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HOW PROFESSIONAL PROVIDERS ADDRESS THE SELF-ESTEEM OF AFRICAN AMERICAN ADOLESCENT GIRLS LIVING IN LOW-INCOME COMMUNITIES

Abstract

HOW PROFESSIONAL PROVIDERS ADDRESS THE SELF-ESTEEM OF AFRICAN AMERICAN ADOLESCENT GIRLS LIVING IN LOW-INCOME COMMUNITIES

Khidhra Smith Poole MSW, LCSW Dr. Joretha Bourjolly MSW, PhD., Dissertation Chair

Objective: This study aimed to explore how professionals are addressing the self-esteem of African American girls living in low-income communities. Factors such as gender, race, and socioeconomic status play a significant role in the development of a healthy self-esteem. Given the disproportionately high representation of African American youth among individuals living in poverty, their increased exposure to stress in the context of poverty, and the association between stress and psychological symptoms for African American girls, the search for protective factors that foster resilience for low-income African American girls is particularly important.

Methods: A modified grounded theory approach was used to analyze audiotaped transcribed focus group discussions, self-esteem written intervention materials, and direct observation notes from self-esteem interventions conducted by study participants. Fennell's cognitive model of low self-esteem was used as a theoretical framework for this study to help understand which factors contribute to low self-esteem and as a result need to be considered when improving overall self-esteem among African American adolescent girls living in low-income communities.

Results: Teaching skills and providing opportunities for girls to practice new skills, guided group discussions and talks, exposure to new experiences, addressing basic needs, healthy relationship building, the positive use of self, spiritual/cultural approaches and the lack of family involvement were all themes that emerged when professionals addressed the self-esteem of African American adolescent girls living in low-income communities. The study also discovered that professionals should find ways to include the primary caregiver when addressing self-esteem with this group.

Conclusions: The findings suggest that addressing self-esteem with this group begins with understanding their culture, listening to what they need and observing obstacles faced by these girls to sustain a healthy self-esteem. Implications for social work practice are discussed.

Keywords: African American girls, African American youth, Self-Esteem.

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HOW PROFESSIONAL PROVIDERS ADDRESS THE SELF-ESTEEM OF AFRICAN
AMERICAN ADOLESCENT GIRLS LIVING IN LOW-INCOME COMMUNITIES

Khidhra Smith Poole MSW, LCSW

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In

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In

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Dr. Joretha Bourjolly MSW, PhD

Associate Dean for Academic Affairs; Dissertation Chair

Dissertation Committee

Mrs. Rev. Rhonda McLean Nur

Dedication

I would like to dedicate this dissertation in loving memory of my brothers who died during this process RaShan K. Hilson and Marqus A. Williams, may the memory of both your lives continue to bring the family closer and make us stronger.

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“When we become more fully aware that our success is due in large measure to the loyalty, helpfulness, and encouragement we have received from others, our desire grows to pass on similar gifts. Gratitude spurs us on to prove ourselves worthy of what others have done for us.”-Wilferd A. Peterson

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ABSTRACT

This study aimed to explore how professionals are addressing the self-esteem of African American girls living in low-income communities. A modified grounded theory approach was used to analyze audiotaped transcribed focus group discussions, self-esteem written intervention materials, and direct observation notes from self-esteem interventions conducted by study participants. Fennell's cognitive model of Low Self-Esteem was used as the clinical framework for this study. Teaching skills and providing opportunities for girls to practice new skills, guided group discussions and talks, exposure to new experiences, addressing basic needs, healthy relationship building, the positive use of self, spiritual/cultural approaches and the lack of family involvement were all themes that emerged when professionals addressed the self-esteem of African American adolescent girls living in low-income communities. The study also discovered that professionals should find ways to include the primary caregiver when addressing self-esteem with this group. The findings suggest that addressing self-esteem with this group begins with understanding their culture, listening to what they need and observing obstacles faced by these girls to sustain a healthy self-esteem. Implications for social work practice are discussed.

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Introduction

... It's a fight, ... whoever has the most time with the girl has the better position to affect their self-esteem..., so if the media's messages are teaching these girls to hate themselves twenty times a day and I'm saying to love yourself ten times a day, I don't know what else to do except give them an affirmation skill to combat that. (Kesha, Focus Group 4)

In today's society, parents, educators, caregivers and professionals often feel like building the self-esteem of adolescent girls is a fight against difficult odds. In the media there are reports of adolescent girls who are starving themselves to be the "perfect weight," using bleaching cream to obtain the "perfect complexion," or considering plastic surgery to achieve the "perfect body." Adolescent girls are bombarded with messages regarding beauty, worth, and identity through family, peers, social media, television, and music. For many girls, popular mainstream culture has become the authority on defining beauty, worth, and identity, and many people working with this population believe the cost of these messages could be a healthy self-esteem.

