Teaching Life Skills to Female Adolescents in a Residential Group Setting to Promote Positive Self-Perceptions

By

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The procedures in this program are meant to be used by agency staff, as part of the broader services they provide, or under the supervision of agency staff.
Dedication

I would like to dedicate this thesis to my loving parents. Thank you for teaching me strength and determination. I love you.
Abstract

Adolescents living in group care often suffer traumatic, unstable, or unhealthy childhoods. Due to a lack of skills or negative experiences, these adolescents might make poor decisions or engage in risky behaviours. They may also present with emotional and behavioural concerns that require treatment. Without the structure necessary for individuals to develop the skills to live a productive and health lifestyle, these children may be expelled from school, be charged with a criminal offence, or even incarcerated. According to relevant empirical literature, the use of group therapy with the addition of a life skills program improves self-image and decreases risky behaviour. This thesis focuses on teaching necessary life skills and positive coping strategies in an 8-week life skills group. This program is considered beneficial for adolescent females in group care as it helps build their knowledge of effective communication, positive relationships, and other important life skills. Self-image and coping skills were assessed using a pre- and post-test measurement, the Self-Perception Profile for Adolescents (SPPA). In addition to the SPPA, participants completed a satisfaction survey. Visual analysis indicated that the use of the life skills program resulted in an increase in self-perception. Due to the lack of research supporting life skills as an intervention, it is recommended that further studies are conducted.
Acknowledgements

To my amazing support system that has helped me through these past four years. Thank you to my parents for always lending a helping hand or providing a shoulder to cry on. Thank you to my siblings, Alysha and Thomas, for always encouraging me to move forward. Thank you to my friends who have been there for me every step of the way. Thank you to my partner, Scott, who has stuck around through the good times and bad, and for being the one I can always count on.

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Chapter I: Introduction

Life skills deficits can cause a decrease in the psychological, mental, and social well-being of individuals, but especially adolescents (Yankey & Biswas, 2012). Learning how to deal with the challenges caused by a lack of life skills can be difficult for adolescents. Yankey and Biswas (2012) define life skills as the abilities that allow individuals to handle everyday challenges effectively, such as coping strategies, building positive relationships, and time management. Coping strategies are behaviours that change on a continuous basis to manage situations that normally exceed the resources of an individual, as defined by Guerrero, Figueira, Cruz, and Sampaio (2015). It is known that how an individual views him/herself shapes his/her interactions with the world as well as interactions with others (Marshall, Phillips, Ciarrochi, & Heaven, 2014). These authors describe self-esteem as the negative or positive thoughts one has toward oneself. Ultimately, self-esteem can be improved by practicing self-awareness, self-acceptance, forgiveness, beliefs, and assertiveness (Eun Jin, 2015).

Group counselling is one way of promoting healthy relationships among adolescent females living in group care. Collaborating to help each other become stronger individuals can be a positive experience for female adolescents. When adolescents learn that others share the same difficulties as them, they might be able to relate and potentially feel better about themselves. Rather than focusing on weaknesses, concentrating on developing strengths can promote a more positive change in the wellness of adolescents (Smith-Adcock, Webster, Leonard, & Walker, 2008).

Phillips (2012) states that when a child is raised by two biological parents they typically experience more positive outcomes. Adolescents living in group care do not have the opportunity to continue living with their biological parents. At times, prior to residing in group homes, children were raised in an unstructured environment. This unstructured environment can lead to risk taking and inappropriate behaviours. If a properly structured plan is not put into place in residential living, further issues can arise with respect to the adolescents’ self-esteem and self-worth (Johansson & Andersson, 2006). Marshall et al. (2014) suggest that adolescents with higher self-esteem have confidence that they have social worth and use behaviours that build positive social support. Low self-esteem adolescents may try to avoid any relationships due to possible rejection which leads to isolation and a lack or positive social relationship. Having self-esteem is an important asset to adolescents because it can assist them in finding a career, making positive relationships, making healthy choices, and raising their own children in the future. Girls placed in residential programs represent an increasing amount of juveniles (Smith-Adcock et al., 2008). The authors believe that girls are at higher risk for delinquency because they are more likely to have experienced emotional and psychological issues, such as depression and anxiety, difficulties with sexuality, poor self-image and self-esteem, or physical and sexual abuse.
Young, Mufson, and Gallop (2010) indicate managing conflict can decrease levels of anxiety in youth. It is believed that teaching adolescents how to manage conflict, along with other life skills, will help them to achieve positive self-image, self-esteem, and self-perceptions. Teaching youth life skills is also an efficient way to reduce stress (Yankey & Biswas, 2012). The authors note that when youth feel they have the knowledge to make the right decisions in life, they have higher self-esteem. According to Dang (2014), when adolescents feel connected to their family and school they are less likely to develop risky behaviours such as substance use, sexual behaviours, emotional distress, violence, and suicidality.

Self-esteem can be a difficult domain for adolescents to improve. For female adolescents living in residential care it can be especially difficult to create positive self-esteem, self-image, and self-perceptions. Life skills training paired with teaching coping strategies is a potential beneficial intervention for addressing these domains. The purpose of this thesis is to teach a life skills program to female adolescents residing in group care. With the knowledge of life skills and coping strategies, it is hypothesized that participants will develop a more positive self-image, increased self-esteem, and improved self-perceptions. A modified version of the Self-Perception Profile for Adolescents (SPPA) was used to test the effectiveness of the program. The questionnaire was administered to both the participants and the participants’ caregivers to assess how the participants see themselves. This thesis includes sections for a literature review on information to support the thesis topic, a method section, the results from the program, as well as a conclusion and discussion of the information gathered.
Chapter II: Literature Review

Early Historical Perspectives

Zimmerman (2002) reported on August Aichhorn’s development of a residential treatment in 1917 for adolescents living in group care. As an alternative to the usual punishment procedures such as, threats and isolation, Aichhorn adapted Freud’s techniques and included his own efforts to emphasize the importance of understanding the structure of an at-risk adolescent’s personality. Included in Aichhorn’s work with at-risk adolescents were the psychoanalytic theories to understand delinquency symptoms, the impact of early attachment issues, specific therapeutic methods, and the influence of peer relationships. Zimmerman (2002) also notes that social psychologist, Kurt Lewin, had a large impact on the development of treatment for adolescents in residential care. Lewin developed a specific means of noticing change among troubled adolescents who are unable to live in their original accommodations. Zimmerman (2002) noted that Lewin focused his studies upon collective behaviours and that these behaviours are functions of psychological aspects as well as the person. The work of Aichhorn and Lewin has contributed to developing the use of life skills to provide children in residential living with the proper structure and knowledge they require for increased life success.

Life Skills

Zimmerman (2002) discovered that adolescents growing up in group accommodations seem to have the lowest level of knowledge in the life skills area. According to Yankey and Biswas (2012), life skills can be defined as the skills that are adapted throughout life that allow an individual to manage the challenges he or she has to face in everyday life. Life skills that apply across most cultures include positive communication, the development of supportive relationships, creative thought processes, self-awareness, and coping strategies to manage both emotions and stress (Yankey & Biswas, 2012). They state that by developing these essential life skills, adolescents are better able to develop socially and mentally. Unfortunately, they also note that one in five adolescents will have a behavioural or emotional disorder at some point in their childhood regardless of how wealthy their families are or where they live. These authors also state that life skill training promotes wellbeing and health among the community. Life skills are used to improve physical activity and positive emotions in addition to lessening adolescent substance use and other related problems (Campbell-Heider, Tuttle, & Knapp, 2009). Campbell-Heider et al. (2009) also note that substance use and risky behaviour in youth tend to occur simultaneously; therefore reducing one of the high risk-behaviours could also reduce other health risks in the adolescent population. It is noted that when adolescents report conflict with their parents, they have a higher sense of hopelessness and more anti-social behaviours (Passer, Smith, Atkinson, Mitchell, & Muir, 2005). A study completed in 1990 (Zimmerman, 2002) found that 44% of 18-year-olds discharged from group care had a high school diploma, only 39% had job experience, 38% had emotional disorders, and 29% reported having drug or alcohol abuse. Life skill programs have been effective when used in both a health and social contexts. Benefits that
have been identified from said programs are personal growth, developing coping strategies for stress and anxiety, and controlling risky behaviours (Yankey & Biswas, 2012).

