Using Acceptance and Commitment Therapy to Increase Self-Esteem in Boys Ages 11 to 13.

By

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Abstract
Adolescent boys may experience low self-esteem, especially in the early years of adolescence, as pressure from social media, peers, and role models have become increasingly prominent and influential in society. The purpose of this study was to examine the effectiveness of a psychoeducational group based on acceptance and commitment therapy (ACT) principles to increase self-esteem in three male participants who were between 11- and 13 years-old. Although ACT is an effective form of psychotherapy with adults, there is little research on its use with children, as it has not been used before to increase self-esteem in children. It was hypothesized that participants’ self-esteem would increase following six 30-minute sessions of ACT for six weeks. A mindfulness-based approach to ACT was used, teaching the participants to accept negative thoughts, as well as how to change their thought patterns based upon their own values. The study used a pre-post quasi-experimental design with no control group. The small sample size did not allow for testing of statistical significance. On the pre-test, all three participants rated themselves as having low self-esteem on the Rosenberg Self-Esteem Scale. On the post-test, all three participants rated their self-esteem as higher (5-6 points, about a 20% increase), and in the average range of self-esteem scores. The consistency of increases in self-esteem ratings suggests that a psychoeducational group format based on ACT and mindfulness could be a promising intervention to increase self-esteem in boys. Future studies should replicate this format with larger samples and different age groups to assess the reliability and validity of the effect observed in the present study.

Key words: ACT, self-esteem, youth, adolescent boys, mindfulness, psychoeducation
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Table of Contents

Abstract .................................................................................................................................................. ii
Acknowledgements ........................................................................................................................ i
Chapter I - Introduction ......................................................................................................................... 1
Chapter II: Literature Review ............................................................................................................... 3
Chapter III: Method ............................................................................................................................... 9
Chapter III - Results ............................................................................................................................. 12
Chapter V: Conclusions/Discussion ...................................................................................................... 14
References ............................................................................................................................................. 17
Appendix A ............................................................................................................................................ 20
Appendix B ............................................................................................................................................ 21
Appendix C ............................................................................................................................................ 24
Appendix D ............................................................................................................................................ 26
Appendix E ............................................................................................................................................ 27
Using Acceptance and Commitment Therapy to Increase Self-Esteem in Boys Ages 11 to 13.

Chapter I: Introduction

Self-esteem is defined as what a person may feel, think, and believe about their selves, and therefore having low self-esteem is defined as feeling poorly about oneself. Individuals with low self-esteem may experience social withdrawal, self-neglect, lack of social skills or self-confidence, failure to acknowledge compliments, and being fair to oneself (Tyrell, 2001). Self-esteem is supposed to help individuals make adaptive and constructive life choices. However, similar to any system, it may go wrong (Tyrell, 2001). When a person’s self-esteem is low, the person may start to express self-hate, hate their body, being obsessed with being perfect, become oversensitive, feel angry, and anxious (Webber, 2018).

Boys entering adolescence may experience low self-esteem as they go through changes in their bodies and compare themselves to male figures they know or have seen on TV or social media. In today’s society, social media causes major self-esteem issues. These issues may come from the ads that pop up on social media, the constant need for others to like their posts, the life that looks to be perfect, and the interruption of emotional life (Newsome, 2018). All of these issues are changing the way youth see themselves in a way that lowers their self-esteem.

It is important to build positive self-esteem in children as it may play a factor in a child’s overall success in life. Having low self-esteem can lead to poor physical, cognitive, and social skills (Liahona Academy, 2015). Low self-esteem may develop from comparing oneself to others; the children may not feel complete as they may have pressure to perform better, or in the past, they may not have not been accepted by others (Fraser-Thill & Gans, 2018). When a child’s low self-esteem is not properly treated, it may cause disadvantages in the child’s future, as they have learned from California’s Self-Esteem Commission in the 1990s. Their solution to improve self-esteem was to ignore criticism and avoid any situation that could end in failure (Billingsley, 2010). Billingsley also stated that this led to many students falling behind in school work, as they were just passed through without mastering the material first. Instead of ignoring these situations, children should be taught how to react and cope with them. Psychoeducation may be used to teach children methods to build their self-esteem as they are showed healthy methods of coping. Psychoeducation (2016) states that the goal of psychoeducation is to provide a platform for the client as they will have a better understanding of self-esteem and may become comfortable with the idea that they have low self-esteem. Psychoeducation may increase the quality of life for not only the clients but their family members and friends, as it is the first step in treatment (Psychoeducation, 2016). Psychoeducation allows the clients to grasp a better understanding of the challenges they are facing, and helps them learn coping strategies, other resources available, and their own strengths and abilities. By using psychoeducation, it is possible to teach children to notice what is happening around them, notice their negative thoughts and feelings, and then accept them.

Acceptance and Commitment Therapy (ACT) differs from Cognitive Behavioural Therapy (CBT), as CBT requires the client to alter their thinking, while ACT helps them to accept their thoughts. ACT allows clients to accept the negative thoughts while still experiencing them, instead of evading difficult potential problems. ACT also encourages the clients to commit to behaviour change instead of competing with the problem, which may lead to an increase in the problems.

While ACT is built on mindful based therapy, the overall goal of ACT is to create a meaningful life by accepting the pain that comes with it (Harris, 2006). ACT teaches
mindfulness skills to help the client to accept their unwanted thoughts, feelings, and memories that occur during life (Harris, 2006). It is also intended to help a client live in the moment and engage in what they are doing, rather than getting lost in negative thoughts. Through allowing clients to feel as they are, rather than controlling their thoughts and feelings, ACT can help someone regulate how their negative thoughts come and go (Harris, 2006). ACT differs from other mindfulness-based approaches as it allows therapists to individualize techniques for each client. It divides skills into six principles for increasing psychological flexibility: acceptance, defusion, contact with present moment, values, observing self, and committed action (Harris, 2006). Psychological flexibility occurs when a person has contact with the present moment completely and, based on the situation, changes their behaviour due to examination of preferred values (Hayes, 2009). Acceptance allows the participant to be aware of their thoughts and feelings, and allows change without trying to avoid or change them (Hayes, 2009). Cognitive defusion is a technique that intends to change how a person reacts to their thoughts and feelings. Being aware of cognitive defusion may allow a person to see that thoughts are just words, and they do not define behaviours. Being present is similar to mindfulness, through being aware of the present moment, which involves actively experiencing what is happening without predicting, changing, or making judgments about experiences. Self as context explains that there is a sense of self outside of their current struggles or problems (Hayes, 2009). Participants learn to re-contextualize and accept their thoughts and feelings and commit to behaviour change (Hayes, 2009).

