INCREASING ADOLESCENT SELF-ESTEEM: A FOCUS ON WELLNESS

AND PROCESS

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B.A., University of Lethbridge, 2009

A Project
Submitted to the School of Graduate Studies
of the University of Lethbridge
in Partial Fulfillment of the
Requirements for the Degree

MASTER OF COUNSELLING

FACULTY OF EDUCATION

LETHBRIDGE, ALBERTA

February 2015

Dedication

I would like to dedicate this project to my family and friends who have supported me throughout this education program. My successful completion of this project and program would not have been possible without you.

Abstract

The project presents an overview of a psychoeducational group therapy program designed to increase self-esteem in adolescents and integrates the indivisible self model of wellness (Myers & Sweeney, 2005b) and process work. Adolescence is a time often marked by low levels of self-esteem and identity conflict. The indivisible self model of wellness provides a framework for exploring different aspects of identity, with the goal of increasing self-esteem. In addition, process work has been found to be an indispensable component of effective counselling groups (Yalom & Leszcz, 2005). Nevertheless, the focus in psychoeducational groups is often on teaching (Corey, Corey, & Corey, 2010). As such, this project not only outlines a group therapy program to assist practitioners in increasing adolescent self-esteem, it also outlines one way to integrate process work into a psychoeducational group. This project contains both a theoretical and applied component. An overview of the literature on adolescent self-esteem and the indivisible self model of wellness is presented. This is followed by an overview of guidelines counsellors can utilize to assist in the integration of process work into psychoeducational counselling groups. The applied component of this project is a manuscript that outlines the proposed group therapy program.

Acknowledgments

I would like to thank Dr. McBride for her assistance throughout this program and project. Her support and mentorship throughout the last 4 years has helped to shape the person and counsellor I am today. I would also like to thank Dr. Davis for her time spent reviewing my project and for her willingness to be my second reader.

Thank you also to my coworkers who offered their encouragement and support during this process. I truly appreciate your understanding and hard work during those times when my availability at work was limited.

Lastly, I would like to say a special thank you to my husband and daughter. I am very grateful to my husband Dustin, who has been such an integral part of my life for the past 14 years. Thank you for all of your support and understanding of my love for continued learning and education. I am also grateful to my daughter, Peyton who has filled my life was so much joy and happiness since she entered this world 2 years ago.

Table of Contents

Chapter 1: Overview and Introduction

The purpose of this chapter is to identify the intent of this project, outline the rationale for focusing on increasing self-esteem in adolescents, and describe the format of this project. This chapter then, in the form of a glossary, outlines the key terms essential to understanding this topic area. The chapter ends with a summary and an introduction to the following chapter.

Project Intent

The intent of this project is to offer therapists a psychoeducational group program they could use to increase self-esteem in adolescents in a way that integrates the indivisible self model of wellness (Myers & Sweeney, 2005b) and process work. Self-esteem was selected as the target problem since I have a long-standing interest in working with youth and realized, like Powell (2004), that low self-esteem has been found to be prevalent in adolescents.

Moreover, as I recently learned in one of my graduate courses, process work has often been identified as an essential component of successful counselling groups (Yalom & Leszcz, 2005). Nevertheless, it appears to be a missing ingredient in psychoeducational groups (PEGs), as PEGs seem to have an overreliance on teaching rather than facilitating knowledge obtainment (Corey, Corey, & Corey, 2010). As such, the group therapy program (see the Appendix) will provide a way for counsellors working with this population to integrate an evidence-based model of wellness and process work into their efforts to improve adolescent self-esteem.

Project Rationale

Low self-esteem has been linked to the development of psychological and physical health issues (Robins, Trzesniewski, & Donnellan, 2012; Stinson et al., 2008; Taylor & Sirois, 2012; Trzesniewski et al., 2006). Furthermore, low self-esteem has been found to negatively influence important life decisions, including age of first sexual experience, engaging in drug and alcohol use, peer group selection, diet, job attainment, school attendance, and enduring or inflicting domestic violence (Searcy, 2007). In contrast, high levels of self-esteem are often referred to in the literature as an invaluable psychological resource that can have positive impact on major life decisions (Searcy, 2007) as well as on an individual's physical health (Stinson et al., 2008).

According to Statistics Canada (2001), adolescents from the ages of 12 to 19 are the most likely age group to indicate having low self-esteem. Moreover, females are more likely to indicate having low self-esteem than males (Statistics Canada, 2001). The widest disparity between the sexes (reported in 1994–1995) was found between 15 to 19 year olds, with 22% females indicating low self-esteem as compared to 13% of males (Statistics Canada, 2001). This statistic is 13 years old and is the only one I could locate that focuses on youth self-esteem rates, yet it appears relevant, as other researchers have found similar results (e.g., Birndorf, Ryan, Auinger, & Aten, 2005; Raevuori et al., 2007; Shen & Armstrong, 2008). These statistics and researcher findings highlight the need for counsellors to be aware of and work with adolescents to promote higher levels of self-esteem.

Project Format

This project consists of two parts. Part 1 includes seven chapters. This chapter outlines and introduces the project. Chapter 2 details the research methodology used in the creation of this project. Chapter 3 reviews and discusses the literature on self-esteem issues in adolescence. Chapter 4 provides an overview of the indivisible self model of wellness. Chapter 5 provides evidence for group therapy as a valid intervention, followed by an overview of PEGs and process work. Chapter 6 details how the indivisible self model of wellness and process work are integrated into the group therapy program that is at the heart of this project. Chapter 7 discusses implications for counsellors and authors of group therapy programs, outlines the strengths and limitations of this project, and identifies areas for future research.

Part 2 of this project includes a manuscript that will be submitted to a peer-reviewed journal outlining the proposed group therapy program. The proposed group therapy program is designed to facilitate the exploration of adolescent identity, and thus work to increase self-esteem, utilizing the indivisible self model of wellness as a framework. The proposed program is psychoeducational in nature and is infused with process work, which is not a common practice, as Chapter 5 highlights. The group therapy program outlines the objectives and main activities for all eight counselling sessions, as well as the pregroup and postgroup sessions. Following each session objectives and main activities are strategies on how counsellors can integrate process work into this PEG. Part 2 of this project is located in the Appendix, as it is a stand-alone document. The next section of this chapter serves to introduce the key terms that appear throughout this project.

Glossary

Adolescent refers to individuals between the ages of 12 to 19. The group therapy program for this project, located in the Appendix, is designed for adolescents between the ages of 15 to 16. However, it could easily be adapted for other age groups.

Coping self refers to one of the five second-order factors that contribute to individuals' overall wellness in the indivisible self model of wellness (Myers & Sweeney, 2005b). The coping self refers to the "elements that regulate our responses to life events and provide a means for transcending their negative affects" (Myers & Sweeney, 2004, p. 237). For more information see the definitions for the indivisible self model and five second-order factors listed within this section.

Creative self refers to one of the five second-order factors in the indivisible self model of wellness (Myers & Sweeney, 2005b). The creative self refers to the "combination of attributes that each individual forms to make a unique place among others in his or her social interactions" (Adler, as cited in Myers & Sweeney, 2004, p. 237). For more information see the definitions for the indivisible self model and five second-order factors found in this section.

Essential self refers to one of the five second-order factors in the indivisible self model of wellness (Myers & Sweeney, 2005b). This factor refers to the combination of elements that act as filters in regards to how an individual views his or her world and makes meaning of his or her world, as well as the efforts an individual engages in to take care of him or herself. For more information see definitions for the indivisible self model and five second-order factors found within this section.

Five second-order factors include the creative self, coping self, social self, essential self, and physical self (Myers & Sweeney, 2005b). These five factors are seen as coming together to represent the indivisible self (Myers & Sweeney, 2005b). For more information see the definitions for the indivisible self and indivisible self model of wellness found in this section.

High self-esteem, according to Young (2009), refers to feelings that one can accomplish something (i.e., high self-efficacy) and feelings that one is worthy, good, and deserving to live (i.e., high self-worth).

Indivisible self refers to the only first-order factor in the indivisible self model of wellness (Myers & Sweeney, 2005b). This factor represents the indivisibility of self and is a result of the interactions between the five second-order factors in the model of wellness.

Indivisible self model of wellness was created as a result of deficits identified in Witmer, Sweeny, and Myers Wheel of Wellness, developed in 1988 (Myers & Sweeney, 2004). The indivisible self model of wellness is based on Adlerian theory, and is a strengths-based choice-orientated model of wellness (Myers & Sweeney, 2004). According to Myers and Sweeney (2004), this model provides the basis for evidence-based practice for counsellors. The aim of this model is to assist individuals in understanding wellness, how different wellness factors interact and influence each other, and how positive change can occur through a focus on individual strengths (Myers & Sweeney, 2004).

Low self-esteem, according to Young (2009), refers to feelings that one cannot accomplish something (i.e., low self-efficacy) and feelings that one is not worthy, good, or even deserving to live (i.e., low self- worth).

Members refers to the individuals participating in a group therapy program, whether psychoeducational or process based.

Process refers to "the nature of the relationship between interacting individuals— members and therapists" (Yalom & Leszcz, 2005, p. 143).

Physical self refers to one of the five second-order factors in the indivisible self model of wellness. This factor refers to the physical activities and eating habits that an individual engages in. For more information see the definitions for the indivisible self model and five second-order factors found in this section.

Process work refers to a focus on bringing into awareness and exploring here-and-now interactions between individuals in a counselling setting (Yalom & Leszcz, 2005). For more information see the following definition for process work in groups.

Process work in groups refers to asking the question "what do these explicit words, the style of the participants, the nature of the discussion, tell [us] about the interpersonal relationship of the participants?" (Yalom & Leszcz, 2005, p. 143). Moreover, a full understanding or process takes into account "internal psychological worlds of each member, interpersonal interactions, group-as-a-whole forces, and the clinical environment of the group" (Yalom & Leszcz, 2005, p. 143).

Psychoeducational group refers to a gathering of people who "focus on developing members cognitive, affective, and behavioural skills through a structured set of procedures within and across group members" (Corey et al., 2010, p. 13). This form

of a group utilizes planned skill building exercises to impart, discuss, and integrate factual information with members (Corey et al., 2010).

Self-esteem refers to an individual's efficacy or competence and self-worth. Efficacy refers to the belief that an individual can perform activities in different situations (Young, 2009). Self-worth refers to a more global feeling that one is worthy, basically good, and deserves to live (Young, 2009).

Social self refers to one of the five second-order factors in the indivisible self model of wellness (Myers & Sweeney, 2005b). This factor refers to the friendships, intimate relationships, and other relationships that comprise an individual's social support network. For more information see the definitions for the indivisible self model and five second-order factors presented earlier in this section.

Chapter Summary

This chapter outlined my interest in creating a group therapy program aimed at increasing self-esteem in adolescents. This chapter then provided preliminary evidence that supported the need for the creation of such a group therapy program. A glossary of key terms was also presented. The next chapter outlines the research methodology used in the creation of this project.

Chapter 2: Research Methodology

The purpose of this chapter is to identify how the information used in the creation of this project was obtained. This chapter identifies the search terms and databases utilized. This chapter also includes a statement of ethical conduct. The chapter concludes with a summary and an introduction to the following chapter.

Research Process

The collection of resources used in this project was obtained through a focus on four different subject areas: (a) adolescent self-esteem, (b) Myers and Sweeney's (2005b) indivisible self model of wellness, (c) group counselling, and (d) process work. For all subject areas, University of Lethbridge databases, books, Google, and Google Scholar were utilized.

In locating information on adolescent self-esteem, Myers and Sweeney's (2005b) indivisible self model of wellness, group counselling, and process work, PsycINFO, Academic Search Complete, Ovid, and EBSCOhost databases were utilized. The search terms used for adolescent self-esteem were as follows: self-esteem, self-esteem and youth, self-esteem and identity, adolescent self-esteem, and adolescent identity. The following search terms were used to gather information on the indivisible self model of wellness: model of wellness, model of wellness and group, model of wellness and group counselling, model of wellness and group counseling, model of wellness and therapy, indivisible self model of wellness, and indivisible self. The search terms used for group counselling were as follows: group counseling, group counselling, group therapy, psychoeducational groups, self-esteem groups, self-esteem counseling groups, self-esteem counselling groups, and self-esteem psychoeducational groups. The search terms

used for process work included process work, process counselling, process counseling, group process, stages of group development, experiential group counselling, experiential group counseling, and experiential group therapy. Review of the reference lists in these articles identified additional resources that were accessed using one of the University of Lethbridge databases identified above.

Counselling education books that outlined self-esteem, Myers and Sweeny's (2005b) indivisible self model of wellness, group counselling, and process work were located via Google, using the same search terms identified above. Review of the reference lists in these books identified additional resources that were accessed using one of the University of Lethbridge databases identified above.

Further peer-reviewed articles were obtained via Google Scholar using the search terms identified above. Review of the reference lists in these articles identified additional resources that were accessed using one of the University of Lethbridge databases identified above.

While the majority of the research obtained was conducted within the United States, one Canadian research article provided support for the self-esteem assessment measure used in the group therapy program located in the Appendix (i.e., Hills, Francis & Jennings [2001] article titled, "The school short-form Coopersmith self-esteem inventory"). The literature reviewed for this project focused on the subjects of adolescence, adolescent development, counselling, education, group work, psychiatry, psychology, and social work.

Statement of Ethical Conduct

All parts of this project adhere to the American Psychological Association's (2010) standards for grammar and sentence construction. In addition, at all times during the creation of this project, I adhered to the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000). As this project did not require human data collection, ethics approval was not required.

It is relevant to note that the group therapy program located in the Appendix of this project partially builds upon an assignment I completed in a graduate-level course (i.e., Group Counselling and Process Skills: CAAP 6637). That being said, the in-depth review and discussion of self-esteem, identity, Myers and Sweeny's (2005b) indivisible self model of wellness, PEGs, and process work are new and significant additions.

Chapter Summary

This project was developed to provide counselling practitioners with a tangible way to increase adolescent self-esteem through the integration of an applicable model of wellness and process work into a PEG (see the Appendix). A thorough review of the literature was completed pertaining to adolescent self-esteem, Myers and Sweeney's (2005b) indivisible self model of wellness, group counselling, and process work. The first purpose of this review of the literature was to highlight the need for an intervention aimed at increasing adolescent self-esteem. The second purpose was to provide support for the incorporation of the indivisible self model of wellness and process work into the group therapy program outlined in the Appendix of this project. The next chapter includes a comprehensive literature review on adolescent self-esteem.

Chapter 3: Overview of Self-Esteem Issues in Adolescence

The purpose of this chapter is to review and discuss the literature on adolescent self-esteem. This chapter begins by defining adolescent self-esteem. This definition is followed by an overview of research findings pertaining to the impacts of low and high levels of self-esteem. Next, the relationship between adolescent self-esteem and identity is discussed. The chapter ends with a summary and an introduction to the following chapter.

Adolescent Self-Esteem

Self-esteem is one of the most extensively studied constructs in the behavioural and social sciences (Robins et al., 2012). Moreover, adolescent self-esteem has been a major focus in research over the past 30 years (Searcy, 2007). Adolescent self-esteem is a crucial topic to focus on, as it has been linked to influencing many life decisions that can affect adolescents during the course of their life span (Searcy, 2007; Trzesniewski et al., 2006). The following subsections provide a conceptualization of self-esteem. This is followed by a review of research pertaining to outcomes that have been found to be associated with low and high levels of self-esteem. Gender differences in the experience of adolescent low self-esteem are also presented.

