants, the teacher may decide to facilitate the sessions in groups or with each participant individually. If necessary, a second facilitator may conduct the sessions with certain participants individually, while the classroom teacher conducts the sessions with the rest of the group, as long as the facilitators remain consistent. The method of delivery for each session includes workbooks and brief discussions for each activity. If the facilitators choose to use the measurements scales, they will need to be photocopied from the facilitator’s guide and handed out to the participants because they are not included within the manual. Once the adolescents complete the scales, the facilitators will need to collect them for review. If the measurement scales are used, the facilitators will be able to determine the effectiveness of the manual. If the self-esteem of the adolescents have not increased by the last session, the facilitator may choose to make small changes before beginning the next group such as working with particular students individually or spending more time on certain topics based on the results from the session usefulness scale.
Chapter IV: Results

Refer to Appendix A for the full version of this manual.

This project included the development of an evidence-based manual to increase self-esteem in adolescents using CBT techniques. Following a review of the current and relevant literature, this researcher developed a brief manual comprised of six sessions. The six sessions focused on psycho-education, social skills, relationships, the self, health, and academic goal planning. Previous literature did not pay much attention to self-esteem during adolescence however, current literature is beginning to recognize its importance and the effect it has on life outcomes. Self-esteem may also have a strong connection with other mental health disorders.

This researcher also developed a facilitator’s guide for the use of teachers or EAs delivering the sessions. The facilitator’s guide includes instructions for each measurement scale and activity, session lesson plans, the rationale for the development of the manual, and each measurement scale. Instructions are essential to the success of the manual-based treatment.

Because of the recent importance being placed on self-esteem during adolescence and the simplicity of school-based therapies, this manual will be beneficial for both teachers and EA’s and the students.
Chapter IV: Discussion

Contributions to the Field of Behavioural Psychology

This CBT based manual to increase self-esteem in adolescents was created based on a thorough review of empirically based research that focused on the importance of adolescent self-esteem, CBT, DBT, and ACT as compared to CBT. Based on the research, adolescence is an important time during an individual’s development and high self-esteem is crucial to their life outcomes. Targeting self-esteem during this time will decrease an adolescent’s susceptibility to negative outcomes associated with low self-esteem including: substance abuse, poor health, withdrawal, inability to maintain a job/relationships, and a lack of social skills, to name a few.

In the current literature, few studies discuss the importance of self-esteem during adolescent development and even fewer studies discuss the use of CBT when targeting self-esteem in adolescents. Given the success of cognitive therapies (CT) in the treatment of mental health problems in adolescents and the helpfulness of manual-based treatments, this project was completed to garner evidence for the benefits of its development to reduce low self-esteem in adolescents. The goal of this project was to set the stage for further research and evaluation of this manual in the field regarding self-esteem in adolescents. This researcher completed the first step for the use of this manual in school settings; reviewing the relevant research to determine the need for such a manual and giving professional clinicians the rationale for its evaluation.

Different evidence based methods were used in the development of this manual to highlight the benefits of using manual-based treatments in school settings. According to Paul (2011), implementing self-esteem programs within school is both effective and efficient. CBT techniques, similar to other CT’s, imply that building a strong therapeutic rapport with clients is a determinant factor for the success of treatment. It is likely that students already have a strong and trustworthy rapport with their teachers. Manuals that are implemented during school time for grade seven and eight students, increase the likelihood of them having healthy self-esteem levels as they move into high school. As a result, these healthy self-esteem levels will act as a resilience factor for all the negative outcomes related to low self-esteem.

Research was gathered to signify the success of CT’s, and more specifically CBT, in the treatment of mental health problems (e.g., anxiety and depression) in adolescents and the benefits for both clients and therapists who use manual-based treatments. This researcher also compared CBT to other treatments such as ACT and DBT. All three therapies resulted in reductions in the depressive and anxious symptoms however; successes were noticed in different areas. CBT was effective in reducing symptoms by altering or removing negative thoughts while ACT promoted the acceptance of negative thoughts and living in accordance with ones values. This researcher also gathered research regarding the use of CBT to treat adults with mental health problems. Similar to the use of CBT to treat adolescents with mental health problems, results were successful. This researcher also developed a modified version of a challenging map found in “Mood Management: A Cognitive Behavioural Skills Building Program for Adolescents: Skills Workbook” (Langelier, 2001) for a previous placement to decrease depressive symptoms. The use of these maps were effective in decreasing the depressive symptoms and negative thoughts and therefore, this researcher decided to include the challenging maps in the manual based on its effectiveness and the fact that they were developed for the management of difficult emotions. The manual published by Langelier (2001) is CBT based and written for classroom and group counselling settings. This manual was developed to help adolescents manage their difficult emotions that may stem from depression, anger, anxiety, and low self-esteem.
This project manual was directed towards an adolescent age group, and more specifically those 12 and 13 years of age. The goal of this project was to give the manual to intermediate elementary school teachers and EAs to implement during school time to large numbers of adolescents. The manual would be given to teachers or EAs with a facilitator’s guide, which includes an instructional component. This component allows the teachers to facilitate the sessions while following a step-by-step guide. In order to ensure treatment success, facilitators will need to follow the guide and layout directly. The manual is educational and activity based. It is attractive, appealing, and fun. While the manual was directed towards adolescents aged 12 and 13, it could be modified to fit the needs of different age groups.