By undergoing ACT, participants’ low self-esteem may change into positive self-esteem. Having participants accept their feelings and thoughts and live in the present moment can change the way participants feel about themselves. The objective of this thesis was to create a group based on ACT that increased the self-esteem in boys ages 11-13. It was hypothesized that these boys would increase their self-esteem levels. This thesis applied recent research on ACT to the group sessions. It contained a literature review that supported the use of ACT to reduce stress, increase pain control, decrease mental health symptoms, used ACT with children, and compared ACT to other therapies. The methods section described the participants, the design, the setting, the measures used, and the procedures used during the group. The results for each participant were presented in a line graph, and both statistical and visual analyses were discussed. The thesis discussed the strengths and weakness, the limitations, and conclusion of the study, as well as the recommendations for future studies and research.
Chapter II: Literature Review

Introduction:
This research study focused on a psychoeducation based on ACT to increase self-esteem, which has never been done before. However, recent literature has shown that psychoeducation based on ACT will increase boys self-esteem aged 11 to 13. The literature has shown that ACT leads to greater effects than CBT in decreasing stress, anxiety, depression and other mental health concerns. As ACT has also shown to be effective with adolescents, it should also be effective with children. As ACT has shown to be effective in group settings, this psychoeducation group format should also be beneficial to the participants.

Psychotherapy
Psychotherapy has been used to treat clients with a wide variety of mental health diagnoses across a wide range of ages. In their meta-analysis of psychotherapy used with children and adolescents, Weisz, Weiss, Alicke, and Klotz (1987) concluded that it was a very effective method for this age group. They looked at 105 studies with the age range of 4-18-years. This study showed that psychotherapy is effective with children. However, when psychotherapy is done with adolescents, treatment effects are much higher (79% higher across the studies in the review). Weisz, Weiss, Han, Granger, and Morton (1995) completed another meta-analysis review that looked at 150 studies and concluded that psychotherapy used on children was highly effective in achieving positive outcomes. Accordingly, using ACT-based psychoeducation with children 11-13 years old should improve their ability to accept negative thoughts and feelings and commit to behavioural change through individualized valued direction.

Acceptance and Commitment Therapy (ACT)
ACT uses a varied mixture of mindfulness skills, metaphors, paradox, values-guided exercises, and experiential exercises (Harris, 2006). This therapy is empirically-based, with emphasis on forgiveness, compassion, acceptance, values, living in the present moment, and getting a sense of self (Harris, 2006). The goal is to create a meaningful life, while accepting what life has to offer. ACT shows ways to use mindful activities to overcome those painful private events using mindfulness factors being present in the moment, being completely present to what is happening rather than being absent in thought, and letting participants’ feelings come and go rather than controlling them (Harris, 2006). This combination has demonstrated positive effects with a range of disorders such as obsessive-compulsive disorder, chronic pain, depression, workplace stress, anxiety, anorexia, stress of cancer, marijuana abuse, heroin abuse, PTSD, and schizophrenia (Harris, 2006). A study of patients with schizophrenia who received a total of only four hours of ACT found that over six months’ re-admission rates dropped by 50%. Harris (2006) has demonstrated that using a mixture of these skills has helped people with many different disorders, therefore, using his technique might increase positive self-esteem and self-worth in children. Harris also aimed to increase psychological flexibility, which he divides into six core principles: defusion, acceptance, contact with present moment, observing self, values, and committed action. Harris (2006) then discussed that using the six core principles may increase psychological flexibility. With cognitive defusion, a person starts to see thoughts as just words, as opposed to what they may think them to be. In the case study they presented, the participant at first felt distress towards his thoughts, while near the end of therapy he had learned to take a step back and see his thoughts as just words (Harris, 2006). The second principle is acceptance; the participants are to open up to sensations and allow the negative urges and
unpleasant feelings to happen. Instead of running away from these feelings, they are taught to accept the negative thoughts and let them run their course. The third principle Harris used was being connecting with present moment, opening up to the here and now moment and fully engaging in what is happening in that moment. The fourth principle was being able to observe self, as the clients are learning to be aware of thoughts and feelings but knowing that they do not define a person (Harris, 2006). The fifth principle was values, which entails finding the person and what is meaningful and significant (Harris, 2006). The final principle described was committed action, which includes setting goals and setting out to achieve those goals based on personal values (Harris, 2006). Harris used these six principles in a case study to guide his participant to socialize more, reduce his anxiety, and to enjoy life a lot more.

**ACT for Stress.**

Wersebe, Lieb, Meyer, Hofer, and Gloster (2017) conducted a study and found that ACT increases overall well-being and decreases distress by increasing psychological flexibility. The participants in this study were all adults, mostly female with high stress levels (Wersebe et al., 2017). The intervention was approximately six weeks in length and participants received self-help books, reading assignments, and weekly assessments (Wersebe et al., 2017). In their study, the authors observed the connection among an increase in psychological flexibility and well-being and a decrease in stress not only the after intervention, but also during the intervention. Ratings of reported stress decreased, while ratings of overall well-being increased significantly over baseline (Wersebe et al., 2017). Overall, these findings show that individuals with high stress levels benefited from ACT. Another study completed by Peterson and Eiferty (2011) showed how ACT may effectively treat infertility stress. This study included a single case study with a couple experiencing infertility stress as they could not have biological children after failed attempts to do so. This may bring on huge stressors in a couple’s relationships and may lead to anxiety, depression, and grief in both women and men. Peterson and Eiferty (2011) used ACT to decrease the stress that infertility can bring and found in their study that ACT was helpful in treating infertility stress. Stress levels using ACT were still decreased one-year post treatment.

Working in the social work field may be very stressful, therefore, Brinkborg, Michanek, Hesser, and Berglund (2011) completed a randomized controlled study to help decrease the amount of stress social workers experience. The average age of the participants, who were women, was 44. They were social workers in Stockholm (Brinkborg et al., 2011). Brinkborg et al., (2011) concluded that their study showed that ACT can decrease stress levels and increase overall mental health. Two thirds of participants had very high levels of stress, which elevated their risk for burnout. However, they were able to decrease the amount of stress the participants had, and they concluded that ACT has the potential to decrease the burnout rate among social workers (Brinkborg et al., 2011). The intervention was brief, as the group ran three times for approximately three hours each time. Participants were asked to only fill out worksheets and handouts because this allowed the ACT groups to be run at a low cost.