Yankey and Biswas (2012) note that teaching life skills has been useful in countries such as Africa and India for many different reasons; for example teaching life skills is used in some countries to help prevent HIV/AIDS and in others in the prevention of teenage pregnancy. Life skills training has also assisted in areas such as fighting against child abuse and helping in the deterrence of violence and substance abuse (Yankey & Biswas, 2012). Life skills training has been useful in helping female adolescents to build their self-esteem (Lindwall, Asci, & Crocker, 2014). These authors state that female adolescents go through a more dramatic change in regards to self-esteem over the course of their adolescence. Lindwall et al. (2014) note that specifically, female’s self-esteem declines throughout early and middle adolescence and increases during late adolescence.

Wright, Basco, and Thase (2006) believe that teaching individuals the concept of automatic thoughts and cognitive errors can help them to understand the processes of their minds. Teaching individuals that automatic thoughts are private and occur rapidly in our minds will help them to be able to change these automatic thoughts. Individuals with anxiety or depression often experience more rapid thoughts that can be distorted and persistent (Wright et al., 2006). Cognitive errors have also been found to be more frequent in depressed persons. Wright et al. (2006) explain that cognitive errors are the specific characteristics of an individual’s errors in logic. There are six categories of cognitive errors: absolutistic, personalization, overgeneralization, magnification and minimization, selective abstraction, and arbitrary inference (Wright et al., 2006). Along with psychoeducation around the concepts, the individual needs to know how to simply identify when he or she is experiencing cognitive errors as an alternative to only being able to identify what cognitive error he or she is making.

To achieve the development of a healthy adolescent, as well as avoiding the development of risky behaviours, it is important they have attachments with strong adult role models (Tuttle, Campbell-Heider, & David, 2005). Adolescents look for support, role models, and a sense of self-worth from their families. When a youth experiences drug and alcohol issues, domestic violence, poverty, or poor mental health in her family of origin, it may be challenging to develop protective factors and are at a higher risk for developing the same issues.

Coping Strategies

Teaching life skill programs also educates youth on how to deal with various situations such as, being stressed about a test, having an argument with a friend or family member, and other general challenges or problems. A further method of developing life skills is through learning effective coping strategies. Coping strategies can be defined as the mind and body’s way to deal with internal or external challenges when they go beyond the individual’s resources (Guerreiro, Figueira, Cruz, & Sampaio, 2015). Without effective coping styles, an individual
may struggle to deal with the situations she faces in everyday life. Guerrerio et al. (2015) indicates that coping strategies are also important factors when developing life skills. Individuals develop general coping styles as well as specific skills from a young age based on early life experiences. A coping style is a general way each individual manages his or her stress or other difficult situations (Guerrerio et al., 2015).

Every individual has a unique way of coping with situations as they arise. Guerrerio et al. (2015) states that the two universal coping styles are “emotion-focused coping” and “problem-focused coping”. These authors define emotion-focused coping as the style that is directed toward regulating emotional distress and can be observed as distancing oneself, disengaging from emotions concerned with the stressor, escaping the situation, seeking emotional support, or avoidance of the situation. These authors also define problem-focused coping as dealing with the problem causing the distress directly such as, looking for information pertaining to the specific stressor, creating a plan, and deciding on what to do next to resolve or manage the problem. Endler and Parker (1994) first divided the coping styles into avoidance, task, and emotion. These authors believed that coping strategies played a significant role in an individual’s ability to adapt to stressors in life. Littleton, Horsley, Siji, and Nelson (2007) suggest that coping strategies are important to adolescents because they are challenged daily with different stressors and may not have established a way to cope with the presented situation. Problem-focused, or approach strategies, are known to be more adaptive than emotion-focused, or avoidance techniques, since they aim to directly address the problem.

Coping strategies could consist of anything that helps an individual deal with a stressful situation (Guerrerio et al., 2015). Positive coping strategies include talking to a supportive individual, using physical exercise, writing in a journal, positive thinking, and meditating. Using positive coping strategies can help an individual to normalize her situation or to help herself understand that her problem is manageable. However, people may also choose to use more negative coping strategies. These negative coping strategies include crying, yelling, negative thinking, over-eating or under-eating, avoiding or isolating themselves away from others, and substance use (Guerrerio et al., 2015). The use of negative coping strategies can be unhealthy. When using negative coping strategies, the individual is not dealing with his or her problem as he or she is simply pushing it aside. Learning to develop positive coping strategies can open individuals up to more possibilities.

Epstein-Ngo, Maurizi, Bregman, and Ceballo (2013) believe that another way that individuals deal with stressors is through involuntary responses. They define an involuntary response as a response that is not under an individual’s conscious control. One responds in this way due to psychologically-based reactivity to the stress that is automatic in nature (Epstein et al., 2013). Involuntary responses may be observed as uncontrollable crying or shaking, involuntary thoughts, or being numbed by the emotion. Emotion-focused coping is different from involuntary responses because focus is placed on conscious processes only as well as on responses to emotions that are related to the stressor.
The Importance of Self-Esteem

Yao, Chang, Jin, Chen, He, and Zhang (2014) note that healthy self-esteem correlates with positive psychological qualities. These authors define self-esteem as one’s experience of self-confidence through self-evaluation in regards to socialization. Lee, Cheng, and Lin (2014), state that positive outcomes, satisfying feelings about oneself, and increased need to present in a public place develop from strong self-esteem. However, it is suggested that unrealistically high self-esteem results in negative consequences for adolescents. Differences in individuals being able to control their temper, manage time, refrain from over-eating or under-eating, and accept responsibility are associated with greater chances of success in achieving a healthier lifestyle (Lee et al., 2014).

These authors conducted a study to examine the interaction between self-esteem and self-control. In this study, 488 high school students (260 male and 228 female) were selected. The participants’ self-control (SC) was measured using the self-control scale and their self-esteem was evaluated with Rosenberg’s Self-Esteem Scale. The scores were put into groups in order to categorize them. Group one, labelled “Disadvantageous”, had the lowest self-esteem and self-control as well as all other life perspectives. Group two and three had less distinct profile. Lastly, Lee et al., (2014) found that group four, later named the Quality Selves, had the highest self-control and self-esteem. From this study, it was determined that self-esteem is a driving factor to encourage adolescents to see the positive qualities they possess.

When adolescents are unhappy with their self-image, they are more likely to develop psychological issues and are at risk of developing an eating disorder (Murray, Rieger, & Byrne, 2013). Poor self-image or “body dissatisfaction” peaks during the adolescent years. Stress contributes largely to the risk of developing poor body dissatisfaction. These authors note the correlation between stress, low self-esteem, body dissatisfaction, and symptoms of depression in female adolescents. Teaching adolescents to use the proper coping strategies for dealing with stress may, in turn, prevent them from developing body dissatisfaction or low self-esteem (Murray et al., 2013). Murray et al. (2013) believe that low self-esteem is associated with body dissatisfaction in the way that poor self-esteem increases female adolescents’ sensitivity to stressors about body image.

Treatments for Adolescents in Residential Care

Girls living in residential care are at risk for delinquency. To decrease the chances of an adolescent becoming delinquent, Smith-Abcock, Webster, Leonard, and Walker (2008) believe that in order to empower girls to recognize their strengths and abilities, holistic-wellness programs can be put into action. Holistic-wellness programs put emphasis on connections with other individuals and processes that focus on integration of the mind and body, emotions and thoughts, as well as intuition and logic. Holistic-wellness programs use creative and communicative techniques such as art therapy, relaxation, and imagery, to develop meaningful
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relationships and to integrate the mind and body. By developing their strengths the adolescents are able to work on developing healthy attitudes, behaviours, and lifestyles (Smith-Abcock et al., 2008).