Defining self-esteem. There has been much discussion in the literature of how to best define self-esteem. Briggs (as cited in Nassar-McMillan & Cashwell, 1997) defined self-esteem as the value or worth that an individual has for oneself or overall judgment of oneself. Self-esteem has also been defined as feelings of self-worth and self-respect (Powell, 2004). Another variant of self-esteem is global self-esteem, which has been defined as a sense of pride in oneself (Commendador, 2007; Searcy, 2007). Young

(2009) discussed self-esteem as consisting of two different components: (a) efficacy or

competence and (b) self-worth. According to Young (2009), efficacy is tied to an

individual's belief that he or she can perform various activities in different situations, and

self-worth is a more global feeling that one is basically good and deserves to live. Self-

efficacy is believed to be impacted by individuals' past successes and failures, the

successes and failures perceived of those similar to themselves, success and failures of

applicable groups, messages that others communicate, and current emotional state

(Ormrod, 2012). While it was beyond the scope of this project to further delineate and

discuss the wide range of definitions for self-esteem, this brief overview highlights the

complexity of this construct.

  For the purpose of this project, I have selected Young's (2009) definition of self-

esteem because it aligns with the concept of self-esteem believed to be represented by the

school short-form Coopersmith Self-Esteem Inventory (SEI; Coopersmith, as cited in

Hills et al., 2011), which is used in the group therapy program located in the Appendix as

both a screening and program evaluation measure. The Coopersmith's SEI (as cited in

Hills et al., 2011) was selected as a screening and program evaluation assessment tool, as

it is a widely used self-esteem measure. Moreover, this measure has proven to have a

satisfactory level of both internal reliability and construct validity (Hills et al., 2011). In

their examination of the internal structure of Coopersmith's SEI, Hills et al. (2011) found

that this instrument represents three distinct factors corresponding to global self-esteem,

personal self-esteem, and self-esteem derived from peers and family. This fits with

Young's (2009) definition of self-esteem, as self-worth refers to a global aspect of self-

esteem and efficacy refers to a more personal level of self-esteem, which is believed to be

impacted by important others in one's environment. The next section reviews and discusses the literature on low self-esteem in adolescents.

Impacts of low self-esteem. In alignment with Young's (2009) work, low self-esteem would be defined as consisting of feelings that one cannot accomplish something (i.e., low self-efficacy) and feelings that one is not worthy, good, or even deserving to live (i.e., low self-worth). Furthermore, according to Whelan, Haywood, and Galloway (2007), individuals with low self-esteem process information in a way that fits with their current view of self. This means that they overemphasize or focus on their weaknesses and may also underestimate or dismiss their strengths (Whelan et al., 2007). Consequently, addressing self-esteem issues provides support for a strengths-based approach to working to increase self-esteem, which is embodied in Myers and Sweeney's (2005b) indivisible self model of wellness described later in Chapter 4. This strengths-based model of wellness also provides the foundation for the group therapy program described in the Appendix. The next section reviews studies that have explored the substantial impacts that low self-esteem may have on adolescents.

In their meta-analytic review, Haney and Durlak (1998) highlighted research that showcased how low levels of self-esteem are associated with alcohol and drug abuse, higher rates of teen pregnancy, suicide, loneliness, juvenile delinquency, social anxiety, and alienation. Although Haney and Durlak's meta-analytic review is 16 years old, its continued relevance speaks to the longevity of low adolescent self-esteem. Moreover, other more recent researchers have found similar results (e.g., Orth, Robins, & Roberts, 2008; Powell, 2004; Robins et al., 2012; Searcy, 2007; Stinson et al., 2008; Trzesniewski et al., 2006; Väänänen et al., 2014).

In addition to the links identified in Haney and Durlak's (1998) meta-analytic review, researchers have identified low self-esteem as contributing to depression (Abela, 2002; MacPhee & Andrews, 2006; Orth et al., 2008; Robins et al., 2012; Väänänen et al., 2014), social phobia (Väänänen et al., 2014), eating disorders (Button, Loan, Davies, & Songua-Barke, 1997; Cervera et al., 2003), and health issues (Stinson et al., 2008; Taylor & Sirois, 2012; Trzesniewski et al., 2006). In regards to the link between health issues and low self-esteem, Stinson et al. (2008) found that lower self-esteem predicted health issues at a 2-month follow up. Moreover, Stinson et al. (2008) found that this association between low self-esteem and health was explained by participants' reports of poor quality social bonds. They also found that poor quality social bonds predicted significant drops in self-esteem, which further decreased social bonds, and subsequently increased health issues. Consequently, this provides support for working to increase adolescent self-esteem in a group setting, as groups have been identified as a main avenue through which interpersonal learning and growth can occur (Corey et al., 2010; Yalom & Leszcz, 2005).

All of the findings pertaining to adolescent low self-esteem discussed above highlight the importance of creating interventions aimed at increasing self-esteem within this population. The next section reviews and discusses the literature on high self-esteem in adolescents. This will serve to provide further support for the counselling field to be aware of and focus on increasing self-esteem in adolescents.

Impacts of high self-esteem. In alignment with Young's (2009) work, high self-esteem is defined as consisting of feelings that one can accomplish something (i.e., high self-efficacy) and feelings that one is worthy, good, and deserving to live (i.e., high self-

worth). Young postulated that "raising self-esteem is a fundamental task of helping" (p. 313), which can be done by increasing a client's self-efficacy (i.e., help clients recognize their abilities and learn new skills). Consequently, this provides further support for the strengths-based group counselling approach utilized in the group therapy program in the Appendix. The next section reviews studies that have explored the impacts that high self-esteem may have on adolescents.

In their meta-analytic review, Haney and Durlak (1998) reported higher levels of self-esteem in adolescents are associated with individuals having healthier social and interpersonal relationships, better coping skills, and higher levels of academic achievement. More recent researchers have found similar results (DuBois & Tevendale, 1999; DuBois, Tevendale, Burk-Braxton, Swenson, & Hardesty, 2000; Robins et al., 2012). For example, Robins et al. (2012) reported that higher levels of self-esteem are associated with decreased levels of delinquent behaviour, decreased levels of aggression, and increased psychological health. Other studies concluded that high self-esteem tends to reflect healthier body image (Kostanski, & Gullone, 1998), increased physical health (Kostanski, & Gullone, 1998; Taylor & Sirois, 2012), and increased happiness (Baumeister, Campbell, Krueger, & Vohs, 2003), to buffer individuals against the effects of stress (Taylor & Sirois, 2012), and to have a predictive quality (Birndorf et al., 2005; Robins et al., 2012).

In regards to the predictive quality of adolescent high self-esteem, Birndorf et al. (2005) found longitudinal effects of self-esteem in their 16,489 participant national education study. To elaborate, they found that high self-esteem in Grade 8 was predictive of high self-esteem in Grade 12 (Birndorf et al., 2005). Robins et al.'s (2012) review of

the literature on self-esteem also supported this view. Consequently, the research provides support for an early intervention approach to working to increase adolescent self-esteem. As such, the group therapy program outlined in the Appendix is targeted towards 15- to 16-year-old youth, an age group usually representative of Grade-8 and Grade-9 students.

All of the findings pertaining to adolescent high self-esteem discussed above highlight the many benefits that may result from an increased level of self-esteem. The next section briefly outlines gender differences in the experience of adolescent low self-esteem.

Gender differences in the experience of adolescent self-esteem. In regards to gender differences in the experience of low self-esteem in adolescence, which was highlighted in Chapter 1, the majority of literature suggested that females experience lower levels than males (Birndorf et al., 2005; Carlson, Uppal, & Prosser, 2000; Israel & Ivanova, 2002; Khattab & Jones, 2007; Raevouri et al., 2007; Statistics Canada, 2001). These researchers' findings provided support for the creation of a female adolescent group therapy program aimed at increasing self-esteem. That being said, the group therapy program located in the Appendix could also be used with male adolescents presenting with low levels of self-esteem.

The next section reviews the connection between adolescent self-esteem and identity. This connection is important to explore, as the model of wellness used in the group therapy program in the Appendix focuses on exploring various components of adolescent identity in an effort to increase self-esteem.

Adolescent Identity

This section begins by presenting a brief overview of adolescence from a developmental perspective. Given the project is focused around Myers and Sweeney's (2005b) indivisible self model of wellness, which is based in Adlerian theory, the upcoming section focuses on outlining Adlerian theory as it pertains to adolescent identity development. Thus, the discussion of adolescent identity is based from the Adlerian perspective that informed this model of wellness, which informed the components of the group therapy program in the Appendix, in an effort to further increase the validity of this program. This review of adolescent identity is followed by a discussion of how the exploration of identity can help to increase self-esteem in adolescents.

Adolescence as a developmental period. Adolescence represents a developmental stage characterized by a wide range of physical, social, and emotional changes (Tsang, Hui, & Law, 2012). All of these changes are believed to have an impact on an individual's identity (Tsang et al., 2012). According to Tsang et al. (2012), how adolescents address what they experience during this pivotal developmental period will help to formulate their identity. Moreover, positive identity formation is believed to be representative of successful coping strategies, whereas negative identity formation is believed to be representative of problematic coping skills (Tsang et al., 2012). Consequently, this provides support for a focus on adolescent coping skills, which is one of the main focuses outlined in the group therapy program in the Appendix. In addition, Myers and Sweeney's (2005b) indivisible self model of wellness, which laid the foundation for this group therapy program, contains the coping self factor, which focuses

on the exploration of individuals' coping skills and the promotion of new ones (Myers &

Sweeney, 2005a), particularly during identity formation. The next section outlines the

Adlerian view on identity development.

   Adlerian view on identity development. Identity essentially involves answering

the question, "Who am I?" (Tsang et al., 2012, p. 1). According to Adlerian theory,

individuals are the creators and creations of their lives (Corey, 2009). To elaborate,

individuals, throughout their lives, develop a unique way of living that is both

representative of striving to achieve their goals and an actual expression of these goals

(Corey, 2009).

   Adlerian theory postulates that at around 6 years of age individuals start to

develop an approach to life or identity (Corey, 2009). In working to understand an

individual's identity, it is necessary to look at the interconnectedness of all the factors

that make someone who they are (Corey, 2009). It is not the events that happen during

an individual's life that contribute to identity per se, but the way that the individual

interprets those events that shape who one becomes (Corey, 2009). Moreover, this

holistic view of identity postulates that one cannot understand people apart from their

social systems. Thus, the focus in counselling from an Adlerian approach is on

interpersonal relationships (Corey, 2009). This provides support for exploring adolescent

identity in a group setting, where interpersonal relationships can form the basis for

increased understanding of self and learning from interactions with others can occur. The

next section discusses how an exploration of identity may work to increase self-esteem in

adolescents.

Exploration of identity as a way to increase adolescent self-esteem. Myers, Willse, and Villalba (2011) proposed an interaction of factors affect an individual's positive development and well-being. In using a model of wellness that outlines numerous factors that contribute to identity, counsellors can help adolescents identify areas of strengths. Moreover, by focusing on an individual's strengths, other areas of that impact identity can also be positively affected (Myers et al., 2011). In the example provided by Myers et al. (2011), individuals who have a positive identity related to their social self and a more negative identity related to their physical self can be asked to explore how they might integrate these social strengths into the physical domain. Thus, utilizing this type of approach to identify strengths in one area of identity can work to increase skills and abilities in other areas of identity. Tying this into Young's (2009) definition of self-esteem, focusing on an individual's strengths and how these strengths can be used to overcome areas of improvement may increase adolescent self-efficacy, which Young proposed to be one of the two major components contributing to higher levels of self-esteem.

To test this model of wellness, identity factors, and their actual impact on self-esteem, Myers et al. (2011) examined the extent to which wellness factors were predictive of self-esteem in 225 adolescents (spanning 15 to 17 years of age). Myers et al. (2011) found that the coping self, social self, and creative self, three of the five wellness factors identified in Myers and Sweeney's (2005b) indivisible self model of wellness described in Chapter 4, had the greatest impact on increasing self-esteem in this population of adolescents. Consequently, the main emphasis in the group therapy program located in the Appendix is on exploring these three identity factors.

Chapter Summary

Trzesniewski et al. (2006) stated, "Low self-esteem during adolescence predicts negative real-world consequences during adulthood" (p. 381). This chapter served to review some of these consequences as well as highlight some of the proposed benefits of high self-esteem. Adolescent identity was also explored to demonstrate the efficacy of utilizing an identity-based model of wellness to inform a group therapy program aimed at increasing adolescent self-esteem. The next chapter serves to provide a detailed overview of this model of wellness (i.e., the indivisible self).

Chapter 4: The Indivisible Self Model of Wellness

The purpose of this chapter is to provide a detailed outline of Myers and

Sweeney's (2005b) indivisible self model of wellness as well as present research that

supports the use of this model. This chapter begins with a discussion of wellness models.

This discussion is followed by an overview of the development of the indivisible self

model of wellness. Next, a comprehensive description of the model itself is offered,

including the presentation of literature that supports the main aspects of identity used in

this model. Literature is then presented that supports the efficacy of this model of

wellness as an effective counselling intervention. The chapter ends with a summary and

an introduction to the following chapter.

Introduction to Wellness Models

Wellness models have long been used as tools to assess individual functioning

(Myers & Sweeney, 2007), and as theories to explain health and illness (Myers &

Sweeney, 2008). While the roots of counselling have been traced back to almost one

century ago, the roots of wellness models have been traced back to almost 2,000 years

ago (Myers & Sweeney, 2008). Myers, Sweeney, and Witmer (2000) defined wellness as

follows:

> [Wellness is] a way of life orientated toward optimal health and well-being, in
>
> which body, mind, and spirit are integrated by the individual to live life more
>
> fully within the human and natural community. Ideally, it is the optimum state of
>
> health and well-being that each individual is capable of achieving. (p. 252)

Theorists have proposed a plethora of different wellness models, but only two are

grounded in counselling theory (Myers et al., 2011). The first model founded in

counselling theory is the "Wheel of Wellness" (Sweeney & Witmer, 1991, p. 528; see also Myers et al., 2011, p. 28), which was used to inform Myers and Sweeney's (2005b) second model, the indivisible self model of wellness. The following section provides a brief review of the history of the indivisible self model of wellness.

History of the Indivisible Self Model of Wellness

As already noted, Myers and Sweeney's (2005b) indivisible self model of wellness emerged from the wheel of wellness developed by Sweeney and Witmer (1991; see also Witmer & Sweeney, 1992). In the creation of the wheel of wellness, Sweeney and Witmer identified characteristics correlated with longevity, a high quality of life, and healthy living (see also Myers & Sweeney, 2004). Myers and Sweeney (2004) then organized these characteristics according to Adlerian theory's major life tasks of work: friendship, love, self, and spirit. In this model of wellness, forces outside the individual are depicted as impacting individual wellness, such as family, religion, education, community, government, media, business, and more global forces (Myers & Sweeney, 2004). In their stringent testing completed on the wheel of wellness, Myers and Sweeney (2005a) found that this model fell short, thus changes were made and the indivisible self model of wellness was created.

Myers and Sweeney's (2005b) indivisible self model of wellness contains the original 17 separate wellness dimensions utilized in Sweeney and Witmer's (1991) wheel of wellness, but they are grouped together differently to reflect one higher-order factor, the indivisible self, and five second-order factors, the coping self, social self, creative, self, essential self, and physical self (Myers et al., 2011). The identification of the five second-order factors allows for the exploration of the many variables that interact and

contribute to an individual's overall wellness—the indivisible self (Myers et al., 2011).

The indivisible self model of wellness still identifies the influence of outside factors on

individual well-being through the incorporation of local, institutional, global, and

chronometrical contexts. The next section provides an overview of the five second-order

factors utilized in the indivisible self model of wellness.

Overview of the Second-Order Factors in the Indivisible Self Model of Wellness

As already noted, the overarching or first-order factor in Myers and Sweeney's

(2005b) indivisible self model of wellness is the indivisible self. The indivisible self

factor embodies Adler's (as cited in Myers & Sweeney, 2004) notion that holism is

central to people's understanding of human behaviour. Moreover, to understand an

individual, Adler (as cited in Corey, 2009) believed that one needed to focus on the

interconnection between the different parts that make up an individual's identity (Corey,

2009). Thus, in the indivisible self model of wellness, the five second-order factors that

make up the indivisible self are believed to interact with and influence each other (Myers

& Sweeney, 2007). The following subsections outline each of the second-order factors:

the coping self, social self, creative self, essential self, and physical Self.