Factors such as gender, race, and socioeconomic status play a significant role in the development of a healthy self-esteem. Empirical research on self-esteem reveals the existence of a subgroup of African American girls living in low-income communities who face unique challenges with developing and sustaining a healthy self-esteem (Belgrave, Van Oss Marin, & Chambers, 2000). For adolescent African American girls living in low-income communities, the topic of a healthy self-esteem is critical because their socioeconomic environment not only influences their ability to access resources but it also plays a role in their mental and emotional health (Kethineni & Braithwaite, 2011). African American families are disproportionately represented in low-income, inner-city communities. This has a big impact on how young African Americans view themselves. African American youth living in low-income communities are predisposed to factors that can affect their self-esteem, which is, in part, a result of their

environment (Belgrave, Van Oss Marin et al., 2000). Given the disproportionately high representation of African American youth among individuals living in poverty, their increased exposure to stress in the context of poverty, and the association between stress and psychological symptoms for African American girls, the search for protective factors that foster resilience for low-income African American girls is particularly important. According to risk and resilience researchers, having a high self-esteem is one of the main factors that can protect against the inherent risks faced by African American adolescents (Adams, 2010).

It is important to question how professionals who working with African American adolescent girls living in low income communities are addressing their self-esteem. Improving the quality of life for such girls depends on understanding how these professionals are equipping these girls to think and feel positively about themselves in the face of inherent risks.

Research Questions

How are professional providers addressing the self-esteem of adolescent African American girls living in low-income communities? Within the context of this question are several related questions:

1. How professionals are applying their self-esteem interventions?
2. What self-esteem topics are professionals addressing?
3. How are they addressing the inherent self-esteem risks associated with this group?

Purpose of the Study

The purpose of this study is to identify and describe the interventions used by professionals to address the self-esteem of adolescent African American girls living in low-income communities in the city of Richmond, Virginia. The cognitive model of low self-esteem (Fennel, 1997) was used as a framework to conceptualize this study (see Figure 1) and to shape

this researcher's understanding of how self-esteem should be addressed when working with African American adolescent girls living in low-income communities. This framework was chosen because I believe these girls are predisposed to low self-esteem caused in part by the experiences associated with their environment. Fennel's cognitive model of low self-esteem takes into account negative early experiences, which, according to Fennel (1997), form the foundation of how individuals think and feel about themselves.

Definitions

It is essential to present a clear understanding of the terms used; these definitions apply whenever any of the following terms are used in this study:

Self-esteem: Self-esteem takes on numerous meanings in empirical literature and has been defined in various ways by many scholars. One of the earlier definitions of self-esteem in empirical research was noted by Burns' (1982), who defined self-esteem as the beliefs and evaluations that people hold about themselves which determine who they are. Mann, Hosman, Schaalma, & De Vries, (2004), later built on this definition and added that these evaluations create and influence an internal guiding system which nurtures a person throughout life and governs their behaviors. For the purposes of this study self-esteem, will be defined as the beliefs and evaluations that a person holds about themselves which, can affect their behaviors.

Low self-esteem: Low self-esteem has been defined as a negative image of one's self which can be global, persistent and enduring (Fennell, 1997). Low self-esteem in a person can affect both mental and physical processes. For the purposes this study, low self-esteem will be defined as consistent and persistent negative evaluations that a person holds about themselves which, can affect their behaviors.

Low-income communities: For the purposes of this study, low-income communities will be defined in accordance with the federal government's definition; this includes any population that meets one of the following criteria:

1. The poverty rate for the family is at least 20-percent below the federal poverty rate, or
2. The median family income (MFI) for such a community does not exceed 80 percent of statewide MFI (DeNavas-Walt & Proctor, 2015).

Professional: For the purposes of this study, a professional is defined as a person with at least a bachelor's degree in a human service field, and at least two years of experience working with African American adolescent girls living in low-income communities addressing self-esteem or a person with at least a bachelor's degree in a non-human service field, and at least five years of experience working with African American adolescent girls living in low-income communities addressing self-esteem. It is important to note that the definition for a professional is not a standard definition for a professional.