Murray et al. (2013) conducted a study to examine the association between body dissatisfaction and stress. They used a sample of 298 adolescent males and females between the ages of 12 and 17 years. The adolescents were given a survey to complete twice over a one-year period. This study discovered that adolescent stress significantly predicted that the adolescents would have body dissatisfaction one year later. Stress also predicted the decreases in self-esteem and the increases in the understanding of the importance of the body. This study suggests that body importance and stress should be included in programs that focus on improving self-esteem (Murray et al., 2013).

As previously discussed, male and female adolescents develop their self-esteem in different ways. Female adolescents’ self-esteem declines in early and middle childhood, while male adolescents’ self-esteem remains steady throughout their life course (Lindwall et al., 2014). It is believed that female adolescents require more support and knowledge in the aspect of self-esteem than males do in the adolescent phase of life. Although there is a need for support groups for all adolescents, females especially need assistance during the adolescent ages. According to Smith-Abcock et al., (2008), due to the focus on dynamics of relationships, group counselling can be an effective intervention for female adolescents who are at risk of delinquency. It has been shown that when females work together in groups, their attitudes and the relationships they develop with others are positively affected and negative and attention-seeking behaviours are reduced (Smith-Abcock et al., 2008).

According to Verduyn and Calam (1999) cognitive therapy is another effective treatment for adolescents in residential care. They believe that cognitive restructuring techniques are the most effective with children and adolescents. Adolescents with anxiety and depression show high levels of success and good acceptance with cognitive therapy. In dealing with at-risk adolescents it is essential to promote resiliency and the development of good coping skills. Cambell-Heider et al., (2009) suggest that using cognitive behavioural therapy (CBT) approaches are highly effective. These authors believe that teaching life skills to at-risk adolescents can reduce substance use and promote a positive behavioural change. The program, Positive Adolescent Life Skills (PALS), is a “cognitive-behavioural, skill-building” program which has displayed increases in the development of positive skills with adolescents (Campbell-Heider et al., 2009). During this intervention the adolescents learn 25 different skill-building sessions. The intervention was tested on 146 adolescents and assessed using the Iowa Social Skills Improvement Test. Improvements were made in the areas of handling criticism, saying “no” to risky behaviours, effective communication, and problem-solving.

The PALS training program was researched by Tuttle et al. (2005) in order to enhance resiliency among at-risk adolescents. The study used a sample of 16 adolescents between the
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ages of 12 and 16 years who attended a secondary school and were in the PALS program through school. The Problem-Oriented Screening Instrument for Teenagers (POSIT) was the measure used as a pre and post assessment. The findings suggest that the participants that attended group meetings and the PALS training program were able to more positively connect with support resources.

Discussion

There are very few studies on providing life skills and group counselling as a treatment for at-risk or maltreated adolescents. Some studies, such as Campbell-Heider et al. (2009), focus their research on using cognitive behaviour therapy to teach adolescents the skills they need to become successful adults. Other researchers, such as Smith-Abcock et al. (2008), believe that a group counselling style is more effective to show adolescents that they are not alone and that their peers experience similar challenges. Lindwall et al. (2014) emphasize the importance of developing female adolescents’ self-esteem and self-confidence. In the study conducted by Murray et al. (2013), the importance of self-esteem in adolescents is also stressed. They believe this is an important aspect for adolescents and that they will benefit from learning about stress and body dissatisfaction.

The Current Study

In this study the life skills training program was provided to adolescent females living in group care. The group therapy program was aimed at developing essential skills for girls who are at risk of developing mental health issues such as low self-esteem, poor self-image, negative self-perceptions, depression and anxiety, as well as girls who are at risk of engaging in risky behaviours such as drug and alcohol abuse and engaging in unhealthy relationships. The group emphasizes topics such as goal setting, relationship building, and effective communication, yet the overall goal of the life skills training program is to increase self-esteem, self-image, and self-perception. To assess the effectiveness of the program, a modified version of the Self-Perception Profile for Adolescents (SPPA) questionnaire was used. The SPPA gives the participants a list of 10 short questions to answer on a rating scale to help get a better idea of how the participants view themselves. The group is a place where the girls are able to speak freely without judgement and to learn new skills that will benefit their lives. The group was conducted in the group home where the girls live.

Hypothesis

Ultimately, using a behavioural counselling approach to teach life skills and coping strategies to adolescent females living in residential group settings, can promote positive self-perceptions, reduce stress, and help to increase healthy life choices. By providing a life skills counselling group it is expected that an increase in self-esteem, self-image, and self-perception will occur.
Chapter III: Method

Participants

The participants were four females between the ages of 12 and 17 years living in a residential group setting. The number of participants decreased by one after the third session due to re-location of the participant to a different facility. The individuals taking part in the study were selected by the student and agency staff, inclusion criteria being any residents living in the group home setting. The participants were living in residential group care due to issues of parental substance abuse, deceased parents, domestic violence, or other circumstances. Some of the residents of the group home have had previous foster care, but due to criminal charges and inappropriate behaviour the residents were placed in the group home. The adolescents are considered to be wards of the Crown and each child’s social worker has been given the right to make treatment decisions for them. Informed consent was obtained following the policy specific to the agency as well as using a participant informed consent form from St. Lawrence College and the guardian consent form. The policy specific to the agency requires obtaining consent from the residents’ social worker, the child, as well as consent from the supervisor of the residence. The research study has been approved by the St. Lawrence College Research Ethics Board.

Design

The best approach to use was decided upon open-ended group counselling sessions that focused on developing life skills. This is due to the flow of clients into and out of the group home. During each session a specific topic was presented such as coping skills or emotional regulation. The life skill was taught using psychoeducation, a detailed lesson, an activity, and homework for the following week. The activity required the participants to use the information learned in the lesson to show their understanding of the material. The student put the treatment plan in place under the supervision of the agency supervisor. Sessions occurred once a week for a 60 minute period. The participants’ perceptions of themselves and their self-esteem was assessed prior to treatment as a baseline measure for the study using a modified version of the Self-Perception Profile for Adolescents (SPPA; Harter, 2012) as well as a care giver questionnaire. The caregiver’s questionnaire was used to help assess how the caregiver sees the adolescent and the participants’ questionnaire was used to assist in determining how the adolescents see themselves. Once all of the sessions were completed, the participants were assessed once more to evaluate the effectiveness of the life skills training sessions. The independent variable was the skills that the participants learned during the group sessions and the dependent variable was the participants’ assessment scores on the measures. After the last session, a participant satisfaction survey (Appendix E) was administered to collect further information about the overall treatment efficacy. The satisfaction survey helped to see if the residents found the group sessions helpful in their lives.
Setting/Apparatus

The sessions were conducted in a designated room at the residential group setting. The student provided the required materials, specifically a writing tool, a copy of the informed consent, the two assessment questionnaires, a satisfaction survey, the materials needed for the specific session, and a desk and chair for use to complete the assessments. Sessions were conducted with participants, staff members, and the placement student sitting in chairs arranged in a circle or sitting around a table. For session one, an overview of the sessions was outlined, the participants and student reviewed the consent form, the assessments were completed, a life skill was taught to the participants, and homework was assigned. Sessions two through seven commenced with a “check-in” where each participant could share any issues. The previous week’s homework was reviewed and discussed to make sure that it was completed. A new topic was then presented using psychoeducation, an interactive activity, and a discussion. Homework for the following week was assigned at the end of the treatment session.

This program was developed with the help of the agency supervisor. The topics discussed in session were aspects of the participants’ lives that needed improvements. Sessions were based on situations that occurred during the participants’ stay in the residences. As well as assistance from the agency supervisor, literature was explored that suggested these topics would be beneficial to females in residential care.

