Adolescent Girls and Self-esteem:
Implications for School Counselors
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Abstract

This literature review provides an overview of the current research on groups to improve the self-esteem of adolescent girls. Low self-esteem can lead to eating disorders, depression, inappropriate sexual behavior and more. Many groups have been designed, but no one program has successfully implemented research findings or produced consistent results in the school setting. This paper will present recent research on adolescent girls self-esteem and body image, how these factors effect their lives and the subsequent implications for school counseling. From these findings, a girls program will be presented that will assist in the development of self-esteem and body image within middle school girls.
Outline

I. Introduction

II. Importance of Self-esteem
   a. Peer pressure
   b. Body dissatisfaction
   c. Mental health issues
   d. Eating disorders
   e. Sexual/Relational risk
   f. Interpersonal skills

III. Adlerian Perspective

IV. Adolescent Development

V. Population at risk for self-esteem problems
   a. Age
   b. Gender
   c. Race/ethnicity
   d. Weight
   e. Socio-economic

VI. Programs
   a. Existing programs that address self-esteem
   b. What programs are missing
   c. What research recommends

VII. Implications for school counselors: Comprehensive self-esteem program for girls
   a. Media
   b. Parent involvement
   c. Health/exercise
   d. Life skills/stress management

VIII. Conclusion

IX. References

X. Appendix
Adolescent Girls and Self-esteem:

Implications for School Counseling

Self-esteem is an “individuals positive or negative attitude toward the self as a totality” (Rosenber, Schooler, Schoenbach, & Rosenberg, 1995, p. 141), and positive self-esteem is a key aspect in the development of a healthy personality (Haney & Durlak, 1998). Youth with high levels of self-esteem tend to avoid a broad array of emotional, behavioral and social problems that afflict those with lower levels.

Low self-esteem has become a significant issue within culture today, affecting a large number of students and resulting in many negative outcomes. Paxton, Eisenberg, & Nuemark-Sztainer (2006) report that 24%-46% of adolescent girls report having body dissatisfaction, and this problem reaches across many ages. Dohnt & Tiggerman state that “a number of studies have now identified a desire for thinness in 6 year-old girls” (2006, p. 929). The results can be devastating when steps are not taken to increase the self-esteem of adolescent girls.

Many researched interventions have shown that improvements in self-esteem can be achieved. According to Haney & Durlak’s study, “It is possible to significantly improve children’s and adolescents levels of SE/SC [self-esteem/self-concept] and to obtain concomitant positive changes in other areas of adjustment” (1998, p. 429). Working to improve self-esteem can also reduce body dissatisfaction among adolescents (Paxton et al., 2006). To provide the most help for their students, it is imperative that school counselors provide research based program interventions to help improve the self-esteem and body image of adolescent girls. This literature review will examine past self-esteem interventions to determine their strengths and weaknesses with the intent of developing an evidence-based, holistic group-counseling curriculum to be used with adolescent girls the school system for adolescent girls.
Importance of Self-Esteem

An individual’s level of self-esteem can affect all areas of his/her life. High self-esteem has been linked to better relationships, higher academic achievement, better coping skills (Haney & Durlak, 1998), and an increased use and effectiveness of contraceptives (Chapman & Mullis, 2000; Holmbeck, Crossman, Wandrei, & Gasiewski, 1994). Low self-esteem has been linked with susceptibility to peer-pressure and peer-influence (Rhodes & Wood, 1992; Ata, Ludden, & Lally, 2007), body dissatisfaction in adolescent girls (Dohnt & Tiggemann’s, 2006; Henderson, 2009; Paxton et al. 2006), mental health issues (Paxton et al. 2006; Bolognini, Plancherai, Betschart, & Halfon, 1996), eating disorders (Cheng & Mallinckrodt, 2009; Ata et al. 2007; McVey, Davis, and Shaw, 2004), and higher rates of sexual risk-taking (Jezl, Molidor, & Wright, 1996; Peterson, 2006).