**Strengths**

Even though this manual was not evaluated, it has potential strengths. Manual-based treatments allow professionals such as teachers or EAs to facilitate sessions with minimal training if they follow the procedural and instructional components of the manual. The ability of the facilitator to follow procedures is a determinant factor for the success of treatment. Because of its simplicity, the manual can be modified to fit the needs of other age groups. Activities, measurement scales and the language throughout have been developed so that they may be easily altered to fit the needs of other ages. Sessions can be facilitated during school hours and do not require time away from school. An elementary school teacher can facilitate the sessions with minimal training, making it more cost effective than hiring a professional to come to the school once weekly to facilitate these sessions. Manual-based treatments have the ability to serve large numbers of students within short periods of time. As shown in the current literature, increasing self-esteem in adolescents is critical to their life outcomes. Adolescents with high self-esteem will be less likely to experience the negative outcomes associated with low self-esteem such as alcohol abuse and poor relationships. This manual brings the importance of self-esteem to the attention of teachers, EAs, parents, and the school board. Lastly, this manual can be used across professionals in individual or group counselling sessions.

**Limitations**

The present study comes with both strengths and limitations. This manual was developed based on a thorough literature review of empirically validated research, however the manual itself was never evaluated. Given the limits imposed by the duration of this researcher’s placement and the time required for the school board to approve the consent form, this project never did get underway. It was impossible for this researcher to implement and evaluate the efficacy of the manual. This manual was designed for intermediate elementary school teachers or EAs to facilitate the sessions. The teacher or EA must be willing to photocopy the measurement scales from within the facilitators guide because they are not in the manual. Copying can be a time consuming task for an already busy elementary school teacher or EA however, photocopying of these scales is necessary if the facilitators choose to use them. Because photocopying is an extra task, the facilitators may choose not to use them to avoid extra work. Choosing not to use the measurement scales or to assess the outcomes may result in a lack of evidence for the use of the manual. The success of the manual relies heavily on the ability of minimally trained teachers or EAs to use the facilitator’s guide, follow direction, follow the manual in order, and maintain consistency. If the manual is not followed in the order that it is given, the potential for success decreases. The success of the manual also relies heavily on self-report data and very little direct observation. Students may change their answers on the modified version of the Rosenberg Self-Esteem Scale in order to appear more appealing to their teachers or their peers.

**Recommendations for Future Research**

Future researchers should aim to first, begin by running this manual. This project included only the development of the CBT based manual to increase self-esteem in adolescents and therefore, to determine its efficacy, the manual must be evaluated. This researcher conducted all of the relevant
research needed to run the manual. Future researchers should build upon this project by implementing this treatment within school-based settings and with groups of children. Given new findings, in future research it would be interesting to examine the effectiveness of cognitive defusion techniques to treat individuals with low self-esteem given its lack of research. This researcher has determined that while CBT is an effective form of treatment for adolescent depression, self-esteem, and anxiety, research has shown that ACT components are also effective in the same sense.

**Multilevel Challenges to Service Implementation Report**

**Client level**

While this manual was never evaluated, it is hypothesized that students with low self-esteem may be reluctant to share personal information about themselves and their bodies in front of their peers. If the manual had been evaluated, it is hypothesized that a second facilitator would need to separately run sessions with a number of students individually. This researcher was in a small elementary school in which most of the students were respectful of one another however; it should not be assumed that all students would react in a similar manner to others personal information.

**Program Level**

Due to time constraints and the inability to get consent from parents of the students, this manual could never be evaluated and therefore its efficacy is unknown. If the researcher had more time to obtain consent from the school board to implement this manual, relevant modifications would have been made apparent. Every program comes with limitations, however not all limitations of this manual were made known because it was not evaluated.

**Organization (agency)**

Future researchers working in a school-based setting should try to get school board approval as soon as possible. The researchers may not have an ethics board approved consent form however, they would benefit from contacting the school board to inform them of the program that they wish to run and the consent that they would need from the parents of each student participant.

**Societal**

It is hypothesized that self-esteem is associated with other mental health problems and therefore, future researchers should try to draw the link between self-esteem and other clinical problems. Low self-esteem may be a determinant factor for other mental health disorders.
References


Appendix A: The Manual

SELF-ESTEEM

‘A Cognitive Behavioural Therapy Based Manual to Increase Self-Esteem in Adolescents’

An Education and Activity Based Workbook

Amber-Lynn Martin
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**Important Terms**

**Self-esteem:** Self-esteem is a reasonable or grounded respect or positive impression of oneself, otherwise known as self-respect.

**Self-esteem scale:** The self-esteem scale is administered to each adolescent to determine his or her current level of self-esteem. The scale is to be administered during the first session and during the last session.

- For items 1, 2, 4, 6, and 7:
  - Strongly agree = 3
  - Agree = 2
  - Disagree = 1
  - Strongly Disagree = 0
- For items 3, 5, 8, 9, and 10:
  - Strongly agree = 0
  - Agree = 1
  - Disagree = 2
  - Strongly disagree = 3

The scale ranges from 0-30. Scores between 15 and 25 are within normal range; scores below 15 indicate low self-esteem.

**Session usefulness scale:** The session usefulness scale is administered at the end of each session to determine whether or not the adolescent found the topics discussed useful and whether or not they would use those skills in the future.

  0- I did not enjoy the session at all, and it would not help me later
  1- I enjoyed some parts of the session, but I probably would not use what I learned later
  2- I like one or two things about the session
  3- The session was enjoyable and I learned some new things
  4- I enjoyed the session and a lot of what I learned could be used later on
  5- I really enjoyed the session, it was useful, and I would definitely use the skills I have learned later

**Bridging:** Bridging between sessions occurs at the beginning of each session, starting at the second session, and is the discussion of topics from the previous session. Could also be thought of as a refresher.
**Challenging Maps:** Challenging maps are designed based on cognitive behavioural therapy practices and are used to help an individual with negative or unhealthy thoughts and emotions (emotional side) think rationally and alter those negative thoughts and emotions (wellness side).