Table 1

<table>
<thead>
<tr>
<th>Overview of the life skills training sessions for adolescents in residential group care</th>
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<tbody>
<tr>
<td>Session 1: Introduction and Goal Setting</td>
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<td>Session 2: Problem Solving and Emotional Triggers</td>
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<td>Session 3: Triggers and Coping Strategies</td>
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<td>Session 4: Regulating Emotions</td>
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<td>Session 5: Effective Communication</td>
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<td>Session 6: Building Positive Relationships</td>
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<td>Session 7: Taking Responsibility and Consequences</td>
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<td>Session 8: Wrap up and Termination</td>
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Measures

The student administered a modified version of the Self-Perception Profile for Adolescents (SPPA), as well as a participant satisfaction survey that was administered once all the sessions were completed. The SPPA is a 10-item assessment designed to examine self-
perception, self-image, and self-esteem of adolescents (Harter, 2012). Harter (2012) suggests that one’s self-perception affects how one lives their life and makes decisions. A modified version of the SPPA was chosen because it is specific to adolescents and because it is brief so that the participants are willing to complete it. The maximum score that can be achieved is 100. This score suggests that the participant has a low perception of self. The minimum score that can be achieved is 20, suggesting the participant has a high self-perception. A typically ideal score of the SPPA is between 55-65 (Harter, 2012). This score suggests that there is room for improvement but does not suggest any need for treatment. The SPPA is tailored specifically to adolescents since individuals evaluate themselves differently at all ages. The questions are grouped into eight categories: academic, athletic competence, social, physical appearance, friendship, behavioural conduct, job competence, romantic appeal, and an additional ninth category, global self-worth. The questionnaire provides statements where the adolescent either choose a positive self-esteem answer or a negative self-esteem answer. This measurement was used to determine if the participants made gains in result of the life skills training sessions. Due to the nature of the agency, there was a risk clients would only be present for a few of the sessions. This may have affected those participants’ scores by the possibility of showing less of an impact than those who attend all eight sessions. The SPPA was administered prior to intervention to determine the participants’ level of self-esteem, self-perception, and self-image. The test was then administered after all the sessions were complete to determine how well the test influenced the participants. The statistical analysis consists of comparisons of all scores to the standard score to see if and how the participants deviate from the norm. Also, each participant’s pre and post test scores were examined. Using this approach, the life skills training was examined.

**Procedure**

All participants were informed of consent procedures to make certain they were aware of all aspects of the program and were provided a consent form prior to participating. Since the residential group setting is a custodial institution, each child’s social worker was provided with a consent form and gave consent. The student explained to the participants how to complete the assessments and the program of the group sessions. The life skills training sessions included various life skills and coping strategies to positively influence the adolescents’ self-esteem, self-image, and self-perception. Life skills include topics such as goal setting, problem solving, emotional triggers, coping strategies, regulating emotions, effective communication, taking responsibility, consequences, and building positive relationships. A detailed explanation of each session can be found in Appendix F. There was one, 60 minute session a week, for eight weeks. Before the first session, the SPPA was administered and the participants were given a brief explanation of the scales.
Chapter IV: Results

The main purpose of this study was to evaluate the effectiveness of teaching life skills to adolescent females in a group care setting in order to increase self-esteem, self-perception, and self-image. Complete sets of pre-measurements were obtained from four participants and pre-and post-measurements were obtained from three participants. A modified version of the Self-Perception Profile for Adolescents (SPPA) was provided to participants before and after treatment to evaluate any post-treatment changes, 10 being the lowest score signifying high self-perception, and 100 being the highest score signifying low self-perception. With a reduction score between 5-10 points, the treatment is considered clinically reliable. If a score is shown to be clinically reliable it suggests that the program displays practical importance. With a reduction score between 11-20 points, the treatment is considered to display a meaningful difference (Harter, S., 2012). A score that displays a meaningful difference suggests that treatment had a positive effect on the individuals’ life.

Table 2. Pre-post test scores on the Modified Version of the Self-Perception Profile for Adolescents (Participant Questionnaire)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre-Test Score</th>
<th>Post-Test Score</th>
<th>Difference Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>78</td>
<td>64</td>
<td>14+</td>
</tr>
<tr>
<td>2</td>
<td>58</td>
<td>46</td>
<td>12+</td>
</tr>
<tr>
<td>3</td>
<td>50</td>
<td>52</td>
<td>10+</td>
</tr>
<tr>
<td>4</td>
<td>62</td>
<td>52</td>
<td>10+</td>
</tr>
</tbody>
</table>

Participant Questionnaire
A Modified Version of the Self-Perception Profile for Adolescents - Participant Questionnaire

**Participant 1.** Participant 1 had a pre-treatment score of 78 which was the highest recorded score on the modified version of the SPPA in comparison to the other participants. After the treatment was implemented, her score decreased from a 78 to a 64, a 14-point reduction on the measure as displayed in Table 2 as well as in Appendix F. Her post-treatment score displays that the treatment was both clinically reliable and shows meaningful difference. The visual analysis in Figure 1 shows a decrease from pre- to post-treatment.

**Participant 2.** Displayed in Table 2, participant 2 had a pre-treatment score of 58 on the modified version of the SPPA. After the intervention was implemented her score reduced to a score of 46, a 12-point reduction from her pre-treatment score. Her post-treatment score displays clinical reliability as well as a meaningful difference.

**Participant 3.** Participant 3 started with a pre-treatment score of 50, which was the lowest score on the modified version of the SPPA in comparison to the other participants. Her post-treatment score is not displayed due to the participant no longer residing at the children’s residence. The participant was only present for the first three sessions; therefore the post-treatment scores were not obtained.

**Participant 4.** As displayed in Table 2, participant 4 began with a pre-treatment score of 62 on the modified version of the SPPA. After the program was complete, her score reduced to 52, a 10-point reduction from her pre-treatment score. This reduction of 10 points signifies clinical reliability but not meaningful difference.

Table 3: Pre- to post test scores on the Modified Version of the Self-Perception Profile for Adolescents (Caregiver Questionnaire)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre-Test Score</th>
<th>Post-Test Score</th>
<th>Difference Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>68</td>
<td>66</td>
<td>2+</td>
</tr>
<tr>
<td>2</td>
<td>62</td>
<td>50</td>
<td>12+</td>
</tr>
<tr>
<td>3</td>
<td>52</td>
<td>56</td>
<td>12-</td>
</tr>
<tr>
<td>4</td>
<td>56</td>
<td>68</td>
<td>12-</td>
</tr>
</tbody>
</table>
Figure 2. Pre- and post-treatment results of the modified version of the Self-Perception Profile for Adolescents (SPPA): Caregiver Questionnaire.

A Modified Version of the Self-Perception Profile for Adolescents - Caregiver Questionnaire

**Participant 1.** As shown in Table 3, the participant’s caregiver gave her a score of 68 as a pre-treatment score and a 66 as a post-treatment score. This provides a 2-point reduction, which is neither clinically reliable nor does it produce a meaningful difference.

**Participant 2.** The information presented in Table 3 exhibits participant 2’s caregiver score of 62 on the pre-treatment questionnaire and a 12-point reduction to a 50 on the post-treatment questionnaire. This reduction is clinically reliable as well as displays a meaningful difference. The visual analysis in Figure 2 demonstrates a reduction from pre- to post-treatment.

**Participant 3.** As shown in Table 3, her caregiver scored her 52 on the pre-treatment questionnaire but did not complete a post-treatment questionnaire as the participant was no longer attending the sessions.

**Participant 4.** In Table 3, the participant was given a 56 on the pre-treatment questionnaire by her caregiver. Her score then shows an increase of 12 points resulting in a 68 post-treatment score. This score suggest that the participant’s caregiver believed that her self-perception had worsened by the end of treatment.
Satisfaction Survey

Following completion of the sessions, the program was evaluated by the participants. At the last session the participants were asked to complete a satisfaction survey. The survey consisted of four questions and a comment section. There were three “Yes” or “No” questions and one 5-point Likert-scale question, critiquing the effectiveness and value of the program. The comment section allowed the participants to voice any strengths and weaknesses of the program. Participant 1 gave the life skills program an overall score of 4 out of 5 and did not give any suggestions for improvement. Participant 2 scored the life skills program an overall 3 out of 5 and said that prior to the sessions, she already possessed all of the skills taught. Participant 3 did not complete the sessions thus leading to the incompletion of the satisfaction survey. Participant 4 rated the life skills sessions a 5 out of 5 on the Likert-scale, she believed that the life skills were useful and that she will be able to apply them in the future.