Peer Pressure

Peer pressure and the views of family and friends play a significant role in the life of adolescents and the decisions they make and is an even larger issue in those with poor self-esteem. Ata et al. (2007) found that adolescents with low self-esteem are more vulnerable to peer-pressure and are more likely to internalize the messages from others. Rhodes and Wood (1992) also found a correlation between self-esteem and peer pressure, stating those with lower self-esteem are more likely to yield to others and are more easily influenced by others. One reason for this may be that adolescents with lower self-esteem usually have fewer friends and report being lonelier (Brendgen, Lamarche, Wanner, & Vitaro, 2010). This can lead to drug use, sexual behavior, breaking the law and other peer influenced poor choices.

Family pressure has also been found to be a predictive factor in body image and eating behaviors in adolescents (Ata et al. 2006). Family beliefs and pressures impacts adolescent’s
self-esteem and can make adolescents more vulnerable to lower self-esteem (Ata et al. 2006). With the most significant pressure from family, affecting self-esteem and body image, is the pressure to be thin.

**Body Dissatisfaction**

Body dissatisfaction has also been strongly correlated with self-esteem (Ata et al. 2007), with body dissatisfaction correlating with lower self-esteem (Dohnt & Tiggemann, 2006). Paxton et al. (2006) found that “self-esteem inversely predicted increases in body dissatisfaction in both young and middle adolescent girls” (p. 894) and “low self-esteem may contribute to an increase in negative self-evaluation generally and in negative evaluation of the body” (p. 896). With increasing self-esteem, therefore increasing the way one feels about them self, it is possible to increase overall body satisfaction.

**Mental Health Issues**

Low self-esteem often leads to negative mental health issues, including: depression, anxiety, substance abuse, and dissatisfaction with life (Bolognini et al. 1996). Girls with lower self-esteem are at a higher risk for depression and show more symptoms of depression (Brendgen, et al, 2010; Modrcin-Talbott, Pullen, Zandstra, Ehrenberger, & Muenchen, 1998; Ata et al. 2007). It is then reasonable to assume that improving self-esteem should aid in the prevention of mental health issues.

**Eating Disorders**

Eating disorders are a growing concern within the United States (Ata et al., 2007), and are often linked to low self-esteem (McVey, Davis et al., 2004). Cheng & Mallinckrodt (2009) found that girls with poor body images and low self-esteem are at a greater risk of developing
eating disorders. This is due to the fact that girls with low-self esteem are more likely to develop negative eating behaviors and weight concerns (Ata et al. 2007).

**Sexual/Relational Risk**

Low self-esteem also increases high-risk sexual behaviors. Peterson found that girls with low self-esteem are more likely to engage in riskier sexual behaviors (2006), and are more likely to be involved in unhealthy and abusive relationships than those with high self-esteem (Jezl et al. 1996). Those with low self-esteem also experience greater psychological maltreatment than adolescents with higher self-esteem within romantic relationships (Jezl et al. 1996). Girls with low self-esteem are more likely to not use contraceptives or use them incorrectly (Chapman & Mullis, 2000; Holmbeck et al., 1994). Thus, girls with low self-esteem are more likely to become pregnant, contract a sexually transmitted disease and be in an abusive relationship.

**Interpersonal Skills**

Higher self-esteem has been linked with greater social skills, interpersonal skills and healthy coping strategies (Haney & Durlak, 1998). Rhodes and Wood explained that people with low self-esteem, “are more likely to use expressive defenses, such as projection and regression” (1992, self-esteem section). Research has also shown that adolescents without many friends have lower self-esteem, report being lonelier and show more symptoms of depression (Brendgen et al. 2010). With higher self-esteem adolescents are better able to cope with life stresses and interact with others in healthier ways.

**Adlerian Perspective**

“Fictions” describe the Adlerian concept that an individual’s idea of the world affects them greater than the world itself (Oberst & Stewart, 2003). Fictions cannot be proven and is the idea that people live as they perceive it. Further more, fictions help people make sense of the
world and their experiences. A healthy individual is able to adapt and change fictions as necessary to help them cope and prepare for the future. An unhealthy individual is not able to easily adjust their fictions as they become false and unhelpful (Oberst & Stewart, 2003). An individual’s belief about themself and their place in the world affects how they behave, think and feel.