Study Rationale

According to Kethineni and Braithwaite (2011), adolescent youth who live in low-income communities are likely to stay in these environments throughout their lives. According to the United States report on poverty by DeNavas-Walt & Proctor, 2015, African Americans make up 25.8% of families living in poverty; this group is second only to American Indians and Alaska Natives (who make up 39.8% of the population below the poverty line) (DeNavas-Walt & Proctor, 2015). The United States Department of Health and Human Services (DHHS) 2007-2011 report stated that nearly 40% of children in the United States lived in homes where household income was at or below the federal poverty level of \$23,550 a year for a family of four. The DHHS also reported that one in five youth from low-income families (20%) are

charged with an adult crime by the age of 24. Roughly one in five youth from low-income families (18 %) do not connect to school and/or the labor market between ages of 18 and 24, and less than half (44 %) remain consistently connected to school or the labor market after the age of 24. Finally, DHHS reported that only 1 in ten youth from low-income families (10%) go on to graduate from a 4-year college (DHHS, 2014).

African American youth face a far greater variety of educational, psychosocial, and emotional challenges when compared to their Caucasian counterparts, which contributes to higher incarceration and recidivism rates among this population (Belgrave, Van Oss Marin et AL., 2000). In particular, African American youth living in low-income communities are at greater risk for substance abuse, gang involvement, school dropout, teen pregnancy, incarceration, special education placement, aggression, and low self-esteem (Kethineni & Braithwaite, 2011). African American adolescent girls living in low-income communities face difficulties related to health, education, delinquency, and sexual promiscuity. Chesney-Lind & Stevens, 2008) reported that in 2004 adolescent girls accounted for a 42.5% increase in juvenile arrests, a 30% climb from previous years and a high point at that time. According to Chesney-Lind & Stevens, 2008, this increase was due in part to unsafe environments and schools where girls may have felt a need to engage in dangerous behaviors to protect themselves.

According to the Centers for Disease Control (CDC), each year approximately three million adolescents (one out of every eight) are infected with a sexually transmitted disease. African American teens from impoverished, inner-city communities are among the groups with the highest rates of sexually transmitted diseases (CDC, 2013). The DHHS reported in 2011 that 7% of young women from low-income families have a child by age 18, compared to 2% of females from middle-income families and 1% of females from high-income families. Bachanas,

Morris, Lewis-Gess, Sarett-Cuasay, Sirl, et al., 2002 indicated the mean age for sexual intercourse among African American girls who lived in inner city communities was 13 years old, which is drastically different from the CDC's national average of age 16 (CDC, 2013).

Overall, challenges related to African American adolescent girls living in low-income communities continue to grow and become more complex. Despite the problems facing this sector of the population, African American youth living in low-income communities often show resiliency through their levels of self-esteem and locus of control (Belgrave, Chase-Vaughn, Gray, Addison & Cherry, 2000). The adolescent period is pivotal in the development of one's identity since that is when adolescents develop a sense of worth and self-esteem (Veselska, Geckova, Orosova, Gajdosova, van Dijk, & Reijneveld, 2009). In this stage of development, adolescents should be receiving self-esteem interventions that build, empower, and uplift them. According to Dumont and Provost (1999), adolescence is a transitional period in which individuals experience major physical, cognitive, and socio-affective changes. Adolescents who are equipped with protective factors such as a healthy self-esteem, coping skills, and social support are better able to manage the changes during this stage of development (Dumont & Provost, 1999). Maintaining a healthy self-esteem becomes increasingly difficult during adolescence; research suggests that not having a healthy self-esteem is not only a predictor of various negative outcomes, but also functions as a mediator for a variety of clinical problems (Shirk, Burwell & Harter, 2003).

More information is needed about how the self-esteem of African American adolescent girls living in low-income communities is being addressed, what self-esteem interventions are being used, and how these interventions are being applied when engaging African American adolescent girls living in low-income communities. This information would be helpful to

enhance the services and supports being provided to this population. This information would also be useful to professionals working with his population as a means of providing additional support in the area of self-esteem. More research is needed to better understand how professionals are working with this group to address self-esteem. The cognitive model of low self-esteem was used as a lens for understanding if the elements it outlines (negative early experiences, bottom line core beliefs, negative predictions, dysfunctional behaviors, and self-critical thinking) are being addressed when working with this population.

Additional research in this area could assist churches, community centers, and public and private mental health providers who serve this population. Such research can better explain how self-esteem is being addressed by individuals who work with African American adolescent girls living in low-income communities, how they adapt their interventions to address self-esteem, and what resources they use when addressing self-esteem. This data can then inform social-work intervention strategies. Understanding how professionals address the self-esteem of African American girls living in low-income communities is important to social work practice. This knowledge can help social workers provide services that empirical research has proven to be effective. Focusing on self-esteem can also assist African American adolescent girls living in low-income communities by improving their quality of life and helping them to recognize their inherent dignity and worth.