Flaxman and Bond (2010) conducted a study where ACT was compared to two different distress related groups; stress inoculation training (SIT) and a waitlist control group. The participants in this study were an average of 39 years old and had worked for the company for at least 10 years (Flaxman & Bond, 2010). The intervention they used for ACT was created for groups’ worksites and included mindfulness exercises that aimed to reduce undesirable emotions and thoughts, increase awareness of present moment, and connect to the participant’s sense of self. The SIT groups received two and half days of training with the goal of decreasing the level
of work distress of participants (Flaxman & Bond, 2010). Overall, ACT was found to increase the participants’ psychological flexibility, and both ACT and SIT were equally effective in reducing psychological distress (Flaxman & Bond, 2010).

**ACT and Pain Control**

A study by Ghahnaviyeh, Bagherian, Feizi and Darani (2017) completed a controlled clinical trial to assess the effectiveness of ACT in improving quality of life in participants who had a myocardial infarction. They looked at two areas of quality of life they wanted to improve, one being physical health and the other being mental health (Ghahnaviyeh et al., 2017). The participants were split into two groups, one group receiving ACT and their regular routine, and a control group just receiving their regular routine (Ghahnaviyeh et al., 2017). The ACT group received 90-minute sessions for about 8 weeks. Ghahnaviyeh et al., (2017) concluded that ACT is successful not only for mental health but also for physical health. They focused on practical processes underlying impaired behavioural expressions instead of directing attention to the frequency or form of the symptoms. Instead of reducing symptoms, they looked to increase overall quality of life with the patient’s own assistance (Ghahnaviyeh et al., 2017). Using ACT in health care centers can alleviate the psychological consequences that may arise after a medical challenge (Ghahnaviyeh et al., 2017).

Daly-Eichenhardt, Scott, Howard-Jones, Nicolaou, and McCracken (2016) conducted a study in which they used ACT to treat chronic pain, which interferes with sleep. In addition to pain variables, they also examined changes in psychological flexibility and sleep variables. Daly-Eichenhardt et al. (2016) collected information about the participant’s pain and functioning, their processes of psychological flexibility, and their sleep outcomes from a self-report measure. They recruited 252 participants who had chronic pain which had affected their daily life for more than six months. The researchers looked for statistically significant changes from pre- to post-measures and from pre-test to follow up. The participants attended a four-week group program with approximately 12 participants in each group (Daly-Eichenhardt et al., 2016). The group sessions used ACT methods and principles focusing on psychological flexibility. In this study, they mainly focused on cognitive defusion, values, use of metaphors, experiential exercises, and mindfulness practice to improve wellbeing and daily functioning. Overall, the participants showed improvements post-treatment in sleep interference, insomnia severity, and sleep efficiency. The study also showed improvements in psychological flexibility and sleep-related outcomes at follow-up. This study supports the usefulness of ACT for chronic pain and sleep problems.

**ACT for Mental Health**

Pots et al. (2016) compared ACT with an expressive writing group for decreasing depression, along with a waiting list control group. Pots et al. (2016) used self-help ACT interventions as their guide, which in the past has been shown to be effective in improving psychological flexibility. Their intervention modules were based on the six core ACT processes, and they conducted nine modules in three over three days. The ACT intervention was more effective than the expressive writing group in decreasing depressive symptoms. The first follow-up was 6 months after the treatment and the second follow-up 12 months after treatment. This effect remained the same at both follow-up assessments (Pots et al., 2016).

Petts, Duenas, and Gaynor (2017) completed a study with 11 adolescents who suffered with major depressive disorder. The teens were placed into Motivational Interviewing
Assessment groups (MIA) for three weeks, and if they did not react to the MIA, they were then moved into an ACT group that had 12 sessions over 10 weeks (Petts et al., 2017). The sessions included an overview of ACT and an introduction to the adolescents’ goals and values. This information allowed the researchers to plan activities around participants’ values to teach them about acceptance, defusion, and realistic goals (Petts et al., 2017). Depressive symptoms were significantly decreased for 73% of the participants’ (Petts et al., 2017).

Fledderus, Bohlmeijer, Pieterse, and Schreurs (2011) completed a randomized controlled trial to reduce depression in participants. They were randomly assigned to an ACT-based self-help program, an ACT intervention paired with email support, little or no email support, or a waiting list (Fledderus et al., 2011). Participants were mostly women, with an average age of 42, who were diagnosed with mild to moderate depression (Fledderus et al., 2011). Overall, the study showed that participants in the self-help ACT group had drastically reduced depressive symptoms and maintained that reduction at the three-month assessment (Fledderus et al., 2011). Participants in the self-help ACT group’s ratings of social wellbeing and meaningfulness of life increased.

ACT with Children

Swain, Hancock, Dixon, and Bowman (2015) completed a systematic review of the evidence on ACT used with children. Swain et al. (2015) examined 21 studies, which had to meet the following inclusion criteria: they must be in English, have children under the age of 18, and use at least two of the six processes. With all the studies combined, there were 707 participants who had a wide variety of disorders, including depression, anxiety, posttraumatic stress disorder, pain, anorexia nervosa, sickle cell diseases, obsessive-compulsive disorder, tic disorders, self-harm, stress, and attention deficit hyperactivity disorder (Swain et al., 2015). Participants ranged in age from 6 to 18. However, the majority of the studies were conducted with adolescents. Overall, Swain et al. (2015) concluded that ACT helps improve participants’ quality of life, psychological flexibility, and negative symptoms. ACT is an effective treatment when children have more than one presenting problem (Swain et al., 2015). However, the review identified a gap in knowledge regarding the effectiveness of ACT with younger children.

Posttraumatic stress disorder (PTSD) is a common mental health problem in adults. However, Woidneck, Morrison, and Twohig (2013) state that many adolescents may show problematic symptoms of PTSD after experiencing a traumatic event. They argued that since ACT is an effective treatment for PTSD in adults, it could have similar effectiveness with children. Woidneck et al. (2013) studied seven participants who had a traumatic event happen in their life and were also between the ages of 12 and 17. The participants were split into two groups, one being the community sample and the other being the residential sample (Woidneck et al., 2013). Treatment lasted for 10 sessions and used all six ACT processes. Overall, both groups showed an increase in psychological flexibility and a decrease in experiential avoidance.