Coping self. The coping self contains four subcategories: stress management,

leisure, self-worth, and realistic beliefs (Myers et al., 2011). As stress has been found to

have a wide range of negative impacts on physical and mental health (Taylor & Sirois,

2012), learning effective ways to cope with stress can help to mitigate these negative

impacts. In regards to leisure, many studies have demonstrated the positive health

impacts of finding and engaging in meaningful, healthy leisure activities (Caldwell, 2005;

Hsieh, Spaulding, & Riney, 2004; Leitner & Leitner, 2005). Theorists believe self-worth

to be impacted by self-efficacy, thus learning how to successfully cope with life events can increase self-efficacy and subsequently work to increase self-worth (Myers & Sweeney, 2004). Finally, irrational beliefs are believed to be the source of many issues that individuals experience throughout their lives (Wright, Basco, & Thase, 2006), thus learning to identify and change these beliefs into more accurate beliefs can contribute to increased well-being (Myers & Sweeney, 2004). As a whole, the coping self can then be viewed as "elements that regulate our responses to life events and provide a means for transcending their negative affects" (Myers & Sweeney, 2004, p. 237).

Social self. The social self contains two subcategories: friendship and love (Myers et al., 2011). Important to note is that friendship and love are not viewed as easily distinguishable constructs, as they often exist on a continuum (Myers & Sweeney, 2004). As social support has been found to be linked to numerous health benefits over the course of one's life (Myers & Sweeney, 2004; Taylor & Sirois, 2012), a focus on defining and enhancing individuals' social networks can result in many positive outcomes. As a whole, the social self can then be viewed as the friendships, intimate relationships, and other relationships that comprise an individual's social support network.

Creative self. The creative self contains five subcategories: thinking, emotions, control, positive humour, and work (Myers et al., 2011). What an individual thinks is believed to impact how that individual feels and vice versa (Wright et al., 2006). Gaining an increased understanding of the connections between one's thoughts and feelings can help individuals to become more emotionally regulated (Dennis & Hajcak, 2009). Higher levels of emotional regulation in adolescents have been linked to fewer internal and

external behavioural problems (Eisenberg et al., 2001; McCoy & Raver, 2011). In regards to control, which is defined as an individual's perceived ability to influence events in his or her life, many studies have demonstrated the health benefits that high levels of perceived control can have (Infurna, Gerstrof, & Zarit, 2011; Mirowsky & Ross, 2003; Moore et al., 2010). Positive humour is also believed to have a pervasive and powerful impact on both physical and mental well-being (Myers & Sweeney, 2004). Finally, work is believed to play an important role in an individual's experience of being able to live life to its fullest (Myers & Sweeney, 2004). As a whole, the creative self can then be viewed "as the combination of attributes that each individual forms to make a unique place among others in his or her social interactions" (Adler, as cited in Myers & Sweeney, 2004, p. 237).

Essential self. The essential self contains four subcategories: spirituality, gender identity, cultural identity, and self-care (Myers et al., 2011). Spirituality is believed to encompass an individual's "existential sense of meaning, purpose, and hopefulness toward life" (Myers & Sweeney, 2004, p. 237). Having a sense of spirituality has been linked with increased quality of life and longevity (Myers & Sweeney, 2004). In regards to gender and cultural identity, both of these aspects of identity are believed to have important impacts on an individual's meaning-making processes (Myers & Sweeney, 2004). Finally, self-care encompasses the activities or actions that an individual engages in take care of oneself, which can often increase longevity and well-being (Myers & Sweeney, 2004). As a whole, the essential self can then be viewed as the combination of elements that act as filters in regards to how an individual views his or her world and

makes meaning of his or her world, as well as the efforts an individual engages in to take care of him or herself.

Physical self. The physical self contains two subcategories: exercise and nutrition (Myers & Sweeney, 2005b). Exercise has been linked to many physical and mental health benefits, such as decreased blood pressure, decreased obesity, increased longevity, improved cognitive functioning, increased positive mood, decreased levels of stress, and increased levels of self-esteem (Noack, Kauper, Benbow, & Eckstein, 2013; Penedo & Dahn, 2005; Taylor & Sirois, 2012). In regards to nutrition, healthy eating has also been linked to many physical and mental health benefits, such as increased longevity, decreased risk of disease, decreased risk of cervical cancer, decreased risk of obesity, and increased self-esteem (Taylor & Sirois, 2012). As a whole, the physical self can then be defined as the physical activities and eating habits that an individual engages in.

Again, a main tenet of the indivisible self model of wellness is the interactivity of all the factors (i.e., change in one area of wellness will impact change in other areas of wellness). Myers et al. (2011) proposed that this interactive model of wellness provides a highly effective method through which to develop strength-based counselling interventions aimed at increasing wellness across the second-order factors identified above. The next section of this chapter reviews literature that supports the efficacy of Myers and Sweeney's (2005b) indivisible self model of wellness as a counselling tool.

The Indivisible Self Model of Wellness as a Counselling Tool

Myers and Sweeney (2008) asserted counsellors have an ethical responsibility to utilize evidence-based techniques. This responsibility is also outlined in Section II.21 of

the Canadian Psychological Association's (2000) *Code of Ethics,* which states that psychologists must "strive to provide and/or obtain the best possible service for those needing and seeking psychological service. This may include, but is not limited to: selecting interventions . . . that have reasonable theoretical and empirically-supported efficacy" (pp. 17–18). As such, the following section of this chapter reviews studies that have tested the efficacy of Myers and Sweeney's (2005b) indivisible self model of wellness as counselling tool.

Tanigoshi, Kontos, and Remley (2008) tested the effectiveness of five individual wellness counselling sessions, based on Myers and Sweeney's (2005b) indivisible self model of wellness, on 60 law enforcement officers. The majority of the participants were Caucasian males between 22 and 73 years of age. Tanigoshi et al. found that participants experienced significant positive changes in their coping self, social self, creative self, and physical self, but not in their essential self, as measured by the Five Factor Wellness Evaluation of Lifestyle (5F-WEL; Myers & Sweeney, 1999). Tanigoshi et al. postulated that this lack of change in participants' essential self may have been due a lack of effectiveness in the cognitive behavioural therapy interventions designed to target this aspect of self. In another study, in which this model of wellness was used as the basis for individual counselling for a 13-year-old male with Asperger's disorder, a 5-month intervention program was designed in an effort to increase this participant's physical and creative self (Moorhead, Green, McQuistion, & Ozimek, 2008). Utilizing the 5F-WEL-Elementary version as a posttest measure, this participant's physical self increased while his creative self and the majority of other areas of his wellness decreased (Moorhead et

al., 2008). These findings may have been due to an increased focus on this one area of wellness, which then negatively impacted other areas of wellness.

In another study, Villalba and Myers (2008) tested a three-session classroom guidance unit based upon the indivisible self model of wellness (similar to a PEG program) on 55 Grade-5 students. Their classroom guidance unit focused only on the creative self, social self, and physical self, as the developmental level of their participants may have made the concepts underlying the coping and essential self harder to grasp. The majority of the participants in their study had significantly and positively higher wellness scores posttesting. Moreover, participants with the lowest wellness scores preintervention improved the most, whereas participants with the highest wellness scores preintervention did not differ significantly on their postintervention wellness scores (Villalba & Myers, 2008). This finding parallels Haney and Durlak's (1998) results, which revealed that participants who appeared to benefit the most from self-esteem-based interventions were those with lower levels of self-esteem. As such, the group therapy program located in the Appendix is targeted for adolescents with lower levels of self-esteem. To build further credibility for this approach, Oguz-Duran and Tezer (2009), in their study of 265 Turkish first-year university students, found that participants with higher levels of self-esteem also had higher levels of wellness as represented by Myers and Sweeney's (2005b) indivisible self conceptualization of wellness. While the main aim of the PEG in the Appendix is to increase self-esteem by utilizing Myers and Sweeney's (2005b) indivisible self model of wellness as a framework, this group therapy program also has the potential to increase the wellness of participants as a whole.

Although Myers and Sweeney's (2005b) indivisible self model of wellness is relatively new, preliminary findings support the efficacy of this tool as the basis for effective counselling interventions. Moreover, Sweeney and Witmer's (1991) wheel of wellness, upon which the model is based, has been employed since 1991 and has been empirically supported with a wide range of populations and presenting issues (Myers, Madathil, & Tingle, 2005; Myers & Sweeney, 2004). Furthermore, as represented by Myers et al.'s (2011) study discussed in Chapter 3, the coping self, social self, and creative self have been found to have the most potential for increasing self-esteem in adolescents. As such, this offers further empirical support for the efficacy of the indivisible self model of wellness as a counselling tool, and as a method through which to increase adolescent self-esteem.

Chapter Summary

This chapter outlined Myers and Sweeney's (2005b) indivisible self model of wellness and provided evidence for the integration of this model of wellness into a group therapy program aimed at increasing adolescent self-esteem. Now that the need for working to increase adolescent self-esteem (see Chapter 3) and support for using this model of wellness as a means through which to do so has been established, the next chapter provides support for the psychoeducational and process based portion of this group therapy program.

Chapter 5: Psychoeducational Counselling Groups with an Emphasis on Process

The purpose of this chapter is to provide support for a PEG therapy program infused with process work and aimed at increasing adolescent self-esteem. This chapter begins with a review of literature that supports the efficacy of group counselling as a valid intervention. Next, an overview of PEGs is provided, followed by an overview of process work. This chapter then discusses guidelines for how to integrate process work into PEGs. The chapter ends with a summary and an introduction to the following chapter.

Group Counselling as a Valid Intervention

Gumaer (as cited in Margot & Warren, 1996) stated, "People are born in groups, live in groups, work in groups, become ill in groups, and so why not treat them in groups" (para. 7). According to Drumm (2006), group work is a powerful therapeutic endeavour that can result in an atmosphere of mutual aid. In this setting, members learn to identify and voice their own needs, realize similarities and differences, form connections with others, and practise new skills in an environment of inclusion and respect (Drumm, 2006). Moreover, group counselling approaches can (a) increase staff efficiency (Akos, Hamm, Mack, & Dunaway, 2006); (b) offer a more affordable therapy option to clients (McRoberts, Burlingame, & Hoag, 1998); (c) universalize issues, which can help increase the sense that one is not alone in their experience (Shaffer & Galinsky, as cited in Drumm, 2006); (d) foster a sense of altruism through aiding other group members (Steinberg, as cited in Drumm, 2006); and (e) provide a safe place to engage in interpersonal learning and further develop socializing techniques (Yalom & Leszcz, 2005).

To provide further evidence of the efficacy of group work, Yalom and Leszcz (2005) stated, "A persuasive body of outcome research has demonstrated unequivocally that group therapy is a highly effective form of psychotherapy and that it is at least equal to individual psychotherapy in its power to provide meaningful benefit" (p. 1). McRoberts et al.'s (1998) meta-analytic review supported this assertion. These researchers analyzed 23 outcome studies completed between 1950 and 1997 that compared the effectiveness of group therapy versus individual therapy (McRoberts et al., 1998). From their in-depth analysis of these studies, McRoberts et al. concluded that there were no significant differences in therapeutic outcomes when group versus individual counselling approaches were used. While there are many different types of group counselling approaches (e.g., experiential, theme-based, task-based, and brief), the next section provides an overview of PEGs, as this is approach utilized in the group therapy program located in the Appendix.

Overview of Psychoeducational Counselling Groups

The focus in PEGs is to develop members' cognitive, affective, and behavioural skills through the presentation and discussion of factual information (Brown, 2011; Corey et al., 2010; Furr, 2000). Brown (2011) defined PEGs as "groups that have a significant educational component in addition to the psychological component" (p. 8). In addition, PEGs are often preventative in nature and teach members coping skills applicable to the topics being covered in the specific group (Brown, 2011; Furr, 2000). According to Paisley and Milsom (2006), PEGs are commonly used with adolescents in a school setting to impart new information and promote the refinement or development of new skills.

In working with adolescent self-esteem, a PEG appears to be a valid approach as these groups (a) mesh with many adolescents' experience in an educational setting (Corey et al., 2010); (b) offer a developmental appropriate venue through which to impart and discuss information (Akos et al., 2006; Corey et al., 2010), in this case pertaining to self-esteem; (c) have been found to be particularly effective in school settings (Brigman & Campbell, 2003; Brown, 2011; Corey et al., 2010; Paisley & Milsom, 2006); and (d) often focus on teaching coping skills (Brown, 2011; Furr, 2000), such as how to handle assaults to one's self-esteem. Consequently, this provides support for the group therapy program in the Appendix, as this PEG will most likely be offered in a school setting, given that the target population is adolescents, with a focus on facilitating the obtainment of knowledge to assist in increasing self-esteem, and with one of the main objectives being to equip members with new or improved coping skills.

Although the previous section provides support for a PEG format for adolescents with low self-esteem, PEGs can be very structured in nature (Corey et al., 2010), which is not usually conducive to the creation of an environment in which meaningful process work can occur (Champe & Rubel, 2012). However, according to some of the literature pertaining to PEGs, these groups should involve a balance of process and content (Champe & Rubel, 2012; Corey et al., 2010; Furr, 2000). Champe and Rubel (2012) stated that, despite the important role that an integration of process can play in members' acquisition of knowledge on the topics covered in PEGs, hardly any literature focuses on how to integrate such a process into PEGs.

In PEGs, the primary focus is on content and on member learning pertaining to that content (Brown, 2011; Champe & Rubel, 2012). The integration of process into

PEGs can help ensure that a group does not become another class that a student takes (Dagley, 1999) and can help to facilitate the learning of the material covered into members' everyday lives (Glass & Benshoff, 1999). The next section provides an overview of process work.

Overview of Group Process Work

The focus in group process work is to try to understand the nature of the relationship between members in a group (Yalom & Leszcz, 2005). Yalom and Leszcz (2005) defined process work as the metacommunicational aspects of interactions between group members. Moreover, they discussed process in contrast to content. Content involves looking at what specifically was said, while process involves looking at the "how" and the "why" behind what was said (Yalom & Leszcz, 2005). At the heart of process work is "identifying the connection between the communication's actual impact and the communicator's intent" (Yalom & Leszcz, 2005, p. 143). According to Yalom and Leszcz (2005), when counsellors utilize a process-based orientation they ask themselves, "What do these explicit words, the style of the participants, the nature of the discussion, tell us about the interpersonal relationship of the participants?" (p. 143).

Experts in the field discussed four essential components of process work: an in-depth understanding of the different stages of group development (Corey et al., 2010; Yalom & Leszcz, 2005), a focus on the here and now (Corey et al., 2010; Yalom & Leszcz, 2005), the facilitation of process commentary (Yalom & Leszcz, 2005), and the use of silence (Harris, 1988). The next section provides an overview of these essential components of process work.

Stages of group development. The importance of having an awareness of the different stages or processes that a PEG can go through is crucial to the facilitation of a successful group (Corey et al., 2010; Jones & Robinson, 2000; Yalom & Leszcz, 2005). Moreover, having an in-depth understanding of group stages of development is an ethical responsibility of group facilitators, as noted in Ethical Standard B.2 of the "Association for Specialists in Group Work: Best Practice Guidelines 2007 Revisions" (Thomas & Pender, 2008, p. 115). One main reason for having such an understanding is that "group activities [and interventions utilized] must be appropriately timed in consideration of the group stage" (Jones & Robinson, 2000, pp. 356–357). While there have are many stages of group development described in the literature (see Corey et al., 2010; Jones & Robinson, 2000; Yalom & Leszcz, 2005), I utilize Tuckman and Jensen's (1977) five-stage model of group development in the group therapy program found in the Appendix, as it is a widely accepted model within the group counselling field (Fall & Wejnert, 2005). The following subsections outline Corey et al.'s (2010) forming, storming, norming, performing, and adjourning stages of group development, with an emphasis on member needs and group facilitator roles during these stages.

