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THE EFFECTS OF SELF-ESTEEM
INSTRUCTION FOR CHILDREN
WITH DISABILITIES

by
James Henderson

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
of
The Graduate School
at
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September 1, 2002

Approved by _____
Dr. Joy F. Xin

Date Approved 11/15/2002

ABSTRACT

James Henderson

The Effects of Self-esteem Instruction
for Children with Disabilities

Dr. Joy Xin, Advisor

Special Education Graduate Program

The purpose of this study was to investigate the effects of self-esteem instruction for children with disabilities. Academic achievement, attitudes toward school and learning, and attitudes toward peers were measured prior to ninety days of self-esteem direct instruction. A total of 72 children with disabilities from grade 1 to 3 in 3 elementary schools in the same community participated. They were divided into both control and experimental groups in 3 elementary schools with a total of 3 experiment and 3 control groups. Three special education teachers provided self-esteem direct instruction to the experimental groups according to the same lesson plans discussed by the participating teachers, while no instruction was delivered to the control group. After 90 days of instruction, both control and experiment groups were reassessed for reading and mathematics achievement, and attitudes toward school, learning, and peers. Results showed minimal increase in the academic achievement and self-esteem.

MINI ABSTRACT

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The purpose of this study was to investigate the effects of self-esteem instruction for children with disabilities. A total of 72 children with learning disabilities participated in the study. Of those, 36 (Group 1) is an experiment group to receive the direct instruction for 90 days, and the other 36 (Group 2) is a control group without such instruction. A pre-post test was used prior to and at the end of the instruction to examine these children's academic achievement and attitudes toward learning, school, and peers. Results showed minimal increase in the academic achievement and self-esteem.

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Chapter 1

Statement of Problems

Introduction

At the Children's Attention Deficit Annual Conference in 1992, a Harvard medical professor spoke about self-esteem and the way children with special needs learn. He read a creative writing sample from one elementary school child that he worked with as a clinical psychologist. The child wrote "going to school has been like climbing up a steep mountain. Every step is a battle against icy winds. Sometimes I get knocked down. My body is numb. I'm climbing up a steep cliff. I look up and my struggle has hardly begun" (Canfield & Siccone, 1995, p. 43). The child may be one of many children with special needs that struggle with inner strife. Many are ostracized by peers, harshly evaluated by teachers and severely punished by parents for their misbehavior. They are then labeled as deficit or disordered. It is no wonder that their self-esteem gas tank is on EMPTY (Canfield & Siccone, 1995).

Research on self-esteem and the children with disabilities is in the early stages (Canfield & Siccone, 1995). According to Canfield and Siccone (1995), these children have significantly lower self-esteem than their peers. There is a strong belief among educators that our schools are in crisis by a lost sense of mission (Canfield & Siccone, 1995). It is commonly believed that the lack of self-esteem is one of the most damaging conditions to a child's learning experience (Canfield & Siccone, 1995). Educators need to find new energies to create a new vision built on student's highest potential. Teachers need to first assess what they can do to help their students as

coaches (Canfield & Siccone, 1995). They then can address the self-esteem deficiency where children would see themselves as victims of circumstance (Canfield & Siccone, 1995).

Owens (1990) states that the problem children with disabilities face is that feeling loved and worthy is neither the total nor primary source of self-esteem. Owens (1990) indicates that there is another largely ignored component that has a great impact on these children and their academic progress. The reflective outer component from feeling loved and worthy, being built in firm rules, and treated with respect has been accepted as the prominent component of self-esteem (Owens, 1990). It has been recognized as the one to define and measure programs created to enhance the self-esteem of children with special needs (Owens, 1990). The problem is that this one sided, "feeling good", self-esteem helps children feel loved and worthy without any required academic or social achievement on their part. The result is large numbers of children that feel good about themselves but can't read, write, or spell (Owens, 1990). Conversely, the "competency based" perspective puts the student in a more active role. Self-esteem is earned but not given. When realistic academic and behavioral standards and goals are set and met, self-esteem is increased.

Research has also found that children with learning disabilities are susceptible to low self concept (Elbaum & Vaughn, 1996). It was reported that there were frequent findings of lower peer acceptance and poor feelings of self worth among this population (LaGreca & Stone, 1990). In order to increase student's self-esteem a variety of classroom instructional methods and techniques were used (Elbaum &

Vaughn, 1996). The self enhancement method and the skill development approach were particularly studied for students with learning disabilities. It is shown that there are problems in using the direct instruction to help these children develop positive images of themselves as able learners without lowering academic standards (Elbaum & Vaughn, 1996). Teachers should avoid lowering academic requirements and expectations in order to keep up children's self-esteem (Elbaum & Vaughn, 1996). Elbaum and Vaughn, (1996) believe that direct instruction of children with learning disabilities can lead to beneficial changes, and the development of academic skills is a general process that takes more than the typical duration of instruction to make and show clear gains (Elbaum & Vaughn, 1996). There is limited research currently available on direct instruction programs for children with learning disabilities and consequently it is difficult to determine how long the beneficial effects last (Elbaum & Vaughn, 1996). These findings, however, did not point to a single most effective technique to improve the self-esteem of these children (Elbaum & Vaughn, 1996).