ACT compared to Other Treatments

Powers, Zum Vörde Sive Vörding, and Emmelkamp (2009) conducted a meta-analytic review that showed ACT is one of the most effective treatments; it was more effective than control conditions, as the participants improved on average 66%. There were 18 randomized studies in the review. The criteria for inclusion in the review comprised of one ACT treatment on human participants, consecutive or random assessments, they must be published in English, and they must be inactive or active control groups (Powers et al., 2009). The study shows that ACT
is a promising therapy, as statistically it was more effective than control conditions and waitlists. The effect size when comparing control conditions with ACT was 0.42 and when comparing ACT to the wait list, the effect size was 0.68. ACT was able to decrease presenting problems after treatment and also after a follow-up period (Powers et al., 2009).

While clients come to therapy to control their problems, in ACT they are presented with reinforcements that interrupt these problematic stimulus control patterns (Hayes & Wilson, 1994). This meta-analytic review included many studies and populations when comparing ACT to CBT. The result when comparing the two therapies was that ACT was found to be more effective than CBT in treating depression (Hayes & Wilson, 1994). ACT allowed participants to open up to their feelings of depression without defense, which leads to reducing the impact and intensity of those feelings (Hayes & Wilson, 1994). ACT resulted showed a rapid drop in how “real” clients thought their depressed thoughts were and how frequently they would have those depressed thoughts. ACT was also effective with different kinds of anxiety disorders and emotional distress on family members. ACT has been built into a six-step process that includes methodology, philosophy, basic theory and research, assessment technology, applied theory, and research and intervention technology (Hayes & Wilson, 1994).

Arch, Eifert, Davies, Vilardaga, Rose, and Craske (2012) completed a randomized clinical trial that compared CBT and ACT for anxiety disorders. They attempted to fill in a research gap on ACT for anxiety. They used 180 participants who were diagnosed with at least one anxiety disorder and assigned them randomly to either 12 sessions of CBT or ACT. They completed assessments of anxiety before and after treatment as well as two follow up assessment at 6 months and 12 months. ACT showed resolved changes in clients “acting with awareness”, “acceptance”, and “experiential avoidance”, where CBT showed resolved changes in “observing” and “describing”. They found that improvement in anxiety was very similar between CBT and ACT, and concluded that ACT was a highly viable treatment for anxiety disorders (Arch et al., 2012).

Group Therapy

Group therapy has shown an effective outcome on participants as in a study completed by Clarke, Kingston, James, Bolderston, and Remington (2014), who used an ACT group to increase treatment across participants with various diagnoses. The group therapy was able to decrease psychological symptoms and the quality of life was increased (Clarke et al., 2014). Their overall findings showed that group ACT was more effective than CBT. Baranoff, Hanrahan, Burke, and Connor, (2016) also completed a study using a group-based ACT to decrease chronic pain. They stated that the group-based intervention was effective and showed the same effects as pervious ACT studies. Arch and Mitchell (2015) identified that ACT used in a group setting was able to improve anxiousness in cancer survivors after they finished treatment. Arch and Mitchell (2015) expressed that after the participants 3-month follow-up there was an improvement in the participants’ anxiety and depression symptoms.

Summary

As the literature has shown, ACT could be a promising treatment for increasing self-esteem in boys aged 11 to 13. Despite the supporting evidence that ACT is an effective therapy for anxiety and depression, there is a lack of research around improving self-esteem and self-worth. However, ACT had been documented to increase behavioural flexibility and decrease experiential avoidance. ACT has been used on a wide range of disorders. However, there is little
to no research on using ACT to increase children's self-esteem and self-worth. Evidence has shown that the overall quality of life has increased after ACT, which is also one of the goals for this study. By increasing the children’s self-esteem, their quality of life should also be improved. Wersebe, Lieb, Meyer, Hofer, and Gloster (2017) stated that ACT is an effective treatment to increase well-being in adults, and the current study proposes that ACT should also increase the well-being of children. Although Swain et al., (2015) stated that there is a lack of research on ACT around younger children, they reported many studies that used ACT with older teenagers. However, Swain et al. (2015) believed that ACT should also be useful to this younger age group as well, as they learn how to accept their thoughts and commit to behaviour change. This thesis will attempt to fill in those gaps as it is geared toward participants aged 11-13 with low self-esteem. Another gap in these supporting articles is that the majority of the research had primarily female participants. This research also attempts to fill the gap in current research as it uses all male participants. Using the six core processes: defusion, acceptance, contact with present moment, observing self, values, and committed action each of the above researchers used showed overall positive effects on participants, and it is therefore hypothesized that ACT will increase positive self-esteem and self-worth in children with low self-esteem.
Chapter III: Method

Participants
Prior to treatment, this study was approved by the St. Lawrence College Research Ethics Board on November 7th, 2018 (Appendix A). The participants included three males – N, B, and T; each participant was given a letter in the alphabet to protect identity and ensure confidentiality. The participants were 11, 12, and 13 years old, respectively, at the time the study was completed. They were selected by a supervisor at the facility during their time at the club due to ongoing symptoms of low self-esteem and self-worth. N had been showing high sensitivity to comments about himself. For an example, when complimented on his appearance, he reacted negatively to the praise. B was highly sensitive, and easily angered if he lost during a competition. T appeared to have low self-worth, as he regularly made negative comments about himself. The three boys were similar in consistently putting themselves down and reacting negatively to compliments. They constantly talked negatively about themselves in ways that suggested that they believed they were not worthy. All had stated to staff that they have ongoing bad or negative thoughts, and these factors have stopped the participants from joining games or activities. The participants did not have any formal diagnoses.

Informed consent and assent procedure. Before proceeding, the researcher and the facility manager gave a copy of the consent form to the participants’ parents and had them review it before signing it. Informed Consent (Appendix B) was obtained before the first session. At the first session, assent forms (Appendix C) were given and explained to the participants, and they were encouraged to ask questions for clarification.

Design
This research study used a pre-post quasi-experimental design with no control group. Before, during, and after the study, descriptive statistics were recorded to analyze the data. From these data, a bar graph was created to assess for any changes in the participants’ ratings of self-esteem.