Individuals with low self-esteem usually have fictions that have become false and unhelpful. Rigby and Waite (2006) found that an, “important element [for individuals with low SE] was the opportunity to directly challenge negative beliefs and fears about social acceptability and to promote a sense of belonging,” (p. 364). Individuals with low self-esteem, however, need help challenging their fictions and creating new ones that will aid in coping and with preparing for their future.

Social interest is another key Adlerian principle that impacts an individual’s self-esteem. Social interest “reflects both the attitudes and behaviors of caring, concern, and compassion for fellow humans” (Oberst & Stewart, 2003, p. 201). Social interest is the concept of not putting oneself first, but rather the whole of society. When a person is community focused, rather than just on themselves, they are able to see the world through a different lens. This causes a change of perspective and helps them relate to the world in a healthier way.

Much of the current research around the self-esteem of adolescent girls shows the positive impact that social acceptance and community belonging can have on a girl’s life and self-esteem (Richards et al., 1990; Rigby & Waite, 2006). Adolescent girls that have a community focus and feel they not only belong, but contribute to the community, are more likely to have higher self-esteem. Social interest should be taught and modeled to youth to show them
Adolescents are important developmental period that greatly impacts an individual’s self-esteem. During this time there are many physical, cognitive, and social changes. Due to these major changes, development needs to be understood in order to know what is a part of healthy development, or what may be a sign of low self-esteem.

One of the most important physical changes during this time is puberty. This physical change makes adolescents more aware of changes in their bodies and increases their awareness of their body image and weight concerns (Ata et al. 2007). These changes make girls more aware of others response to their biological changes and greatly affects their body image (Lackovic-Grgin 1994). These authors also found that the girls in their study who had been menstruating the longest (more than one year) had the lowest self-esteem.

Cognitively, adolescence is the stage of identity formation, which is a central aspect of self-esteem (Commendador, 2007). During this time, adolescents’ brains are continuing to develop. This increases concerns for their role in the world (Adams, Kuhn, & Rhode, 2006). Adolescence is a time where youth begin to have realistic self-perceptions and mature in their cognitive abilities (Kistner, Daid & Repper, 2007). Commendador (2007) explains this as “a time of life where decisions are made with little life experience” (p. 621).

Socially, adolescence is a time in which friends become more significant and central (McVey, Lieberman, Voorberg, Wardrope, Blackmore, & Tweed, 2003). This is a time in which peer acceptance is important and when peer factors have a greater impact on body image (Paxton et al. 2006; Lackovic-Grgin et al. 1994). During adolescence, there is usually an increase in
conflict in the home as well, being that with physical maturation parental control usually increases (Lackovic-Grgin et al. 1994).

**Population at Risk for Self-Esteem Problems**

There are many factors that contribute to a person’s self-esteem. According to research, some adolescents are more prone to self-esteem problems. This section will review research findings on factors that contribute to a person’s self-esteem, the populations at risk for developing low self-esteem and will provide details on the ideal population of a school based targeted prevention program.

**Age**

Many of the devastating factors of low self-esteem begin to take root during late middle school to high school. Stice, Rohde, Gau, & Shaw (2009) found women are at a higher risk for developing an eating disorder and that 14-19 year olds are the most likely for the onset of an eating disorder. Paxton et al. (2006) research indicates that intervention needs to be completed no later than middle adolescents and that the earlier the interventions can be started the better. It is therefore essential to reach girls early to middle adolescence, before their body image and body ideals have taken root. It is also important to intervene during this time before major development, in order that girls can be taught about healthy development.

**Gender**

Gender is also a known factor that influences self-esteem (Burrows & Cooper, 2002). Adams et al. found that gender significantly affected self-esteem, “with girls having lower self-esteem than boys from the same ethnic group” (2006, Ethnic Differences section). Richards, Boxer, Peterson, and Albrecht also found that gender influenced self-esteem. They “found that girls, more than boys, suffered from poorer body image and less satisfaction with weight”
(Richards et al. 1990, p. 319). Although males also struggle with self-esteem and body image, this issue is statistically prominent among females (Brendgen et al., 2010; Ata et al., 2007).