According to Morvitz & Motta, (1992) there is a very strong relationship between self-concept and achievement in children with disabilities (Morvitz & Motta, 1992). Even though self-esteem and achievement appear to develop at the same time, there seems to be a strong positive correlation between positive school experiences and self-esteem (Morvitz & Motta, 1992). Children who perform well in school rate themselves higher on self-esteem tests than those who do not achieve well (Black, 1974). The home is the most important influence on building and maintaining self-esteem in children with disabilities but school is the second most influencing force

(Purkey, 1970). Evidence shows that a child with repeated school failures will tend to have emotional and behavioral problems. There is a need to help children with disabilities manage the potential stigmatizing effects of alternative educational programs and educators should incorporate some self-esteem instruction into their daily routine for children with disabilities (Morvitz & Motta, 1992). Children will attain the highest benefit when their psychological requirements are thought as interdependent (Morvitz & Motta, 1992). There is extensive evidence in the relationship between academic self-concept and academic achievement (Heyman, 1990). However, there is a lack of sound research on the relationship between self-concept theory and educational practice (Strein, 1993). There are only eight published studies found that addressed self-esteem and achievement despite the widely held idea among educators that self-esteem and academic achievement were interdependent (Strein, 1993).

In all of the research on the association of self-esteem and school achievement, only a few studies have dealt with the relationship of self-concept and classroom behavior (Cadieux, 1996). In studying some of the elements of self-esteem and its relationship with school behavior, Cadieux, (1996) concluded that no studies considered both categories of classroom behavior: positive/approach and negative/avoidance behavior toward school tasks (Cadieux, 1996). None accounted for children with disabilities or low achievers in regular classes (Cadieux, 1996). Children with learning disabilities have a more negative self-concept than their peers (Cadieux,

1996). This conclusion points out the need for educators to emphasize the positive aspects of their student's self-concept (Cadieux, 1996).

The impact of special education programs on children's academic and affective functioning has continued to be an ongoing common theme in school research (Smith, 1995). Children's self-perception and the hypothesized dimension of self-concept are most closely related to school learning (Smith, 1995). It is found that these children generally express positive feelings of self-worth which is similar to their non-disabled peers (Grolnick & Ryan, 1990). They are viewed by their peers and their teachers as showing more negative and fewer pro-social behaviors than children without disabilities (Bryan & Bryan, 1990, Bursuck, 1989; Priel & Leshem, 1990). Bear, Clever and Proctor (1991) illuminated a "frog pond effect" where low self-esteem is associated with a high-ability environment (Bear, Clever, & Proctor, 1991). Children with learning disabilities felt less competent with regard to academic, social and behavioral functioning than their age appropriate peers (Smith, 1995).

Walz and Bleuer (1992) found that self-esteem is critical to the success of children with disabilities. Positive feeling about self affect school performance and adult life when growing up (Walz & Bleuer, 1992). Self-esteem seems vital to the social and academic well being of children with disabilities (Morvitz & Motta, 1992). A wide variety of definitions were used to explain self-esteem as well as various measurement strategies. However, there are not many studies to investigate the effectiveness of self-esteem programs. Further studies on the relationship between

children with disabilities on low self-esteem and their academic performance are needed (Reasoner, 1994).

Background

The words **AMOUR PROPRE**, i.e. Self-esteem, means love of self. The Oxford English Dictionary defines it as "Favorable appreciation or opinion of oneself" (Simpson, 1989, p. 920). North American dictionaries shorten its meaning to "belief in oneself: or worth (Lexicon, 1989, p.905). Roget's Thesaurus has the following synonyms: "self reliance, self consequence, poise, confidence, assurance, pride, and self sufficiency" (Roget, 1980, p.825). The antonyms can be found in the other direction from "self doubt and self effacement to self hatred and shame: (Steinem, 1992, p.31). Steinem (1992) addressed self-esteem as one's sense of internal reality and explained that it was created in one's childhood (Steinem, 1992). Self-esteem also refers to the value a person puts on oneself (Bryan, 1990). There is a strong link between a child's self-esteem and academic success (Bryan, 1990). For example, children with strong self-esteem learn quicker and keep the learned information longer (Bryan, 1990). In addition, they do better in almost all ways (Bryan, 1990). With a sense of well being, they handle life's twists and turns better. They deal more effectively with addiction, delinquency, and violence (Bryan, 1990). Self-esteem may start out as simply a loved based scenario but it soon becomes intertwined with competence and gradually becomes more complicated in later years (Bryan, 1990). When adding the dimensions of character, school performance, how someone relates to friends and popularity among peers the whole concept has lifelong implications

(Bryan, 1990). It indicates the importance and the effects of self-esteem upon children and its relationship to learning (Branden, 1990). Once a child has been inoculated with this "social vaccine" he or she is empowered (Branden, 1990). A dynamic component of self-esteem is called "inner self-esteem" (Owens, 1990). This concept is based on children's abilities. The inner self-esteem can be thoroughly developed by assisting children in creating new skills to succeed in school and at the same time encourage and nurture appropriate moral behaviors (Owens, 1990).

Historically, children with poor self-esteem struggle in learning academics and social skills (Owens, 1990). In the past, counselors and teachers design interventions to improve these children's competency in academics. When a child achieves in this particular area his positive feelings about self increase. Similarly, increasing social skill competency will improve a child's self concept (Owens, 1990). While classroom behavior modification is used to reduce problem behaviors teachers need to understand that this reinforces the student thinking that adults are in total control. Such an external locus of control can foster a youngster's feelings of helplessness. When children learn to handle situations that achieve the approval of their peers they learn a sense of responsibility and a sense of control. A connection is made between their use of a skill and a positive consequence. When children understand their abilities to make changes for the positive, self-esteem improves (McGinnis & Goldstein, 1997).