Summary

All three of the participant’s scores were shown to decrease based upon the change in their pre-post treatment scores on the modified version of the SPPA. As shown in Figure 1, each of the participants’ scores decreased, yet Figure 2, the caregiver questionnaire, shows that participant 4 had an increase from pre- to post-measure. Based on the satisfaction survey that the participants completed, overall, the participants felt that they had gained something from the experience. The results of this program are discussed in further detail in the following section.
Chapter V: Discussion

Summary of Research

The main purpose of this study was to determine if the participants would experience an increase in their self-perception, self-esteem, and self-image following an eight week life skills program. As acknowledged in the results, all participants reported a decrease in their pre-post treatment scores on the modified version of the SPPA (participant questionnaire) which indicates improvement in the above-mentioned domains and therefore these findings support the research hypothesis. Participants 1, 2, and 4 displayed an increase in their self-perception on the adolescent questionnaire. The caregivers’ scores for participants 1 and 2 on the caregiver questionnaire also demonstrates a decrease from pre-post treatment score, yet the caregiver of participant 4 believed that the sessions did not have a positive influence on the participant, therefore the score showed an increase from pre-post treatment. The life skills provided the participants the means to improve self-perception by giving them more confidence when making important life decisions and have more confidence in themselves. The results from the modified version of the SPPA demonstrate a clear relationship between treatment and reports of increased sense of self-esteem, self-image, and self-perception. The changes in the participants’ scores were in a positive direction but the majority of the participants were already scored at the average score. It would be interesting to include participants with higher scores like participant 1 since they would have a greater need for the program.

Strengths and Limitations

There are some strengths of this study. Participant 1 believed that the sessions taught her various life skills that she did not possess prior to the beginning of the sessions. She also believed that she will be able to use these skills while in residential care as well as once she leaves to live independently. Participant 2 thought that the sessions were “enjoyable” and that she will be able to use some of the activities in the sessions when she encounters challenging situations. Participant 3 did not complete all of the sessions and therefore did not complete the satisfaction survey. Participant 4 noted that she feels more comfortable in the residence now that she understands that other residents had similar experiences. Overall, a strength of the life skills sessions included that the participants demonstrated improvements in their self-perception after participating in the intervention. Participants were provided with a copy of the eight lessons so they could reference them when needed.

Some limitations were identified after completion. The sample was small; therefore it is unclear if the sessions would produce the same results with a larger sample. All the participants were Caucasian and lived in the same home so it is also unclear if the same results would be obtained with a diverse sample of people from different communities and ethnicities. Each participant had other resources in the community; therefore it is unclear what effects these outside resources may have had on their self-perception. Due to the time restraints of the
research study, follow-up was not completed. Also, the measure was relatively brief and basic, which while a benefit in having the participants be willing to complete it due to its length, it likely does not reflect all potential aspects of self-worth and might not relate to improvements in lifestyle.

**Comparison**

The studies outlined in the literature review demonstrated similar results to the current study. As found by Yankey and Biswas (2012), teaching crucial life skills allows adolescents to develop mentally and socially. A study by Campbell-Heider et al. (2009) demonstrated the positive effects of a life skills program with high-risk adolescents, similar to the current research study.

Several of the studies cited in the literature review showed that participants displayed an increase in self-esteem when provided with peer support and life skills. Similar to the study by Smith-Abcock et al. (2008), the current study used peer support as a tool to encourage and motivate the participants to engage in the group. These authors believe that having female adolescents working together positively affects their behaviours and attitudes. Group therapy was chosen over individual therapy and so it is possible that using a group format may have affected the motivation of group members.

Ultimately, a comparison of the existing literature and the results of the present study show that there is a clear relationship between the life skills sessions and the decreased score from pre-post scores on a modified version of the SPPA.

**Contribution to Field of Behavioural Psychology**

This study contributed by furthering research about the effects of teaching life skills to adolescents in residential care. This study displayed a relationship between life skills training and the increase of self-perception in adolescents. These life skills can be generalized to different aspects of the participants’ lives.

**Multilevel Challenges to Service Implementation on Field Placement**

There are many challenges when providing support to clients that suffer from behavioural difficulties. The main focus of this report is the challenges that are present when working with individuals with mental health and behavioural issues and who reside in a group care facility.

**Client Level.** Working with the individuals in the group home was difficult at times. The residents have been involved in or witness to traumatic events in the past. Occasionally, the residents reacted to simple conversation in an inappropriate way because something said was a trigger for them. Language needed to be adjusted to account for this issue. If a client was having a difficult day or was not in a good frame of mind, it was often difficult to motivate her to participate in group discussions.
LIFE SKILLS PROGRAM TO PROMOTE POSITIVE SELF-PERCEPTIONS

**Program Level.** It was often difficult to develop a program at the agency due to the structure of the agency. At any time, residents could leave the group home or new residents could join. After some discussion with the agency and school supervisor, a program was implemented that would work effectively within the group home. The program chosen was open-ended group counselling. This was effective in implementing the program so that residents could attend any number of sessions and not negatively affect the data collection.

**Organizational Level.** The agency functions on a specific plan that can teach the residents the concept of structure. The time at the agency is tightly scheduled making it challenging to implement an intervention. If the sessions were not scheduled at a specific time throughout the week and written into the planner, then it would not occur due to other appointments, visits, or scheduled community time.

**Societal Level.** Many people consider group homes to be negative environments. The idea of a child with behavioural issues living in a highly structured environment with other children with behavioural issues does not sound like a positive environment in which to raise adolescents. Increased awareness of the structure and function of group homes could reduce negative biases.

**Future Directions**

It is recommended that further studies are conducted with the adolescent population, especially involving life skills interventions. This is important because there are limited studies exploring the effectiveness of a life skills program paired with peer support. It would be beneficial to target specific coping strategies that could improve participants’ ability to deal with various life stressors.

If this study were to be replicated, adding a follow-up period would be beneficial in assessing the success of this research study. The maintenance of the life skill training would be important to identify when replicating this study. The addition of a control group could also be beneficial in comparing and evaluating the overall results.

Another suggestion for replicating this study would be to increase the sample size as well as create a more diverse sample of female adolescents. This may help in uncovering larger and stronger effects of life skills training to increase self-perception. The results of this study have displayed a positive relationship between teaching life skills and coping strategies and improving self-perceptions. Adding these suggestions to future studies may increase knowledge of providing life skills, psychoeducation, and coping strategies to increase self-perceptions, self-image, and self-esteem.

**Word Count: 6530**
References


LIFE SKILLS PROGRAM TO PROMOTE POSITIVE SELF-PERCEPTIONS


Appendix A: Participant Consent Form

**Project title:** Teaching Life Skills to Female Adolescents in a Residential Group Setting to Promote Positive Self-Perceptions

**Principal Investigator:** Haley Wornes  
**Name of supervisor:** Geris Serran  
**Name of Institution:** St. Lawrence College  
**Name of part partnering institution/agency:** Briley Children’s Residence

**Invitation**  
You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at Briley Children’s Residence. As a part of this placement, I am completing a research project (called an applied thesis). I would like to ask you for your help to 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 to take part.

**Why is this study being done?**  
This study is being done to help girls, living in group homes, learn new ways of handling everyday life stressors. A new life skill will be learned each week that we hope will help you develop some new life skills and feel better about dealing with things in your life. We believe this program could be beneficial to you and we want to know how you feel about the program. By participating in the program and filling out the questionnaire you will play an important part in developing this program.

**What will you need to do if you take part?**  
If you choose to take part in this study you will be asked to attend the Life Skills Training classes each week for 8 to 10 weeks. The classes will be held on Tuesday afternoons at Briley Children’s Residence and last 90 minutes. The classes will be run by myself and a staff member from Briley. Before the classes begin, you will be asked to fill out a questionnaire involving questions about you and your life that will take 10 minutes to complete. At the end of the sessions each week, you will be asked to fill out another questionnaire. These questionnaires are to help us decide if the life skills training is positively affecting your life. Questionnaires will also be given to your care givers to help us get a better understanding of who you are. Once all of the sessions have been completed, you will be asked to fill out a longer questionnaire.