**Cognitive Behavioural Therapy:** CBT is a form of psychotherapy in which the therapist and the client collaboratively identify and solve problems. This is done when the therapist helps the client overcome their difficulties by altering their thinking, behaviour, and emotional response. This manual is based on cognitive behavioural therapy practices.

**Support Networks:** Support Networks could be one individual or a group of people that provide emotional and practical support or help to someone based on their needs. Support networks are often found in families, friends, or other adult figures such as teachers.
What Is Self-Esteem?

Self-esteem can have a big part in how you feel about yourself and also how much you enjoy things or worry about things.

Self-esteem isn't about bragging, it’s about getting to know what you are good at and not so good at. A lot of us think about how much we like other people or things, but don't really think much about whether we like ourselves.

It's not about thinking you're perfect, because nobody is perfect. Even if you think some other kids are good at everything, you can be sure they have things they're good at and things that are difficult for them.

The most important thing to know about self-esteem is that it means seeing yourself in a positive way that's realistic, which means that it's the truth. So if you know you're really good at piano but can't draw well, you can still have great self-esteem!
The Importance of Honesty

In order to benefit fully from the activities included in the manual, you must complete the contents of this manual honestly. Those who participate honestly will notice a difference in their self esteem levels.

Honesty means to be truthful, trustworthy, fair, conscious of others feelings, straightforward, and free from deceit. It refers to the moral character of a person and implies positive attributes such as integrity and the absence of cheating.

Sincerely,

Amber Martin
Session 1: Education

ed·u·ca·tion  [ej-oo-key-shuhn]
noun
1. the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life.
What Does Self-Esteem Mean to You?

*In the space provided, write down what self-esteem means to you. You may start your sentence off with “To me, self-esteem means…”

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

*If you feel comfortable doing so, share your answer. Remember, there are no wrong answers!
The Different Levels of Self-Esteem

*In the space provided, write down what you think high self-esteem and low self-esteem are. Provide an example.

High Self-Esteem:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Ex.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Low Self-Esteem:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Ex.
_________________________________________________________________________________
The Different Levels of Self-Esteem

High Self-Esteem:
• Do not spend time worrying
• Learn from the past and plan for the future
• Good problem solvers
• Feel equal to others
• Recognize their talents
• Enjoy daily activities
• Sensitive to the needs and feelings of others
• Good decision and choices makers
• Can make and maintain healthy relationships

Low Self-Esteem:
• Heavy self-criticism
• Sensitive to criticism
• Always wanting to please others
• Perfectionist
• Neurotic guilt
• Pessimistic not optimistic
• Envy for others
Self-Esteem Scenarios: High or Low?

*Below are a number of self-esteem scenarios. Beside each scenario, indicate whether or not the characters showed high levels of self-esteem or low levels of self-esteem.

- Its recess time, but Jane has been asked to stay in for 5 extra minutes to help the teacher. By the time she gets outside everyone is already playing a game. Jane decides to sit by the wall until the bell rings to go inside. Did Jane show high levels of self-esteem or low levels of self-esteem?

- Sarah is nervous to go to school Friday because it is speech day. Sarah has been practicing and memorizing her speech for a week now and thinks she knows it all. When the time comes to say her speech, Sarah feels confident and walks up to the front of the class. She gets about a paragraph into her speech and all of the sudden forgets everything! Sarah stands there for a minute embarrassed but remembers that she worked really hard to remember her speech and is able to continue on. Did Sarah show high or low levels of self-esteem?

- Its lunchtime, which means its time for the senior boys basketball tryouts. When the bell rings, all the boys head down to the gym except Steve. Steve thinks that all the other boys are way better than him so there is no point in trying out. Did Steve show high or low levels of self-esteem?

- During recess, Brittany goes over to Marley and tells her that her dress is ugly. Marley’s mom just bought her this new dress and their family does not have a lot of money. Instead of getting upset over what Brittany said, Marley decides to tell Brittany that she loves her new dress, its vintage!
Session 2: You

you  [yoo; unstressed yoo, yuh]
pronoun, possessive your or yours, objective you, plural you; noun, plural yous.
pronoun
1. the pronoun of the second person singular or plural, used of the person or persons being addressed, in the nominative or objective case:
What Am I Good At?

*Whether we believe it or not, we are all good at something and it important that we can recognize that. In the space provided, write down AT LEAST 5 things that you are good and why you think you are good at those things.

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
Self-Esteem Activity: Body Image

In the box below, brainstorm a list of words that you would use to describe yourself and your body image. Beside your list of words, draw a picture of yourself reflecting those words.
Challenging Maps – Side A – Emotional Side

- **Triggers**
- **Thoughts/Core Beliefs**
- **What Happened?**
- **How do I Feel?**
- **Rate Intensity:**
- **Physical Responses**
- **Behaviours**

DETOUR
Challenging Maps – Side B - Wellness Side

Look & Listen: Where’s The Proof

Re-Think

Re-Examine Feelings

Rate Intensity: ________

Re-Act

STOP

DETOUR

What Happened Now?
Session 3: Social Skills

SO-CIAL SKILLS [sew-shall skills]  
Noun 
1. the personal skills needed for successful social communication and interaction
Self-Esteem Activity: Body Image

*In the previous session, you were instructed to brainstorm a list of words describing your body image and to draw yourself. In the space provided, brainstorm a list of words to describe another person then draw a picture of them reflecting these words. How do you see others compared to yourself.
Social Standing

In the space provided, write down where you think you stand socially in regards to you friends, school, and family. Write down your replies in the space provided. Do you feel important? Do you feel heard? Are you given the opportunity to make decisions? Are you comfortable asking for what you want/need?