In regard to self-esteem and learning, Mauderville (1993) indicates that children with poor self concepts may be afraid to attempt a task because they are convinced that they will fail. A way out from their perspective would be to avoid the task totally

and create an "I don't care" attitude rather than risk taking and looking stupid (Mauderville, 1993). Children with good self images conversely are usually not afraid to try a task because they believe that they are going to accomplish (Burns & Roe, 1994). It appears critical for educators to teach self-esteem with strong focus and intent. Sporadic lessons on classroom behavior are not enough to solve the low esteem problem. Due to the recognition of self-esteem deficiencies in children, educators advocate strongly about building self-esteem components into curricula (Goodlad, 1984). The belief is that the delays are so great that a student without a repertoire of essential cognitive skills is at an extreme disadvantage. In a system with a child centered autonomy and growth oriented skills being taught, education would be seen as an enabling process (Goodlad, 1984). This would provide the means to personal education and growth that is particularly important for children with disabilities (Coleman, Siperstein & Goding, 1983). Similar studies were found that children with hearing impairment increased their self-esteem through a series of class exercises using direct instruction (Luckner 1987). This direct instruction promoted a sense of accomplishment and power, though either an increase or decrease in the academic performance of the children was predicted.

Children with learning disabilities have more negative self perceptions regarding social acceptance than their non-disabled peers (LaGreca & Stone, 1990). This condition cannot be considered a function for the low achievement that comes with the disability status (LaGreca & Stone, 1990). When children with learning disabilities were matched with other low achievers they could be prominently and

accurately differentiated from their classmates in social and functioning areas (LaGreca & Stone, 1990). Research indicates that academic self concept is differentiated from general self concept (Marsh & Byrne, 1997). Academic self concept is more correlated with academic achievement than general self concept (Marsh & Byrne, 1997). Marsh and Byrne (1997) summarized a number of studies that showed academic achievement is thoroughly related to academic self concept but almost unrelated to global and non-academic features of self concept. To increase general self-esteem of this group of children, integrating self-esteem into academic curriculum seems important.

Silvestri (1994) provides information on self-esteem with structured lessons in class, such as teacher directed instruction that has a direct impact on the student's feelings of self-esteem and self-worth. The direct instruction on self-esteem increases academic growth in this population (Silvestri, 1994). Unfortunately, little research has been completed to understand how self-esteem impacts on children with disabilities. To date, there is little research conducted to examine how these children learn, interact with their peers, or respond to the direct instruction on self-esteem. This present study has examined whether the direct instruction on self-esteem can clearly impact on children with learning disabilities.

Statement of Purpose

The purposes of this study are: (a) to evaluate the effectiveness of self-esteem instruction for children with learning disabilities; (b) to examine the attitude of children with learning disabilities toward their learning experiences; (c) to examine the attitude of children with learning disabilities toward their peers; (d) to compare the academic achievement of children who received self-esteem instruction to that of those without receiving such instruction.

Research Questions

- 1) Will children with disabilities who receive direct instruction on self-esteem score higher on a measure of academic achievement than those who do not receive training?
- 2) Will children with disabilities who receive direct instruction on self-esteem change their attitude toward school and learning than those who do not receive training?
- 3) Will children with disabilities who receive direct instruction on self-esteem change their attitude toward peers than those who do not receive training?

Chapter 2

Literature Review

This chapter has a literature review on self-esteem and children with disabilities, self-esteem instruction, and self-esteem instruction for children with disabilities. The review will focus on research that probes the dynamics of self-esteem and the children with disabilities.

Self-esteem and Children with Disabilities

According to Morvitz and Motta (1992), children with disabilities and their relationships with their parents have impacted their self-esteem. The study on children of grades 3-6 in self-contained placement indicated that the children's perceptions of maternal and paternal acceptance with academic achievement accounted for 58% of the variance in their self-esteem (Morvitz & Motta, 1992.) The parental component is a primary component in the development of the self-esteem of these children (Morvitz & Motta, 1992).

Clark (1997) on the other hand examined another factor in the relationship between self-esteem and the students with disabilities focusing on the teacher-student relationship. It has identified a child's ability and effort as causes of achievement outcomes that are a direct result from teacher affect, feedback, and expectation (Clark, 1997). To support Clark's study Graham (1991) found that when schools move toward inclusive education general education teachers' perceptions of the academic outcomes

of children with disabilities become more and more important. There was a need to explore a teacher's responses to children's academic outcomes in general education classrooms (Graham, 1991). Children learn skills in both academic and social skills from classroom cues. The self-esteem of these children can be diminished or increased by the action of the most potent source of attributional information. This source is the teacher (Graham, 1991). Graham (1991) indicated that a general or special education teacher could really impact on the self-esteem of students with learning disabilities. Attributional messages can affect the student's perceptions of personal control over success and failure. Children perceive two casual antecedents that come from teachers that spell out their ability. Children see pity versus anger (emotion) and reward versus punishment (action) (Graham, 1991). Teachers should not assume these children have a great deal of control over their behavior. In this situation the self-esteem of the child can be impaired. Graham (1991) concluded that feedback, whether direct or indirect, serves to reinforce students' perceptions of themselves as competent learners. This would happen when the feedback is positive (Graham, 1991).