Independent variable. The independent variable was the six-session ACT psychoeducational group. The group sessions were thirty minutes in length, once a week for six consecutive weeks. If a client missed a session, the student researcher updated the client individually.

Dependent variable. The dependent variable was the level of the children’s ratings of self-esteem on the Rosenberg Self-Esteem Scale (1965). The participants were asked to fill out the questionnaire before and after the six sessions to assess whether any changes in self-esteem were associated with the intervention. The individual pre and post scores were compared by visual inspection.

Setting
The intervention took place in a classroom at the agency. The materials were provided by the researcher and included mindfulness activities, worksheets, notepads, pencils, the Rosenberg Self-Esteem Scale (1965), and the informed consent and assent forms.

Measures
Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale is a 10-item self-assessment (Appendix D) that uses a 4-point Likert scale ranging from “Strongly Disagree” to
“Strongly Agree”. The participant is asked to circle Strongly Agree, Agree, Disagree or Strongly Disagree accordingly with the 10 statements to best represent their feelings. Half of the items are reverse scored and individual items ratings were then added up to obtain a score that can range between 0 and 30. Scores between 15-25 are considered to be in the normal range, while scores below 15 are indicative of low self-esteem. Ciarrochi and Bilich, (2006) confirmed the reliability and validity of this scale. The scale has a reproducibility rate of .92, and the correlations for the test-retest reliability were .85 and .88 (Ciarrochi & Bilich, 2006).

Observations. During the group sessions, the researchers kept a notebook to write down any observations they had made on behaviours or comments that were brought up during group. These observations were used to improve the sessions as they were being done. The student researcher also asked for feedback at the end of each session.

Procedure

The student researcher divided the material into six groups; the first group was an introduction session, sessions two to five covered content on ACT, and the last session was a wrap-up.

Introduction session. During this session the student researcher discussed consent and assent, and had the participants fill out the assent forms. The researcher answered the participants’ questions about the project and what the group would entail. The participants then completed the Rosenberg Self-Esteem Scale. The researcher read each item to the group out loud, answered the participants’ questions, and they then made their ratings. The researcher gave a brief overview of ACT and what each session would entail.

Session One. The participants were asked to attend all sessions, as they built upon one another to construct psychological flexibility. If a participant missed a session, they would have to make the session up individually later in the week, to ensure that they all received the same exposure to the materials.

Session Two. This session was called Control as the Problem. The student researcher gave an overview of ACT using psychoeducation and how each session would be run. The student researcher began the session with a check-in with the children and answered any last-minute questions. The session focused on the idea of explaining the way thinking may occur and how by trying to control the problem may actually be the problem (Harris, 2007), by using a quicksand metaphor. Being stuck in quicksand can be similar to being stuck with a negative thought, as the first instinct with both cases would be to fight against it, which will make the situation worse. The researcher then went on to explain what cognitive defusion looks like, and used an example from selfhelp.org (2017) which had the participants compare a mighty oak tree to a swaying palm tree, and most people would want to be the mighty oak tree. The exercise went on to explain that, in a wind storm the swaying palm tree was more resistant and would last better due to its adaptability, flexibility, and openness. The session ended with a mindful breathing exercise and a check-out.

Session Three. This session focused on acceptance, being in the present moment, and willingness. The session began with a review of defusion and used a metaphor to deepen their understanding about defusion. The participants were asked to relate to, and reflect on, the metaphor. Afterward, the participants were asked to notice an unhelpful thought and to repeat the unhelpful thought in a funny or weird voice. They were then asked what they thought of the word, which helped to demonstrate that words are just words. The researcher then explained what acceptance means in ACT and used the example Harris (2007) gave, called “demons on the
boat”. This illustration helped to exemplify that even though there are demons bothering them, if they accept their negativity, then they can move on with life and get to experience new things. Once the participants had indicated a good understanding of acceptance, the researcher moved on to willingness, using a scenario called “injections for cancer” by Harris (2007). To be willing means that they do not have to enjoy, want or even like the acceptance of the situation, it just means they are going to allow it in order to move on.

**Session Four.** This session focused on self-as-context, with the goal of getting the participants to connect with themselves, observe, and accept their experiences. The session concluded with multiple mindfulness activities to allow the participants to notice consciousness and then by using metaphors to learn how to connect with themselves. The participants worked through the NOW acronym: Notice, Observe, and Wise Mind (selfhelp.org, 2017). Notice referred to where the participants’ attention was, observe referred to what the client observed about what they were doing, and wise mind referred to what the participant was going to do as a result. The researcher then presented the “observing self” by Harris (2007), which was an exercise to increase awareness; the participants were asked to bring their attention to one specific object, and as they noticed that one object, they also had to be aware of the changes happening around them. This exercise was then concluded by a metaphor called “the sky and the weather” to help extend the participants’ thoughts on self-as-context. The second mindful activity was mindful eating through the eating of mints; they were asked to focus on texture, smells, taste, and any urges they may have had in regards to eating or wanting to crunch the mint. This session was concluded with a check out and any questions the participants had.

**Session Five.** This session focused on the participants’ values and commitment to action. This session began with a review of the self-as-context and then went into values. The student researcher explained the difference between goals and values, how goals may be what drive ambition to complete something, how values are what is individually important to a person. In this session, questions such as “what do they really want?” and “what sort of person do they want to be?” were asked. The participants then did an exercise where they were asked to pick their three core values from a list of 20 values. Once the participants had picked their values, they were asked to make goals relating to their values. The researcher then talked about commitment, as commitment is not an attempt at prediction or a promise or to be perfect, but an intention to move in a valued direction.

**Concluding session.** In the final session, they wrapped up all the components of ACT they had learned over the past five weeks. They discussed barriers to action and used the acronym FEAR. F is for fusion and talking about unhelpful thoughts, E is for evaluation and having excessive goals, A is for avoidance of the discomfort, and R is for reason-giving from the participants’ values. The session was then opened up to the participants, who were asked what they thought about ACT and how they might use it in their daily lives. The participants were asked if they wanted to review anything that was brought up in the previous sessions. At the end of the session, they were asked to fill out the Rosenberg Self-Esteem Scale in order to track and analyze results of the sessions.
Chapter III - Results

This thesis hypothesized that ACT would increase self-esteem and self-worth levels in three boys aged 11 to 13 years, by increasing their psychological flexibility. The Rosenberg Self-Esteem Scale (RSES) was used to measure the participants’ levels of self-esteem before and after the group sessions. Observations made during the sessions were used to understand the nature of changes in self-esteem in the three boys.