Friends:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

School:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Family:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Once the above is filled out, write down whether or not you are content with you social standing. Write down and explain you answers in the space below.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Challenging Maps – Side A – Emotional Side

- Triggers
- Thoughts/ Core Beliefs
- What Happened?
- How do I Feel?
- Rate Intensity: ________
- Physical Responses
- Behaviours

DETOUR
Challenging Maps – Side B - Wellness Side

Look & Listen: Where’s The Proof

Re-Think

Re-Examine Feelings

Rate Intensity: ________

Re-Act

What Happened now?

STOP

DETOUR
Session 4: Social Skills
Continued

SOCIAL SKILLS  [sew-shall skills]
Noun
1. The personal skills needed for successful social communication and interaction
Problem Solving

*It is important to be able to problem solve. When someone uses problem solving techniques, more tasks get completed and outcomes are always better.

- Problem solving happens in our head, the bigger the problem, the longer it takes

- Good problem solving involves self-talk
  - Think of all the possible outcomes
  - What am I feeling/ thinking?
  - Why do I feel this way?
  - Relax
  - Who can I ask to help?

- Identify emotions

- Control emotions

- Think positively

- Communicate well

- Break down problems
  - What I want
  - Why I’m not getting what I want
  - Is there a conflict with someone else?

- Different solutions
  - A good solution should be fair and realistic
  - Brainstorm all possible solutions and outcomes
  - Choose the best solution (Is it fair, realistic, and safe?)
Self-Esteem Scenarios: What could have been done differently?

*Below are some different self-esteem scenarios. Within each scenario is a problem and the characters in the scenario have not solved the problem effectively. For each scenario, on a separate piece of paper, write down a more effective way to solve each problem.

-Every Friday, students are allowed to get into groups of four and pick a board game to play quietly. Laura comes late into class and notices that everyone has already made their groups and she has been left out. Laura goes over to a group of girls’ and asks if she can join them. One of the girls rudely stands up and says “No! We already have four group members”. Laura runs to the teacher to tell on the girls. What could Laura have done before going to tell the teacher?

-Deliah feels like she is good at volleyball but today she was picked last for teams and thinks its because the other students don’t like her. She quickly runs over to the teacher complaining about the other students’ decision saying that nobody likes her. If Deliah had have been more rationale about the situation, what might she have thought or decided to do?

-Its speech day and all of the other kids volunteer Payton to go first. Payton immediately thinks to himself that they have done this because they know he is going to do bad and that he is a terrible speaker. Were Payton’s thoughts rational? How might he have changed his thoughts and what could he have done about them.
How to Effectively Ask For What You Want/ Need

*Many people with low self-esteem find it difficult to come forward and ask for what they need or want because of their need to please. Below are a variety of ways to effectively communicate and ask for what we want or need.

-We need to accept that we are worthy of respect.

-Practice asking for what we want with our close family and friends. Be assertive, yet respectful, and tell them.

-Now that we are asking for what we not, not everyone will be happy with that. The people in our lives will not be used to us acting in a more assertive way and they may have even enjoyed taking advantage of your passive ways. This is where effective communication comes in handy. If someone is unhappy with the new you, stand up for yourself in respectful and compassionate ways. We have the right to get the things we want/need every once and a while.

-Be sure to thank people for helping out or meeting our needs. Most people will not have a problem helping us out; often they just never knew what we wanted because we never asked.

-Pay attention to your surroundings before asking for what you want or need. Depending on your surroundings, you might want to change the way you ask for something or not ask for anything at all at that moment. You will be rewarded later for being compassionate and understanding.

-Stop making excuses for not asking.
  -They’ll think I’m stupid: What’s the worst that could happen? They’ll say no?
  -I don’t know whom to ask: Ask your friends and your family and be sure to describe your situation clearly.
  -I don’t want to bother people: Start your question with “I don’t want to bother you but so if you can’t help do you know who can?”
  -What if they give me a bad answer on purpose?: Depending on what you want or need, ask people accordingly. If you need help with a question that only a doctor can ask, don’t ask your 12-year-old cousin.

-Be polite and prepared to hear “no”
Challenging Maps – Side A – Emotional Side

- Triggers
- Thoughts/ Core Beliefs
- What Happened?
- How do I Feel?
- Rate Intensity: _______
- Physical Responses
- Behaviours
- DETOUR

Thoughts/ Core Beliefs

Rate Intensity: _______

What Happened?

How do I Feel?

Physical Responses
Challenging Maps – Side B - Wellness Side

Look & Listen: Where’s The Proof

STOP

DETOUR

What Happened Now?

Re-Think

Re-Examine Feelings

Rate Intensity: ________

Re-Act
Session 5: Relationships

relation·ship  [ri-ley-shuhn-ship]
noun
1. a connection, association, or involvement.
2. connection between persons by blood or marriage.
3. an emotional or other connection between people: the relationship between teachers and students.
*Family Relationships are important when it comes to the self-esteem of a person. Everybody has their place in a family and families can always be there to help someone when they need it. In the space provided, draw a picture depicting your family relationship. Be sure to show the emotions of each family member in your picture.
Support Networks

*Support networks are people, such as your friends and family, that are always there to help you out when you need it, whether it is emotional support or help with school homework. In the space provided, make a list of people that you think are in your support network. Once the list is made, draw out a support network diagram.

______________________                   ______________________
______________________                   ______________________
______________________                   ______________________
______________________                  ______________________
______________________                  ________
______________________                  ______________________


Healthy Friendships

*It is always good to have lots of friendships, however good friendships are healthy ones. Below is a list of items that should be included in a healthy relationship. All friendships experience ups and downs, however it is important to know when to let go of a friend. If you are experiencing more pain than happiness, it is time to rethink your “friendship”. Overall, a healthy friendship can boost your happiness and even improve your self-worth.