Elbaum (1996) focuses on the vulnerability of children with learning disabilities that have low self-esteem. The findings indicate that children with learning disabilities are especially susceptible to having low self-esteem (Elbaum & Vaughn, 1996). These children face academic challenges that drain their self-esteem (Elbaum & Vaughn, 1996). It is stated further that students with lower levels of academic achievement have lower self concepts than those with high levels of academic

achievement. The children with the higher level of self esteem tend to do better academically than those that look at themselves as poor learners (Elbaum & Vaughn, 1996). The authors raise questions to enhance the self-esteem of children with learning disabilities using interventions with the self-enhancement approach and skill development to improve self perceptions. The purpose is to eliminate self-defeating thoughts and behaviors that are believed to impede academic success (Elbaum & Vaughn, 1996). The skill development approach relies on building a child's skill in a particular content area such as mathematics. It is believed that by having a child improve in one area, the total self-esteem will be increased (Elbaum & Vaughn, 1996). In their study a search of school based non-clinical intervention between 1975 and 1992 was conducted including students with learning disabilities. A quantitative measure of self-esteem was used to determine the impact of the intervention. The findings showed that school-based interventions could lead to significant changes in the self-perceptions in a variety of areas including academics (Elbaum & Vaughn, 1996). Different influences on the self-esteem of children with disabilities were focused, such as parental perceptions, teacher expectation, peer acceptance and school components that were influential on self-esteem. It is suggested there is a need for further study and new programs with effective intervention to help these children improve their self-esteem.

Self-Esteem Instruction

According to Walz (1992) the definitions of self-esteem vary considerably in their breadth and concepts. It is stated that self-esteem tells how children appreciate

themselves and what worth they place on themselves. If children are convinced of their abilities and have a sense of control, then, they would be considered as having high self-esteem. They would feel that they compare favorably with others (Walz, 1992). On the other hand, a child with diminished self-esteem could experience self-depreciation, lack of control and depression. Before attempting to instruct or train children to increase self-esteem it is very important to understand this phenomena. For example, teachers or counselors need to understand the cognitive, the affective, and the evaluative elements of self-esteem (Walz, 1992). The cognitive component is referred to the character of one's self in descriptive terms. The affective component is the degree of being positive or negative. It would be referred as the high or low self-esteem. The evaluative component relates to an ideal standard in terms of self-esteem instruction. Walz (1992) points out that as an instructor it is important to be aware of a stimulating or depressing effect upon a child's esteem. Walz (1992) explains that self-esteem is a disposition to know oneself as someone who has power. No one can bestow or induce it into children. A teacher can assist children to learn the process to see basic antecedents of their self-esteem. They learn and take responsibilities for their action or behavior (Walz, 1992). The family is one of the strongest forces in the development of a child's self-esteem. The family component should be considered when creating a self-esteem enhancement program. The school climate is another significant factor in the child's self-esteem development (Walz, 1992). Schools that target self-esteem as one of their major goals appear to be "More

successful academically as well as in developing healthy self-esteem among their students." (Walz, 1992, p. 17)

In exploring instruction of self-esteem, Pino (1990) found that her six week combined reading and self-esteem course was a success. In his study peer instruction was used as the intervention strategy used to affect the self-esteem. The children's self-esteem, attitude, and attendance were improved dramatically, however the reading progress did not because of the short time duration. Self-esteem and student development were increased with peer tutoring and cooperative learning (Pino, 1990). It is emphasized that self-esteem enhancement programs can be customized for individual students or for an entire classroom.

A thematic approach to reading instruction was designed by Miller (1994) to improve self-esteem of children with learning and behavior problems. It is found that the program is effective to improve students' academic performance but it needs a critical longitudinal study and analysis to combine promising enhancement techniques for additional settings. It seems that positive academic self-concepts have been shown to affect academic choices and behavior, educational aspirations and to lead to academic achievement (Marsh, 1997).

In discussing self-esteem training, Galbraith (1994) indicates that there are instructional principles to be implemented when attempting to enhance self-esteem. For example, teachers should serve as models and mentors to students. The mentoring relationships need to grow in order for effective self-esteem instruction. Teachers must be believable and authentic, such as using themselves as examples. Children

need to feel emotionally safe, respected, and supported (Galbraith, 1994). Also, there should be a strong trust relationship between the teacher and the child. For example, a teacher also needs to know the uniqueness of each student. Differing learning styles and changing emotional states are two of the many elements that should be focused when a teacher is trying to impact on a child's self-esteem (Galbraith, 1994). To conduct effective self-esteem instruction a teacher needs to use different materials and strategies to fulfill the needs of the students.. Providing information and a vision for the self-esteem journey is suggested. This vision should include inquiry and discovery strategies (Galbraith, 1994). Good self-esteem instruction requires special caring for students. There is a momentum building effect when a child's accomplishment, achievement, and productivity are recognized (Galbraith, 1994). It is very important to understand that students acknowledge their own positive accomplishments and are recognized. This connection about themselves is vital to make their changes in the self-esteem (Galbraith, 1994). Meanwhile teachers need to know how their children experience learning and how their children deal with unfamiliar areas and activities. Self-esteem journals can keep a record of student's learning experiences, feelings and emotions which will help teachers understand what may encourage and discourage students (Galbraith, 1994). Galbraith (1994) indicates the importance of the teacher's positive reinforcement that impact a student's self-esteem. It is found that simply saying what a great job a student did may not be enough to reinforce students. To be effective for increasing self-esteem a teacher needs to use more specific verbal praise. The reason why the job was so good should be explained to the child. When

evaluating student's performance a teacher should find ways to be positive and promote the self-esteem building momentum. These evaluations can be educative and also serve as a tool to increase self-esteem (Galbraith, 1994). The classroom climate must be positive where a child has a sense of trust with the teacher, and this trust must be earned by the teacher (Galbraith, 1994). Challenge is a vital component in increasing self-esteem. This is the process that enables learners to have risk taking that is vital for maximum self-esteem. Praxis is regarded as an activity in Galbraith's study (1994) to allow children to investigate and explore a type of learning. They can try something out in practical situations, then, reflect on the activity that enables children to take risks (Galbraith, 1994). Meanwhile, the instructor can share his/her own experiences of risk-taking with students. From the experience of the activity participants gain trust when they see teachers practice (Galbraith, 1994). In attempting positive self-esteem instruction there are certain elements that appear to be universal. First, children need to feel a sense of control. This sense of control can't be given, but earned by oneself. A teacher has to show the child how to get it for themselves. Second, peer interaction and cooperative learning techniques promote peer relationships and increase self-esteem. Finally, teacher and parental mentoring and role modeling would allow children to feel safe in an environment to build their self-esteem.

