

# The Effectiveness of a Self-Esteem Training for Children and Adolescents

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## Background

A low self-esteem is a frequently encountered problem in mental health care settings (Sukumaran et al., 2003), however, interventions targeting a low self-esteem are rare.

A self-esteem training for children and adolescents, based on the Competitive Memory Training (COMET) for adults (Korrelboom, 2011), was developed by Kuin and Peters.

The aim of this pilot study was to investigate the effectiveness of the self-esteem training for 35 children and adolescents using a pre-post design ( $n = 25$  group format,  $n = 10$  individual format).

## Method

Participants were 35 clinically referred children and adolescents (23 girls, 12 boys;  $M$  age = 15.26, range = 8-22 years). All children had a DSM-IV-TR classification, most common diagnoses were PTSD ( $n = 10$ ), ADHD ( $n = 9$ ) and depressive disorder ( $n = 5$ ).

Self-esteem was measured with the Competence Scale for Children/Adolescents (CBSK/A; Veerman et al., 1997; Treffers, 2002) and the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1985, group format only), depressive mood was assessed with the Children's Depression Inventory (CDI; Dutch translation by Timbremont & Braet, 2008, individual format only), and parents reported about child behavior using the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001, individual format only).

## Intervention

The self-esteem training consists of 6 to 7 sessions and can be applied individually or in a group.

Following the sessions in the workbook, children and adolescents learn to facilitate activation of functional/positive thoughts instead of relying on dysfunctional/negative thoughts by using imagery, positive self-verbalizations, body posture, and music.

Children and adolescents also fill in a daily diary in which they write down the positive things they did or the positive things that happened. In addition, children and adolescents are challenged to reformulate dysfunctional/negative thoughts into more functional/positive thoughts.

## Results

Paired sampled t-tests were conducted on pre-post scores and revealed the following:

-A large and significant increase ( $p < .01$ ) in self-esteem based on the RSES ( $d = 1.26$ ,  $n = 10$ ) and the CBSK/A ( $d = 0.94$ ,  $n = 17$ )

-A borderline significant decrease ( $p = .058$ ) in depressive symptoms, however the effect size was large ( $d = -.91$ ,  $n = 8$ )

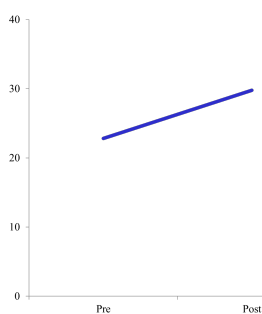
-No significant effect ( $p = .201$ ) on child behaviour problems, however the effect size was medium ( $d = -0.58$ ,  $n = 7$ )

-Correlations between the self-esteem pre-post score and format (individual vs group) or gender were not significant, but the correlation with age was significant ( $r = -.55$ ,  $p = .023$ ,  $n = 17$ )

## Effects of the Self-Esteem Training

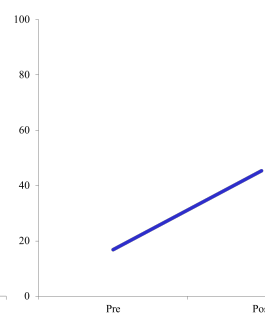
Self-esteem (RSES)

$d = 1.26$



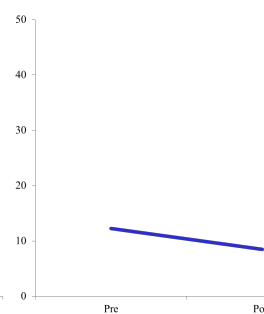
Self-esteem (CBSK/A)

$d = 0.94$



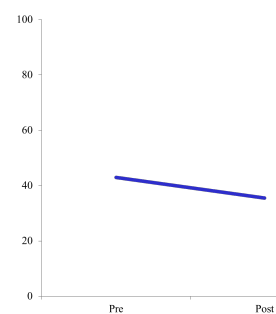
Depressive symptoms (CDI)

$d = -0.91$



Behavioral problems (CBCL)

$d = -0.55$



## Conclusions

This pilot study suggests that the self-esteem training was effective for improving self-esteem in children and adolescents

The effectiveness was associated with age, indicating that the training was more effective for improving self-esteem when children were younger. This finding might be explained by self-esteem being more stable and thus harder to change in adolescents.

Limitations include the small sample size for each outcome measure and the lack of a (active) control group.

## References

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