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## Building Self-Esteem of Female Youth in Group Counseling: A Review of Literature and Practice

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## **Building Self-Esteem of Female Youth in Group Counseling: A Review of Literature and Practice**

Maura L. Rouse

**Abstract:** This paper reviews current research and practice of building self-esteem of female youth through group counseling. Young girls today face challenges that previous generations of females have never before encountered (Piper, 1994, p.12), which can have severe life effects. Emerging research indicates that although self-esteem is a difficult concept to measure, group counseling is an effective method for improving female youth's self-esteem and related constructs (O'Dea & Abraham, 1999; Cappel, 1995). Groups focusing on diverse populations and areas for future research are also discussed.

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Self-esteem profoundly affects people's everyday lives, yet it is a concept that is not easily defined. Researchers use different terms and have devised several definitions in attempts to capture the meaning of the construct. Maslow included self-esteem, defined by self-acceptance and self-value, in his hierarchy of needs (Vernon, 2009). Kenny and McEachern (2009) define self-concept as "the way children think about themselves in relation to their attributes and abilities" (p. 207). Self-worth, as defined by Harter (1999), is "the overall assessment of one's value as an individual" (p. 5). Regardless of the verbiage used to define the concept, it is clearly understood that a child's level of self-esteem has great implications for her current and future development. For children suffering from low self-esteem, it is imperative that they seek help to improve the way they think about themselves in order to give them confidence for their future. The most effective approaches to helping this age group are those that provide an expressive and supportive environment in which the children feel safe to self-disclose and try new things (Shechtman, 2007).



### *Importance of Self-Esteem*

Young girls today face unique challenges that compromise their levels of self-esteem. These challenges are different from those of their male counterparts and are unlike those faced by females in past generations. As society evolves, so do the elements that affect girls' self-esteem. Pipher (1994) reflects on the impact of an ever-changing society on self-esteem: "Girls are much more oppressed. They are coming of age in a more dangerous, sexualized, and media-saturated culture. They face incredible pressures to be beautiful and sophisticated, which in junior high means using chemicals and being sexual. As they navigate a more dangerous world, girls are less protected" (p.12). Girls are influenced by society and the people around them at an early age in many ways, one of which is in the identification of gender roles. Children learn in early childhood, generally between the ages of two and six, that they are either male or female (Berk, 2007). As they begin to enter into middle childhood, typically defined as ages eight to eleven, their gender identity is strengthened as they display "feminine" or "masculine" traits. They also become aware of society's perception that traditionally masculine traits are more highly valued. This realization by girls has the potential for them to devalue their feminine traits and to feel badly about themselves as females, leading to low self-esteem.

Low self-esteem has been linked to several negative effects on a girl's life. These consequences can be so dramatic that, as Orenstein (1994) writes of girls entering adolescence, they experience a "free-fall in self-esteem from which some will never recover" (p. 276). Some researchers state that low self-esteem is one of the best predictors of future emotional and behavioral problems (Rigby and Waite, 2006). Poor effects that have been associated

with low self-esteem are higher levels of depression, generalized and social anxiety, suicide, general life dissatisfaction, eating disorders, adjustment problems, teen pregnancy, abuse of alcohol and drugs, engagement in criminal activity, and isolation. Isolation, specifically alienation from family and friends, should be paid special attention since it eliminates many protective factors that could safeguard a young girl from the effects of low self-esteem (Steese et al., 2006; Kenny & McEachern, 2009). Girls with low self-esteem also have a tendency to demonstrate a distorted body image. The nature of this correlation is not clear; however researchers are certain that this interaction has negative effects on overall well-being (Stallard, Simpson, Anderson, & Goddard, 2008). This point is central to the study of self-esteem because physical appearance is the primary factor in determining many girls' self-esteem. If a young girl is not confident in her physical appearance, she may have low self-esteem.

Middle childhood is a time when girls expand their social networks both in school and through extracurricular activities, causing them to spend increasing amounts of time surrounded by their peers. Youths in this stage of life form stronger and more meaningful friendships than they did in early childhood that are based on similar interests. Children at this age of both genders begin to make social comparisons, judging various aspects of themselves against their peers. Specifically, they judge others' abilities in athletics and academics as well as their physical appearance. When these judgments are voiced, they are often delivered in the form of hurtful comments directed toward a target (Berk, 2007).