Friends should be:
- Supportive
- Encouraging
- Cooperative
- Considerate
- Able to talk openly about disagreements
- Able to apologize
- Compromising
- Kind, caring, and does not tease or belittle
- Trustworthy
- Honest

Friendships are no longer healthy when:

- They always take and you always give
- They do not support who you are as a person
- They cannot be trusted with your secrets
- They constantly disappoint you
- They don’t respect your family
- They bring out the worst in you
Challenging Maps – Side A – Emotional Side

Triggers

Thoughts/ Core Beliefs

What Happened?

How do I Feel?

Rate Intensity: ______

Physical Responses

Behaviours

DETOUR
Challenging Maps – Side B - Wellness Side

Look & Listen: Where’s The Proof

Re-Think

Re-Examine Feelings

Rate Intensity: ________

Re-Act

STOP

DETOUR

What Happened Now?
Session 6: Summary

**summary**  [suhm-uh-ree]
noun, plural summaries, adjective

1. a comprehensive and usually brief abstract, recapitulation, or compendium of previously stated facts or statements.
Self-Esteem Activity: Body Image

In the box below, brainstorm a list of words that you would use to describe yourself or your body image. Beside your list of words, draw a picture of yourself reflecting those words.
Academic Goals

*Even at a young age, it is still important to have a plan.
- What do you want to take in high school?
- What do you want to be when you get older?
- What are your goals for high school?
- What kind of marks would you like to achieve?
- How are you going to achieve those marks?
- What courses should you be choosing in high school to be able to enter into the programs that you’d need in college or university?

High school should be about fun and making new friendships, however academic goals should not be pushed to the side. In the space provided, answer all the questions above and create a plan of your own. You might even wish to use this activity throughout high school to help stay focused and on track!

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Health

*In many cases, individuals with low self-esteem have poor health habits or are unhealthy. It is important to live healthy, eat healthy, and stay active. First list some of the food items you eat on a regular basis including beverages and discuss whether or not they are healthy. Second, list the different types of physical activity you do in a day then discuss. Lastly, together, come up with a list of foods that may be healthier and a list of more physical activities to do throughout the day in order to stay healthy.

The Food You Eat Now:

_________________________________    ________________________________

_________________________________    ________________________________

_________________________________    ________________________________

Your Current Daily Activities:

_________________________________   __________________________________

_________________________________   __________________________________

_________________________________   __________________________________

New List of Healthy Food And Activities:
Food:                          Activities:

_________________________________    ________________________________

_________________________________    ________________________________

_________________________________    ________________________________

_________________________________    ________________________________
ALL SIX SESSIONS ARE COMPLETE.

CONGRATULATIONS!
Appendix B: The Facilitator’s Guide

SELF-ESTEEM

‘A Cognitive Behavioural Therapy Based Manual to Increase Self-Esteem in Adolescents’

The Facilitator’s Guide

Amber Martin
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The Importance of Evaluating Self-Esteem

In adolescence, low self-esteem is correlated with a number of negative outcomes including substance abuse, relationship problems, academic under achievement, psychological disturbances, pregnancy, over dependency, eating disorders, detachment, delinquency, loneliness, behaviour problems and suicide. A manual-based treatment that seeks to increase social skills along with feelings of calmness, adequacy, and confidence may lead to enhanced self-esteem. Cognitive behavioural therapy (CBT) can be used effectively to increase self-esteem in adolescents by focusing on topics related to body image, social skills, peer relations, family life, problem solving, anxiety, relationship building, health, and academic goal setting. Self-esteem strongly affects relationship satisfaction, job satisfaction, depression, and health.

Mackie and Smith (2007) define self-esteem as “The self-concept is what we think about the self; self-esteem, is the positive or negative evaluations of the self.”

The term self-esteem is used to describe a person’s evaluation of themselves and their self-worth; it is an attitude and a judgment. Self-esteem includes core beliefs (e.g., “I am worthy”, “I am competent”) and emotions like despair, triumph, and pride (Hewitt, 2009).

High self-esteem enables children and adolescents to cope with stressful situations and protects them from psychological distress. The rationale for the use of manual-based programs can be found in the correlations between early childhood adjustment problems and later mental health problems.
Session Lesson Plans

Session 1

In the lesson plan for Session 1 each adolescent will (1) complete a modified version of Rosenberg’s (1965) Self Esteem Scale (optional), (2) write a paragraph that answers the question: What Does Self-esteem Mean to Me? (3) be provided with brief descriptions of high and low self-esteem, (4) review five different scenarios to determine whether the character in the scenario shows high or low self-esteem, and (5) complete the 5-Point Session Usefulness Scale (Martin, 2013) (optional).

Session 2

In the lesson plan for Session 2 each adolescent will (1) list five good things about themselves, (2) generate a list of ten words that describe their body and draw a picture based on those 10 descriptors to be compared with the same activity completed in session 6, (3) complete a modified version of Langelier’s (200?) CBT Challenging Map (i.e., CBT thought record), and (4) complete the 5-Point Session Usefulness Scale (optional).

Sessions 3

In the lesson plan for Session 3 adolescents are (1) asked to generate a list of words describing someone they admire and to draw a picture of that person, (2) given a questionnaire in which they are asked to consider their relations with friends, family, and school teachers and classmates and the degree to which they feel important, heard, and comfortable asking for what they want and need in the context of those relationships, (3) asked complete a modified Challenging Map, and (4) complete the 5-Point Session Usefulness Scale (optional).