Self-esteem Instruction for Children with Disabilities

Elbaum and Vaughn (1996) have studied approaches to improving self-esteem of children with learning disabilities. In their study school-based interventions were

examined to enhance the self-concept. It is found that lowering academic demands and expectations could not create and maintain high self-esteem. A lower expectation on academic success can actually lead to a decrease of a child's self-esteem (Elbaum & Vaughn, 1996). The study, however, could not find a single, most effective training technique to improve children's self-esteem. There were no data available on long term outcomes of students in the study and it was difficult to say how long the beneficial effects of a training session would last. Some suggestions were provided. For example, teachers can impact on the self-esteem of children with disabilities by incorporating vital components of effective self-esteem interventions into regular academic instruction (Elbaum & Vaughn, 1996). Inclusive classrooms for children with and without disabilities in cooperative learning structures to receive feed back from teachers and peers have proven to be a very strong self-esteem booster (Elbaum & Vaughn, 1996).

According to Craven (1991), training programs are needed to enhance children's self-concepts. Developing and maintaining self-esteem have become education goals throughout the world (Marsh & Craven, 1991). Studies have shown that children who keep a positive academic self-concept have better behaviors, make better academic choices, and achieve better academically in school (Marsh & Craven, 1991). The recent data indicate that educational interventions that have made short term changes in academic achievement do not have long lasting impact unless there are corresponding changes in the self esteem area as well (Marsh & Craven, 1991). A theoretical model was studied and claimed that there is a mediating response of self-

talk between positive and negative statements by teachers and their students on academic self-concepts. It is concluded that positive self-talk does mediate between times when teachers make positive remarks and the increase of children's self-esteem (Craven & Marsh, 1991). It is also determined that there is a need to investigate further the longitudinal impact of intervention programs on self-concepts, global self-esteem and self-talk in relation to reading and mathematics achievement (Craven & Marsh, 1991).

According to McMilan and Cashwell (1997), some programs are creative to instruct self-esteem to children with disabilities. For example, schools can increase self-esteem through adventure based counseling. The adventure-based counseling was a group setting to instruct and foster self-esteem (McMilan & Cashwell, 1997). Omizo (1998) investigates the efficiency of guided affective and cognitive images in enhancing self-esteem among children in Hawaii. The children who participated in ten weekly sessions had significantly higher post-test scores compared to the control group (Omizo, 1998). According to Riley (1995), self-esteem is a reciprocal process developed in language to change styles of communication and relationships between parents and children to increase positive communication. In the study, a one way mirror was used by the parents to observe their children's participation in a self-esteem group. Parents were observed when they joined their children in the group and offered encouragement, praise and comments on their children's positive behaviors (Riley, 1995). The Piers Harris Children's Self-concept Scale was administered before and after the activities to compare the change of children's self-esteem. The positive

relationship between parent and child motivated the child's confidence, and positive emotion and attitude of parents enhanced children's self-esteem. In turn, the child's positive behavior impact parent's positive communication and verbal language (Riley, 1995). Luckner (1987) stated that children with hearing impairment can increase their self-esteem through a series of classroom exercises and activities. Many professionals believe that self-esteem is the single most important variable in a person's life because of the way it impacts on the levels of achievement, ability to adjust to the demands of the environment, and the overall well being of the individual (Luckner, 1987). He states further that literature in the field of deaf education is full of references to the less than adequate sense of self-worth that many hearing impaired children possess. Investigations in the area of self-esteem and children with hearing impairment persons suggest that these individuals experience greater difficulty in creating and sustaining positive feelings of self-esteem than their hearing peers (Luckner, 1987). His study specifies the characteristics of individuals with low self-esteem and presents five conditions that are important for the development and maintenance of positive feelings of self-worth (Luckner, 1987). These conditions are: trust, pride in individuality, control over ones totality, freedom of creativity, and accountability. Several classroom adaptations are suggested as viable methods and procedures to enhance self-esteem. A combination of direct instruction, peer tutoring program and group discussion is one possible set of strategies offered (Luckner, 1987). These strategies are designed to instruct children and help facilitate interaction as they exchange points of view, personal feelings, and individual goals (Luckner, 1987). It appears that learning

success may lead to positive self-expectations. Positive expectations and well matched instructional opportunities nurture a child's self-esteem and contribute to increase academic aspirations. Through this teaching format a child with hearing impairment would experience a sense of connection, uniqueness, power, and accomplishment. Children would learn from being exposed to other individual's personal values, goals, and ideas (Luckner, 1987). Results showed direct instruction, particularly when implemented in a team approach, can be a very effective teaching method. A positive approach to combining a learning center with a point system as reinforcement would significantly increase the self-esteem of the children with disabilities (Johnson, Proctor & Corey, 1994). McDaniel (1986) states that in attempting to increase the self-esteem of children with disabilities the teacher should use direct instruction and specifically inform the students what to do, how to do , and when it should be done (McDaniel, 1986). Children should be provided with motivational activities before each lesson, followed by step-by-step directions and finalized with a review of the lesson (Kendall, 1993).