**What are the potential benefits of taking part?**  
Benefits of taking part in this research study may include learning new coping strategies, developing new life skills, and learning more about who you are. These are important aspects to you because you will be able to move through life in the best possible way.

**What are the potential benefits of this research study to others? (if applicable)**  
The potential benefit of this research study to others is the information that we may be able to learn from having you participate in this study. We may be able to improve this study for other girls like you in the future.
What are the potential disadvantages or risks of taking part?
Potential risks of taking part in this research study are minimal but may include getting bored of attending the classes or being tired from the work. Answering the questionnaires may also make you feel sad.

What happens if something goes wrong?
If something were to go wrong during the program, you are able to talk to me, your counsellor, or the staff at the agency. We will make every effort to address any concerns you have.

Will my information you collect from me in this project be kept private?
Any information that identifies you will be kept strictly confidential unless required by law (e.g., if you tell us you are going to hurt yourself or others). All occasions where we would have to share information will be disclosed to you. All information will be kept in a locked filing cabinet at the agency and information on the computer will be password protected. You will not be identified by name in any of the reports or presentations from this project. The consents will be kept for 10 years from your 18th birthday and the research data will be kept for seven years.

Do you have to take part?
Taking part is voluntary. It is up to you to decide whether or not to take part in this research project. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part in this research project, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty, or negative effects. If you choose to withdraw from the study, you can ask that your data not be used if you wish. If at any time, you have questions, you may ask any of the individuals involved in the program.

Contact for further information
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Dr. Geris Serran, 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, Haley Wornes (hwornes23@sl.on.ca). You can also contact my College Supervisor, Geris Serran (Geris.Serran@csc-scc.gc.ca), or you may also contact the Research Ethics Board at reb@sl.on.ca.

Consent
If you agree to take 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 (if any) of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
LIFE SKILLS PROGRAM TO PROMOTE POSITIVE SELF-PERCEPTIONS

✓ I am free now, and in the future, to ask any questions I have about the study.
✓ I have been told that my personal information will be kept confidential.
✓ I understand that no information that would identify me will be released or printed without asking me first.
✓ I understand that the data from this study will be presented at the St. Lawrence College Behavioural Psychology Poster Gala, and may be reported at other conferences or published in a scientific journal. No identifying information will be included in these reports.
✓ I understand that I will receive a signed copy of this consent form.

I hereby consent to take part.

Participant Name

Signature of Participant

Date

Student Printed Name

Signature of Student

Date
Appendix B: Guardian Consent Form

Project title: Teaching Life Skills to Female Adolescents in a Residential Group Setting to Promote Positive Self-Perceptions

Principal Investigator: Haley Wornes
Name of supervisor: Geris Serran
Name of Institution: St. Lawrence College
Name of part partnering institution/agency: Briley Children’s Residence

Invitation
Your client is being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at Briley Children’s Residence. As a part of this placement, I am completing a research project (called an applied thesis). I would like to ask you for your client’s help to 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 client to take part.

Why is this study being done?
This study is being done to help girls, living in group homes, to achieve positive life goals and learn new ways of handling everyday life stressors. A new life skill will be learned each week that we hope will help your client develop new life skills and feel better about dealing with things in her life. We believe this program could be beneficial to your client and we want to know how your client feels about the program. With your client participating in the program and filling out the questionnaire she will play an important part in developing this program.

What will your client need to do if you take part?
If you choose to allow your client to take part in this study, she will be asked to attend the Life Skills Training classes each week for 8 to 10 weeks. The classes will be held on Tuesday afternoons at Briley Children’s Residence and last 90 minutes. The classes will be run by myself and a staff member from Briley. Before the classes begin, your client will be asked to fill out a questionnaire involving questions about her and her life that will take 10 minutes to complete. These questionnaires are to help us determine if the life skills training is positively affecting your life. A questionnaire will also be given to you, as your clients care giver, to fill out. For example, the care giver questionnaire will ask you about some of the changes in your client’s self-esteem. At the end of the all the sessions, your client will be asked to fill out another questionnaire.

What are the potential benefits to your client if they take part?
Benefits of taking part in this research study may include your client learning new coping strategies, developing new life skills, and learning more about who they are. These are important aspects for your client because she will be able to move through life in the best possible way. It is very likely that your client will benefit from participating in this program.

What are the potential benefits of this research study to others?
The potential benefit of this research study to others is the information that we are able to learn
from having your client participate in this study. We may be able to improve this study for other girls like your client in the future.

**What are the potential disadvantages or risks to my client if they take part?**
Potential risks of taking part in this research study are minimal but may include getting bored of attending the classes or being tired from the work. Answering the questionnaires may also make your client feel upset.

**What happens if something goes wrong?**
If something were to go wrong during the program, your client is able to talk to me, her counsellor, or the staff at the agency. We will make every effort to address any concerns your client has.

**Will my information you collect from my client in this project be kept private?**
Any information that identifies your client will be kept strictly confidential unless required by law (e.g., if your client tells us she is going to hurt herself or others). All occasions where we would have to share information will be disclosed to you and your client. All information will be kept in a locked filing cabinet at the agency and information on the computer will be password protected. Your client will not be identified by name in any of the reports or presentations from this project.

**Does my client have to take part?**
Taking part is voluntary. It is up to you to decide whether or not to allow your client to take part in this research project. If you do decide to allow your client to take part, you will be asked to sign this consent form. If you decide to allow your client to take part in this research project, you and/or your client are still free to withdraw at any time, without giving any reason, and without incurring any penalty, or negative effects. If you or your client wish to withdraw from the study, you can ask that your data not be used if you wish. If at any time, you or your client have questions, you may ask any of the individuals involved in the program.

**Contact for further information**
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Dr. Geris Serran, my supervisor from St. Lawrence College. I really appreciate your help and the help from your child. If you have any additional questions or concerns, feel free to ask me, Haley Wornes (hwornes23@sl.on.ca). You can also contact my College Supervisor, Geris Serran (Geris.Serran@csc-scc.gc.ca), or you may also contact the Research Ethics Board at reb@sl.on.ca.

**Consent**
If you agree to allow your client take 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.
LIFE SKILLS PROGRAM TO PROMOTE POSITIVE SELF-PERCEPTIONS

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 to my client of this study have been explained to me.
✓ I understand that my client has the right not to participate and the right to stop at any time.
✓ I am free now, and in the future, to ask any questions I have about the study.
✓ I have been told that my client’s personal information will be kept confidential.
✓ I understand that no information that would identify my client will be released or printed without asking me first.
✓ I understand that the data from this study will be presented at the St. Lawrence College Behavioural Psychology Poster Gala, and may be reported at other conferences or published in a scientific journal. No identifying information will be included in these reports.
✓ I understand that I will receive a signed copy of this consent form.

I hereby consent for my client, __________________________ to take part.

* Guardian Name __________________________ Signature of Guardian __________________________ Date __________

* Student Printed Name __________________________ Signature of Student __________________________ Date __________
Appendix C: A Modified Version of the Self Perception Profile for Adolescents –

Participant Questionnaire

What I Am Like

<table>
<thead>
<tr>
<th>Name: _______________________________</th>
<th>Age: ____</th>
</tr>
</thead>
</table>

Rate your answer to the question from one (1) to five (5). Answer the questions as honest as possible. (1-never, 2-sometimes, 3-neutral, 4-most times, 5-all the time)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sometimes I wonder if I am as smart as others my age.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Sometimes it is hard to make friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I can do well at almost all athletic activities I try.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am pretty slow at finishing my school work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I am good at school work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. There are some things about my body that I would change.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I like my appearance the way that it is.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I am good at picking positive friendships.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I do not think I will be able to get a job when I am ready.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Sometimes I do things that I know I shouldn’t.</td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>
Appendix D: A Modified Version of the Self Perception Profile for Adolescents – Caregiver Questionnaire

Caregiver: ____________________________

Participant’s name: ____________________________  Age: ____

Rate your answer to the question from one (1) to five (5). Answer the questions as honest as possible. (1-never, 2-sometimes, 3-neutral, 4-most times, 5-all the time)

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>This person knows how smart they are.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>This person has trouble making friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>This person can do well at almost all athletic activities they try.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>This person is slow at finishing their school work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>This person does well on their school work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>This person is not happy with the way they look.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>This person likes their appearance the way that it is.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>This person is good at picking positive friendships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>This person is confident that they will get a job when they want one.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>This person does things they know they shouldn’t.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Appendix E: Satisfaction Survey

Once the Life Skills Training has been completed, use this satisfaction survey to give feedback on the benefits of the sessions. Circle a number for the following questions 1-5, 1-poor, 2-fair, 3-good, 4-very good, 5-excellent, or circle “Yes” or “No”.