Session 4
In the lesson plan for Session 4 adolescents will (1) be provided with brief descriptions of problem solving techniques, (2) review four different scenarios to determine which characters effectively solved problems, (3) be provided with effective strategies for asking for what they want or need, (4) be asked to take home and complete a modified Challenging Map, and (5) complete the 5-Point Session Usefulness Scale (optional).

**Session 5**

In the lesson plan for Session 5 adolescents will (1) review and discuss the Challenging Map that they completed for homework, (2) generate a list of words describing their family relationships and draw a picture of their family, (3) generate a list of people that they would consider to be in their support network and draw a support network diagram, (4) be provided with descriptions of healthy and unhealthy friendships, (5) be asked to take home and complete a modified Challenging Map, and (5) complete the 5-Point Session Usefulness Scale (optional).

**Sessions 6**

In the lesson plan for session 6 adolescents will (1) review and discuss the Challenging Map that they completed for homework, (2) briefly review topics from previous sessions, (3) generate a list of ten words that describe their body, draw a picture based on those descriptors, and compare the results from those from session two, (4) generate a list of academic goals for the future, (5) record their current food choices and daily activities from which healthy food choices and activities will be generated, (6) complete the Session Usefulness scale (optional) along with the modified version of Rosenberg’s (1965) Self Esteem Scale (optional).
Activity and Measurement Scale Instructions

*Before beginning, assign each participant a participant number to ensure confidentiality.
*Sessions should be no longer than 40 minutes in length.
*Participants can keep all their handouts in a binder.
*Sessions will be delivered once weekly for six weeks.

What is self-esteem and why is it important: Read out loud to the participant or participants prior to session 1.

Self-Esteem Scale: This scale can be administered at the very beginning of session one and again at the very end of session 6 (the last session). Hand out the scale to the adolescent participant or participants and instruct them to be honest when filling it out. Instruct them to place a 3, 2, 1, or 0 beside each statement and to add up their score at the end. Participants must write the date and their participant number in the space provided. Once complete, collect each measurement scale. This should take no longer than 5 minutes to complete. This scale can be used to determine if their self-esteem has increased as a result of the manual.

- For items 1,2,4,6, and 7:
  - Strongly agree = 3
  - Agree = 2
  - Disagree = 1
  - Strongly Disagree = 0
- For items 3,5,8,9, and 10:
  - Strongly agree = 0
  - Agree = 1
  - Disagree = 2
  - Strongly disagree = 3

The scale ranges from 0-30. Scores between 15 and 25 are within normal range; scores below 15 indicate low self-esteem.

Session Usefulness Scale: This scale can be handed out to the participants at the end of each session. Once handed out, instruct the participants to write their participant numbers and date in the space provided. Participants are to reach each statement and chose the ONE that they feel best suits them. Once chosen, write down the number chosen (i.e. 4) in the space provided. This should take no more than 5 minutes to complete. Once complete, collect each measurement scale. This scale can be used to determine which activities the adolescents felt were most useful to them.

Bridging: Bridging is done through discussion only, no activities correspond with section. Bridging occurs at the very beginning of session 2, 3, 4, 5, and 6 and is a discussion of the topics from the previous sessions. This is where you will ask the
participants what they thought of the previous session, what they learned, did it help, and do they have any questions. Remember to keep this section brief.

**What does self-esteem mean to you?:** Read out loud the instructions on the top of the page. Ask the participants if they have any questions before beginning. Participants can write as much as they want or as little as they want as long as they answer the question truthfully. Once all participants are complete, ask if anyone would like to share their answer, if not that’s okay.

**The Different Levels of Self-esteem 1:** Read out loud the instructions at the top of the page. Have the participants write down their answers and give examples in the space provided. There are no wrong answers.

**The Different Levels of Self-esteem 2:** This page is an educational page only and it follows the different levels of self-esteem 1 activity. Read out loud the bullet points under high self-esteem and low self-esteem. Ask the participants if they have any questions.

**Self-esteem Scenarios: High or Low?:** Hand out the activity and read out loud the instructions at the top of the page. Instruct the participants to carefully read each scenario and indicate in the space provided whether they think it was an example of high self-esteem or low self-esteem. Once complete, go over each scenario and answer with the participant or participants.

**What am I Good at?:** Read out loud the instructions at the top of the page. Participants must write down at least 5 things that they think they are good at. There are no wrong answers. This is used to help them recognize their abilities and strengths.

**Draw Yourself:** Read out loud the instructions at the top of the page. Ensure that participants are being honest with their drawings. This activity is completed in session 2 and again in session 6.

**Challenging Map: Emotional side:** Challenging maps are either done during the session or taken home to complete by the participants, which is indicated in the table of contents. Sessions 2 and 3 are done during session and sessions 4 and 5 are take home. The idea of the challenging map is that you begin on side A, your emotional and irrational side, and gradually move to side B, the wellness or rational side, following the arrows.

Triggers: Ask the participant to write down what happened right before they began to feel the way they did (i.e. sad, unhappy, worthless, not good at anything).

Thoughts/ Core Beliefs: For this box you will ask the participant to answer a list of 6 questions, which can be answered on a separate sheet of paper.

1. What was I thinking just before I began to think that way?
2. What does that mean about me, for me, or my future?
3. What am I afraid of, or afraid might happen?
4. What’s the worst thing that could happen if that’s true?
5. What does this mean about the other person or people involved?
6. What images or memories come to mind in this current situation?

Feelings: Ask the participant to write down what they are feeling and how strong that feeling is (i.e. upset, 9).

Behaviours: Ask the participant to write down what they did behaviourally after these feelings (i.e. pushed someone).