Race/Ethnicity

Significant differences in adolescents self-esteem was found based on ethnic groups (Medora, Goldstein & von der Hellen, 1994). The main ethnic group that stood out was African Americans. Adams et al. (2006) found that “African American adolescents have high, stable levels of self-esteem” (Ethnic Differences section). Buckley and Carter stated that, “Black people often report high levels of self-esteem” (Nov. 2005, p. 657). Paxton et al. found that “being African American predicted a lower increase in body dissatisfaction in both boys and girls in the middle but not in the early adolescent cohort” (2006, p. 894). They explained this difference stating, “The larger body size ideal in the African American subculture is more consistent with the natural shape of young women from middle to late adolescence” (Paxton et al., 2006, p. 895) and therefore, these individuals do not experience as much body dissatisfaction.

The level in which an African American girl identifies with being Black is critical in her self-esteem (Buckley & Carter, 2005). If she strongly identifies with Black culture she is more likely to have higher self-esteem and lower body dissatisfaction. Girls who do not strongly identify with being Black, statistically fall closer with other ethnicities in their level of self-esteem and body satisfaction.

Other ethnic groups were not found to have such significant differences in their self-esteem. Adams et al. (2006) associate the decline in self-esteem during junior high years within European American and Hispanic adolescents with their desire to meet unattainable athletic and beauty ideals. Many of these ideals are attained from media, family and friends.
Weight

Although most adolescents struggle with self-esteem and body satisfaction, overweight adolescents have been shown to have lower self-esteem and body dissatisfaction (Dohnt & Tiggemann, 2006; Goldfield et al., 2010). Burrows and Cooper (2002) found that “overweight children show greater concern with weight, shape and eating and greater tendency to dietary restraint than average weight children” (p. 1268). They also found that overweight girls had significantly lower ratings of self-esteem, more symptoms of depression, and a larger risk to develop an eating disorder (Burrows & Cooper, 2002). Paxton et al. (2006) indicated body dissatisfaction was increased by higher BMI. Phillips and Hill (1998) also found this correlation between weight and self-esteem, but stressed that it was not universal.

Socio-Economic

Income is also a predictor of self-esteem. Adams et al. (2006) found that, “Lower-income European American students attending school with other lower income students, most of whom were African American, suffered steeper declines in self-esteem than low-income European American students attending school with higher income students of the same ethnicity” (Ethnic Differences section). Richards et al. (1990) explain that this difference is most likely due to the community, as many areas and communities are based on socio-economic standings. They believe that differences are due to the community’s values that are shown through policies, practices and attitudes.

Programs that Address Self-Esteem

Existing Programs

Although schools have been shown to be economical and efficient ways to implement programs to improve self-esteem, there have been mixed reviews for the support and
effectiveness of self-esteem interventions (Haney & Durlak, 1998). Rigby and Waite (2006) explained that there have been few programs that attempt to improve self-esteem, although it is one of the best predictors of behavioral and emotional problems among adolescents.

There have been a few programs that have attempted to increase the self-esteem of adolescent girls within schools. Some of these programs have been universal, in which everyone participated in the program, and some have been targeted. Eating Smart, Eating for Me is a universal program for elementary ages that focused on nutrition, exercise, body esteem, teasing and media (Smolak & Levine, 2001). This program was reported to have only limited short-term impact. Smolak, Levine & Schermer (1998) indicated that this program did not increase knowledge on nutrition or exercise, nor did body esteem have a significant change after the program.

Girls Circle is a support group for girls designed to improve relationships and individual and collective strengths (Steese, Dollette, Phillips, Hossfeld, Matthews, & Taormina, 2006). This program also did not have significant changes in the member’s self-esteem, but they did have some improvement in body image.