Recently the prevalence of bullying in schools has come to light as a serious problem affecting children's self-esteem. Mean teasing, a category of bullying that involves name calling, is the most common type of bullying in middle childhood. Most of the comments are about another child's physical



appearance, in particular her weight; overweight girls in the third through sixth grades are most likely to be the victims of mean teasing (Langdon & Preble, 2008; Kostanski & Gullone, 2007). These victims report lower levels of self-esteem and poorer body image. Langdon and Preble and Kostanski and Gullone equate childhood teasing about physical appearance with adult pressures for the ideal body. This early teasing may lead to adolescents' cognitions of negative body image and general health and wellness. Girls who are teased in middle childhood about their physical appearance may be at risk for future problems related to low self-esteem. Clearly the influence of a girl's social network on her self-esteem is powerful and pervasive.

Given the many challenges young girls face in their everyday lives, preventative measures are necessary. All girls need to be aware of the tests to their self-esteem so that they may successfully face them with confidence. They need to have tools in their repertoire that defend against the multiple forces that may cause them to question how they feel about themselves. With these tools and preventative measures in place, girls will be less vulnerable to the negative effects of low self-esteem in both childhood and later into adolescence and adulthood. Additionally, as suggested by McVey, Davis, Tweed, and Shaw (2003), universal prevention programs may reduce or prevent problems for youth who are already at risk.

### *Review of the Literature and Research*

There is a dearth of relevant literature on groups that focus on improving girls' self-esteem. One possible explanation is that there are different areas of general self-esteem to address, including academic competence, social competence, physical or athletic competence, and physical appearance

(Berk, 2007). When creating a group aimed at increasing self-esteem, it must be decided what form of self-esteem to target. Another explanation might be the difficulty of actually defining the concept of self-esteem. As previously noted, authors and researchers have devised various, albeit similar, descriptions for what they believe self-esteem to be. Because of this disagreement and confusion, it is not easy to have a clear understanding of what a self-esteem-building group should look like. Related to this point is that since self-esteem is a somewhat nebulous concept, there is an extra challenge in evaluating self-esteem groups. Consequently, there is a lack of outcome research pointing to the effectiveness of these groups. However, there are some researchers that have devised groups focused on self-esteem, some of which are summarized here.

Since self-esteem is related to so many different constructs, such as body image and states of mood like depression, many of the groups integrate these measures and foci into their self-esteem programs. Girls' Circle is one such program (Steese et al., 2006). Girls' Circle is a gender-specific model for girls aged 9 to 18 years old that is based on Relational-Cultural Theory (RCT). RCT states that people build healthy relationships so that they have the opportunity to share their experiences and engage in empathic listening, which functions as a means of preventing psychological problems. Girls' perceived social support, indicated by their relationships, is a protective factor that acts as catalysts to building other protective factors, including academic interest, motivation, and involvement in extracurricular activities. The overarching Girls' Circle goal is to improve psychological functioning; specific elements include self-efficacy, self-esteem, locus of control, social support, and body image.

The study by Steese et al. (2006) included 63 girls with a mean age of 13 years old participating in Girls' Circle. Each group consisted of five to



nine girls from ethnically diverse backgrounds. The program lasted 10 sessions, with one 90 or 120 minute session each week. Each session featured a different topic; topics that were covered were friendship, self-image, body image, relationships, assertiveness, and self-talk. Results of the study indicate that self-esteem measures from pre-test to post-test were not significant, but several related constructs were. Self-efficacy, defined in this study as attitudes about self-reliance, body image, and social support did significantly improve after treatment. Improved scores of these three elements may be protective factors for self-esteem. An explanation provided by the authors of the study for the insignificance of the self-esteem factor is the possibility that 10 weeks is not enough time to dramatically change girls' levels of self-esteem; they also questioned the sensitivity of the Rosenberg Self-Esteem Scale (Rosenberg, 1965) to capture short-term changes.

O'Dea and Abraham (1999) studied an interactive, school-based approach to strengthening self-esteem. The "Everybody's Different" program is based on the principle that children do not respond well to didactic-only approaches in teaching about body image, an often cited central component of self-esteem. The authors state that this may in fact be harmful in that it inadvertently teaches children how to engage in disordered eating. Instead, O'Dea and Abraham advocate identifying and focusing on positive aspects of the self to enhance rather than on negative aspects to change. The curriculum is delivered by a classroom teacher and includes activities such as group work, games, play, drama, and "content-free" curriculum to foster a positive and supportive learning environment. The goals of the program are to promote a positive sense of self, student involvement, vicarious learning, and exchange of feedback. One lesson focuses specifically on self-esteem. During this lesson students are asked to identify their unique features, their self-image, and ways in which their self-

image could be damaged. Other lessons directly related to fostering high self-esteem include positive self-evaluation and building relationship and communication skills.