According to Johnson, Proctor, and Corey (1994) direct instruction has been an effective instructional method. Parents, students, and teachers have been pleased with a team approach to mastery that has caused inclusion to be a very positive reality. As a result, the self-esteem and attitude of children with disabilities were improved (Johnson, Proctor, & Corey, 1994). Research indicated that the direct instruction in the basic skills along with whole language instruction have helped the self-esteem of all the children in the program including those without disabilities. It seems that

increasing self-esteem is one of the primary goals for all children, especially in an inclusive classroom.

Summary

As more and more students with disabilities are included into regular classrooms, the need of stronger self-esteem may be emphasized in order to improve social relationships between students with and without disabilities. In reviewing the literature there seems to be a distinct lack of research in this area. Children with lower levels of academic achievement have lower self concepts and face considerable challenges. Teachers need to be creative to assist these children in the process of building their self-esteem. They can be very effective serving as models and mentors to build a strong environment where children's self-esteem will be nurtured and grow. This growth will only happen if teachers are believable and authentic. The lack of self-esteem instruction to children with disabilities appears to be a concern (Canfield & Siccone, 1995). There is little research in this area in trying to determine how meaningful and successful this type of instruction can be. The direct instruction was provided to train children with disabilities to learn self-esteem, however, there were few studies on increasing self-esteem through such instruction. This present study was to provide instruction on self-esteem and to examine students' achievement after a series of training. The direct instruction on self-esteem was conducted. The correlation of students' self-esteem and their academic achievement was examined to see if one's self-esteem could impact his or her learning achievement.

Chapter 3

Methods

Sample

This project was conducted at three elementary schools in a small urban town in southern New Jersey. The school district is located in a community of low income economic status. Classes in three elementary schools in the same district participated. These schools are located in the same community. The students are from an area of similar economic status.

Students

Seventy two children from grade 1 to 3 participated in this study. All children were placed in special education classrooms designed for children with multiple disabilities with mainstreaming for Physical Education, Reading, Science, Music and Lunch. All children are diagnosed as being eligible for special education services according to the state administrative code (2002). Table 1 presents general information of participating children. All participants were randomly assigned to an experimental or control group in each school with a total of 3 experimental and 3 control groups. The self-esteem instruction was conducted in the experimental group's classroom, while the control group did not receive such instruction. Wide Range Achievement Test (WRAT) was provided to make sure that there was no significant

differences between the 2 groups in reading and mathematics that are basic skill areas for those students (See Table 1).

TABLE 1. General Information of the participating students.

Group	Grade			Gender		WRAT Scores	
	1st	2nd	3rd	F	M	Reading	Math
Self-esteem instruction group	12	12	12	12	24	88.75	85.38
Control group/without	12	12	12	9	27	89.75	89.6
Total	24	24	24	21	51		

Teachers

Three teachers in the three elementary schools participated in this project. They are all special education certified teachers of the state. Each teacher provided self-esteem instruction to the participating students in the three classes. They followed the same lesson plans in the same instructional time allocated to each experiment group. The teachers discussed their lesson before and after the implementation to make sure they were following the same lesson format.

Research Design

A pre-post test control group design was used in the project. In each school, one class received self-esteem direct instruction while another class served as a control

group without receiving such instruction. At the end of the three month's instruction the students in each group were reassessed in self-esteem, reading, and mathematics to compare the difference between the two groups. The self-esteem direct instruction was taught in a team teaching structure with three special education teachers in 3 schools. A series of lessons and activities were planned and taught to enhance and maintain the children's self-esteem. The 3 teachers worked as a team to plan lessons together and implemented instruction in a same allocated time period.. These lessons were taught three times a week for three months.

Measurement

Self-esteem Index Test (SEI) assessment was provided to all participating children prior to the direct instruction of self-esteem. The scores were analyzed to determine the children's overall self-esteem quotient and their attitude toward learning, school, and their peers. The WRAT assessment on reading and mathematics was also provided to measure the level of academic achievement of the children prior to the direct instruction on self-esteem. The WRAT assessment is a standardized instrument currently being used in the participant's school district for monitoring academic achievement. Both tests were also provided at the end of the training of three months to all participating children serving as post tests.

The SEI with eighty items as a paper and pencil self-report inventory contains three scales: The Perception of Academic Competence Scale, The Perception of Peer Popularity Scale, and the Perception of Personal Security Scale. This test contributes salient subjective data that are reliable and valid. It is used to:

- a.) to identify children that have behavior problems,
- b.) to verify referrals,
- c.) to formulate hypotheses to guide further evaluation,
- d.) to document degree of conformity or deviance perceived by themselves,
- e.) to help plan relevant interventions and set goals,
- f.) and to measure self-esteem in research projects.

The students of three elementary schools were assigned as an experiment group to receive direct self-esteem instruction or a control group without such instruction. In each school all the participating students took the SEI prior to the self-esteem instruction. This test was designed to measure the students' attitudes and perceptions and give a specific measurement of self-esteem. In addition, the students were given the WRAT as another assessment instrument. This assessment was a specific measurement for reading and mathematics. Both of the two tests were serving as pre and post tests.

Instructional Materials

A self-esteem Enhancement Curriculum written by Hannaford (1991) was selected for the instruction. This series of lesson plans and activities have been created to enhance the self-esteem level of school children through group activities and cooperative learning participation. The Success for All reading program's Getting Along Together (1992) was supplemented. These two programs were established as a series of lesson plans designed to help children develop their level of self-esteem through cooperative learning exercises. The lesson plans were varied in their activities

but all focused on the children's positive feelings about themselves and their achievement (See lesson plans in Appendix A).

Data Analysis

An ANOVA analysis was used to analyze the data to compare the difference between groups. The means and standard deviation of each group were calculated.