Organization of this Dissertation

The rest of this dissertation is organized into four sections; literature review, methodology, results and discussion. The literature review explores self-esteem as an importance concept when working with African American youths and describes what professionals and organizations are doing to address the self-esteem of African American youth

in general. The literature review also explores the cognitive model of low self-esteem which serves as the theoretical framework for the study (see Figure 1) and is the lens for understanding how self-esteem can be addressed with this African American girls living in low-income communities. The methodology section, including study design, data collection etc., describes the methods used to guide this study. The results section describes and discusses the study's findings arranged by each data source: focus groups, interventions, and observations. The final section of this dissertation, discusses the study's findings and presents the implications for social work research and practice.

Literature Review

This literature review is broken down into three subsections. The first defines and addresses the psychological importance of self-esteem. Relevant empirical research about self-esteem helps to explain why self-esteem is an important concept when working with this population. The second subsection addresses interventions used by professionals to improve a variety of outcomes associated African American youth, including after-school programs, mentoring, and rites of passage programs. Specifically, it examines how professionals apply self-esteem topics, strategies, and approaches. The third and final subsection in this section explains the cognitive model of low self-esteem, lays a foundation for the model, and substantiates why this model was chosen to guide this study.

A systematic electronic search of the various empirical journal abstract databases was conducted. Relevant studies were located using the following keywords: Adolescence girls, African American adolescent girls, African American youth, low-income communities, low-income and African American youth, self-esteem and African American girls, resiliency and African American youth, behavioral interventions with African American youth, low-income

with African American youth, and low-income youth and self-esteem. Due to the limited empirical studies available concerning African American adolescent girls who live in low-income communities, studies related to African American youth in general, adolescent girls, and African American adolescent boys were also reviewed.

The Psychological Importance of Self-esteem

Self-esteem is an important factor to explore when working with adolescents because of its impact on a variety of areas. Empirical research highlights its effects on physical (Bachanas et al., 2002) emotional (Dori & Overholser, 1999), and mental health (Mann, Hosman, Schaalma & De Vries, 2004) factors. A healthy self-esteem is associated with high academic performance, positive coping skills, and healthy adjustment. A healthy self-esteem is also influenced by a variety of factors and experiences, including socioeconomic status, race, and gender. Empirical research states that improving self-esteem relies on addressing areas associated with coping, culture, environmental factors, stress management, social skills, confidence, sex, healthy relationships, and healthy choices.

Self-esteem has been defined by many theorists, researchers, and philosophers. Rosenberg (1965), one of the earliest researchers on self-esteem, defined self-esteem as a global judgment of self-worth, self-respect, and self-acceptance. Self-esteem has also been studied as a cognitive schema which organizes both abstract and concrete views about the self and controls the process of self-relevant information (Kihlstrom & Cantor, 1984). Erickson (1964) as cited by Mann, Hosman, Schaalma & De Vries, 2004 conceived of self-esteem as an evolving process in his theory on the stages of psychosocial development in children, adolescents, and adults (Mann et al., 2004). According to Erickson, the development of a healthy self-esteem and identity in adolescents is dependent upon a wide array of intra-individual and social factors associated with

the identity formation process. Erikson believed that in a critical stage of adolescence, the adolescent re-examines his or her identity and begins the process of finding out who he/she. Erikson theorized that the community also plays a major role in the development of an adolescent's self-esteem because the community recognizes the adolescent as maturing and coming of age. All these earlier understandings of self-esteem support the idea of self-esteem being an evolving process, one which affects people's overall views about themselves and can be dependent upon various external factors. While self-esteem is a concept that should be addressed throughout one's life, researchers agree that it is a critical component during adolescence.

High self-esteem is the most dominant predictor of happiness, and low self-esteem is a predictor of maladjustment (Furnham & Cheng, 2000). Empirical research on low self-esteem includes several studies that have examined the relationship between self-esteem and adverse outcomes in adolescents such as maladaptive behaviors and depression. Many studies have found that adolescents who have low self-esteem overwhelmingly exhibit more problematic behaviors. Low self-esteem can result in self-defeating attitudes, psychiatric vulnerability, social problems, and high-risk behaviors (Mann et al., 2004). The clinical literature on low self-esteem suggests correlations between low self-esteem and depressed moods (Patterson & Capaldi, 1992), depressive disorders (Dori & Overholser, 1999), hopelessness, suicidal tendencies, and attempted suicide (Dori & Overholser, 1999). Although low self-esteem is most often associated with depression, the research indicates a relationship between low self-esteem and internalizing maladies such as anxiety and eating disorders (Butler et al., 2006).