The study examining the effectiveness of the “Everybody’s Different” program (O’Dea & Abraham, 1999) had an integrated gender sample, consisting of 470 participants (63% of the sample were girls) who ranged in age from 11 to 14 ½ years old. Quantitative results of the study indicate that after the 9-week program, students demonstrated improvements in many areas, including increased general satisfaction with their bodies. Students also improved their sense of self-worth; the perceived importance of athletic competition and physical appearance both decreased compared to the control group. All of these results were maintained at a 12-month follow-up. Qualitative reports of participants were also positive; students describe increased confidence, better ability for coping with stress, improved self-image, valuing their friends more, being more accepting of themselves as they are, and being less accepting of stereotypes. All of these factors point to improved self-esteem in participants.

“Every Body is Somebody” is another school-based teacher-led program (McVey & Davis, 2002) with the goal of improving several elements in participants’ lives, including body image satisfaction, eating attitudes and behaviors, and global self-esteem. In a replication study of the program’s effectiveness, McVey, et al. (2003) recruited a sample of 258 girls whose mean age was 11 years and who were all within 10% of the average body weight for their age. The program follows a six-week model with each weekly session lasting 50 minutes. Post-test results demonstrate that the program had a positive impact on the girls’ lives. Body image satisfaction scores increased more so than in the control group; however, these results were not maintained at the 12-month follow-up. The dieting behaviors score





on the eating attitudes and behaviors factor decreased more than the control and was maintained after 12-months. Finally, the global self-esteem scores increased more than the control and remained so at the 12-month follow-up. Interestingly, although the scores for the treatment group on the global self-esteem factor were greater than the control group, the control group's scores also rose significantly by follow-up. Considering these findings, authors suggest that booster sessions may be needed to maintain positive results over time.

Many of the programs designed to enhance self-esteem take place where children spend much of their time, in the school. However, if results are to be generalized, the parents and families of participants should be included in the activities and the overall goals. The school-based "Everybody's Different" program (O'Dea & Abraham, 1999), discussed in greater detail above, incorporates a caregiver component in the model. Students are encouraged to discuss the weekly lessons at home with their parents. The lessons on positive self-evaluation and involving significant others in their lives explicitly included parents by teaching participants to communicate with and elicit positive feedback from those they believe to be important in their lives. While minimal, the involvement of caretakers in the process of building self-esteem likely contributed to children's significantly improved perceptions of how their parents view them.

### *Multicultural Considerations in the Literature*

Berk (2007) considers culture as one of the greatest influences on a child's self-esteem. Cultural values, such as a reserved personality, and traditions,

such as the level of family involvement, significantly impact how a child feels about herself. Culture can function as either a protective factor or it can present a child with stressors that may damage her self-esteem. Keeny and McEachern (2009) identify acculturation, discrimination, academic problems stemming from language differences, and demonstrating behaviors not valued by the dominant culture as potential challenges to a child's self-esteem.

When measuring self-esteem in a multicultural sample, several considerations must be taken into account. For example, collectivist cultures often score lowest on measures because of their value of modesty (Kenny & McEachern, 2009). In addition to language and vocabulary used in assessing this construct, researchers should clearly define what aspect of self-esteem they are measuring as this often yields differing results. In a sample of children ranging in age from 9 to 12 years old, Kenny and McEachern found that Hispanic children scored higher than both African American and Caucasian children on measures of total self-concept. However, when breaking the total self-concept into different subscales, Caucasian children scored higher than the other groups on behavioral measures, indicating that they believe they behave more appropriately than other groups, and African American children scored higher on subscales measuring esteem in physical appearance.

This study has two major implications for measuring self-esteem in a multicultural sample. First, the definition of self-esteem and the specific subscales of self-esteem must be clear in order to gather accurate data. Second, Kenny and McEachern (2009) point out that their finding of overall self-esteem is inconsistent with the majority of the literature. As Berk (2007) maintains, African American children usually score higher than other groups on self-esteem measures. Kenny and McEachern state that



African American children may have scored lower than Hispanic children because they are a minority in the area. Conceptualizing the person in context is necessary in gathering truthful data and making appropriate interpretations. Therefore, in group work leaders are advised to incorporate various aspects of members' background history and current situations into treatment. Without addressing these elements of members' lives, the lessons taught during group intervention will hold little salience in everyday life.