Chapter 4

Results

The purpose of this study is to evaluate the effectiveness of self-esteem instruction on children with learning disabilities. This project was initiated to find the effect of a series of self-esteem direct instruction lessons for these children over a period of ninety days. Twenty-four children with disabilities were selected randomly from each school with a total of 72 children in 3 schools. A control and an experiment groups were randomly assigned in each school with a total of 6 groups. These groups were pretested for reading and mathematics achievement levels using a Wide Range Achievement Test (WRAT). Both groups were also assessed for their level of self-esteem using the Self-esteem Index Test (SEI).

The comparison of SEI test scores before and after intervention were computed and analyzed using the Statistical Package for the Social Sciences (SPSS).

Figure 1 shows the mean (M) and the standard deviation (SD) for the Pre and Post test scores for both Experimental and Control Groups on measures of Reading, Mathematics and Self-esteem.

Figure 1. Mean and Standard Deviation on Pre and Post Tests.

Group	Reading				Mathematics				Self-esteem			
	PRE		POST		PRE		POST		PRE		POST	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
1	86.75	5.72	87.33	6.84	84.75	5.56	86.19	6.83	94.31	10.37	97.44	12.38
2	90.14	7.01	91.50	7.99	87.50	6.88	89.04	7.92	98.53	10.55	97.94	11.00

Mathematics Achievement

Pre and post WRAT mathematics achievement scores were compared using a 2x2 analysis of variance with condition (experiment vs. control), serving as a between subject factor and time (pre vs. post) serving as a within subject factor. The analysis showed that there was no significant differences between the 2 groups, though the experimental group had a slight increase of scores in the post test. Figure 2 presents the analysis.

Figure 2. ANOVA Analysis on Pre and Post Test Scores of Mathematics..

Mathematics	Sum of Squares	df	Mean Square	F
Between Groups	136.125	1	136.125	3.481
Within Groups	2737.750	70	39.111	Total
2873.875	71			

Reading Achievement

Figure 3 shows the analysis of variance on the pre and post reading scores on WRAT.

There was also no significant difference between the groups.

Figure 3. ANOVA Analysis on Pre and Post Test Scores of Reading.

Reading	Sum of Squares	df	Mean Square	F
Between Groups	206.722	1	206.722	5.044
Within Groups	2869.056	70	40.987	
Total	3075.778	71		

Self-esteem

Figure 4 presents the analysis of variance in pre and post scores on SEI. There was also no significant differences between the two groups.

Figure 4. ANOVA Analysis on Pre and Post Test Scores of Self-esteem.

Self-esteem	Sum of Squares	df	Mean Square	F
Between Groups	249.389	1	249.389	2.279
Within Groups	7660.611	70	109.437	
Total	7910.000	71		

Chapter 5

Discussions

The purpose of this study was to evaluate the effectiveness of self esteem instruction to children with learning disabilities using experiment and control groups. A total of 72 children in 6 groups (3 control versus 3 experiment) were selected from 3 schools in the same community. These children were diagnosed by the child study team of the district as qualified for special education services. They were then pre-tested for mathematics and reading achievement. They were also assessed for self-esteem using an 80 question standardized attitude test. This tool included a component which focused on children's attitudes toward their peers. Subsequently, self-esteem instruction was provided to children in the experiment groups for 90 days as an intervention. At the end of instruction the same tests were given to both experimental and control groups to determine if any changes occurred by comparing the pre and post test scores.

This study was designed to determine if self-esteem direct instruction would effect children with disabilities. The following research questions were addressed: 1.) will children with disabilities who receive direct instruction score higher on a measure of academic achievement than those who do not receive instruction; 2.) will children with disabilities who receive direct instruction show greater attitude changes toward school and learning than those who do not receive instruction; and 3.) will children

with disabilities who receive direct instruction on self-esteem show greater attitude changes toward peers than those who do not?

Mathematic Achievement

There was no significant difference between the experimental and control groups on post scores of mathematic achievement. Elbaum & Vaughn (1996) however, found that school-based interventions could lead to significant changes in a number of areas. Mathematics was one of the areas where they found significant positive changes. The skill development approach they implemented was different from the approach that was implemented in this present study. Their focus was on building a child's skill in a particular content area such as mathematics. It was found that building a child's skill in several content areas could improve an overall self-esteem. Their findings showed positive results while my study showed little or no difference in the mathematics achievement of the participants. This might be the effect of different instructional approaches that impact the learner's outcomes.

Reading Achievement

There was no significant difference between the two groups on post scores of reading achievement. Although the control group had higher pre-test scores than the experimental group, there were not significant differences. Elbaum & Vaughn (1996) found that using school-based interventions to build reading skills for children with disabilities impacted on their overall self-esteem. Pino (1990) who used peer instruction as an intervention strategy to affect self-esteem and impact on reading achievement found that while the children's self-esteem and attitude improved

dramatically, their progress did not. Pino's research indicated that the lack of progress was because a time period of self-esteem did not improve student reading achievement. In the present study, the lack of progress might be due to the short time period of 90 days of intervention.

Self-esteem Achievement

There was no significant difference between the two groups on post test scores of attitude change toward peers. There also was no significant attitude change toward school and learning after 90 days of the direct instruction. Elbaum & Vaughn (1996) however, found that children with disabilities can show an increase in self-esteem after instruction if only on a short term basis. There were no data available on long term outcomes. Marsh and Craven (1997) also stated that self-esteem achievement can be increased but for a short time only. Luckner (1987) states that children with disabilities show lower self-esteem than their peers without disabilities. The results of Luckner's direct instruction did succeed even though in a short period of time. The findings of the present study have not showed the similar results. No significant differences of attitude scores change were found between experimental and control groups though a slight increase was found in the post test of the experimental group. Further research may be needed to examine if the direct instruction on self-esteem in a short period would improve students attitude toward their peers and school.