1. Do you think these Life Skills will be useful?   Yes       No

2. Will you use these Life Skills later on in life? Yes       No

3. Rate Life Skills Training overall.   1      2      3      4      5

4. Do you feel that you have gained something from participating in these group sessions? Yes       No

5. Comments:________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

Print name:___________________________

Date:___________________
### Appendix F: Life Skills Training Sessions Overview

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Activities/Focus</th>
</tr>
</thead>
</table>
| 1       | 1. Introduction/Welcome  
2. Goal setting  
3. Program outline  
4. Pre-Test | Welcome  
How is everyone feeling today?  
Develop short and long-term goals  
Overview of program  
Homework |
| 2       | 1. Problem solving  
2. Emotions and Triggers | How is everyone feeling today?  
Problem solving worksheets  
Homework – Journal of emotions and identifying triggers  
Reflection |
| 3       | 1. Coping Strategies | How is everyone feeling today?  
Your style of coping  
Pros and cons of coping styles  
Effective strategies  
Homework  
Reflection |
| 4       | 1. Anger Management | How is everyone feeling today?  
Warning signs, cycle of anger  
Anger thermometer  
Coping strategies  
Reflection |
| 5       | 1. Communication  
2. Activity – Role Play | How is everyone feeling today?  
Effective ways to communicate  
Activity  
Thought record sheets |
| 6       | 1. Time-management  
2. Activity | How is everyone feeling today?  
Importance of managing your time  
Effective strategies |
| 7       | 1. Taking Responsibility  
2. Activity | How is everyone feeling today?  
Importance  
Reflection |
### LIFE SKILLS PROGRAM TO PROMOTE POSITIVE SELF-PERCEPTIONS

<table>
<thead>
<tr>
<th></th>
<th>3. Discussion</th>
<th>Homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>1. Wrap up/Termination</td>
<td>• How is everyone feeling today?</td>
</tr>
<tr>
<td></td>
<td>2. Post-Test</td>
<td>• Post-Test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Are the skills that we are learning working for you?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Any Questions?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reflection</td>
</tr>
</tbody>
</table>
Appendix G: Week 1 - Introduction & Goal Setting

Introduction:

Welcome to Life Skills Training. This will be a time where we work on developing ourselves and our skills. I hope that all of you will be able to gain something from these sessions, whether it be feeling more confident or learning something new about yourself. We will have 8 weeks together. A few of the topics that will be covered include: problem solving, managing emotions, effective communication, time-management, empathy, and learning how to take responsibility.

- Have a brief discussion about how everyone is feeling/how their day went.
- Explain and discuss consent form then have girls read over and sign.

Program Outline:

I already told you a little bit about what we will be focusing on in these next 8 weeks. I also have a small, 10-question questionnaire for you to fill out before we do any work together and then I will have to fill it out again at the end of the 8 weeks. The questions on the questionnaire are to help me understand more about who you are and how you see yourself. Your questionnaire answers will not be shared with anyone.

- Hand out the questionnaire. You have 10 minutes to complete the questionnaire. Please answer as honestly as possible.

Goal-Setting:

Today’s session is getting you guys familiar with the sessions and how they are going to work. It is also about each of you setting goals for yourselves. There will be a short-term and a long-term goal that you will make. A short-term goal would be something you want to accomplish in the near future (today, this week, this month). A long-term goal would be something that would take longer to achieve (a year).

- Types of Goals are: Career, Personal, and Physical/Spiritual
- Q: Would anyone like to share some goals, long-term or short term, you would like to focus on?
- My goal is to start doing yoga at least once a week.
Appendix H: Week 2 - Problem Solving & Emotional Triggers

- Have a brief discussion about how everyone is feeling/how their day went.

**Problem Solving Tool:**

Problem solving method identifies:

1. The situation
2. A few options
3. The disadvantages of each option
4. The advantages of each option
5. The best solution

**My Example:**

**The situation:** I have an exam in two days that I haven’t spent much time studying for but my friend won two tickets to see Luke Brian in concert tonight and asked me to go.

**A few options:** (1) Go to the concert with my friend. (2) Stay home.

**The disadvantages of each option:** (1) Risk failing my exam and even my whole class. (2) Not being able to see Luke Brian live.

**The advantages of each option:** (1) Getting to see one of my favourite country singers. (2) Having more time to study for my exam.

**The best solution:** Stay home and study for my exam and ask my friend to take videos so I can watch it at a more convenient time.

- **Q:** Can you think of problem that you could use the problem solving tool?

**Homework:**

Identify one trigger for yourself and one effective coping strategy you use.
Appendix I: Week 3 - Triggers & Coping Strategies

- Have a brief discussion about how everyone is feeling/how their day went.

Last week’s Homework:

- Identify one trigger for yourself and one effective coping strategy you used.
- **Triggers** are experiences that cause you to remember a previous traumatic event in your life.
- Q: Does anyone want to share what they thought about?

**Coping Styles:**

1. Problem-Focused Coping
2. Emotion-Focused Coping

Problem-focused coping are actions that intend to fix the situation directly. This would be actions such as creating a plan, finding out how to fix it, and deciding on the next step to manage the problem.

Emotion-focused coping are actions that directed towards regulating your distress. This can be observed as avoidance, seeking emotional support, or distancing oneself.

- Activity

Coping Strategies

Situation:____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
How did you feel? ______________________________________________________________

What actions did you take?________________________________________________________________________
________________________________________________________________________
____________________________________________________________________________

Identify your coping style:________________________________________________________

Coping Strategies

There are many ways to cope with the stressors in your life.
LIFE SKILLS PROGRAM TO PROMOTE POSITIVE SELF-PERCEPTIONS

Brainstorm some coping strategies that you think are negative and some you think are positive and explain why.

Positive: Talking to my sister and taking my dog for a walk

*Relaxation mandalas are good ways to help you relax and reduce stress in your life

Negative: Over-eating and avoiding

**Homework:**

If you are presented with a situation that makes you upset or stresses you out, try using one of the coping strategies that we have identified as positive.
Appendix J: Week 4 - Regulating Emotions

Last week’s Homework: Use a coping strategy in a situation that may have made you stressed out.

Warning signs of becoming angry: How do you know when you are becoming angry?

Physical signs of anger:

- Clenching your jaw
- Headache
- Rapid heart rate
- Sweating
- Shaking
- Feeling hot
- Dizziness
- Shaking

Emotional signs of anger:

- Wanting to run away
- Irritated
- Anxious

Understanding your emotions - cognitive errors:

1. A Mental Filter
Mental filtering is when we only focus on the negative and upsetting aspects of a situation, forgetting about all of the more positive aspects.

2. Forgetting about the Positive
Disqualifying the positive is when we continually discount and dismiss the positive experiences we encounter, by deciding they are unimportant or 'don't count'.

Example: A friend compliments you on a dinner you made, but you decide that “they are just saying that to be nice”.

3. Perfectionistic Thinking
'All or nothing' thinking. These types of thoughts are characterised by terms such as or 'every', 'always', or 'never'. Everything is seen as good or bad or a success or failure.

Example: If you get eighty per cent on a test, you feel like a failure that you didn't get a perfect score.
4. Overgeneralising
Thinking in an over-generalising way means we will often see a single unpleasant incident or event as evidence of everything being awful and negative, and a sign that now everything will go wrong.