Every Body is Somebody was a sixth grade prevention program that was conducted through six fifty minute sessions within the classroom through activities, classroom discussion, and media presentations (McVey, Davis et al., 2004). This program found short-term improvements in self-esteem, body image and eating behaviors, but these were not found one year later. This program concluded that it is effective to teach health promotion strategies within the classroom during peak developmental periods in which adolescents may start dieting, but the program did not change long-term behaviors or attitudes.
Debate, Gabriel, Zwald, Huberty and Zhang (2009) examined the relationship between self-esteem and a developmentally focused youth sport program. This twelve week long program focused on both physical activity and life skills. Although this was a small study that could have some validity issues, they found that youth who participated in this program could increase commitment to physical activity and could increase self-esteem and body satisfaction.

Go Grrrls Program (LeCroy, 2004) was a school based prevention program that meet for twelve sessions. Groups of eight to ten girls were led my two females. The curriculum of this program was based on six critical developmental tasks of adolescence: gender roles, positive body image, friendships, using resources, independence, and planning for future. This program did not result in an increase of body image. It was concluded that more research was needed in this area to develop a program with greater outcomes.

Stewart, Carter, Drinkwater, Hainsworth, & Fairburn (1999) also created a universal prevention program that was implemented within school curriculum. This program was six weeks long with one forty-five minute session per week. Topics included: body image, self-esteem, eating disorders, managing stress, and eating healthy. This program did not have any impact on self-esteem (Stewart et al., 1999).

What Programs are Missing

Although different programs have been implemented and used within the school setting to improve self-esteem, no one program has been shown to take into account recent research and show great improvement among the participants. Research on finding effective preventive approaches with adolescents is lacking due to a lack of attention given to the area (LeCroy, 2004). Holt and Ricciardelli (2007) conclude that programs need to be created to better
implement appropriate activities and the cognitive, social and emotional development for
different age groups.

Another shortcoming of the current programs is the focus on other areas. Some programs
do not put the primary concentration on raising the self-esteem, but rather have goals of
decreasing behavior issues or increasing the functioning in other related areas (Haney & Durlak,
1998). Research shows these goals have not been found to be successful on raising the self-
estee in adolescents. To improve self-esteem, the primary focus of the group should be on self-
estee improvement and research based ways to increase this.

What Research Recommends

The Social Cognitive Theory states, that, “in order to change behavior, it is necessary to
change the predisposing factors such as environmental influences (e.g. media), personal factors
(e.g. values and attitudes), and self-perceptions (e.g. body image)” (O’Dea & Abraham, 2000, p.
56). These are all areas that would need to be examined and discussed in order to make
improvements in an individual’s self-esteem.

Haney & Durlak’s (1998) study indicates that programs need to specifically focus on
self-esteem in order to see significant improvements. Educational programs that are based on
collaboration, interaction, and student centered learning have been demonstrated to improve
student learning, behaviors, attitudes, skill development, and increase self esteem in the process
(Abraham & O’Dea, 2000). Shen and Armstrong found that, “A warm, non-confrontational,
flexible, creative and activity-based approach can promote the establishment of a therapeutic
relationship with adolescents and positively impact their behaviors” (2008, p. 119).

Holt and Ricciardelli (2007) found that targeted prevention programs were more effective
than universal-selective programs, although they went on to explain that almost all adolescent
girls have some risk within society today. They argue that targeted programs are more successful with adolescent because these girls are usually more motivated to change. It is also recommended that programs be at least nine sessions as they have been found to be more successful (Holt & Ricciardelli, 2007).

Group therapy is a successful intervention to improve self-esteem (Rigby & Waite, 2006). Shen and Armstrong (2008) found the group format to be a more successful intervention than traditional talk therapy. Their study provided an environment that was safe and supportive by having a female therapist lead and creating a place that girls could interact and be accepted by peers.

In educating girls on normal developmental changes and what it looks like to be a healthy woman, girls are more accepting of normal female body weight and are more willing to gain healthy weight in adolescents (O’Dea & Abraham, 2000). This program found that when self-esteem improved, positive body image and eating attitudes of young male and female adolescents increased. Research supports educating young girls in the areas of health as a safe and successful way to help girls feel good about themselves and their bodies, during a time that girls may be inclined to start losing weight (Holt & Ricciardelli, 2007; McVey, Davis et al., 2004; O’Dea & Abraham, 2000). Researchers also found that girls who are more physically active perform better academically and have higher self-esteem (DeBate, Gabriel, Zwald, Huberty, and Zhang, 2009).