Other research connects low self-esteem to poor mental health outcomes in adulthood. Steiger et al. (2014) used the data of a 23-year longitudinal study ($N = 1,527$) that examined the prospective effects of global (overall view of self) and domain-specific self-esteem (family,

physical attractiveness, and academic competence) levels and their impact on depressive symptoms two decades later. The researchers found that individuals who entered adolescence with low self-esteem and/or whose self-esteem declined further during the adolescent years were more likely to exhibit symptoms of depression two decades later; this pattern held for both global and domain-specific self-esteem. Finally, the researchers linked adolescents who have low self-esteem to problem behaviors.

In a longitudinal study conducted by Jessor (1998), low self-esteem was a key risk factor among high school students with problem behaviors. High school students in this study who self-identified as having low self-esteem also displayed problem behaviors associated with truancy, substance abuse, and suicide.

While the causes of various maladaptive behaviors vary, research on self-esteem reveals that low self-esteem can be at the core of many problem behaviors in adolescence. Challenges associated with maladjustment, maladaptive behaviors, depression, anxiety, eating disorders, self-defeated attitudes, social problems, and high-risk behaviors are all correlated to a low self-esteem. Addressing self-esteem during an individual's adolescence could help professionals who are working with that individual later in life to counter issues related to self-esteem, and may help to prevent or reduce some of the behaviors associated with low self-esteem. Overall findings highlight the impact of a healthy self-esteem on an individual's ability to cope with stress, the capacity to rehabilitate after health-related challenges, and the development of positive mental health outcomes in adulthood. Self-esteem is an important construct that has proven to be associated with positive outcomes in empirical research and is affected by a person's community environment. Our ability to address self-esteem through various interventions during

adolescence can prove to be an important factor in contributing to resilience in adulthood (Belgrave, Chase-Vaughn et al., 2000).

Self-Esteem and African American Youth

Research on self-esteem and African American youth suggests that positive choices and outcomes in adolescents are associated with factors such as a positive adult role model, a sense of identity, community involvement, self-confidence, family support, and positive peer relationships. Researchers who study African American youth and self-esteem note the unique challenges of racism, socioeconomic status, living in a low-income community, and image denigration that African American youth face as they develop a sense of self-esteem and self-worth in today's society.

Bryant and Zimmerman (2003) conducted a study examining several factors that contribute to positive choices made during the adolescent stage of development. They determined that the development and strengthening of self-esteem through adult role models, a sense of identity, community involvement, and peer relationships all played an important part in the positive choices African American boys made during their adolescence (Bryant & Zimmerman, 2003). These findings support and expand on the notion that having someone to look up to is critical for African American youths' development. Other research on mentors and role-model interventions also offers evidence that adolescents' relationships with significant adults contribute to their identity development and foster resilience (Hamilton & Darling, 1996).

In another study exploring protective factors in urban African American youth across the various levels of individuals, family, and community, Li, Nussbaum, Richards, and Maryse (2007) used a random sample of 263 African American youth to investigate the risks (experienced hassle, exposure to violence and poverty) and protective factors (confidence, family

support, and positive neighborhood) related to the positive social adjustments of urban African American youth. Li et al. found that the highest exposure to risk involved those who had low self-confidence and were living under conditions of high poverty. It also found that positive self-confidence, family support, and community environment all contribute to positive outcomes in urban African American youth. The results of the study suggest the benefits of interventions that address self-esteem while also taking into account the experiences of the youth who live in low-income communities (Li et al., 2007).

While Bryant and Zimmerman (2003) and Li et al. (2007) agreed that protective factors are a key element when addressing self-esteem with African American youth, DeCarlo (2006) believed the problem involves more than just protective factors. DeCarlo indicated that addressing self-esteem among African American youth should first begin with addressing the dynamics associated with identity through affirmation and ethnic pride. According to DeCarlo, African American adolescent youth not only have to balance the biological challenges experienced by all adolescents, they also have to manage the expectations of the prevailing Western European-based culture, their own culture, racism, and image denigration. Consequently, DeCarlo suggested the process of adolescents determining who they are and what they will become is uniquely complex for African American youth. In DeCarlo's study, 110 African American adolescents (59 males and 51 females) ranging in age from 14 to 16 years old were studied to explore the interrelationships between ego, racial and ethnic identity development, and the extent to which African American identity status was predictive of aggressive behavioral characteristics. DeCarlo used several assessment tools to evaluate attitudes about social relationships and vocational interests. The study's findings indicate that ethnic dimensions of affirmation and belonging were related to identity. DeCarlo suggested that