Forming. In the initial or forming stage of group, members struggle with finding their place within the group (Corey et al., 2010; Fall & Wejnert, 2005). Group members often experience feelings of anxiety and uncertainty at this stage (Fall & Wejnert, 2005). According to Smith (2005), orientation, testing, and dependence are common characteristics of this stage. In the forming stage of a group, members' needs centre around safety. Thus, a central role of group facilitators during this stage of group development is to create a safe environment (Corey et al., 2010).

Storming.   In the storming stage of a group, hostility and conflict between members can occur (Corey et al., 2010; Fall & Wejnert, 2005). Group members often experience emotional responses to the demands of the group, as the facades of the members give way to more real or honest group member interactions (Fall & Wejnert, 2005). According to Smith (2005), conflict and polarization around interpersonal issues serve as resistance to the group's influence in this stage of group development.

In the storming stage of a group, members need opportunities to work through resistance and support in expressing their reactions to the group (Corey et al., 2010). Thus, a central role of group facilitators during this stage of group development is to assist members to (a) recognize and deal effectively with conflict situations in the group, (b) identify members' own patterns of defensiveness and how these patterns help or hinder their involvement in the group, (c) encourage members to share here-and-now reactions with the group, and (d) try to understand the underlying need behind group members' problematic behaviours (Corey et al., 2010).

Norming.   In the norming stage of a group, members often experience acceptance of the group as a whole as well as acceptance of the uniqueness of other group members (Fall & Wejnert, 2005). Group members often become more sensitive to other members' concerns in this stage (Fall & Wejnert, 2005). According to Smith (2005), resistance is overcome, group cohesiveness develops, and new group standards and roles emerge in this stage of a group's development.

In the norming stage of a group, members pull together their roles and offer reciprocal support as group themes are explored in more depth (Fall & Wejnert, 2005).

Thus, a central role of group facilitators during this stage is to promote member behaviours that continue to increase group cohesion (Fall & Wejnert, 2005).

Performing.   In the performing stage of a group, members usually engage in meaningful work and personal growth starts to occur in greater depth (Corey et al., 2010; Fall & Wejnert, 2005). Group members need to be able to explore personally meaningful material at this stage, which often requires less direction from facilitators than in the forming, storming, and norming stages of a group (Corey et al., 2010; Fall & Wejnert, 2005). According to Tuckman (as cited in Smith, 2005), in this stage of group development, "roles become flexible and functional. . . . Structural issues have been resolved . . . [and] interpersonal structure becomes the tool of task activities" (para. 12).

In the performing stage of a group, members are usually able to process issues on their own and adopt different roles to aid in the fulfillment of group goals (Fall & Wejnert, 2005). Thus, a central role of group facilitators during this stage is to encourage members to practise new skills, highlight themes that connect members' work, normalize members' experiences, and support members in their journey of making positive changes (Corey et al., 2010).

Adjourning.   In the adjourning stage of a group, members usually experience a wide range of feelings, such as anxiety, sadness, hope, fear, and happiness (Corey et al., 2010; Fall & Wejnert, 2005). Group members need to be able to adequately process the approaching ending of the group (Corey et al., 2010; Fall & Wejnert, 2005). According to Forsyth (as cited in Smith, 2005), "termination of roles, the completion of tasks, and reduction of dependency" ("A Fifth Stage," para. 3) are common characteristics in this stage of a group.

In the adjourning stage of a group, members need to experience a sense of closure and discuss how learning gained from the group will continue after the group has ended (Corey et al., 2010; Fall & Wejnert, 2005; Jones & Robinson, 2000). Thus, a central role of group facilitators during this stage is to provide members with ample opportunities to discuss and process the group's ending as well as opportunities to bring closure to any unfinished business pertaining to the group (Corey et al., 2010).

Having an in-depth understanding of the stages of group development is a crucial aspect of process work, as these stages (a) provide insight into the dynamics and processes that can occur in a group setting (Corey et al., 2010; Thompson, 2011; Yalom & Leszcz, 2005); (b) offer a framework for working with resistance and selecting stage-appropriate interventions (Champe & Rubel, 2012; Corey et al., 2010; Gold, 2008; Jones & Robinson, 2000); and (c) provide insight into the underlying needs of members at different stages in the group's development (Champe & Rubel, 2012; Corey et al., 2010). The next section focuses on the importance of here-and-now interactions in process work.

Here-and-now focus. A here-and-now focus involves encouraging group members to stay focused on what is occurring for them in the here-and-now in the group setting (Corey at al., 2010; Yalom & Leszcz, 2005). This can include a focus on members' thoughts, feelings, sensations in their body, atmosphere in the room, and the underlying reasons behind behaviours that have just occurred (Corey et al., 2010).

Utilizing a here-and-now focus is a crucial aspect of process work, as this type of a focus can result in increased (a) group therapy power and effectiveness (Yalom & Leszcz, 2005); (b) insight into how members behave in the outside world, as this will be represented by how they interact with other in the group setting (Corey et al., 2010;

Yalom & Leszcz, 2005); (c) emotional quality of interactions (Corey et al., 2010; Yalom & Leszcz, 2005); (d) likelihood to improve members interpersonal relationships outside the group (Corey et al., 2010); (e) ability to move the group process to the next stage (Corey et al., 2010); and (f) opportunity for all members to participate, regardless of what they may be experiencing (Corey et al., 2010). That being said, Corey et al. (2010) noted that a here-and-now focus could result in therapeutic ruptures if used too quickly when a member is sharing a past trauma or if used in a way that invalidates a member's experience.

According to Yalom and Leszcz (2005), for a here-and-now focus to be therapeutic two factors need to occur: (a) participants need to experience each other with honesty and spontaneity and (b) reflections back on these experiences need to occur (i.e., process commentary). The next section provides an overview of Yalom and Leszcz's (2005) second factor that needs to occur for a here-and-now focus to be therapeutic, a process commentary.

Process commentary. Yalom and Leszcz (2005) discussed process commentary in terms of process illumination. Process illumination occurs when group members are able to examine themselves in the here-and-now, study the transactions in the group, and then transcend the pure here-and-now focus to integrate that experience into learning outside of the group (Yalom & Leszcz, 2005). Put more simply, following a here-and-now group interaction, the process commentary would consist of reflections on the interaction that had just occurred.

According to Yalom and Leszcz (2005), ensuring that process commentary occurs after a here-and-now interaction is a crucial aspect of process work, as process

commentary is believed to (a) promote the transfer of learning from the group setting into life outside the group, (b) help in the retention of learning gained from the group, and (c) enable members to identify and alter their problematic behaviours. Now that an overview of the stages of group development, a here-and-now focus, and process commentary has been provided, the counselling tool most essential to the facilitation of process work will be discussed—utilizing silence.

The Use of Silence

Silence in counselling has been referred to as problematic by researchers and practitioners alike (see Corey et al., 2010; Yalom & Leszcz, 2005). However, in alignment with Harris's (1988) view, silence also has the potential to be a powerful tool and may be essential to the development of process work in a group setting. According to Harris, silence in a group can indicate important underlying group dynamics, such as conflict, group ease, and times of deep reflection. Silence allows time for (a) group members to reflect on the topics that arise in a group setting, (b) group leaders to reflect on what has just happened and how to best proceed, (c) the processing of intense group interactions, (d) the grounding of group members, and (e) periods of well-deserved rest from what can be an intense experience (Harris, 1988). As the focus in PEGs is usually on getting through a large body of information, the powerful use of silence may often be overlooked. Group leaders who allow for periods of silence, in addition to above-listed benefits, can help promote the development of a healthy, more effective, well-established group (Harris, 1988).

In conclusion, the powerful therapeutic effects of process work cannot be overstated. In Fertman and Chubb's (1992) study on a PEG aimed at increasing self-

esteem, no reference to process was made in the group's description, and this PEG was not found to increase adolescent self-esteem. This is in contrast to several PEG studies that did include reference to process and were found to increase adolescent self-esteem (see Margot & Warren, 1996; Okeke-Adeyanju et al., 2014; Shen & Armstrong, 2008). To provide further support for the power of process in a group setting, Lee and Harvey (2014) found that participants receiving cognitive behavioural therapy recalled more therapy points than those in the non-process-based PEG. Now that the core components of process work have been discussed, the next section provides guidelines that group facilitators can utilize to integrate process work into PEGs.

Guidelines for Integrating Process Work into Psychoeducational Groups

Champe and Rubel (2012) eloquently described the balancing act that exists between process and content in PEGs as follows: "Too much focus on group process risks veering into the territory of therapy groups, while too much focus on content and conceptual learning risks merely teaching to people sitting in a circle" (p. 74). In Champe and Rubel's discussion of how counsellors can integrate process work into PEGs, they identified four key counsellor tasks: create a safe group environment, engage members in each other's learning, explore members' relationships to PEG content, and return promptly to the PEG content being covered. The next section uses these four key counsellor tasks to outline guidelines for group facilitators to utilize when integrating process work (i.e., the stages of group development, here-and-now focus, process commentary, and silence) into PEGs.

Create a safe group environment. In regards to creating a safe environment, the techniques that counsellors utilize should vary depending on the stage of group

development. In the forming stage, activities should be low risk (e.g., facilitator-selected dyad activities and round-robin check-ins) and aimed at assisting members in getting to know each other and in expressing their fears and concerns in regards to the group (Corey et al., 2010; Jones & Robinson, 2000). In the storming stage, activities should be more intense and high risk (e.g., member-selected partners and popcorn check-in rounds or activities) aimed at facilitating member-to-member interactions that directly and respectfully address conflict (Corey et al., 2010). In the norming stage, activities continue to be more intense and high risk and are intended to encourage the open exchange of applicable interpretations of self and others in the group, continue to support appropriate conflict resolution, and involve the demonstration of respect for differences in the opinions of group members (Fall & Wejnert, 2005). In the performing stage, activities continue to be more intense and high risk and are intended to encourage member self-disclosure, involve more than one member or the entire group, and focus mainly on here-and-now group interactions (Jones & Robinson, 2000). Finally, in the adjourning stage, activities should return to being low risk and less intense in nature, with the intention to review the learning gained from the group and help members prepare for the group's ending (Corey et al., 2010; Jones & Robinson, 2000).

Important to note is that group members may not progress through the above stage as whole (Corey et al., 2010). Thus, group facilitators need to reflect on the stage of group development as an entire entity when planning group activities in advance, but activities or interventions may need to be adjusted in the moment based on the stage of development of individual group members.

Engage members in each other's learning. The following approaches may help the facilitator engage members in each other's learning: utilize a here-and-now focus, facilitate process commentary, and utilize silence. A here-and-now focus can help facilitate member-to-member learning and interactions, as all members can participate regardless of their experience (Corey et al., 2010; Yalom & Leszcz, 2005). Moreover, the focus is on what is occurring for everybody in the room, not on the different experiences that have occurred for members in their past, which can result in storytelling and the subsequent disengagement of other members (Corey et al., 2010). Silence can be used as a basis through which to explore dynamics occurring between members in a group and allow for the processing of these interactions to occur (Harris, 1988). Corey et al. (2010) highlighted the importance of looking for opportunities to link members' work. In PEGs that are typically characterized by their focus on an overarching topic, utilizing activities appropriate to the current group stage (i.e., dyad, triad, and entire group activities) that facilitate interactions between members in regards to the topics at hand can also help to deepen the connections between group members.

Explore members' relationship to psychoeducational group content. Yalom and Leszcz (2005) noted it is critical for group facilitators to reflect on the host of factors that may underlie an interaction in the group setting. In a PEG, this will also involve the consideration of how what is occurring in the group relates to the topic (or topics) being covered (Furr, 2000). Once again, allowing for periods of silence may provide much needed opportunities for members to reflect on their relationships to the topics being discussed (Harris, 1988).

PEG facilitators need to ask themselves the following crucial questions when deciding which interaction (or interactions) to bring to the group's attention and dissect further (i.e., engage in process commentary): What are the group's immediate needs (Yalom & Leszcz, 2005), how does this relate to the content of the group (Furr, 2000), and how can it be used to further members learning of this content (Furr, 2000)? When taking into account the group's immediate needs, reflection back on the stage of group development and common member needs at this stage can provide a helpful guideline for facilitators when asking themselves these questions. Allowing for silences in a group setting can enable group leaders to adequately reflect on these questions.

Return promptly to the psychoeducational group content being covered. As the overarching goal or main focus of a PEG is on content (Brown, 2011; Champe & Rubel, 2012; Corey et al., 2010; Furr, 2000), it is important to have strategies in place to integrate process work that assists in further facilitating members' understanding of the concepts being covered (Furr, 2000). Furr (2000) recommended that PEG facilitators think through the purpose of the exercises they have planned and preplan process-based questions prior to the start of each session. The overarching goals of these process-based questions should be to help facilitate member understanding of the topic being covered and members' experiences related to that topic (Furr, 2000).

Kees and Jacobs (as cited in Furr, 2000) recommended that processing questions start out concrete before proceeding to the more abstract level. For example, facilitators can first ask what happened during the activity itself and then ask what the experience of actually completing the activity was like for members (Furr, 2000). This line of processing questions can then be followed by a discussion of how completing the activity

affected the group as a whole, and how the insight or learning gained from the activity can be applied to members' lives outside the group (Furr, 2000). The guidelines discussed in this section provide a way for group facilitators to integrate the benefits of process work into a PEG, without losing sight of the overarching goal of the group (i.e., teaching content related to a specific topic).

Chapter Summary

Corey et al. (2010) stated that group counselling approaches can be a very effective treatment approach for a wide range of presenting issues. This chapter provided support for group counselling approaches in general. Yalom and Leszcz (2005) noted all groups, no matter how structured, can benefit from a focus on process. In alignment with Yalom and Leszcz's statement, this chapter also provided support for the integration of process work into PEGs. Lastly, this chapter provided general guidelines that group facilitators can utilize to integrate process work into PEGs. The next chapter serves to pull together how an evidence-based model of wellness and process work can be a viable method to increase adolescent self-esteem.

Chapter 6: Integration of the Indivisible Self and Process Work into a

Psychoeducational Group

The purpose of this chapter is to outline how Myers and Sweeney's (2005b) indivisible self model of wellness and process work can be integrated into a PEG aimed at increasing adolescent self-esteem. This chapter begins with a review of literature that supported the efficacy of group counselling as a valid method through which to increase adolescent self-esteem. Next, the chapter offers an overview of how the indivisible self model of wellness informed the group therapy program outlined in the Appendix. This chapter then presents specific strategies counsellors can use to infuse process work into self-esteem based PEGs. The chapter ends with a summary and an introduction to the following chapter.

Group Counselling as a Valid Way to Increase Adolescent Self-Esteem

Often times the most influential group in an adolescent's life is their peers (Akos et al., 2006; Nassar-McMillan & Cashwell, 1997; Searcy, 2007); therefore, it follows that counselling with the population may be most effective in a group setting. The next section reviews literature that supported the effectiveness of a group counselling approach in exploring and promoting the development of self-esteem in adolescents.

Adolescence is a time when individuals are increasingly likely to be concerned with figuring out who they are (Akos et al., 2006; Nassar-McMillan & Cashwell, 1997; Tsang et al., 2012). According to Searcy (2007), a main avenue through which youth explore their identity and develop self-esteem, or lack thereof, is through interactions with their peers. Self-esteem is then developed through associations with others, activities one engages in, and what one hears about themselves (Searcy, 2007). Based on

this information, work with adolescents aimed at fostering a high level of self-esteem often occurs in a group counselling setting (Brigman & Campbell, 2003; Nassar-McMillan & Cashwell, 1997; Villalba, 2007).