Descriptive Statistics

Descriptive statistics were used due to the small sample size that precluded the use of inferential tests. All three participants gave higher self-esteem ratings on the post-test than on the pre-test. On a scale ranging from 0 to 30, at the pre-test, participant N’s score was 18, participant B’s score was 13, and participant T’s score was 16 (M=15.67, SD=2.52) (Figure 1). After the final session, the participants were again asked to fill out the self-assessment. At the post-test, participant N’s score increased by 6 to 24, participant B’s score increased by 6 to 19, and participant T’s score increased by 5 (M=21.33, SD=2.52) to 21. On the post-test, all participants reported an increase of 5 more (M=5.67, SD=0.58) in self-esteem. RSES scores between 15 to 25 are within the normal range, while scores of 15 and lower are suggestive of low self-esteem. On the pre-test, all participants were either at the low end of the average range or in the low range of the self-esteem scale. Following the intervention, all participants’ self-esteem scores were in the normal range. There was no change in standard deviation between pre- and post-test (Table 1).

Observations

During the group sessions, the researcher wrote down observations, delivered the content and also frequently asked the participants for feedback. Over the six weeks, the group members grew more comfortable with each other. During the first session the participants were very shy - when talking about their emotions or thoughts about what was being discussed, they were hesitant to answer. However, as they became more comfortable, they were able to participate more during the group while also being able to expand on their thoughts. The group was well aware of what self-esteem was during the initial meeting; however, when being asked again what self-esteem was at the end of group they believed they had a lot more insight about it. The participants were asked to perform mindfulness meditation during the first session; before they started, the participants were asked if they have ever had participated in mindful meditation and they stated they had and did not like it. When asked further questions on why they did not like it, they stated they felt like they were forced to be with their negative thoughts and stated that their thoughts always went negative. However, as the group went on, they became more comfortable with mindful meditation and during the last session they were asked what their favourite aspect about this group was, and collectively as a group stated it was the mindful meditation. During the last session all three participants were asked what they enjoyed about the group; participant N stated at the end of the sessions that he enjoyed the group setting as it helped him realize that having negative thoughts was normal, as the other boys in the group had similar ones. Another observation made was the realization the participants made when content was taught and followed by a metaphor. The participants were able to grasp the knowledge about the content and then generalize the material better. The researcher noticed a connection as soon as the metaphor was explained.
Figure 1. Pre and post test results for the Rosenberg Self-Esteem Scale

Table 1

Pre-and post-test scores on the Rosenberg Self-esteem scale

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Pre-to-post change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant N</td>
<td>18</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Participant B</td>
<td>13</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Participant T</td>
<td>16</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Mean</td>
<td>15.67</td>
<td>21.33</td>
<td>5.67</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>2.52</td>
<td>2.52</td>
<td>0.58</td>
</tr>
</tbody>
</table>
Chapter V: Conclusions/Discussion

Summary

The purpose of this study was to investigate the effectiveness of an ACT-based group on self-esteem rating in boys aged 11 to 13, using ACT. All three of the participants initially reported very low self-esteem, negative beliefs about their appearance, were highly sensitive, and had very low self-worth. All three of the participants talked negatively about themselves and did not respond appropriately to compliments. Following the intervention, the participants reported increases in overall self-esteem and enhanced control over negative thoughts. This study also provides support for ACT-based psychoeducation as an effective treatment. Based on the participants’ increased scores, it was hypothesize that their self-esteem increased as a result of increased psychological flexibility through mindfulness, as it was a key concept in each session.

The participants appeared to increase their self-esteem by learning how to accept the negative thoughts they may have experienced. By accepting their negative thoughts, the participants could then move on from their present situation and be more mindful and open to new situations. The participants were shown how to use mindfulness strategies. They also learned metaphors that explained acceptance to them and how accepting the events happening around them would benefit them. By using the mindfulness strategies, the clients were able to decrease their anxiety so that they were able to be more present in the moment, and to make decisions based on their values.

The participants all stated that they felt a change in the way they saw themselves and came to the realization that they were not the only ones with low self-esteem. By being present in the group, they were able to see that the others were having the same feelings and thoughts as they were. When the clients were first asked to participate in the mindful meditation, they made comments such as “Do we have to? I always have bad thoughts and my mind always goes to a dark place.” At the end of the sessions, the participants were asked what their favourite activity was, and all stated that it was mindful meditation.

Relevance to the Literature Review

When choosing the method to increase participant’s self-esteem, both ACT and CBT were considered. ACT was used instead of CBT, because research indicated that ACT a more effective when treating depression (Hayes & Wison, 1994) and that ACT was more effective when treating anxiety disorders (Arch et al., 2012). Based on the observations of the group, their increased self-esteem appeared to be related to acceptance and expression of feelings. Reducing intense feelings allows participants to open up about their feelings with less defensiveness. There was an increase in the participants’ self-esteem once the participants opened up about their feelings. This study incorporated elements from Harris’ (2006): idea of creating a meaningful life by accepting negative feelings and thoughts for increasing the participants’ self-esteem. This intervention was based on this goal and taught the clients how to accept their negative thoughts by using a variety of strategies. This thesis also used Harris’ (2006) goal to increase psychological flexibility in participants, as this was believed to increase self-esteem and make a meaningful life.

This thesis focused on boys aged 11-13 years old, and there was not much research on ACT with this age range. However, Swain, Hancock, Dixon, and Bowman (2015) had discussed with evidence through their study, that ACT was effective with adolescents. Therefore, the researcher was able to modify Harris (2006) sessions to have age-appropriate content. Past literature had stated that ACT worked with complex concurrent disorders; however, there was no
research on adjustment issues. The researcher generalized the content from the complex concurrent disorders to be able to help participants with adjustment issues.

**Strengths**

The small number of participants in the group allowed the researcher to easily connect to each one and build good rapport with them. This allowed for the participants to open up faster and to give honest feedback. By having good rapport, the clients and researcher were able to build a trusting relationship which was mutually beneficial.