aspects such as ethnic pride and feeling good about one's ethnic background may also be part of advanced identity development for African American youth. Findings also suggest that, for African American adolescents, features of racial and ethnic identity may be neither identical to nor inseparable from characteristics of ego identity development. The findings suggest that social workers should include assessment questions to understand the dynamics of identity and identity-related stressors for African American adolescent youth. The results of this study also suggest that more research is needed in the area of identity and its significance to the well-being of African American youth.

Overall, the research supports addressing the following areas when working with African American youth: role models, identity, community involvement, peer relationships, positive self-confidence, family support, positive community involvement, skill building, advocacy, and the communication of feelings/emotions in healthy ways. While these studies make a strong case for why these self-esteem areas should be addressed, more information is needed to understand how these areas can be applied to address self-esteem with this population.

Self-Esteem and African American Girls

The development and sustainment of a healthy self-esteem is a multidimensional issue for African American girls and is not the same as for other ethnic groups. In a study conducted by Erkut, Fields, Sing, and Marx (1996), they noted that when comparing self-esteem results across races, some results might not be accurate because of the different views of self-esteem in different cultures. Buckley and Carter (2005) observed that there is difference between races in how self-esteem is viewed. Erkut et al. also noted that African American girls are now using more African American standards of beauty and as a result they are less influenced by traditional American standards of beauty which are seen to affect Caucasian girls disproportionately.

Therefore, achieving a realistic self-esteem picture of African American girls requires studying self-esteem within in the context of African American girls and their culture (Erkut et al., 1996).

Current empirical research on African American girls indicates that gender role orientation, racial identity, and socioeconomics are all important factors that contribute to self-esteem in adolescent African American girls (Buckley & Carter, 2005). Studies conducted specifically on African American girls in low-income communities demonstrate that familial and cultural influences, such as adherence to Afrocentric values, can affect how some African American adolescent girls living in low-income communities' deal with various life issues or stressors (Barbarin & Soler, 1993). Despite the many reported obstacles and the inherent risk associated with African American youth, negative factors don't always diminish self-esteem.

In a study conducted by Phinney, Cantu, and Kurtz (1997), 669 American-born high school students (372 Latinos, 232 African Americans, and 65 Whites) were surveyed in order to examine ethnic and American identity as predictors of self-esteem. Participants completed surveys measuring self-esteem, ethnic identity, American identity, attitudes toward other groups, and demographic variables. The results indicated that ethnic identity was a significant predictor of self-esteem across races. The study also indicated that African American girls report high levels of satisfaction with themselves and their bodies (Phinney et al., 1997). In all other categories such as American identity and attitudes toward other groups, there were no statistically significant differences in responses between races. This study supports the idea that although African American youth are faced with many obstacles, they all are not affected by these obstacles in the same ways.

In another study which yielded similar results, Molloy and Herzberger (1998) assessed the perceptions women had of themselves and their bodies. They examined 114 female students

(45 African American, 69 Caucasian) from two Connecticut community colleges. The researchers concluded that African American women report higher levels of self-esteem and reported a more positive body image than Caucasian women (Molloy & Herzberger, 1998). Similarly, a longitudinal study followed preadolescent girls through adolescence into their adulthood to examine changes in self-esteem and how it can be affected by race and body mass index. The results indicate that across the age ranges, self-worth was greater in African American girls versus White girls; however, across various races, self-esteem was higher when the body mass index was lower (Molloy & Herzberger, 1998). Research supports the idea that despite inherent risk associated with African American girls, they do show resilience in adulthood. It is important to note that Molloy and Hertzberger, 1998 did not include demographic data that showed the socio-economic backgrounds of the participants in this study, therefore, we cannot assume that the results would be the same among African American girls living in low income communities. Additional research with African American adolescent girls living in low-income communities would help us understand how to address the self-esteem needs of this population.