Although establishing a concrete definition of self-esteem in a multicultural sample is difficult, groups do exist that work to empower children of various backgrounds through improving the way they view themselves. One such group is the Sista-2-Sista program for girls aged 9 to 18 years old (Cappel, 1995). The goals of the program are to increase girls' self-confidence, improve their social interaction techniques, and build general skills so that they can participate in various activities. The group is designed to last for 12 months, with participants meeting in small groups twice each week. During the meetings one of 12 topics is covered. The topics fall under the following headings: educational and career choices, cultural awareness, physical fitness, sports, nutrition, sexuality, adaptive skills, and community service. Once every month all of the small groups gather at one of the sites to give the girls an opportunity to share what they have learned in a larger group setting.

Cappel (1995) examined the outcome measures of this program with a sample of 100 African American and Hispanic girls living in low socioeconomic homes, most of which were headed by a single parent. After the 12-month program, girls were participating in more recreational activities, reported increased self-awareness, and demonstrated knowledge of various educational and career opportunities. Cappel highlights several

critical elements of successful treatment. Having access to adequate resources, such as transportation, snacks and refreshments, and destinations for field trips are necessary for participant engagement. Since the girls that took part in this program came from disadvantaged homes where they did not have many opportunities offered to them, these served as added benefits of participation in the program. Another key factor to the treatment was the quality of the leadership. The community women that served as leaders acted as positive female role models for the participants.

The Go Grrrls (LeCroy, 2004) program is another group that encourages self-esteem in girls from diverse cultural backgrounds. This school-based, 12-week program covers six tasks with the girls that contribute to their healthy psychosocial development. The first, gender role identity, examines the powerful social influences on the development of their gender identity. Establishing positive self-image is the second task addressed in the program, which emphasizes self-worth through personal acceptance. Establishing independence by teaching assertiveness and problem-solving skills is an important component to the treatment. Since friendships often play a pivotal role in the psychosocial development of young adolescents, girls are taught lessons about how to make and maintain friendships. Girls also participate in activities that teach them how to locate and obtain resources in their environment so that they may be able to do it for themselves when the need arises. Finally, to address what LeCroy refers to as the “crisis of confidence” that often plagues young girls transitioning into adolescence that undermines later success, the Go Grrrls program addresses planning for the future.

In a study evaluating the effectiveness of the Go Grrrls program in empowering young girls, LeCroy (2004) recruited a sample of 55 culturally diverse volunteers (23 in the treatment group, 32 in the control group)



whose mean age was 12.7 years old. Girls identified themselves as Caucasian, Hispanic, African American, Asian American, and of mixed race. This school-based intervention placed girls in groups of 8 to 10 with two trained female leaders for each group. Before and after the 12-week treatment, researchers gathered self-report data on five scales: peer esteem, common beliefs, help endorsements, body image, and depression. Results revealed significant changes in peer esteem, common beliefs, and help endorsements, but no significant differences in attitudes of body image or depression at post-test. The peer esteem scale asked girls to assess the quantity and quality of their friendships. This significant finding is important to note because previous research has demonstrated that having positive relationships can have positive effects on overall mental health (Kenny & Donaldson, 1991). Friendships can increase self-esteem and utilization of effective coping strategies and can decrease susceptibility to psychological problems such as depression and anxiety. This finding is also notable because it suggests that peer-esteem can be enhanced through intervention.

LeCroy (2004) also reported that scores on the common, or irrational, beliefs factor were significant at post-treatment. Girls' irrational beliefs were measured to examine the positive or negative image girls have of themselves. Girls often experience a significant drop in self-esteem during the transition from elementary to middle school (Eccles et al., 1993). Programs like Go Grrrls can be a preventative force so that girls do not experience this decline in self-esteem.

The perceived ability to use sources of help was an additional significant finding (LeCroy, 2004). Many young girls struggle in knowing who to trust or where to turn for help. LeCroy notes that they tend to turn their problems inward, as is evidenced by high rates of girls suffering from

poor body image, eating disorders, and depression. The significance of participants' help endorsements is encouraging because it implies that a preventative program like the Go Grrrls program can teach girls what to do and who to talk to if they need help.