According to Gumaer (as cited in Margot & Warren, 1996), there is no better environment for youth to learn in than within their peer group, and as such counsellors working in the school setting can maximize students' learning through group experiences. Nassar-McMillan and Cashwell (1997) stated that many different types of group counselling interventions have been successfully utilized with adolescents with a higher likelihood of experiencing low self-esteem. To support this assertion, Margot and Warren (1996) compared the effectiveness of individual versus group therapy focused on increasing self-esteem for 37 female adolescents (spanning 12 to 15 years of age) who had experienced sexual abuse. These researchers found significantly higher levels of self-esteem for participants in the group counselling condition when compared to the individual counselling condition 1 week after the counselling had finished (Margot & Warren, 1996).

In a more recent study, Hong, Lin, Wang, Chin, and Yu (2012) tested the effectiveness of a functional group counselling intervention on 43 low-achieving students' self-worth and self-efficacy. They found that group counselling in a school setting was enjoyable to students and provided an atmosphere that had the ability to promote positive student-to-student learning (Hong et al., 2012). More importantly, Hong et al. (2012) found that the 43 students who participated in the functional group counselling intervention had significantly improved levels of self-worth and self-efficacy when compared to their peers who did not complete the functional group counselling.

To get a bigger picture of the effectiveness of group counselling interventions in increasing self-esteem in adolescents, Haney and Durlak (1998) conducted a meta-analytic review of 116 studies focused on different therapeutic modalities to increase children and adolescent self-esteem. Of these studies, 84.5% were delivered to groups of children or adolescents. Haney and Durlak concluded from their review that significant improvements in self-esteem were most likely to occur if the intervention was focused specifically on increasing self-esteem. They also concluded that intervention programs guided by a specific theoretical background and using evidence-based interventions were more likely to demonstrate successful outcomes. This information is essential to the development of a counselling group aimed at increasing self-esteem, as it demonstrates the success of group therapy modalities, calls for a direct focus on self-esteem, and denotes the importance of anchoring this group program within a specific therapeutic background, utilizing evidence-based interventions. Consequently, this provides support for the group therapy program outlined in the Appendix aimed at increasing adolescent self-esteem. Haney and Durlak's findings also supported the integration of Myers and Sweeney's (2005b) evidence-based indivisible self model of wellness into this group therapy program. Now that support for the efficacy of a group counselling approach aimed at increasing adolescent self-esteem has been provided, the next section offers an overview of how the indivisible self model of wellness informed the group therapy program located in the Appendix.

Session Breakdown According to the Indivisible Self Model of Wellness

The group therapy program described in the Appendix outlines the eight counselling session objectives as well as a pregroup and postgroup session. As the

pregroup and postgroup sessions are not based on Myers and Sweeney's (2005b)

indivisible self model of wellness, they are not included in this overview. This section of

the chapter begins with a breakdown of the eight counselling sessions and their

corresponding base in the five second-order factors of the indivisible self model of

wellness. This section of the chapter concludes by identifying the tools that will be used

to explore the concepts underlying the coping self, social self, creative self, essential self,

and spiritual self. As the coping self, social self, and creative self were found to be the

three second-order factors in the indivisible self model of wellness that had the most

impact on self-esteem (see Myers et al., 2011), two sessions are based on the coping self,

two sessions are based on the social self, two sessions are based on the creative self, one

session on the essential self, and one session on the spiritual self.

That being said, while the focus for these sessions will be on one aspect of self at

a time, the various concepts learned throughout this group therapy program will be

integrated across sessions as opportunities arise. While this group therapy program is

psychoeducational in nature, by infusing process into the mix, the here-and-now

interactions in the group can be used to as a tool to reflect on the processes that have

occurred between members as they relate to the information covered in the proposed

group therapy program. The next section of this chapter serves to identify how the

concepts identified by each aspect of self will be explored with group members.

The Integration of the Second-Order Factor Subcategories into the Sessions

I chose the activities selected to exemplify the concepts identified by the five

second-order factors in Myers and Sweeney's (2005b) indivisible self model of wellness

based on their applicability to the subcategories of these five aspects of self. As such, the

activities presented under each second-order factor are arranged via the corresponding subcategories these activities are believed to fulfill. In addition, throughout the eight sessions, there will be a focus on identifying and highlighting members' strengths, to align with the strengths-based approach exemplified in the indivisible self model of wellness.

Coping self. The two sessions that focus on exploring members coping self utilize (a) Fox and Sokol's (2011) give-up and go-to thoughts to exemplify the subcategory of realistic beliefs and stress management, (b) Fox and Sokol's self-doubt and confidence mindset to exemplify the subcategory of self-worth and stress management (Myers et al., 2011), and (c) a leisure-based interactive group discussion and art therapy activity to exemplify the subcategory of leisure (Myers et al., 2011). It is important to note that additional art therapy activities will be used as a way to teach and process the information covered in these sessions.

Social self. The two sessions that focus on exploring members' social self utilize Fox and Sokol's (2011) conceptualization of self-doubt and a confidence mindset and the drama triangle, as outlined by McBride (2012), to exemplify the subcategory of friendship and love (Myers et al., 2011). There will also be an interactive group discussion on what constitutes social support and a handout will be given on different local resources for adolescents. Important to note is that the nature of the entire structure of this group therapy program (i.e., that it occurs in a group setting) serves to fulfill the social aspect of this second-order factor of self (Myers et al., 2011).

Creative self. The two sessions that focus on exploring members' creative self utilize the situation-belief-feeling-behaviour (SBFB) wheel, as outlined by McBride

(1999), to explore four of the five subcategories in this aspect of self: thinking, emotions, control, and positive humour. As the SBFB wheel is used to explore the relationships between situations, thoughts, feelings, and actions, the aim of using this tool will be to teach adolescents the connections between these variables, increase their perceived level of control over their actions, and utilize positive humour during this process. Important to note that the use of the SBFB wheel will also integrate aspects of Myers et al.'s (2011) coping self (i.e., stress management and coping tools). The fifth subcategory of work will not be explored due to the age of the group members and likelihood that many of them may not have a job.

Essential self. The one session that focuses on Myers et al.'s (2011) essential self utilizes a collage-based art therapy activity as a sounding board from which to explore the subcategories of spirituality, gender identity, cultural identity, and self-care.

Physical self. The one session that focuses on Myers et al.'s (2011) physical self utilizes (a) *Canada's Food Guide* (Health Canada, 2011) to exemplify the subcategory of nutrition (Myers et al., 2011) and (b) an interactive group discussion on exercise, how to make exercise enjoyable, and how to integrate exercise into daily life to exemplify the subcategory of exercise (Myers et al., 2011). It is important to note that this session will also integrate aspects of Myers et al.'s (2011) coping self (i.e., stress management and coping tools), creative self (i.e., thinking, emotions, and control), and essential self (i.e., self-care).

In addition to the specific activities listed above, in the second session members will be asked to create their own toolbox coined the "Indivisible You Toolbox." Throughout the eight sessions members will be adding new tools to this box in the form

of new coping skills, identified strengths, positive affirmations, insights gained, resources available to them, and so forth. These tools will take the form of written words, individual art activities, and group art activities.

Strategies to Integrate Process Work into Psychoeducational Groups for Adolescents with Low Self-Esteem

Middleman (1978) outlined six specific group facilitator skills that are aimed at assisting in the integration of process into the group setting. Middleman's strategies form the basis for this section, as she is a well-known and extensively published author in the field of group counselling theory and practice. While these strategies can be used across the different group modalities, the following subsections outline each of these six skills and how they can be applied to working in a PEG for adolescents with low self-esteem.

Amplifying subtle messages. Middleman (1978) described the skill of amplifying subtle messages as observing and calling attention to inconsistencies in a member's actions, body language, and thoughts, when other members do not appear to notice these inconsistencies. In a PEG for adolescents with low self-esteem, this could involve pointing out inconsistencies between the way a member says a positive affirmation and his or her body language. This could also involve discussing with the group other members' reactions to another member's sharing about issues related to self-esteem (which can also help to engage members in each other's learning and maintain a content focus). For example, the group facilitator may say,

Susie, I noticed that when you said, "I am good enough," your voice was low and quiet, and you were hunched over in your chair. I am thinking that you might not really believe this? I am wondering if you could say this again with a focus on

what your body and tone of voice might be like if you really believed that you

were good enough?"

Alternatively, the facilitator could say,

I noticed that when Katie shared that her self-doubt tells her she can't do

something or shouldn't try something other group members appeared to have a

physical reaction to this. Some of you nodded your heads and others tensed their

shoulders. I am wondering if we could discuss as a group what was going on for

everybody when Katie shared about her self-doubt?

Reaching for a feeling link. Middleman (1978) described this skill as focusing

on normalizing members' experiences through facilitating the connections of similar

feelings in group members. In a PEG for adolescents with low self-esteem, this could

involve the use of feeling-based activities, such as an interactive group discussion in the

performing stage of a group in which members discuss different feelings associated with

their experience of low self-esteem (which also engages members in each other's

learning, maintains a content focus, and explores members' relationship to the topic at

hand).

Reaching for an information link. Middleman (1978) described this skill as

inviting other members to relate to and connect with the ideas, beliefs, or opinions that

another member has expressed. In a PEG for adolescents with low self-esteem, this could

involve highlighting the similarities that arise in regards to the thoughts, beliefs, and

opinions associated with members' experience of low self-esteem. Again, this type of a

strategy can help to engage members in each other's learning, maintain a content focus,

and explore members' relationship to the content at hand.

Redirecting a message. Middleman (1978) described this skill as asking members to directly address each other, instead talking about one another to others in the group setting (i.e., facilitating the use of "I" statements). In a PEG for adolescents with low self-esteem, this could involve asking members to tell other group members how their actions or words have impacted their thoughts, feelings, beliefs, or level of self-esteem, either positively or negatively.

Scanning. Middleman (1978) described this skill as paying attention to the whole group through the use of one's eyes. In a PEG for adolescents with low self-esteem, this could involve scanning the room and paying particular attention to how other members are reacting to the topics being discussed or other members' sharing. The focus would be on identifying the needs of the group (Yalom & Leszcz, 2005), as well as identifying opportunities to further members' learning in regards to the group content (Furr, 2000), in this case self-esteem. Group facilitator scanning can be used a vehicle to bring attention to members' here-and-now interactions, and then facilitate process commentary on those interactions that may help to further members' learning about self-esteem.

Toning down strong messages. Middleman (1978) described this skill as "verbalizing the essence of a highly affective message so that the strength of the affect is reduced and message can be 'heard'" (p. 24). In a PEG for adolescents with low self-esteem, many members may believe that they cannot accomplish something and that they are not worthy or lacking in some way (Young, 2009). As such, members in this sort of a group may be particularly sensitive to perceived assaults pertaining to their sense of identity. Thus, focusing on toning down strong messages through encouraging an "I"

versus "other" focus can help support the development of an internal locus of control over members' self-esteem as opposed to an external locus of control.

Middleman (1978) discussed the need to amplify subtle messages, reach for feeling and information links, redirect messages, scan, and tone down strong messages. Utilizing these skills may assist group facilitators to achieve the goals outlined by Champe and Rubel (2012) in their proposed guidelines for integrating process work into PEG's (see Chapter 5). In addition, Harris (1988) encouraged PEG facilitators to utilize silence as a means through which to amplify the connections between members. As Harris stated, "Feeling at one with others is a powerful experience, and the feeling is often most intense when we do not convey it with words" ("Developing a Communication View," para. 11).

Chapter Summary

Group counselling approaches have been found to be an effective way to increase adolescent self-esteem (Hong et al., 2012; Margot & Warren, 1996; Nassar-McMillan & Cashwell, 1997). In addition, there is an abundance of empirical support for the integration of Myers and Sweeney's (2005b) indivisible self model of wellness into a group therapy program aimed at increasing self-esteem (see Myers et al., 2011; Oguz-Duran & Tezer, 2009; Tanigoshi et al., 2008; Villalba & Myers, 2008). A large body of research also highlighted the many benefits of focusing on process in counselling (see Corey et al., 2010; Margot & Warren, 1996; Okeke-Adeyanju et al., 2014; Shen & Armstrong, 2008; Yalom & Leszcz, 2005). As such, this chapter outlined how the group therapy program located in the Appendix is based on the indivisible self model of wellness with a focus on the integration of process into the content delivery. The next

chapter serves to outline the implications of this project, reviews the strengths and

limitations, and discusses areas for future research.

Chapter 7: Synthesis and Conclusion

The purpose of this chapter is to provide a critique of the project in its entirety. This chapter begins with a discussion of the implications of this project. This discussion is followed by an overview of the strengths and limitations of the literature review and proposed group therapy program. This chapter then discusses areas where future research is warranted. The chapter ends with a conclusion section.

Implications for Counsellors and Authors of Group Therapy Programs

The implications of this project for counsellors and authors of group therapy programs are threefold. To begin with, the proposed group therapy program provides a straightforward and tangible way for counsellors to work towards increasing self-esteem in adolescents. As adolescents are the future of this world, working to promote and support the development of healthy adolescents through assisting them in increasing their self-esteem is a very important undertaking. Furthermore, this proposed group therapy program is grounded in Adlerian, strengths-based theory and is built upon an evidence-based model of wellness, the indivisible self (Myers & Sweeney, 2005b). Thus, the program adheres to the ethical standards of a variety of different counsellor codes of ethics (e.g., Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001; Thomas & Pender, 2008). As a result, counsellors who implement this group therapy program can be confident that they are adhering to their code of ethics in regards to utilizing evidence-based interventions.

In addition, this project highlights the value of having an in-depth understanding of process work and how to actually integrate process into a group counselling setting. This understanding of process and its integration into counselling settings has been found

to be a challenge for many novice counsellors (Fontaine & Hammond, 1994; Skovholt & Rønnestad, 2003). As such, it is my hope that readers and users of the information contained within this project will gain a better understanding of process work, and subsequently further learning and research into this important area will be stimulated.

Strengths of the Literature Review and the Group Therapy Program

There are numerous strengths associated with this project. To being with, the literature reviews (see Chapters 3, 4, 5, and 6) were extensive and assisted in providing an in-depth background on adolescent self-esteem, the indivisible self model of wellness (Myers & Sweeney, 2005b), process work, and group counselling approaches. Furthermore, these literature reviews provided ample support for the need for a group therapy program aimed at increasing self-esteem in adolescents as well as the efficacy of using a model of wellness as a basis through which to accomplish this goal.

Another strength of this project pertains to the sections on PEGs and process work (see Chapter 5). These sections outlined the essential information necessary to understand these two topics. Moreover, the guidelines for integrating process work into PEGs and the outline of specific strategies to accomplish these guidelines provided tangible ways for counsellors to think about and incorporate process work into their group practice.

Additional strengths pertain to the actual group therapy program itself. Users of the group therapy program will likely find the overview of the lessons objectives and activities easy to read and implement. In addition to this strength, users will also likely find the process instructions easy to follow and integrate into sessions.

In conclusion, the group therapy program in the Appendix provides a unique strengths-based approach to working to increase adolescent self-esteem. While there are numerous strengths associated with this program, there are also several limitations. The next section reviews these limitations.

Limitations of the Literature Review and the Group Therapy Program

There are five main limitations or cautions associated with the literature reviews and group therapy program located in the Appendix. To being with, while the literature reviews pertaining to self-esteem, the indivisible self model of wellness (Myers & Sweeney, 2005b), and group counselling were extensive, they do not include all available literature on these topics. As such, the articles that were reviewed and highlighted in this project reflect my own biases pertaining to the significance and relevancy of these articles.