In a research study conducted by Buckley and Carter (2005), 200 African American adolescent girls were studied to determine the relationships among gender roles, ethnic identity, and self-esteem. The study examined whether racial identity and gender role orientation were linked, specifically whether high levels of racial identity and a masculine or androgynous gender role orientation (i.e., restrict emotions, focus on toughness, self-reliant, making achievement the top priority) would be linked to high self-esteem in African American adolescent girls. The results of this study indicated that African American girls who ascribed to a masculine or androgynous gender role reported high levels of self-esteem. This study found no relationship between self-esteem and racial identity. Buckley and Carter also found a positive relationship

between gender role identification and physical attractiveness; girls who ascribed to a more masculine and/or androgynous gender role orientation reported high satisfaction with their physical appearance. This group was also better able to define their own standards of beauty, more satisfied with their sexuality, and more likely to possess a positive body image than those who ascribed to a more feminine gender role identity. Buckley and Carter concluded that, this association between a masculine or androgynous gender role orientation and reported higher levels of self-esteem exist because characteristics like toughness and self-reliance all contribute to the idea of resilience. Study findings support the idea that when addressing self-esteem with African American girls' activities related to defining standards of beauty and body image as well as celebrating achievements could be beneficial. It is important to note that the income level of these girls were not stated in the research.

Self-Esteem and African American Girls in low-income communities

A subgroup of African American girls that are at greater risk for negative outcomes is African American adolescent girls who live in low-income communities. Members of this group are disproportionately at risk for negative outcomes such as mental illness, substance abuse, violent behaviors, and risky sexual practices (Belgrave, Van Oss Marin et al., 2000). Many of these African American adolescent girls live and attend schools in communities which experience high contextual risk factors such as violence, drugs, and other criminal activity (Belgrave, Brome, & Hampton, 2000). Self-esteem research within this subgroup indicates their disproportionate risk for negative outcomes when compared to their middle-class African American counterparts (Belgrave, Broome et al., 2000). According to a study conducted by Belgrave, Van Oss Marin et al., (2000), socioeconomic status was a predictor of sexually risky behaviors among adolescent girls. In a study of 300 adolescent girls, they found that low-income

African American girls become sexually active at a younger age and suffer from self-esteem, education, and identity challenges when compared to their upper-middle-class African American counterparts (Belgrave, Van Oss Marin et al., 2000). This study suggests that some of the adverse outcomes faced by African American adolescent girls are due to a lack of social skills, lack of hope, scarcity of resources, and low self-esteem brought about in part by their environments. The findings suggest that interventions aimed at this group should look at sex education as well as addressing self-esteem through the development of social skills, giving hope through cultural/spiritual elements, providing resources and addressing inherent challenges associated with the community environment. The findings also suggest that areas of low self-esteem such as poor self-perception should also be addressed when working with this group.

Grant, O'koon, Davis, Roache, Poindexter et al. (2000) continued to build on the fact that African American youth, and particularly African American adolescent girls, need more support to respond to the inherent risks they face. Grant et al.'s study examined African American students in grades six through eight who were living in low-income urban housing to determine the relationship between stress and psychological symptoms. Grant and his colleagues found that stress did predict psychological symptoms in the study sample. They also found that African American girls reported higher rates of psychological distress across a range of symptoms—including internalizing stress, externalizing stress, anxiety, depression, and delinquent behaviors— than African American boys of the same age (Grant et al., 2000). The findings in this study support the need for more empirical research on how these areas are being addressed with African American girls living in low-income communities.

Overall, empirical research on self-esteem and African American girls from middle-class communities highlights the inherent strengths of this group as compared to other races (Molloy

& Herzberger, 1998 and Phinney et al., 1997). Studies also show that African American girls and women from middle- to upper-class backgrounds report higher levels of self-esteem and body satisfaction. Research focused on African American girls from low-income communities highlights the differences regarding inherent risks associated with this group and suggests interventions aimed at African American adolescent girls living in low-income communities should look at sex education, social skills development, providing resources, addressing inherent challenges associated with community environment, addressing areas of low self-esteem, and giving hope through cultural/spiritual elements. Overall, African American adolescent girls living in low-income communities are vulnerable to a wide range of maladaptive outcomes and more research is needed to understand how these vulnerable areas are being addressed.

Studies researching how professionals are addressing self-esteem with African American youth often highlight mentoring, afterschool programming, and rites of passage programs as effective interventions used to address maladaptive outcomes and improve the quality of life of African American youth (Reinecke, Dattilio, & Freeman, 2003). It is important to note few studies specifically looked at addressing self-esteem with African American girls. Consequently, there is little to no information about how interventions were applied to address self-esteem specifically with African American girls living in low-income communities.