Limitations of the Study

There were some limitations of the study. First, the sample size of a total of 72 participating students in this research project seems relatively small. This small

sample size might cause the result of null hypothesis where minimal or no change occurred. A larger group of children as a sample may give different results and produce more effective outcomes through the intervention. Second, the time period of 90 days seems short to give a fair assessment of changes caused by this type of intervention. Third, the assessment tools might be inadequate as we used them for measuring potential changes. The mathematics, reading and self-esteem self-report tests may have been too limited to produce data. Finally, although the special education teachers were highly skilled and provided the same self-esteem direct instruction lesson plans, and worked tirelessly with enthusiasm on the task, 3 teachers presented the lessons to 3 classes in 3 different schools, there might be differences in the presentation of the instruction as it was planned. This teacher effect may also impact the study results. In addition, the teachers had not received formal training on self-esteem instruction. They were learning by doing. This might also impact the outcomes of effective instruction. Differences in teaching styles may need to be taken into consideration, and it appears that implementing the lesson plans with brief instruction is not enough for such a short period of instructional time. Students may need a longer time period for their learning process.

Implications for Future Research

Considering the future research, it is believed that a larger sample size could be used with more students from different schools. A longer time period, perhaps a full academic year may be necessary to obtain a clearer and more thorough picture of the impact of the direct instruction of self-esteem on the children with disabilities. The

assessment tools used in this study could be various, including curriculum-based tests, parent observation and input and portfolio assessment. While there are a substantial number of studies on children and their self-esteem, there was limited data on the self-esteem of children with disabilities. The education community seems to be unanimous in believing that self-esteem is a vital component in education and socialization of all children. With the obstacles that children with disabilities are facing, this component appears even more important. For future research, it would be imperative to answer the questions as follows: 1) will a disability or disabilities impact on a child's self-esteem in relation to academic achievement in reading, mathematics, other subjects, and attitudes toward peers? 2) What ways could self-esteem instruction be improved or expanded for children with disabilities?

Although mathematics and reading achievement scores and scores of their attitude changes did not increase significantly, the students still have gained by the instruction. This can be found in the slightly increased post-test scores. It seems that a long time self-esteem instruction within children's curricula may assist those with disabilities to improve their self-esteem and be motivated in their learning at school.

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Appendix A
Sample Lesson Plans
BUILDING SELF-ESTEEM

LESSON PLAN I

1. TOPIC: L.P. 2/Positive Participation
2. OBJECTIVE: To provide an opportunity to get acquainted by sharing only positive activities.
3. MATERIALS: The instruction either duplicated or delivered verbally.

Instruct each person to choose a partner whom he/she does not know. Then have them choose a set of partners to make a foursome. If time is short, use only pairs. Share the following positives:

Personal Attributes

- . Two physical qualities I like about myself.
- . Two personality qualities I like about myself.
- . Two talents or skills I feel good about in myself.

Activity Achievements

- . My two most satisfying achievements
- . My two most growth-producing relationships.

Situations

- . Two things I "do" which I feel positive about.
- . Two people I feel positive about when I'm with them.
- . Two places where I feel positive.

Situations

- . Two things I "do" which I feel positive about.
- . Two people I feel positive about when I'm with them.

- . Two places where I feel positive.

Share a Situation

- . A time in your past when you felt you were at your best.

Structure each of the above so that each participant has equal time. They may be done in one session or used in succeeding sessions.

Refocus

- . Tell your partner one physical feature you like about him/her.
- . Tell your partner one personality trait you like about him/her.
- . Tell your partner one talent or skill you like about him/her.
- . Share with your partner one positive thing that you are feeling towards him/her at the present time.

BUILDING SELF-ESTEEM

LESSON PLAN II

1. TOPIC: L.P. 13/Six steps to Problem-Solving.
2. OBJECTIVE: To teach a structured process to solving problems.
3. MATERIALS: Copies of the "Problem Solving Model: located on page 93 for each participant.
4. PROCEDURE: Review the following steps to problem solving. Have the group focus on a group problem or a hypothetical problem which they can process through this model. If time permits, have each member take an individual issue and process it through this mode. Discuss with the group the importance of having a structured method of problem solving.

"Can we agree that all of us have problems, issues, and difficulties to work out all the time?" Some of these are more important than others. If we learn to work these out on minor issues then we are more prepared to work out the really big ones when they come along. Let's take a few minutes to look at some possibilities of problems which might affect our entire school."

Examples:

- Classroom behavior
- Classroom partnerships
- Show and tell
- Rewards
- Rules
- Grades

Fun time
Work time
Parents
Classroom jobs
Movies

BUILDING SELF-ESTEEM

LESSON PLAN III

1. TOPIC: L.P. 14/Problem Solving exercise
2. OBJECTIVE: To provide a review of actual experiences where the problem-solving model may be applied.
3. MATERIALS: Prerequisite, lesson on "Six Steps to Problem-Solving:", page 92.
4. PROCEDURE: After the lesson on problem-solving skills, present the students with one of the following problems so they can gain experience in using the model.

You may want to add an actual problem that has come up in class. Problem solving is one of the most important skills that the student will ever learn.

What would you do if this happened to you?

1. You hurt your leg.
2. You broke a jar.
3. Your parents are going out for the evening.
4. Your dog ran away.
5. You go out for the evening.
6. Your older brother/sister does not want to watch the same tv program you want to watch.
7. You have no one to play with.
8. You are hungry and your mother is busy.
9. Your friend took your football away.