Implications for School Counselors: Comprehensive Self-Esteem Program for Girls

School programs provide one of most beneficial and cost-effective ways to reach students to improve self-esteem. For example, Steward et al. (2009) stated, “schools are a good place for the primary prevention of eating disorders because they provide access to the population at risk”
(p. 108). Being self-esteem impacts the life of an adolescent and their future in a significant way, it is imperative that school counselors advocate for and work with students to increase their self-esteem. School counselors should provide information to school personnel on how to work with students with low self-esteem, identify needs, help improve self-esteem and implement targeted programs in increase the self-esteem of at-risk girls.

As discussed above, a preventative targeted program can be helpful in increasing the self-esteem and body image of adolescent girls. Programs should “do no harm” and focus on improving the self-esteem and social network of individuals, rather than just give knowledge; which have been found to be unsuccessful or even harmful in changing attitudes and behavior of girls (McVey, Davis et al., 2004). Rather than educating on eating disorders, research shows that topics should focus on the attitudes and behaviors of girls and the larger concepts that affect these. Therefore, a comprehensive program would include the following components: media, parent involvement, appreciation/encouragement, health/exercise, and life skills/stress management.

Girls Group is a school based targeted counseling program designed to increase the self-esteem of at-risk girls (see Girls Group Guide, Appendix). This program was developed to incorporate the current research as previously outlined. This group will consist of 8 – 10 students between the ages of 11 – 13. Girls Group will meet for 10 weeks, covering topics of self-esteem, body image, media, nutrition, exercise, stress management and healthy relationships. The goals of Girls Group indicate that participants will: improve self-esteem, improve body-image, gain knowledge on how to be healthy, learn how media influences body image and learn how to manage stress to improve body image.
**Media**

Media is a large aspect of today’s culture. Youth are receiving media messages throughout the day through television, computers, magazines, signs, billboards, malls, etc. Not only does media influence all people, but young girls with low self-esteem have been shown to be more influenced by what the media portrays (Cheng & Mallinckrodt, 2009). Ata et al. (2007) found that, “female adolescents in particular seek out magazines, internalize the messages presented and use the media as a source of information about how to improve their physical appearance” (p. 1025). Media portrays a thin beauty ideal that is associated with popularity and success (Paxton et al., 2006).

Dohnt and Tiggemann (2006) found that girls who watched TV programs that encouraged a thin appearance, such as “Friends”, were more likely to have body dissatisfaction and lower self-esteem. Studies have shown that there is an association between eating and the internalization of media messages among adolescent girls (McVey, Davis et al., 2004). According to this research, adolescents are receiving and internalizing media messages, one of which is that to be successful they must be thin. In the Girls Group Guide (Appendix, p. 23) media is a lesson topic to teach girls the impact on media messages on attitudes and behaviors (also see Appendix: “The Media, Body Image, and Eating Disorders”, p. 35).

**Parent and Teacher Involvement**

Research shows that teacher and parent involvement is an important aspect in improving the self-esteem of adolescents (Stewart et al., 2009). Dohnt and Tiggerman (2006) emphasized the importance of the education of peer and media influences on self-esteem and body image to not only children, but parents and teachers as well in order to provide an effect prevention and/or intervention program. As seen in Girls Group Guide (Appendix, p. 16) teachers will be informed
of the program through a PowerPoint presentation. This presentation will give the details of the program and how they can support the girls and their growth, along with the group member parameters (see Girls Group Guide, Appendix, p. 17) Teachers will also be updated throughout the program via email on date/time of meetings, reminders of how they can support the girls and the group leaders contact information (see email example, Appendix, p. 47).

Students who have intimate and nurturing relationships with their parents are more likely to have a higher self-esteem (Lackovic-Grgin et al., 1994). School programs should involve parents by informing them of the effect and role they play in their child’s self-esteem and body image development, as well as ways to be involved in Girls Group. One way that a school program can support the involvement of parents is “by encouraging students to seek positive statements about themselves from family and friends” (O’Dea & Abraham, 2000, p. 55).