Another limitation pertains to the group therapy program located in the Appendix. As this group therapy program has not yet been implemented, there is no evidence for the actual success of this program in increasing adolescent self-esteem. Moreover, while the process directions contained in this group therapy program are based on suggestions from experts in the field of group counselling, the utility of these directions has never been tested.

Also important to note is that there is controversy in the literature pertaining to self-esteem. Some researchers have argued that too much self-esteem may have negative effects, and have defined this type of self-esteem as narcissistically high self-esteem (see Baumesiter et al., 2003). In contrast, other researchers, such as Robins et al. (2012) stated that narcissism and self-esteem are two conceptually and empirically distinct

concepts. Researchers have also expressed differing views on the effectiveness of group

counselling approaches as a valid way to increase self-esteem. For example, in their

extensive critique of self-esteem, Baumeister et al. (2003) were unable to find any

evidence that working to increase self-esteem resulted in any benefits. However, the

majority of the literature appears to support group counselling as a successful method

through which to increase self-esteem (see Orth, Robins, & Widaman, 2012; Robins et

al., 2012; Trzesniewski et al., 2006).

A final weakness pertains to the scope of the project itself. Many different

variables needed to be addressed in focusing on self-esteem, integrating a model of

wellness into a PEG, and incorporating process work into a PEG. While I believe that I

have addressed these variables to a satisfactory extent, the breadth of this focus may have

taken away from a more in-depth examination regarding any of these topics. In

conclusion, while this project does add to the field of group counselling through outlining

concrete ways for counsellors to work towards increasing adolescent self-esteem, further

research is needed to support the actual efficacy of this proposed approach. The next

section outlines areas in which future research is warranted.

Areas of Future Research

Future research would benefit from implementing and testing the efficacy of the

proposed group therapy program. A focus on this program's ability to actually increase

adolescent self-esteem, as well as the usefulness of the process directions from group

facilitators' perspectives would be efficacious.

In addition, future research would benefit from focusing on the strengths,

limitations, and effectiveness of utilizing a model of wellness, such as the indivisible self

model (Myers & Sweeney, 2005b), as a way to increase self-esteem. A focus on further delineating the precise aspects within the coping self, social self, and creative self that worked to increase self-esteem is warranted. Additional insight into this area could help group authors design more effective group therapy programs aimed at increasing adolescent self-esteem.

Final areas for future research would include further teasing apart of how to best integrate process work into PEGs, regardless of the group's focus, while still remaining true to teaching the content in these groups. In addition, in-depth comparisons of the effectiveness of PEGs with no process focus and PEGs with a specific process focus can help provide further insight into the actual applicability or usefulness of a process focus. Finally, research into the actual level of training required to run a process-focused PEG is called for, as this may differ from the typical content-heavy PEGs.

Conclusion

Shen and Armstrong (2008) stated that adolescent self-esteem-based group therapy programs can play a crucial role in decreasing the development of serious mental health issues. As process work has been identified as an integral factor contributing to successful group therapy outcomes (Yalom & Leszcz, 2005), the integration of process work into such a group therapy program may help to further increase the utility of this approach in working to reduce the development of mental health issues.

The link between a healthy body and mind has been documented as far back as 5th century B.C. (Myers & Sweeney, 2005a). With the introduction of the medical model of health and illness, discussions regarding wellness and the connection between the mind and body decreased. However, counsellors appear to have a renewed interest in

wellness-based interventions that take a more holistic approach to the connection

between physical and mental health (Myers & Sweeney, 2005a, 2005b). While the main

aim of the group therapy program located in the Appendix is to increase adolescent self-

esteem, the integration of a model of wellness may serve to promote healthier functioning

in adolescents overall, which may then continue into adulthood. Overall, this project has

provided an abundance of evidence and support for the wellness-based and process-

infused group therapy program aimed at increasing adolescent self-esteem outlined in the

Appendix.

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Appendix

Increasing Adolescent Self-Esteem:

Group Strategies to Address Process and Wellness

Preamble

Purpose

The following contains the applied component of this Master of Counseling project. It is a manuscript that will be submitted for publication to the *Professional School Counseling Journal* upon approval of this project by the University of Lethbridge. The author of this article is Bethany Mills, and the second author of this article is my project supervisor, Dawn McBride. This preamble closely follows the format and structure of Kewley's (2013) master's project titled *The Dual Role of Psychologist-Researcher: Using Psychological Assessment For Research Purposes*.

The intent of this manuscript is to provide group counselors working in a school setting with a valuable resource through which to increase adolescent self-esteem. This manuscript outlines how to integrate process work into a group therapy program in an effort to further increase the knowledge retention of group members. This manuscript also outlines how to integrate a model of wellness into such a group therapy program.

Format Style Requirement

This manuscript is prepared based on the 6th edition of the *Publication Manual of the American Psychological Association* (American Psychological Association, 2010), as per the requirements set by the *Professional School Counseling Journal*. American spelling is required by the editors of this journal. Thus, the appendix contains American spelling.

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and draft manuscript providing the following reference is utilized:

Reference list entry:

Mills, B. (2015). *Increasing adolescent self-esteem: A focus on wellness and group*

      process (Master's project). University of Lethbridge, AB, Canada.

In text citation:

(Mills, 2015)

Title Page

Article Title: Increasing Adolescent Self-Esteem: Group Strategies to Address

Process and Wellness.

Journal Name: Professional School Counseling Journal

The full name and details of the corresponding author:

(Will be inserted once the manuscript is submitted for publication)

The full name and details of the co-author of the paper:

(Will be inserted once the manuscript is submitted for publication)

Acknowledgements:

(Will be inserted once the manuscript is submitted for publication)

Abstract

The main purpose of this article is to provide a therapeutic resource for school counselors who need a tangible method to integrate self-esteem strategies and process work into their psychoeducational group programs. The focus of the proposed group is a comprehensive wellness model based on five senses of self and how each self must be addressed to promote healthy life decisions. An addendum outlines eight main group counseling sessions, which includes lesson objectives, activities, and process instructions. Special attention is devoted to providing self-esteem information that relies less on teaching concepts and more on integrating process work into the group. Process strategies include paying attention to the use of silence, utilizing a here-and-now focus, and catering the group to the developmental stages of members. Additional attention is spent outlining methods to encourage participation and meaning making.

Keywords: adolescent, self-esteem, psychoeducational group, wellness, process

Increasing Adolescent Self-Esteem: Group Strategies to Address Wellness and

Process

Self-esteem is one of the most extensively studied constructs in the behavioral and social sciences (Robins, Trzesniewski, & Donnellan, 2012). In addition, adolescent self-esteem has been a major focus in research over the past 30 years (Searcy, 2007). Adolescent self-esteem is a crucial topic to focus on, as it has been linked to influencing many life decisions that can affect adolescents during the course of their life span (Searcy, 2007; Trzesniewski et al., 2006). Some life decisions that a low level of self-esteem has been found to negatively influence are age of first sexual experience, diet, job attainment, school attendance, and enduring or inflicting domestic violence (Searcy, 2007). Furthermore, in their meta-analytic review, Haney and Durlak (1998) highlighted research that showcased how low levels of self-esteem are associated with alcohol and drug abuse, higher rates of teen pregnancy, suicide, loneliness, juvenile delinquency, social anxiety, and alienation.

In contrast, high levels of self-esteem are often referred to in the literature as an invaluable psychological resource that can have positive impact on major life decisions (Searcy, 2007) as well as on an individual's physical health (Stinson et al., 2008). In their meta-analytic review, Haney and Durlak (1998) reported higher levels of self-esteem in adolescents are associated with individuals having healthier social and interpersonal relationships, better coping skills, and higher levels of academic achievement. More recent researchers have found similar results (DuBois, & Tevendale, 1999; DuBois, Tevendale, Burk-Braxton, Swenson, & Hardesty, 2000; Robins et al., 2012).

Trzesniewski et al. (2006) stated that low self-esteem in adolescence can result in "negative real-world consequences" (p. 381) that continue on into adulthood. As such, this article provides empirical support for a proposed psychoeducational group therapy program that integrates process work and a wellness model in an effort to increase adolescent self-esteem.

The Efficacy of Group Approaches

Gumaer (as cited in Margot & Warren, 1996) stated, "People are born in groups, live in groups, work in groups, become ill in groups, and so why not treat them in groups" (para. 7). According to Drumm (2006), group work is a powerful therapeutic endeavor that can result in an atmosphere of mutual aid. In this setting, members learn to identify and voice their own needs, realize similarities and differences, form connections with others, and practice new skills in an environment of inclusion and respect (Drumm, 2006).

To provide further evidence of the efficacy of group work, Yalom and Leszcz (2005) stated, "A persuasive body of outcome research has demonstrated unequivocally that group therapy is a highly effective form of psychotherapy and that it is at least equal to individual psychotherapy in its power to provide meaningful benefit" (p. 1). McRoberts, Burlingame, and Hoag's (1998) meta-analytic review supported this assertion. These researchers analyzed 23 outcome studies completed between 1950 and 1997 that compared the effectiveness of group therapy versus individual therapy (McRoberts et al., 1998). From their in-depth analysis of these studies, they concluded there were no significant differences in therapeutic outcomes when group versus individual counseling approaches were used. However, as often times the most

influential group in an adolescent's life is their peers (Akos, Hamm, Mack, & Dunaway, 2006); it follows that counseling with this population may be most effective in a group setting. Gumaer (as cited in Margot & Warren, 1996) supported this statement and noted that there is no better environment for youth to learn in than within their peer group, and as such counselors working in the school setting can maximize students' learning through group experiences.

Utilizing Group Approaches in a School Setting

According to Paisley and Milsom (2006), psychoeducational groups (PEGs) are commonly used with adolescents in a school setting to impart new information and promote the refinement or development of new skills. The focus in PEGs is to develop members' cognitive, affective, and behavioral skills through the presentation and discussion of factual information (Brown, 2011; Corey, Corey, & Corey, 2010; Furr, 2000). In addition, PEGs are often preventative in nature and teach members coping skills applicable to the topics being covered in the specific group (Brown, 2011; Furr, 2000).

In working with adolescent self-esteem, a PEG appears to be a valid approach as these groups (a) mesh with many adolescents' experience in an educational setting (Corey et al., 2010); (b) offer a developmental appropriate venue through which to impart and discuss information (Akos et al., 2006; Corey et al., 2010), in this case pertaining to self-esteem; (c) have been found to be particularly effective in school settings (Brigman & Campbell, 2003; Brown, 2011; Corey et al., 2010; Paisley & Milsom, 2006); and (d) often focus on teaching coping skills (Brown, 2011; Furr, 2000), such as how to handle assaults to one's self-esteem. While this information provides support for a PEG

format for adolescents with low self-esteem, PEGs can be very structured in nature (Corey et al., 2010), which is not usually conducive to the creation of an environment in which meaningful process work can occur (Champe & Rubel, 2012). However, according to some of the literature pertaining to PEGs, these groups should involve a balance of process and content (Champe & Rubel, 2012; Corey et al., 2010; Furr, 2000). Champe and Rubel (2012) stated that, despite the important role that an integration of process can play in members' acquisition of knowledge on the topics covered in PEGs, hardly any literature focuses on how to integrate process into PEGs.

The powerful therapeutic effects of process work cannot be overstated. In Fertman and Chubb's (1992) study on a PEG aimed at increasing self-esteem, no reference to process was made in the group's description, and this PEG was not found to increase adolescent self-esteem. This is in contrast to several PEG studies that did include reference to process and were found to increase adolescent self-esteem (see Margot & Warren, 1996; Okeke-Adeyanju et al., 2014; Shen & Armstrong, 2008). To provide further support for the power of process in a group setting, Lee and Harvey (2014) found that participants receiving cognitive behavioral therapy recalled more therapy points than those in the non-process-based PEG. As such, counselors working in a school setting can work to maximize students' learning through focusing on integrating process into their group practice.

Use of Process in Group Work

Process has been defined as the metacommunicational aspects of interactions between group members (Yalom & Leszcz, 2005). The focus in group process work is to try to understand the nature of the relationship between members in a group (Yalom &

Leszcz, 2005). In regards to contrasting process and content, content involves looking at

what specifically was said, while process involves looking at the "how" and the "why"

behind what was said (Yalom & Leszcz, 2005). At the heart of process work is

"identifying the connection between the communication's actual impact and the

communicator's intent" (Yalom & Leszcz, 2005, p. 143). According to Yalom and

Leszcz (2005), when counselors utilize a process-based orientation they ask themselves,

"What do these explicit words, the style of the participants, the nature of the discussion,

tell us about the interpersonal relationship of the participants?" (p. 143).

Experts in the field discussed four essential components of process work: an in-

depth understanding of the different stages of group development (Corey et al., 2010;

Yalom & Leszcz, 2005), a focus on the here and now (Corey et al., 2010; Yalom &

Leszcz, 2005), the facilitation of process commentary (Yalom & Leszcz, 2005), and the

use of silence (Harris, 1988). The next section provides an overview of these essential

components of process work.

Stages of Group Development

The importance of having an awareness of the different stages or processes that a

PEG can go through is crucial to the facilitation of a successful group (Corey et al., 2010;

Jones & Robinson, 2000; Yalom & Leszcz, 2005). Furthermore, having an in-depth

understanding of group stages of development is an ethical responsibility of group

facilitators, as noted in Ethical Standard B.2 of the "Association for Specialists in Group

Work: Best Practice Guidelines 2007 Revisions" (Thomas & Pender, 2008, p. 115). One

main reason for having such an understanding is that "group activities [and interventions

utilized] must be appropriately timed in consideration of the group stage" (Jones &

Robinson, 2000, pp. 356–357). Moreover, having such an understanding can also

(a) provide insight into the dynamics and processes that can occur in a group setting

(Corey et al., 2010; Thompson, 2011; Yalom & Leszcz, 2005); (b) offer a framework for

working with resistance and selecting stage-appropriate interventions (Champe & Rubel,

2012; Corey et al., 2010; Gold, 2008; Jones & Robinson, 2000); and (c) provide insight

into the underlying needs of members at different stages in the group's development

(Champe & Rubel, 2012; Corey et al., 2010).

Here-And-Now Focus

A here-and-now focus involves encouraging group members to center in on what

is occurring for them at the current moment in time within the group setting (Corey at al.,

2010; Yalom & Leszcz, 2005). This can include a focus on members' thoughts, feelings,

sensations in their body, atmosphere in the room, and the underlying reasons behind

behaviors that have just occurred (Corey et al., 2010). Utilizing a here-and-now focus is

a crucial aspect of process work, as this type of directed attention can result in increased

(a) group therapy power and effectiveness (Yalom & Leszcz, 2005); (b) insight into how

members behave in the outside world, as this will be represented by how they interact

with other in the group setting (Corey et al., 2010; Yalom & Leszcz, 2005); (c) emotional

quality of interactions (Corey et al., 2010; Yalom & Leszcz, 2005); (d) likelihood to

improve members interpersonal relationships outside the group (Corey et al., 2010);

(e) ability to move the group process to the next stage (Corey et al., 2010); and

(f) opportunity for all members to participate, regardless of what they may be

experiencing (Corey et al., 2010). According to Yalom and Leszcz (2005), for a here-

and-now focus to be therapeutic reflections back on these experiences need to occur

(i.e., process commentary).

Process Commentary

Yalom and Leszcz (2005) discussed process commentary in terms of illumination.

Process illumination occurs when group members are able to examine themselves in the

here and now, study the transactions in the group, and then transcend the pure here-and-

now focus to integrate that experience into learning outside of the group (Yalom &

Leszcz, 2005). Put more simply, following a here-and-now group interaction, the process

commentary would consist of reflections on the interaction that had just occurred.

According to Yalom and Leszcz (2005), ensuring that process commentary occurs after a

here-and-now interaction is a crucial aspect of process work, as process commentary is

believed to (a) promote the transfer of learning from the group setting into life outside the

group, (b) help in the retention of learning gained from the group, and (c) enable

members to identify and alter their problematic behaviors.