The body image and depression factors were not significant at post-test (LeCroy, 2004). LeCroy offers explanations as to why this may be. He postulates that the five item scale used to examine body image may be a poor measurement of the construct. Perhaps if a better tool was used it would have indicated that girls' attitudes toward their bodies significantly improved after treatment. LeCroy also comments on the lack of significance of changes in depression scores. He writes that depression may not be expected to change considerably in a prevention program. He also notes that depressive symptoms tend to emerge in girls older than the preadolescents that participated in the Go Grrrls program.

Although a handful of researchers have examined outcomes of multicultural self-esteem-building groups, there are significant gaps in the literature that must be addressed. One concern is the absence of several minority groups. As Crain (1996) concluded, the most common groups that are studied are Caucasians and African Americans. Most of the studies discussed above, along with many others, define their "multicultural" samples as those that include African American participants; a few also include Hispanic children. The majority of programs with outcome data that have been studied do not incorporate participants from other minority cultures, such as Asian American or Native American cultures. Even when these often excluded minorities are part of the sample, their representation is minimal. LeCroy (2004) reports that his "culturally diverse" sample was composed of 64.8% Caucasians, 18.5% mixed race, 11.1% Hispanic, 3.7% African American, and 1.9% Asian American (p. 429). Although minority



girls were included, the proportion of minority to majority participants may not be great enough to demonstrate differences between them.

Additionally, many minority cultural groups contain people from varied backgrounds. For example, persons identified as Hispanic may originally be from Cuba, Puerto Rico, or Mexico, among many other areas; these differences in country of origin may translate to differences in interpretation of self-esteem. Representativeness of minorities in general and specific countries of origin in particular could have significant effects on how self-esteem is measured and how it is fostered in groups.

The majority of studies examining multicultural samples include minority children that are socioeconomically disadvantaged; many girls are raised by a single mother who did not complete college. These added variables may confound the results obtained. In working with samples of this composition, researchers must address not only their cultural differences but also their socioeconomic status and associated variables and stressors. In addition to examining the self-esteem of these girls, researchers should also consider the levels of self-esteem of minority girls from different family structures and socioeconomic levels.

#### *Areas for Further Research*

While researchers have taken strides in developing and evaluating programs for improving self-esteem in the group setting, a great deal of work remains. Several studies (Bruening, Dover, & Clark, 2009; LeCroy, 2004) have used small sample sizes. The small number of participant scores used for interpretation may skew results, making some findings appear significant when in reality they are not, and vice versa. Future studies

should be conducted using larger sample sizes so that researchers can be certain that they have an accurate portrayal of the constructs being measured.

Another area that needs further research is in the use of outcome measures. As previously discussed, self-esteem is a complex construct to measure because of the many different factors affecting it. Not only are there multiple components of self-esteem, but the individual components and self-esteem in general are interpreted differently by different people. This is especially salient across cultural lines; high self-esteem manifests itself very differently depending on a person's cultural context. Because of this, determining the appropriateness of instruments measuring self-esteem is very difficult. LeCroy (2004) wrote that a limitation in his study was the low reliability of the measures used to assess self-esteem. Self-esteem measures should also be different depending on the age of the subject. Steese et al. (2006) admitted that a limitation of their study was that the measure they used for assessing self-esteem may have been intended for a more mature participant. Future research needs to address these limitations by creating self-esteem measures that are reliable and valid for diverse populations. O'Dea and Abraham (1999) suggest the use of a multidimensional instrument to attend to the many facets of self-esteem.

Additionally, as has been cited by several sources (Bruening et al., 2009; O'Dea & Abraham, 1999), children live their lives and develop in multiple settings. Many programs seeking to enhance self-esteem are school-based, which is a useful locale to carry-out a universal prevention program because of the volume of children that can be exposed to treatment. However, if other members of the children's lives, for example their parents, have no involvement in the intervention, the lessons will likely not be generalized. Previous research has indicated that the role of





girls' relationships with their parents, particularly their mothers, is a strong influence on their overall self-esteem (O'Dea & Abraham, 1999). Therefore, further research needs to be conducted examining ways in which programs can integrate parental participation and determine the effectiveness of doing so.

Finally, researchers should conduct longitudinal studies on the effects of self-esteem-building programs (Bruening et al., 2009; McVey et al., 2003; LeCroy, 2004). In order to truly determine the effectiveness of a program intending to improve self-esteem, researchers must consider the degree to which the results are maintained long after termination. Many of the programs reviewed above are designed to prevent future problems thought to be associated with having a low self-esteem. Without longitudinal data from research examining the lives of participants long after the treatment has ended, practical success is unknown. Clearly, much research remains in the area of group work in improving self-esteem.

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