Physical Responses: Ask the participants to write down what physical responses they felt after those feelings and behaviours (i.e. crying).

Consequences: What consequences followed their feelings and actions, were they good or bad?

*Now stop and go back to the feelings box. Had they have been more rationale about their thoughts and feelings things may have ended differently. Follow the arrow and DETOUR to the Wellness side.

Challenging Map: Wellness Side:

Look & Listen, Where’s the Proof?: Instead of reacting on your negative thoughts (i.e. I’m worthless), where is the proof that your thoughts are actually true. Go over the participant’s answers to those 6 questions and come up with more rational answers.

Re-Think: Ask the participants what they are thinking now after having re-examined their irrational thoughts.

Re-Examine Feelings: Ask the participants to write down their new feelings and how strong they are.

Re-Act: Ask the participants how they could react differently to this new situation.

Consequences: Discuss with the participants they new and more rewarding consequences.

Draw Others Compared to You: Read out loud the instructions at the top of the page. Ensure participants are honest with their drawings. This is used to determine how they view others compared to them and what they think is important (body image, personality, etc.)

Social Standing: Read out loud the instructions at the top of the page. This is used to determine whether participants feel they are heard, considered, and thought of in the decisions of their families and friends. Before beginning, ask the participants if they think they have a say at home, at school, or with their friends. Do they feel important in any of those settings? Once the above section is filled out, ask the participants to write down whether they are happy with their social standing in the space provided.
**Problem Solving:** This section is discussion only. Read out loud the page to the participants and ask if they have any questions throughout.

**Self-Esteem Scenarios: What Could Have Been Done Differently:** Following the problem solving educational sheet, the participants can use the skills they have learned to better solve the problems in each scenario. Have the participants write their answers down on a separate sheet of paper.

**How to Effectively Ask For What You Want/ Need:** This section is a discussion section only. Read out loud the steps to effectively being able to ask for things you want and need, including recognizing that everyone is worthy or asking for things they want and need every once and awhile. Instruct the participants to go home and practice with their close family and friends.

**Family Relationships:** Read out loud the instructions at the top of the page. Instruct the participants to be truthful and honest in their drawings and stress the importance of showing the emotions of each family member in their picture. Ask the participants if they have any questions before beginning.

**Support Networks:** Read out loud the instructions at the top of the page. Ask the participants to make a list of support networks (i.e. mom, dad, siblings, teachers, friends, etc) and then draw a support network diagram. Instruct the participants to draw a small circle in the center of the box with their name in it. From this circle, they are to draw as many lines as they have people in their support network list. These lines may be short or long. At the end of each line, participants are to draw another circle. Circles that are closer to the center circle (participants circle) are the people that are closest to the participant. Circles further away are still close to the participant, however the participant might not go to them for help as much. A support network diagram might look like this:

![Support Network Diagram](image)

**What Do Healthy Friendships Look Like:** This section is discussion only. Read out loud “friendships should be” and “friendships are no longer healthy when” to the participants and ask if they have any questions.

**Brief discussion of social skills, problem solving, and relationship techniques learned:** This is just an overview of all the skills learned. Briefly touch on the highlights of each session and ask the participants what they thought and if they have any questions.
**Academic Goals:** Read out loud the instructions at the top of the page. Instruct the participants to answer all the questions within the instructions in the space provided. Inform participants that this would be a useful tool to take with them through high school to help them stay focused.

**Health:** Read out loud the instructions on the top of the page. Have each participant make a list of the foods they eat on a regular basis and some of their daily activities. Once completed, collaboratively come up with healthier foods to eat and more activities to do each day.
Self-Esteem Scale

Participant #:______
Date:_____________________

3-strongly agree  2-agree  1-disagree  0-strongly disagree

1. I feel that I am important and just as important as other people. ______
2. I feel that I have a lot of good qualities. ______
3. All in all, it is most likely that I am a failure. ______
4. I am able to do things as well as most people. ______
5. I feel like I do not have lots to be proud of. ______
6. I think positively of myself. ______
7. I am satisfied with myself. ______
8. I wish I respected myself more. ______
9. I feel like I cannot do anything sometimes. ______
10. Sometimes, I think that I am no good at all. ______

Score: ______
Session Usefulness Scale

Participant #:______
Date:____________________

*On a scale of 0-5, tell us if you enjoyed the session and felt like it would help you later on

0- I did not enjoy the session at all, and it would not help me later
1- I enjoyed some parts of the session, but I probably would not use what I learned later
2- I like one or two things about the session
3- The session was enjoyable and I learned some new things
4- I enjoyed the session and a lot of what I learned could be used later on
5- I really enjoyed the session, it was useful, and I would definitely use the skills I have learned later

Score:__________________
Appendix C: Consent Form

**Project title:** Evaluating the Effectiveness of a Cognitive Behaviour Therapy Program to Increase the Self-Esteem of Adolescent Females

**Name of Agency:** * School name goes here *

**Invitation**
All students in the grade seven/eight classroom have been invited to take part in this study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at Holy Name of Mary Catholic Elementary School. As a part of this placement, I am completing a research project called an applied thesis. The topic of my thesis is evaluating the effectiveness of cognitive behaviour therapy to increase the self-esteem of adolescent females. I would like to ask you for your permission to allow your child to help me complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want your child to take part.

**Why is this study being done?**
My project is being done to evaluate the effectiveness of a cognitive behaviour therapy program to increase the self-esteem of adolescent females. Self-esteem is crucial to the development of a female adolescent and low self-esteem is often correlated with a variety of negative outcomes. Students spend most of their time in school, thus the importance of a school-based program. This program will be useful to adolescent females in regards to building their self-esteem, altering any negative thoughts or emotions they may be experiencing, and giving them the coping skills to help them in the future. We would like to know what you thought of this program and we would like to know which parts you and your child found to be most useful.