As seen in Girls Group Guide (Appendix, p. 3), parents will be given basic information on the program when asked for their permission for their child to participate in group. Once permission is received, a parent letter (see Appendix, p. 45) will be sent informing them on how they can best support their girls during this program and their role in the program.

**Health/Exercise**

Educating girls about health and exercise in a small group setting has been successful in changing beliefs and attitudes regarding body image and thus, increasing self-esteem (Holt & Ricciardelli, 2007; O’Dea & Abraham, 2000). McVey, Davis et al. (2004) state that programs that focus on educating girls about health by improving body image, have found that those girls are more open to seek treatment outside of class. Teaching students about genetic and biological factors that strongly influence their weight and shape can also help reduce feelings of shame and guilt about their size or appearance (Goldfield et al., 2010) (see “Every Body is Different”,)
Appendix, p. 34). Research supports educating girls in the areas of health as a safe and successful way to help girls feel better about themselves and their bodies, during an imperative time in development when girls may be inclined to start dieting (Holt & Ricciardelli, 2007; McVey, Davis et al., 2004; O’Dea & Abraham, 2000). Health, exercise and nutrition is incorporated in the program through three lesson plans: Healthy body development, Nutrition and Exercise (see Girls Group Guide, Appendix, p. 25-27).

**Life-Skills/Stress Management**

Programs that have a life-skills or stress management aspect also help increase the self-esteem and body image of adolescent girls. Using a life-skills approach to teach stress management can help prepare adolescent girls for normative stressors that could trigger the onset of disordered eating (McVey, Lieberman et al., 2003). McVey, Davis et al. (2004) found that using a life-skills program to improve body image and global self-esteem resulted in higher body image satisfaction, self-esteem and lower dieting scores. They also found that programs focused on improving girls’ self-esteem and life-skills have shown to reduce or prevent other risky behaviors (McVey, Davis et al., 2004). As seen in Girls Group Guide (Appendix, p. 28), Stress Management is one lesson to help improve the self-esteem of group members through life skills.

**Healthy Relationships and Interpersonal Skills**

As previously discussed, self-esteem impacts the interpersonal skills, friendships, and romantic relationships of adolescent girls. Therefore, throughout the program girls will perform activities and interact with one another to practice and improve interpersonal skills. The leader of group will also be responsible for modeling and teaching girls how to positively interact with one another.
Another way that interpersonal skills and life skills be will practiced is through responsibility and communication. At the beginning of each week, group members will be emailed with the upcoming weeks day/time of meeting, topic, and a little reminder of what was discussed the previous week. Girls will be responsible to notify the leader if they are aware that they will be unable to make group, for example if they have a doctors appointment, etc. This will help girls begin to learn proper email communication and take responsibility. One lesson will also be devoted to healthy relationships to help improve interpersonal skills and teach about healthy relationships (friendships and romantic relationships) and what healthy relationships look like (see Appendix, p. 30).

**Conclusion**

Self-esteem greatly impacts the lives of adolescent girls. It impacts them socially, cognitively, psychologically, and behaviorally. Not only can low self-esteem result in many negative outcomes, individuals with high self-esteem are generally healthier, happier and able to make better decisions. Many programs have been designed and implemented to help improve the self-esteem of adolescent youth, but no one program has been found to incorporate current research findings and successes into account. Through examining past programs and research on self-esteem among adolescent girls, Girls Group Guide (Appendix) was designed to provide a comprehensive program.

The Girls Group Guide (Appendix) outlines a comprehensive guide of letters, activities, calendars, and lesson plans. It covers self-esteem, body image, media, nutrition, exercise, stress management and healthy relationships. The intended outcome is to improve self-esteem, improve body image, gain knowledge on how to be healthy, learn how media influences body
image, learn how to manage stress, and learn better ways to interact with others and build relationships.

This is only a start of the development of a comprehensive School Counseling curriculum to address the needs of developing adolescent girls. Further research is needed in this area. Hopefully, the end result will be a program that greatly impacts the lives of adolescent girls, increases self-esteem and helps girls develop into healthy, happy, and confident women who will make an impact on the world.
References