A strength of using ACT was teaching the participants about self-acceptance. Self-acceptance is an important skill to learn. Another strength was the use of ACT instead of CBT, since using CBT allows clients to learn to change their maladaptive thoughts while ACT focuses on accepting their thoughts instead of changing them. Accepting negative thoughts is a general and important skill to learn. By teaching the clients to accept their thoughts at a young age, they may be able to carry that skill with them as they get older, as changing their thought patterns may not always work. By being able to accept thoughts, the clients are learning to accept themselves.

**Limitations**

A limitation of this study was the small sample size. As this study only had three participants, statistical analysis was not a possibility. The very small size of this sample precludes generalizability of the findings. A sample size of 385 would need to be accumulated to reliably assess the level of statistical significance of the effect in this pilot study. Another limitation is the possibility of confounding, in that the researcher had already started to build rapport with the participants before the intervention through working with them in the daily aftercare program they attended. This may have limited the internal validity of the intervention, as the participants may have been more focused to change for the researcher. Another limitation was the participants’ age, as it was difficult to find material that the boys both understood and also found interesting. A final limitation to this study was that there were no measures of mindfulness or level of anxiety.

**Multilevel Challenges**

**Client Level.** A challenge to implementing ACT with this population in a group setting was that the participants were constantly getting each other off-topic. It took numerous attempts to focus the participants once one comment was made by a group member. This sometimes made the sessions run longer, as time management became an issue when not all material was covered.

**Program Level.** When working with this age group of boys, it was hard to find content that interested them. When creating the program, the researcher used many examples and metaphors to try and keep the topic interesting for the participants; however this did not work all the time.

**Organizational Level.** The agency did not have a dedicated counselling room, so the group was run in a classroom setting which had multiple distractions that made it hard for the participants to focus on the task at hand.

**Societal Level.** Self-esteem was noted to be a reoccurring problem in society, as social media encourages people to have a ‘perfect’ life. As low self-esteem in adolescents seems to be very common. Adolescents are going through great measures to look a certain way, and if they do not hit their standard of appearance, then they constantly put themselves down.
Contributions to the Behavioural Psychology Field

This thesis contributed to the behavioural psychology field by implementing an ACT-based group psychoeducational intervention to evaluate whether it will have positive effects on self-esteem in 11 to 13-year-old boys. The results offer promising evidence that ACT might help to improve adjustment problems in such a young population. This thesis also shows that ACT is effective in a group setting for boys ages 11 to 13 years old, as in past literature there was a gap with this age group. This study also contributes to the behavioural psychology field as it shows that ACT can be delivered in a short period of time to improve self-esteem, that in turn could also improve quality of life.

Recommendations for Future Research

Developing further research out of this pilot study will help improve and expand the literature on ACT. Further research is needed to accumulate more data on ACT with this age group. ACT, being an empirically-based therapy that has grown over the last few years, and should be continued to be tested in order to increase the research and reliability of the therapy. This pilot test appeared to be successful, such that further research should be conducted to ascertain whether the size of the effect is statistically reliable to continue using this ACT-based psychoeducational group with this population. As ACT has not yet been used with even younger children, research should be extended into ACT. Although this study was conducted with boys, ACT has been shown to be effective with both genders, and a pilot test of the format should be done with girls in the same age range. This study focused on self-esteem, so future studies should have the researcher focus on more than one problem. It also just used the Rosenberg Self-Esteem Scale, so it would be recommended to use a variety of different tools to measure data, as this could make the research more reliable. In future research, it is recommended that qualitative data be also collected. Continued research on ACT should bring about further improvements in the effectiveness of this therapy.
References


Dear Emily:

I am writing to advise you that the Research Ethics Committee – Psychology (REC-P), a subcommittee of the St. Lawrence College Research Ethics Board (SLC-REB), which has been delegated the authority to review and approve SLC Bachelor (Honours) of Behavioural Psychology students’ thesis research protocols, has reviewed and found your thesis research protocol to exceed or satisfy the minimal requirements for the ethical conduct of research involving human participants as put forth by the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans (TCPS2, 2014). You may now begin your participant recruitment at your earliest convenience.

You have six (6) months to complete the project from the time of approval. Should you require more time to complete your project, you will be required to submit a SLC-REB Request for Renewal Form. This must be submitted prior to SLC-REB approval anniversary date. If you are proposing changes to your approved project then you will need to submit prior to implementing your changes a SLC-REB Request for an Amendment Form.

Any adverse events or unanticipated issues during the course of your research must be reported to the SLC-REB as soon as you become aware of them. The SLC-REB reserves the right to review your file at any time to ensure that research is being conducted in accordance with all applicable SLC Policies and the TCPS2 (2014).
Appendix B

Consent Form

Using Acceptance and Commitment Therapy on boys aged 11-13 to increase their self-esteem.

Principal Investigator: Emily Myers
Name of supervisor: Christian Keresztes, PhD, CPsych
Name of Institution: St. Lawrence College
Name of institution/agency: Boys and Girls Club

Invitation
You are being invited to take part in a research project. I am a student in my 4th year of the Honours Bachelor of Behavioural Psychology at St. Lawrence College. I am currently on placement at the Boys and Girls Club. 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 research study being done?
My project is to run a psychoeducational group for boys between the ages of 11 and 13 at the Boys and Girls Club aftercare program based on acceptance and commitment therapy- a program made to increase their self worth and self-esteem. I have created weekly sessions and a questionnaire to see if the group has been helpful. I believe that this group could well benefit participants as it will help increase their self-esteem and self worth. I would like to know what parts of the program were most helpful, this will help the make the program more successful in the future. I want to hear your opinions and thoughts as they are important.

What will your child need to do if he takes part?
If you choose to consent for your child to take part in this study, your child will be asked to take part in 6 sessions of ACT based. The sessions will be held on Monday afternoons at the Boys and Girls Club which will last about 30 minutes. The session will be run by myself and Leslie Williams from Boys and Girls Club. At the first session, we will explain to the children the layout of each session. At the end of the program, the children will be asked to complete a short questionnaire about their self-esteem before and after the intervention.

What are the potential direct benefits of taking part?
The benefits of taking part of this research study could be increased self-esteem and self worth, as the children will be able to identify and work through problematic language which will benefit the in future situations.

What are the potential benefits of this research study to others?
This project may help support and increase the research for the treatment ACT. This thesis may specially offer evidence that ACT may help improve something as simple as self-esteem problems and not just complex concurrent disorders.