**What will your child need to do if they take part?**
If you choose to allow your child to participate in this study, she will be asked to attend no more than two weekly individual sessions. In order to benefit from the program, she will be asked to speak openly and truthfully during each session. The sessions will take place on any given day of the week but are limited to the afternoons. Sessions will be no longer than twenty-minutes in length. The program will be implemented for approximately six weeks with a total of no more than twelve sessions. Your child will be asked to complete the Rosenberg Self-esteem scale assessment before and after the program. Completion of this assessment will take no longer than 5-10 minutes. After each session, your child will be asked to rate on a 5-point scale whether or not they found the session useful. Each session will be run by myself, Amber.

**What are the potential benefits of taking part?**
Benefits of taking part in this research study may include, but are not limited to, an increase in your child’s self-esteem, the potential for higher academic
achievement, a decrease in the probability of experiencing the negative outcomes that are correlated with low self-esteem, etc. If the program is successful and if your child discusses topics truthfully during the counselling sessions, they may begin to notice an increase in their self-esteem levels, confidence levels, and their ability to socialize effectively or build and maintain relationships.

**What are the potential benefits of this research study to others?**
Information and data from this project may be useful to improve already existing programs that aim to increase the self-esteem in adolescent females. If the current study is successful, it may show that self-esteem programs offered to adolescents in school can increase self-esteem.

**What are the potential disadvantages or risks of taking part?**
The risks of participating in this project are minimal but may include your child becoming stressed, bored or tired of answering questions or participating in activities that require them to speak openly about their self-esteem, body image, peer interaction, etc. Your child may also be required to miss class time to participate in the counselling sessions. However, sessions will be scheduled during downtime (e.g., when your child has completed their work) or during less structured times (e.g., silent reading) whenever possible. If your child wishes to schedule a counselling session during recess, this may also be an option. If your child does miss an important aspect of class time, they will be given the opportunity to make that time up or myself, the counsellor, will assist them with any missed lessons or school work.

**What happens if something goes wrong?**
If the program is not going the way you thought or you have any concerns about the program or results, you may consult me, your counsellor and changes will be put into place. Not everyone is expected to react the same to the program or experience the same emotions. Your child will also have the support of the classroom teacher. You or your child may decide to withdraw from the project at anytime.

**Will my information you collect from my child in this project be kept private?**
Every attempt will be made to keep all information that identifies your child private. All information, including consents, must be kept in a locked cabinet, or encrypted on a computer that is password protected. All information collected will be kept on a password protected USB stick. The only person who will be exposed to the raw data is myself, Amber Martin. The classroom teacher and my college supervisor will be exposed to only aggregated data in the form of graphs or summarized data. Your child’s name will not be used in any display of the data (i.e. project, study, presentations), instead they will be assigned a participant number (i.e. Participant #1). This consent form will be kept at St. Lawrence College in a securely locked storage cabinet. All raw data will be kept in a locked cabinet at the elementary school. Any data collected during the program is required to be kept on file at St. Lawrence College for a minimum of seven years after the program is terminated.
**Does my child have to take part?**
Taking part is voluntary. If you decide to have your child take part in this research project you will be asked to sign this consent form. Once you have decided to have your child take part in this study, you and your child are still free to withdraw at any time without giving any reason, and without incurring any penalty, or negative effects. The decision to take part will result in your child being required to attend one or two weekly individual sessions.

**Contact for further information**
This project has been approved by the Research Ethics Board at St. Lawrence College. The project was developed under the supervision of Shauna Hoekstra, 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, Amber Martin (amartin50@sl.on.ca). You can also contact my College Supervisor (shoekstra@sl.on.ca) or you may also contact the Research Ethics Board at reb@sl.on.ca.

**Consent**
If you agree to your child taking part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency and in a secure location at St. Lawrence College, if applicable.

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 for my child have been explained to me.
- I understand that my child has the right not to participate and the right to stop at any time.
- Myself and my child are free now, and in the future, to ask any questions we have about the study.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify my will be released or printed without asking her first.
- I understand that we will receive a signed copy of this consent form.

I hereby consent to take part.

<table>
<thead>
<tr>
<th>Parents Name</th>
<th>Signature of Parents</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Printed Name</td>
<td>Signature of Student</td>
<td>Date</td>
</tr>
</tbody>
</table>
Appendix D: Modified Version of the Rosenberg Self Esteem Scale (SES)

Self-Esteem Scale

Participant #:_____
Date:_______________________

3-strongly agree  2-agree  1-disagree  0-strongly disagree

11. I feel that I am important and just as important as other people. ______
12. I feel that I have a lot of good qualities. ______
13. All in all, it is most likely that I am a failure. ______
14. I am able to do things as well as most people. ______
15. I feel like I do not have lots to be proud of. ______
16. I think positively of myself. ______
17. I am satisfied with myself. ______
18. I wish I respected myself more. ______
19. I feel like I cannot do anything sometimes. ______
20. Sometimes, I think that I am no good at all. ______

Score: _____
Appendix E: Session Usefulness Scale

Session Usefulness Scale

Participant #:______
Date:______________________

*On a scale of 0-5, tell us if you enjoyed the session and felt like it would help you later on

  6- I did not enjoy the session at all, and it would not help me later
  7- I enjoyed some parts of the session, but I probably would not use what I learned later
  8- I like one or two things about the session
  9- The session was enjoyable and I learned some new things
  10- I enjoyed the session and a lot of what I learned could be used later on
  11- I really enjoyed the session, it was useful, and I would definitely use the skills I have learned later

Score:______________