Example: If you fail to get a job you interview for, you decide you are never going to get a job. Or you might go on one unsuccessful date and that is it, you decide you are never going to find a partner.

5. Jumping to Conclusions
negative interpretation or prediction even though there is no evidence to support their conclusion. This type of thinking is often made when thinking about how others feel towards us.

Example: You are at a party and you don't like what you are wearing and you decide 'everyone is laughing at me’.

6. Magnifying or Minimising
when we exaggerate the importance of negative events and minimize or downplay the importance of positive events.

7. Personalisation
automatically assuming blame for negative events that are not under their control.

Example: You feel it is your entire fault that your dog injured his foot even though you were not at home when it happened

8. Emotional Reasoning
“I feel it, therefore it must be true”.

For example, if you think “I feel ugly and stupid, so then I must actually be ugly and stupid”

Activity:
- “Anger is a normal human emotion that can stimulate people to engage in constructive acts, or lead to destructive behaviours.” Everyone gets angry, but learning what triggers your anger, and the reason behind it, can help.
- Write down a list of ten things that annoy you, from minor irritants such as someone clipping their fingernails in class to major disruptions. How do you react to the triggers? Is physically lashing out ever a practical solution? What about screaming or yelling?
- When you start getting upset about something, take a moment to think about the situation.

Ask yourself:
  - Is it really worth getting angry about it?
  - Is it worth ruining the rest of my day?
LIFE SKILLS PROGRAM TO PROMOTE POSITIVE SELF-PERCEPTIONS

Mood Schedule:

This will help you see how you feel when you wake up, when you get home from school, and before you go to bed. This will help you to regulate your moods. Use this for the next week and bring it to our next session.

<table>
<thead>
<tr>
<th>Mood Schedule</th>
<th>Name:__________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Morning</td>
</tr>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>
Appendix K: Week 5 - Effective Communication

Last week’s Homework: Mood Schedule

Activity:

- Telephone: Start with a phrase at one end of the line. Each person whispers the phrase to the next all the way through the group. The final person to hear the phrase says it out loud. Identify how different it is from the original phrase and explore how this relates to issues like gossip or word choices.

Rules:

- The word can only be whispered once

Phrase: guppy in a shark tank

Verbal and Non-Verbal Communication:

Verbal communication is what we are doing right now.

Non-verbal communications include facial expressions, the tone and pitch of the voice, gestures displayed through body language.

These non-verbal signals can give clues and additional information and meaning over and above spoken (verbal) communication.

Non-verbal communication Allow People To:

- Reinforce or modify what is said in words. For example, people may nod their heads vigorously when saying "Yes" to emphasise that they agree with the other person, but a shrug of the shoulders and a sad expression when saying "I'm fine thanks," may imply that things are not really fine at all!

Effective Communication

Learn to Listen

Listening is not the same as hearing; learn to listen not only to the words being spoken but how they are being spoken and the non-verbal messages sent with them. Use the techniques of clarification and reflection to confirm what the other person has said and avoid any confusion. Try not to think about what to say next whilst listening; instead clear your mind and focus on the message being received.
Be Aware of Other Peoples’ Emotions

Be sympathetic to other people's misfortunes and congratulate their positive landmarks. To do this you need to be aware of what is going on in other people’s lives. Make and maintain eye contact and use first names where appropriate.

Effective Communication Skills will benefit your development and relationships in a number of ways:

- You will have a better understanding of yourself and your own feelings when you are more aware of how you non-verbally communicate
- You may engage in less gossip, bullying and social exclusion of others
- You become more aware of the language and tone-of-voice that you use and that is being used around you
- You may develop better communication skills with parents, teachers, peers, youth workers and strangers

Activity:

- Have a list of phrases (Hey, you there!, What do you want?, Why are you asking? etc.) and a bowl full of emotions written on paper and folded up. Go around the group and give them a phrase and have them draw an emotion or feeling. They have to say the phrase with that tone-of-voice depending on the emotion on their paper. (e.g. angry, happy, tired, bored, etc.)

Homework: What makes a relationship positive? Start thinking of a list of people you think you have a positive relationship with.
Appendix L: Week 6 - Building Positive Relationships

Last week’s Homework: I asked you to think about people you have positive relationships with.

A positive relationship is one that builds off of itself. Both people feel a sense of fulfillment while with each other. One of the best experiences we can have in our lives is the connection we have with other human beings. Positive and supportive relationships will help us to feel healthier, happier, and more satisfied with our lives.

Qualities of a Positive Relationship

1. Love
2. Honesty
3. Communication
4. Friendliness
5. Patience
6. Kindness
7. Loyalty
8. Fun

Ways to build Positive Relationships

1. Accept differences
2. Active Listening
3. Giving your time
4. Communication skills
5. Putting your electronic devices away
6. Learn to give and take constructive feedback
7. Trust one another
8. Develop empathy. Empathy— the ability to understand and share the feelings of others.
Activity:

Positive Relationship Bingo

<table>
<thead>
<tr>
<th>Things to look for in a relationship</th>
<th>Warning Signs</th>
<th>Obstacles</th>
<th>Positive Aspects</th>
<th>Skills in building a healthy relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving and Receiving</td>
<td>Demanding</td>
<td>Does not express feelings</td>
<td>Accepting</td>
<td>Openness</td>
</tr>
<tr>
<td>Similar Morals and Values</td>
<td>Self-Centered</td>
<td>FREE SPACE</td>
<td>Thoughtful</td>
<td>Share Decision Making</td>
</tr>
<tr>
<td>Listening to Each Other</td>
<td>Needs too much Attention</td>
<td>Too Serious</td>
<td>Have Fun Together</td>
<td>Admits when Wrong</td>
</tr>
<tr>
<td>Goal Oriented</td>
<td>Does not Keep Promises</td>
<td>Too Critical</td>
<td>Positive</td>
<td>Shares Feelings</td>
</tr>
<tr>
<td>Discuss Feelings</td>
<td>Controlling</td>
<td>Defensive</td>
<td>Negotiates with you</td>
<td>Active Listening</td>
</tr>
</tbody>
</table>

Homework: Think of a situation where you took responsibility for something you did wrong. What was the consequence? What would the consequence be of not taking responsibility?
Appendix M: Week 7 - Taking Responsibility & Consequences

Last week’s Homework: I asked you to think about a time when you took responsibility for something you did either right or wrong. What was the consequence? What would the consequence of not taking responsibility?

Responsibility: the state or fact of having a duty to deal with something or of having control over someone. Being accountable.

Consequences:

Natural consequences are those that happen naturally and aren’t imposed by anybody else.

Logical consequences are those that happen as a result of a choice that they’ve made and which are imposed by somebody else.

Example: take the situation of a young person who sometimes babysits in the evening. If they had arranged to babysit one night and didn’t show up, a natural consequence is that they wouldn’t earn any money that night, while a logical consequence could be that the family wouldn’t ask them to babysit for them again as they think they’re unreliable.

Think through the issues and pressures that young people face and add extra scenarios to the list that you think might be relevant to their lives:

- Going out without a coat and it starts raining
- Smoking
- Not eating fruits and vegetables
- Texting while driving
- Doing drugs
- Not doing homework
- Stealing
- Getting in a fight at school
- Gossiping
- Cheating on an exam

How does your behaviour affect:

- Friends
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- Parents
- Siblings
- Teachers
- Employer
- Members of the public

**Activity:** Brainstorm about the roles and responsibilities at work, play, school, and the community.

<table>
<thead>
<tr>
<th>Name:__________</th>
<th>Roles and Responsibilities</th>
<th>Benefits</th>
<th>Costs</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work/Volunteer Position</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Appendix N: Week 8 - Wrap Up and Termination

- Have a brief discussion about how everyone is feeling/how their day went.

**Wrap Up**

- Administer the Self Perception Profile for Adolescents (post-test) and the satisfaction survey and have the participants complete it.
- Have a conversation about the prior sessions.

**Reflection**

- Have the participants reflect on the past eight weeks and discuss.

**Termination**

- Thank the residents for participating in the sessions and let them know that, if they have any further questions or comments, then they can approach myself directly.