**What are the potential disadvantages or risks of taking part?**
There are no known risks associated with participating in this research project.

**What happens if something goes wrong?**
If something happens to go wrong, we have set up a plan to debrief the participants. If the children experience any negative reactions, you may talk to me or my supervisor. We have also provided another counsellor to help you support the children through this transition if needed.

**Will the information you collect from me in this project be kept private?**
During this study, all information about your child will be confidential unless required by the law. Your child’s name will not be present on any paper work, as we will use a code to keep his information private. Informed consent will only be stored at St. Lawrence College for 10 years after the children’s 18th birthday, after which it will be destroyed. All other research data will be stored securely at Boys and Girls Club for 10 years after the children’s 18th birthday and will then be destroyed. The data will be stored in a locked cabinet, in a locked room which only my supervisor and myself have access to. The results of this study will be a part of my thesis and will be made available at St. Lawrence College library, it may be published in professional journals or presented at a professional conference. At these presentations, only the overall findings will be presented, with no identifying information.

**Does your child have to take part?**
Taking part in this study is voluntary. You have the right to participant or not participant. If your child decides to take part, you will be asked to sign this consent form. If your child decides to take part, and at any time during the research study he or you do not feel comfortable anymore, he is free to stop without any reason and his decision will not negatively impact him at all. If he or you decide to stop, please contact myself or my supervisor and let us know. You will always have the opportunity to continue with the other services Boys and Girls Club have to offer. If you decided to withdraw from the study, you have the right to also withdraw any data as well.

**Contact for further information**
This research project has received ethical clearance from the Research Ethics Committee for Behavioural Psychology (REC-P) under the authority of the St. Lawrence College Research Ethics Board (SLC-REB). The project was developed under the supervision of Christian Keresztes, PhD, CPsych, my supervisor from St. Lawrence College. I appreciate your cooperation and if you have any additional questions, feel free to ask me, Emily Myers at emyers17@student.sl.on.ca. You can also contact my College Supervisor Christian Kereztes at ckereztes@slc.on.ca. If you have concerns about the way this research is being conducted or about your rights as a participant you may contact the SLC-REB Chair at reb@sl.on.ca.
Consent
Please ask me any clarifying question you may have before signing this form. If you do agree to take part in this research study, please check the boxes off and sign below and return it to me as soon as possible.
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 my child 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 personal information will be kept confidential.
_ I understand that no information that would identify me will be released or printed without asking me first.
_ I understand that I will receive a signed copy of this consent form.
_ I 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 hereby consent for my child to take part.

Participant Name __________________________ Signature of Participant _______________ Date _______________

Student Printed Name __________________________ Signature of Student _______________ Date _______________
Appendix C

Assent for Minor to Participate in a Study

Your parents have allowed me to talk to you about a project that I am working on with a couple of other people. The project is about self-esteem in boys. I am going to spend a few minutes telling you about our project, and then I am going to ask you if you are interested in taking part in it.

Who are we?
My name is Emily Myers and I am a Student at St. Lawrence College in the Behavioural Psychology program.

Why are we meeting with you?
We want to tell you about a study that involves children like yourself. We want to see if you would like to be in this study too.

Why are we doing this study?
We want to find out how we can increase self-esteem in boys aged 11 to 13.

What will happen to you if you are in the study?
If you decide to take part in this study, there are some different things we will ask you to do. First, you will be asked to take part group activities for 30 minutes once a week for six weeks. These group activities will include some relaxing techniques, some worksheets for you to fill out and time for you to share personal experiences. While doing these things, all you have to do is try your best.

Are there good things and bad things about the study?
What we find in this study will be used to help others be able to improve their self-esteem. As far as we know, being in this study will not hurt you and it will not make you feel bad. The goal of this study is to make you feel better.

Will you have to answer all questions and do everything you are asked to do?
If we ask you questions that you do not want to answer, then tell us you do not want to answer those questions. If we ask you to do things you do not want to do, then tell us that you do not want to do them.

Who will know that you are in the study?
The things you say and any information we write about you will not have your name with it, so no one will know they are your answers or the things that you did. The researchers will not let anyone other than themselves know what has been discussed in group.

Do you have to be in the study?
You do not have to be in the study. No one will get angry or upset with you if you don’t want to do this. Just tell us if you don’t want to be in the study. And remember, if you decide to be in the study but later you change your mind, then you can tell us you do not want to be in the study anymore.

Do you have any questions?
You can ask questions at any time. You can ask now or you can ask later. You can talk to me or you can talk to someone else at any time during the study.

IF YOU WANT TO BE IN THE STUDY, SIGN YOUR NAME ON THE LINE BELOW:

Child’s name, printed: ____________________________________________
Date: ___________________________________
Signature of the Student: __________________________________________
Date: _____________________________
Appendix D

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

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

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

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

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

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

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

References

References with further characteristics of the scale:

Appendix E

Session One
- Go over consent and assent papers and sign.
- Answer any question.
- Do pre-test.
- Introduction to ACT.
- Discussion on Self-esteem, then give definition.
- Explain the two basic aims of ACT.
- Go over what each session will look like.
- Discussion on Mindfulness.
- End with mindful activity.

Session Two
“Control is the problem”
- Check In
- Talk about the struggle switch
- Show the struggle switch video
- Quicksand –metaphor
- What is Defusion and an example of Defusion
- Tree metaphors/ exercises
- Mindfulness exercise (mindful breathing)
- Check Out

Session Three
Acceptance/ Present Moment and Willingness
Check In
- What is defusion?
- Metaphor on defusion
- What is acceptance?
- Demons on the boat metaphor
- What is being in the present moment?
- NOW exercise
- Willingness
- Some defusion techniques
- Progressive muscle relaxation
- Check Out

Session Four
Self-as- context
Check In
- Quickly review last weeks’ materials
- Use the “observing self” exercise
- Use the sky and the weather metaphor
- Your mind, the documentary maker exercise
- Mindfulness exercise (Eating mindfully)
- Check Out
Session Five
Values and committed Action

Check In
- Recap on everything we have talked about
- Discussion on Values and what they mean to each participant.
- Values exercise
- Brainstorm goals to fit with values.
- Discussion on Committed Action
- Check out

Session Six
Conclusion Session

Check In
- Recap on past sessions
- How might they use what they learned in everyday life
- Feedback; what they liked and did not like
- Post-test
- Check Out