The Use of Silence

Silence in counseling has been referred to as problematic by researchers and

practitioners alike (see Corey et al., 2010; Yalom & Leszcz, 2005). However, in

alignment with Harris's (1988) view, silence also has the potential to be a powerful tool

and may be essential to the development of process work in a group setting. According

to Harris, silence in a group can indicate important underlying group dynamics, such as

conflict, group ease, and times of deep reflection. Silence allows time for (a) group

members to reflect on the topics that arise in a group setting, (b) group leaders to reflect

on what has just happened and how to best proceed, (c) the processing of intense group

interactions, (d) the grounding of group members, and (e) periods of well-deserved rest from what can be an intense experience (Harris, 1988). As the focus in PEGs is usually on getting through a large body of information, the powerful use of silence may often be overlooked. Group leaders who allow for periods of silence, in addition to above-listed benefits, can help promote the development of a healthy, more effective, well-established group (Harris, 1988). The next section provides guidelines that group facilitators can utilize to integrate process work into PEGs.

Guidelines for Integrating Process Work into Psychoeducational Groups

Champe and Rubel (2012) eloquently described the balancing act that exists between process and content in PEGs as follows: "Too much focus on group process risks veering into the territory of therapy groups, while too much focus on content and conceptual learning risks merely teaching to people sitting in a circle" (p. 74). In Champe and Rubel's discussion of how counselors can integrate process work into PEGs, they identified four key counselor tasks: create a safe group environment, engage members in each other's learning, explore members' relationships to PEG content, and return promptly to the PEG content being covered.

Create a Safe Group Environment

In regards to creating a safe environment, the techniques that counselors utilize should vary depending on the stage of group development. In the forming stage, activities should be low risk (e.g., facilitator-selected dyad activities and round-robin check-ins) and aimed at assisting members in getting to know each other and in expressing their fears and concerns in regards to the group (Corey et al., 2010; Jones & Robinson, 2000). In the storming stage, activities should be more intense, high risk (e.g.,

member-selected partners and popcorn check-in rounds or activities), and aimed at

facilitating member-to-member interactions that directly and respectfully address conflict

(Corey et al., 2010). In the norming stage, activities continue to be more intense and high

risk and are intended to encourage the open exchange of applicable interpretations of self

and others in the group, continue to support appropriate conflict resolution, and involve

the demonstration of respect for differences in the opinions of group members (Fall &

Wejnert, 2005). In the performing stage, activities continue to be more intense and high

risk and are intended to encourage member self-disclosure, involve more than one

member or the entire group, and focus mainly on here-and-now group interactions (Jones

& Robinson, 2000). Finally, in the adjourning stage, activities should return to being low

risk and less intense in nature, with the intention to review the learning gained from the

group and help members prepare for the group's ending (Corey et al., 2010; Jones &

Robinson, 2000).

Important to note is that group members may not progress through the above

stage as whole (Corey et al., 2010). Thus, group facilitators need to reflect on the stage

of group development as an entire entity when planning group activities in advance, but

activities or interventions may need to be adjusted in the moment based on the stage of

development of individual group members.

Engage Members in Each Other's Learning

The following approaches may help the facilitator engage members in each

other's learning: utilize a here-and-now focus, facilitate process commentary, and utilize

silence. A here-and-now focus can help facilitate member-to-member learning and

interactions, as all members can participate regardless of their experience (Corey et al.,

2010; Yalom & Leszcz, 2005). Moreover, the focus is on what is occurring for everybody in the room, not on the different experiences that have occurred for members in their past, which can result in storytelling and the subsequent disengagement of other members (Corey et al., 2010). Silence can be used as a basis through which to explore dynamics occurring between members in a group and allow for the processing of these interactions to occur (Harris, 1988). Corey et al. (2010) highlighted the importance of looking for opportunities to link members' work. In PEGs that are typically characterized by their focus on an overarching topic, utilizing activities appropriate to the current group stage (i.e., dyad, triad, and entire group activities) that facilitate interactions between members in regards to the topics at hand can also help to deepen the connections between group members.

Explore Members' Relationship to Psychoeducational Group Content

Yalom and Leszcz (2005) noted it is critical for group facilitators to reflect on the host of factors that may underlie an interaction in the group setting. In a PEG, this will also involve the consideration of how what is occurring in the group relates to the topic (or topics) being covered (Furr, 2000). Once again, allowing for periods of silence may provide much needed opportunities for members to reflect on their relationships to the topics being discussed (Harris, 1988). PEG facilitators should ask themselves the following crucial questions when deciding which interaction (or interactions) to bring to the group's attention and dissect further (i.e., engage in process commentary): What are the group's immediate needs (Yalom & Leszcz, 2005), how does this relate to the content of the group (Furr, 2000), and how can it be used to further members learning of this content (Furr, 2000)? When taking into account the group's immediate needs, reflection

back on the stage of group development and common member needs at this stage can provide a helpful guideline for facilitators when asking themselves these questions. Allowing for silences in a group setting can enable group leaders to adequately reflect on these questions.

Return Promptly to the Psychoeducational Group Content Being Covered

As the overarching goal or main focus of a PEG is on content (Brown, 2011; Champe & Rubel, 2012; Corey et al., 2010; Furr, 2000), it is important to have strategies in place to integrate process work that assists in further facilitating members' understanding of the concepts being covered (Furr, 2000). Furr (2000) recommended that PEG facilitators think through the purpose of the exercises they have planned and preplan process-based questions prior to the start of each session. The overarching goals of these process-based questions should be to help facilitate member understanding of the topic being covered and members' experiences related to that topic (Furr, 2000).

Kees and Jacobs (as cited in Furr, 2000) recommended that processing questions start out concrete before proceeding to the more abstract level. For example, facilitators can first ask what happened during the activity itself and then ask what the experience of actually completing the activity was like for members (Furr, 2000). This line of processing questions can then be followed by a discussion of how completing the activity affected the group as a whole, and how the insight or learning gained from the activity can be applied to members' lives outside the group (Furr, 2000). The guidelines discussed in this section provide a way for group facilitators to integrate the benefits of process work into a PEG, without losing sight of the overarching goal of the group (i.e., teaching content related to a specific topic).

The group therapy program outlined in the Addendum utilizes Ruth Middleman's (1978) suggested process techniques: amplify subtle messages, reach for feeling and information links, redirect and tone down strong messages, and scanning to assist group facilitators in achieving the key tasks outlined by Champe and Rubel (2012). Middleman's process techniques are utilized, as she is a well-known and extensively published author in the field of group counseling theory and practice. Process work has been identified as an integral factor contributing to successful group therapy outcomes (Yalom & Leszcz, 2005). The integration of process work into a group therapy program aimed at increasing adolescent self-esteem may help to further increase the utility of this approach.

In a meta-analytic review, Haney and Durlak (1998) found that significant improvements in self-esteem were most likely to occur if intervention programs were guided by a specific theoretical background and utilized evidence-based interventions. The next section provides an overview and support for the evidence-based model of wellness that provided the framework for the group therapy program outlined in the Addendum.

The Indivisible Self Model of Wellness

Wellness models have long been used as tools to assess individual functioning (Myers & Sweeney, 2007), and as theories to explain health and illness (Myers & Sweeney, 2008). While the roots of counseling have been traced back to almost one century ago, the roots of wellness models have been traced back to almost 2,000 years ago (Myers & Sweeney, 2008). Myers, Sweeney, and Witmer (2000) defined wellness as follows:

[Wellness is] a way of life orientated toward optimal health and well-being, in

which body, mind, and spirit are integrated by the individual to live life more

fully within the human and natural community. Ideally, it is the optimum state of

health and well-being that each individual is capable of achieving. (p. 252)

Theorists have proposed a plethora of different wellness models, but only two are

grounded in counseling theory (Myers, Willse, & Villalba, 2011). The first model

founded in counseling theory is the "Wheel of Wellness" (Sweeney & Witmer, 1991,

p. 528; see also Myers et al., 2011, p. 28), which was used to inform Myers and

Sweeney's (2005b) second model, the indivisible self model of wellness. In the creation

of the wheel of wellness, Sweeney and Witmer (1991) identified characteristics

correlated with longevity, a high quality of life, and healthy living (see also Myers &

Sweeney, 2004). Myers and Sweeney (2004) then organized these characteristics

according to Adlerian theory's major life tasks of work: friendship, love, self, and spirit.

In their stringent testing completed on the wheel of wellness, Myers and Sweeney

(2005a) found that this model fell short, thus changes were made and the indivisible self

model of wellness was created.

Myers and Sweeney's (2005b) indivisible self model of wellness contains the

original 17 separate wellness dimensions utilized in Sweeney and Witmer's (1991) wheel

of wellness, but they are grouped together differently to reflect one higher-order factor,

the indivisible self, and five second-order factors, the coping self, social self, creative,

self, essential self, and physical self (Myers et al., 2011). The identification of the five

second-order factors allows for the exploration of the many variables that interact and

contribute to an individual's overall wellness—the indivisible self (Myers et al., 2011).

The next section outlines the five second-order factors of the indivisible self model of wellness, as these are the factors that formed the basis of the group therapy program located in the Addendum.

Coping self

The coping self contains four subcategories: stress management, leisure, self-worth, and realistic beliefs (Myers et al., 2011). As stress has been found to have a wide range of negative impacts on physical and mental health (Taylor & Sirois, 2012), learning effective ways to cope with stress can help to mitigate these negative impacts. In regards to leisure, many studies have demonstrated the positive health impacts of finding and engaging in meaningful, healthy leisure activities (Caldwell, 2005; Hsieh, Spaulding, & Riney, 2004; Leitner & Leitner, 2005). Theorists believe self-worth to be impacted by self-efficacy, thus learning how to successfully cope with life events can increase self-efficacy and subsequently work to increase self-worth (Myers & Sweeney, 2004). Finally, irrational beliefs are believed to be the source of many issues that individuals experience throughout their lives (Wright, Basco, & Thase, 2006), thus learning to identify and change these beliefs into more accurate beliefs can contribute to increased well-being (Myers & Sweeney, 2004). As a whole, the coping self can then be viewed as "elements that regulate our responses to life events and provide a means for transcending their negative affects" (Myers & Sweeney, 2004, p. 237).

Social Self

The social self contains two subcategories: friendship and love (Myers et al., 2011). Important to note is that friendship and love are not viewed as easily distinguishable constructs, as they often exist on a continuum (Myers & Sweeney, 2004).

As social support has been found to be linked to numerous health benefits over the course of one's life (Myers & Sweeney, 2004; Taylor & Sirois, 2012), a focus on defining and enhancing individuals' social networks can result in many positive outcomes. As a whole, the social self can then be viewed as the friendships, intimate relationships, and other relationships that comprise an individual's social support network.

Creative Self

The creative self contains five subcategories: thinking, emotions, control, positive humour, and work (Myers et al., 2011). What an individual thinks is believed to impact how that individual feels and vice versa (Wright et al., 2006). Gaining an increased understanding of the connections between one's thoughts and feelings can help individuals to become more emotionally regulated (Dennis & Hajcak, 2009). Higher levels of emotional regulation in adolescents have been linked to fewer internal and external behavioral problems (Eisenberg et al., 2001; McCoy & Raver, 2011). In regards to control, which is defined as an individual's perceived ability to influence events in his or her life, many studies have demonstrated the health benefits that high levels of perceived control can have (Infurna, Gerstrof, & Zarit, 2011; Mirowsky & Ross, 2003; Moore et al., 2010). Positive humor is also believed to have a pervasive and powerful impact on both physical and mental well-being (Myers & Sweeney, 2004). Finally, work is believed to play an important role in an individual's experience of being able to live life to its fullest (Myers & Sweeney, 2004). As a whole, the creative self can then be viewed "as the combination of attributes that each individual forms to make a unique place among others in his or her social interactions" (Adler, as cited in Myers & Sweeney, 2004, p. 237).

Essential Self

The essential self contains four subcategories: spirituality, gender identity, cultural identity, and self-care (Myers et al., 2011). Spirituality is believed to encompass an individual's "existential sense of meaning, purpose, and hopefulness toward life" (Myers & Sweeney, 2004, p. 237). Having a sense of spirituality has been linked with increased quality of life and longevity (Myers & Sweeney, 2004). In regards to gender and cultural identity, both of these aspects of identity are believed to have important impacts on an individual's meaning-making processes (Myers & Sweeney, 2004). Finally, self-care encompasses the activities or actions that an individual engages in take care of oneself, which can often increase longevity and well-being (Myers & Sweeney, 2004). As a whole, the essential self can then be viewed as the combination of elements that act as filters in regards to how an individual views his or her world and makes meaning of his or her world, as well as the efforts an individual engages in to take care of him or herself.

Physical Self

The physical self contains two subcategories: exercise and nutrition (Myers & Sweeney, 2005b). Exercise has been linked to many physical and mental health benefits, such as decreased blood pressure, decreased obesity, increased longevity, improved cognitive functioning, increased positive mood, decreased levels of stress, and increased levels of self-esteem (Noack, Kauper, Benbow, & Eckstein, 2013; Penedo & Dahn, 2005; Taylor & Sirois, 2012). In regards to nutrition, healthy eating has also been linked to many physical and mental health benefits, such as increased longevity, decreased risk of disease, decreased risk of cervical cancer, decreased risk of obesity, and increased self-

esteem (Taylor & Sirois, 2012). As a whole, the physical self can then be defined as the physical activities and eating habits that an individual engages in.

The link between a healthy body and mind has been documented as far back as 5th century B.C. (Myers & Sweeney, 2005). With the introduction of the medical model of health and illness, discussions regarding wellness and the connection between the mind and body decreased. However, there appears to be a renewed interest in wellness-based interventions that take a more holistic approach to the connection between physical and mental health (Myers & Sweeney, 2005a, 2005b).

The Indivisible Self as an Evidence-Based Model

Myers and Sweeney (2008) asserted counselors have an ethical responsibility to utilize evidence-based techniques. This responsibility is also outlined in Section II.21 of the Canadian Psychological Association's (2000) *Code of Ethics,* which states that psychologists must "strive to provide and/or obtain the best possible service for those needing and seeking psychological service. This may include, but is not limited to: selecting interventions . . . that have reasonable theoretical and empirically-supported efficacy" (pp. 17–18).

To test the second-order factors outlined in the indivisible self model of wellness and their actual impact on self-esteem, Myers et al. (2011) examined the extent to which wellness factors were predictive of self-esteem in 225 adolescents (spanning 15 to 17 years of age). Myers et al. (2011) found the coping self, social self, and creative self, which are three of the five wellness factors identified in Myers and Sweeney's (2005b) indivisible self model of wellness, had the greatest impact on increasing self-esteem in this population of adolescents.

In another study, Tanigoshi, Kontos, and Remley (2008) tested the effectiveness of five individual wellness counseling sessions, based on Myers and Sweeney's (2005b) indivisible self model of wellness, on 60 law enforcement officers. Tanigoshi et al. found that participants experienced significant positive changes in their coping self, social self, creative self, and physical self, but not in their essential self, as measured by the Five Factor Wellness Evaluation of Lifestyle (Myers & Sweeney, 1999). Tanigoshi et al. postulated that this lack of change in participants' essential self may have been due a lack of effectiveness in the cognitive behavioral therapy interventions designed to target this aspect of self.

Villalba and Myers (2008) tested a three-session classroom guidance unit based upon the indivisible self model of wellness on 55 Grade-5 students. The majority of the participants in their study had significantly and positively higher wellness scores posttesting. Moreover, participants with the lowest wellness scores preintervention improved the most, whereas participants with the highest wellness scores preintervention did not differ significantly on their postintervention wellness scores (Villalba & Myers, 2008). This finding parallels Haney and Durlak's (1998) results, which revealed that participants who appeared to benefit the most from self-esteem-based interventions were those with lower levels of self-esteem. To build further credibility for this approach, Oguz-Duran and Tezer (2009), in their study of 265 Turkish first-year university students, found that participants with higher levels of self-esteem also had higher levels of wellness as represented by Myers and Sweeney's (2005b) indivisible self conceptualization of wellness. While the main aim of the group therapy program in the Addendum is to increase self-esteem by utilizing Myers and Sweeney's (2005b)

indivisible self model of wellness as a framework, this group therapy program also has the potential to increase the wellness of participants as a whole.

Although Myers and Sweeney's (2005b) indivisible self model of wellness is relatively new, preliminary findings support the efficacy of this tool as the basis for effective counseling interventions. Moreover, Sweeney and Witmer's (1991) wheel of wellness, upon which the model is based, has been employed since 1991 and has been empirically supported with a wide range of populations and presenting issues (Myers, Madathil, & Tingle, 2005; Myers & Sweeney, 2004).

Overview of the Group Therapy Program

The group therapy program summarized in the Addendum includes the objectives and main activities for eight sessions as well as a pregroup and postgroup session. Following the identification of each session's main objectives and activities are instructions on how to integrate process work into that session.

The eight main group counseling sessions are based on the five second-order factors identified in the indivisible self model of wellness. The rationale and support for each lesson objectives, activities, and process instructions has been explored in this article as well as in more depth in the master's project *Increasing Adolescent Self-Esteem: A focus on Wellness and Process* (Mills, 2015).

Discussion

The group therapy program summarized in the Addendum provides a straightforward and tangible way for school counselors to work towards increasing self-esteem in adolescents. This group therapy program also outlines one method through which a model of wellness can be integrated into such a program. As adolescents are the

future of this world, working to promote and support the development of healthy adolescents through assisting them in increasing their self-esteem is a very important undertaking. In addition, this article highlights the value of having an in-depth understanding of process work and how to actually integrate process into PEGs, which are commonly utilized in a school setting.

It is important to note that there exist several limitations in regards to the group therapy program located in the Addendum. As this group therapy program has not yet been implemented, the actual success of this program in increasing adolescent self-esteem remains to be seen. Moreover, while the process instructions contained in this group therapy program are based on suggestions from experts in the field of group counseling, the utility of these directions has not yet been tested.

Conclusion

The group therapy program in the Addendum provides a unique strengths-based approach that school counselors can utilize to promote higher levels of self-esteem in students. Through integrating an empirically tested model of wellness based on identity factors into this group program, school counselors can also promote a deeper understanding of identity and the impacts that wellness choices can have on one's sense of self. Moreover, this group therapy program can be a valuable resource for school counselors who want a tangible method through which to integrate process work into their practice, and thus work to increase knowledge acquisition of the topic (or topics) being covered (Champe & Rubel, 2012).

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Addendum

THE 10-WEEK SESSIONS AND PROCESS INSTRUCTIONS FOR THE PSYCHOEDUCATIONAL GROUP THERAPY PROGRAM *THE INDIVISIBLE YOU: ALL ABOUT SELF-ESTEEM*

The following is a compilation of the 10 session objectives, main activities, and process instructions to be utilized in a psychoeducational group therapy program aimed at increasing self-esteem in adolescents. For additional information about the literature review that formed the basis of this group therapy program, please refer to Mills (2015). Important to note is that this group therapy program partially builds upon previous work completed by Mills and Coleman (2014).

Pregroup Session

In this session, the main objective is to orient members to the group process. This objective will be accomplished by reviewing the group rules, inviting members to help personalize these group rules, and going over group-related concerns members may have. In this session, members will also complete the School Short-Form Coppersmith Self-Esteem Inventory (CSEI; Coopersmith, as cited in Hills, Francis, & Jennings, 2011), which includes 25 items and takes roughly 10 minutes to complete.

Process Instructions

- Included in the group rules is a note around focusing on here-and-now interactions as a way to introduce members to a here-and-now focus. Thus, a sample here-and-now exercise could be, "We will now go in a circle, I will start, and each member will say one word that describes how they are feeling right now."

- Throughout the commentary that follows the above process questions, facilitators can scan the room (Middleman, 1978) to get a sense of where members are at (e.g., looking at the nonverbal communications that members are expressing through observing their body language) and the underlying group dynamics that are emerging.

- As this is the very first session, facilitators can note their initial observations of the members' nonverbal communications to be brought up for discussion during the middle or end stage of the group to highlight members' progress as the group evolves.

Session One
Essential Self: Spirituality, Gender Identity,
Cultural Identity, and Self-Care

In this session, the main objectives are to create a safe environment within the group and facilitate members getting to know one another. An additional objective is to address and explore the diverse backgrounds and identities that members bring with them into the

group setting. The proposed method to achieve these objectives is through exploring members' Essential Self. Before moving into this exploration, time is spent checking in with each member (via a round robin method) to see if anyone has thoughts or questions pertaining to the group expectations reviewed in the pregroup session.

After this check-in has been completed, members are provided with a blank piece of white poster board and a variety of art supplies (e.g., magazines, pencil crayons, markers, stickers, and crayons). Members are asked to divide their poster board into four different sections. Members are asked to write the following four words in each of the sections: spirituality, culture, gender, and self-care. Members are told that they can use art supplies in whatever way they want to denote what these four words mean or represent to them. Facilitators will then break the group into pairs (i.e., dyad activity) and ask members to share their poster with each other. Time will then be spent processing this activity with the group.

Process Instructions

- What did you find easiest about completing the activity?

- What did you find hardest about completing the activity?

- Throughout the commentary that follows the above process questions, facilitators can scan the room and search for information links between members (Middleman, 1978).

- Process commentary can then revolve around exploring what it is like for members to know that there are similarities between members' experiences, regardless of the different meanings they attach to culture, gender, spirituality, and self-care.

- Process commentary can also focus exploring differences (e.g., What was it like for you to know that there are differences between members? Is being different than others okay?).

Session Two
Social Self: Friendship and Love

In this session, the main objectives are to start to explore group members' understanding of what constitutes healthy relationships and the link between healthy relationships and high self-esteem. The main activity that is used to accomplish these goals is a dyad exercise in which group members are asked to write down two words that they think are important characteristics to have in relationships with others. The dyad partners are also asked to discuss how healthy relationships may help to increase self-esteem. These characteristics and possible connections are then discussed as a group. The drama triangle concept as outlined by McBride (2012) will also be introduced.

An additional objective is to have members create their own Indivisible You Toolbox. Members will be asked to start to create this toolbox while the group discussion noted above is occurring. This toolbox will be used throughout the group's duration to hold the new tools that members will learn, such as new coping skills, self-esteem building statements, member-identified strengths, community resources, and insights gained.

Process Instructions

- What was one feeling or thought that occurred for you when you completed this activity?

- During a round-robin checkout, what is one word that describes how you are feeling right now?

- Facilitators can be looking for opportunities to amplify subtle messages conveyed by the verbal or nonverbal communication of members (Middleman, 1978) that relate to the group topics being discussed (Champe & Rubel, 2012).

- Process commentary could then center on discussing as a group the subtle messages that the facilitators choose to bring to the groups attention and how these interactions relate to the topic being discussed.

Session Three
Creative Self: Thinking, Emotions, Control, and Positive Humour

In this session, the main objective is to highlight and explore the connections between situations that may impact group members' self-esteem, and their subsequent beliefs, feelings, and behaviors. The tool that will be utilized to help accomplish this objective is the situation-belief-feeling-behavior wheel, as outlined by McBride (1999). As a group, different situations will be discussed that could have the potential to impact adolescent self-esteem (e.g., a relationship break up). The focus will be on examining the connections between individuals' beliefs about themselves after these types of situations and their resulting feelings and behaviors.

To help assist in exploring alternative beliefs, group members will be asked to stand in a circle. A colored ball of yarn will be tossed from member to member, with the member catching the ball of yarn identifying alternative beliefs for the situations identified initially. Alternative feelings and behaviors based on the new beliefs identified will also be explored. Near the end of the session, members will be asked to think of a time when they had a negative belief about themselves. Members will then be asked to think of an alternative belief. Members will be asked to write down a positive self-affirmation relating to the alternative belief they identified and place this in their Indivisible You Toolbox. Members will each be given a piece of the colored ball of yarn to put in their toolbox as a visual reminder of the learning gained from completing this activity.

Process Instructions

- What is one word to describe how you felt when thinking about a negative belief about yourself?

- What is one word to describe how you felt when thinking about an alternative positive belief about yourself?

- Facilitators can be scanning the room (Middleman, 1978) searching for information and feeling links (Middleman, 1978) to be discussed with the group in order to help explore members' relationships to the topics being covered (Champe & Rubel, 2012).

- Process commentary can be aimed at using here-and-now group interactions in a way that works to normalize the experience of low self-esteem.

Session Four
Coping Self: Stress Management, Leisure, Self-Worth, and Realistic Beliefs

In this session, the main objective is to explore Fox and Sokol's (2011) give-up and go-to thoughts as way to help facilitate members' understanding of realistic beliefs. After the concepts of give-up and go-to thoughts have been presented, members will be divided into pairs and asked to pick two scenarios out of a hat. Based on these two scenarios, members will be asked to come up with two give-up thoughts and two go-to thoughts. After this activity is completed, the group will share their experience with this activity as a whole. Near the end of this session, members will be asked to think of a recent situation when they had give-up thoughts, they will then be asked to write down two alternative go-to thoughts pertaining to this situation. These go-to thoughts will be placed in their Indivisible You Toolbox.

Process Instructions

- Recall when you were asked to brainstorm give-up thoughts and take a moment to think about any sensations that occurred in your body.

- Recall when you were asked to brainstorm go-to thoughts and take a moment to think about any sensations that occurred in your body.

- The purpose of the above activity is integrate the use of silence into the session and to help members start to become more aware of the signals that their body may send them.

- What was is it like to sit in silence with others in the group? Did you find it easier to sit in silence with some members over others?

- The purpose of the above process questions are to help identify and work through any resistance in this stage of the group, create a safe group environment (Champe & Rubel, 2012), as well as encourage members to directly address each other using "I" statements (Middleman, 1978).

Session Five
Physical Self: Exercise and Nutrition

In this session, the main objective is to provide members with information on the benefits of eating healthy foods and exercising regularly. The main focus will be on highlighting these benefits as they relate to increased levels of self-esteem. To help achieve this objective a handout will be provided outlining the nutrition recommendations outlined in *Canada's Food Guide* (Health Canada, 2007). In addition, an interactive group discussion will be facilitated on the different types of exercise that adolescents can engage in and different ways to make exercising regularly enjoyable. There will also be a discussion on how eating healthy and exercising regularly can help to increase self-esteem. Near the end of the session, members will be asked to think of two goals that they would like to work towards pertaining to eating healthier and exercising more often. Members will be asked to write down these two goals and place them in their Indivisible You Toolbox.

Process Instructions

- What is one word that describes how you felt completing today's group discussion on exercise?

- What is one word that describes how you feel when you think about changing the way you exercise or eat?

- Facilitators can be focused on searching for feeling and information links to bring back to the group for further discussion (Middleman, 1978).

- The links brought back to the group for further discussion should be aimed at engaging members in each other's learning and exploring members' relationships to the topics covered (Champe & Rubel, 2012).

Session Six
Coping Self: Stress Management, Leisure, Self-Worth, and Realistic Beliefs

In this session, the main objective is to explore members' self-doubt and to help them start thinking about how they can challenge this lack of self-confidence. At the start of this session members will be invited to take time to think about what their self-doubt looks like. Members will then be provided with a variety of art supplies and asked to draw their self-doubt. After this activity has been completed, the group will be invited to share and discuss what their self-doubt looks like. In the form of a dyad activity, members will be invited to brainstorm ideas on the different ways that they can work to fight off their self-doubt when it emerges. Members will be asked to continue to think about the different ways to counteract self-doubt, as this will be the main topic in the following week's session. Members will be prompted to think about how they may be able to incorporate their hobbies as one tool through which to lessen thoughts of self-doubt. Members will be asked to write down one or two ways that they plan on fighting off their thoughts of self-doubt and place this in their Indivisible You Toolbox.

Process Instructions

- Name two words that represent your experience in thinking about and drawing your self-doubt?

- During a checkout round ask members to state the feeling that best represents how they felt when thinking about ways to fight off their self-doubt.

- The main focus of process commentary during this stage in the group should be to normalize members' experiences of self-doubt and ensure that all members feel safe.

- As such, facilitators should be focused on reaching for feeling and information links related to self-doubt as well as redirecting and toning down strong messages through the use of "I" versus "you" statements (Middleman, 1978).

Session Seven
Social Self: Friendship and Love

In this session, time will be spent processing the self-doubt activity from the previous week. The main objective for this session will be to discuss, as a group, different strategies to fight off members' self-doubt and how members can work to build a confidence mindset (Fox & Sokol, 2011). There will also be an interactive group discussion of what healthy social support entails, and a handout will be given on the various local support resources available for adolescents. The ideas and resources provided in this session will be added to members' Indivisible You Toolboxes.

Process Instructions

- Name two words that represent your experience in thinking about building a confidence mindset.

- During a checkout round, ask members to state the feeling that best represents how they feel when they think about their social support network.

- Facilitators can be scanning the room looking for opportunities to amplify subtle messages (Middleman, 1978) in the form of a group discussion that relate to the type of body language that may occur when someone demonstrates confidence (i.e., that they are good enough, do have talents, etc.).

Session Eight
Creative Self: Thinking, Emotions, Control, and Positive Humour

As this is the final official group session, the main objectives are to explore members' learning in the group as well as provide emotional closure to the experience. Two activities will be used to accomplish these goals. First, members will be asked to complete an individual art-based exercise, adapted from Fox and Sokol's (2011) Positive Picture of You activity. In this activity members will be asked to draw words or images that represent their strengths in relation to academics, friendships, physical abilities, personality, physical attributes, and so forth. If needed, group facilitators can provide members with examples of the different strengths that could fall under each of the categories covered.

The second activity will be geared towards providing members with emotional closure and is adapted from Townsend and Manieri's (2014) Positive Picnic Closure activity. In this activity members are given a paper plate and asked to write their name in the middle of this plate. Members are then asked to select a colored marker. Members will pass their plate to the right and will have 40 seconds to write one thing that they really liked, admired, or learned from the person that the plate belongs to. Messages written are to be positive and supportive. This process continues until everyone has their plate back. The remainder of the group will be sent processing this activity. Members can add their plate to their Indivisible You Toolbox. Members are reminded of the postgroup session and that they will be able to take their toolbox home after the completion of this session. Members are told that the group facilitators will be adding a strength and one hope or wish they have for each member into their toolboxes.

Process Instructions

- Think back to the first day of group and what you were thinking and feeling at this time, now take time to think about what you are thinking and feeling on the last day of group. If you could only pick one or two words to describe the difference between what your experience was like on the first day of group and what your experience is right now what would the word (or words) be?

- As this is the last official group session, facilitators may want to look for opportunities to highlight members' progress and the success of the group as a whole. Again, looking for feeling and information links that relate to self-esteem can help to accomplish these goals (Middleman, 1978).

Postgroup Individual Sessions

In these individual sessions, the main objective is to complete the CSEI (Coopersmith, as cited in Hills et al., 2011) to track any changes in members' self-esteem upon the ending of the group experience. Another objective is to provide members with an opportunity to provide feedback on the group through completing a group evaluation form. These sessions will be completed with each member individually to enable facilitators to also check-in with members to see if referrals need to be made for individual counseling or other local resources. At the end of each of these individual sessions, members will be given their Indivisible You Toolboxes to take with them from the group.

Process Instructions

- If you could pick two accomplishments that you are the most proud of during your time in this group what would they be?

- Facilitators can use members' answers to the above question to further discuss and celebrate the growth members have experienced throughout the groups duration.