Mentoring Programs

The concept of mentoring dates back over several decades (Langhout, Rhodes, & Osborne, 2004). Jackson (2002) defined mentoring as a supportive relationship between an adult and a child that facilitates growth in a variety of areas. According to King, Vidourek, Davis and McClellan (2002), the goal of mentoring is to reduce risky behaviors. Research on the effects of mentoring is inconsistent because many mentoring programs combine mentoring with other

kinds of programming to support its positive outcomes, thus introducing variables for which it is difficult or impossible to control. Empirical research highlights mentoring programs as a positive intervention to build self-esteem among African American youth (King et al., 2002). A study conducted by Bryant and Zimmerman (2003) examined several factors that contribute to positive choices made during the adolescent stage of development. They determined that the development and strengthening of self-esteem through adult role models, a sense of identity, community involvement, and positive peer relationships all played important roles in the positive choices African American boys made during their adolescence (Bryant & Zimmerman, 2003). These findings support and expand on the notion that having someone to admire is critical for African American youth's development and self-esteem. Other research on mentors and role-model interventions also offers evidence that adolescents' relationships with significant adults contribute to their identity development and foster resilience (Hamilton & Darling, 1996).

Today many programs incorporate some element of mentoring and thus have made this type of intervention very popular; however, many researchers disagree about its effectiveness with African American youth. One research study evaluating the effectiveness of mentoring programs that target African American adolescent youth discovered that mentoring assisted the participants with making improvements in several areas, including aggression, risky sexual behavior, violent behaviors, and substance abuse (Buford & Grant, 1994). While there is research to suggest that mentoring programs are effective, there are also research that suggests no statistically significant difference in outcomes between youth with mentors and youth without mentors. Slicker and Palmer (1993) evaluated a mentoring program for 86 "at-risk" students to determine if school dropout rates would decrease while both self-concept and academic grades would increase. This study utilized a pre- and post-test design with experimental and control

groups. The researchers concluded that there was no statistical difference between the control and experimental groups, and that just mentoring “at risk” students did not prevent youth from dropping out of high school, improve their self-concept, or enhance academic achievement (Slicker & Palmer, 1993). As a result of their study Slicker and Palmer suggested evaluative measures for mentoring programs to determine if each component of a mentoring program is being implemented effectively.

Royse (1998) had results similar to those of Slicker and Palmer (1993); this study focused on a program that mentored at-risk youth for the purpose of improving self-esteem, academic performance, pro-social skills, and rates of substance abuse. Royse found that, when compared to the control group in this study, youth with mentors showed no statistical difference in the variables of self-esteem, grade-point average, attitudes about drugs and alcohol, school absences, and disciplinary infractions. The variation in the results for mentoring could be due in part to the quality of the programs being studied, the differences in the settings in which these programs were being implemented, and the ages of the study participants.

Other studies on mentoring reported that one intervention will not be enough to address negative outcomes in youth. Jackson (2002) studied the effects of mentoring on delinquent “at-risk” adolescents to determine if mentoring minimized conduct problems and delinquent behaviors. Potential mentees for this study were randomly selected from a list of 29 at-risk students from several junior high schools. The mentoring program took place over 15 to 20 weeks of the school semester and involved consistent feedback from parents, mentors, mentees, and teachers throughout the study. Results indicated that parents reported some improvements in mentees’ maladaptive behaviors while teachers reported no change. The study also found that even when maladaptive behaviors were said to have decreased, mentees’ social skills did not

change. Jackson suggested that one positive role model (mentor) might not be enough for an already delinquent youth because the mentee is already exposed to a large number of individuals who are not positive influences.

According to Dubois, Holloway, Valentine, and Cooper (2002), mentoring programs that serve low-socioeconomic status youth are effective; however, they are critically under-researched. The study also noted that mentoring programs in low-socioeconomic communities need to adhere closely to guidelines for evidence-based and effective mentoring practices (Dubois et al., 2002). When mentoring has been widely used with African American youth, some programs have been criticized for lack of structure and adherence to national mentoring standards. In many of these cases, documentation of outcomes for the youth is almost nonexistent.

Overall research has criticized mentoring programs for their lack of structure and consistency; this produces widely varying results regarding their overall effectiveness. If mentoring is to be an effective tool with low-socioeconomic status youth, more information is needed on guidelines for evidence-based and effective mentoring practices.

Afterschool Programs and Community Centers

According to Woodland (2014), after-school programs that operate during the non-school hours (and sometimes during the summer) at schools, community centers, and churches to provide academic and nonacademic activities for youth function in various ways to support this population. Experts on after-school programs (which can operate in a variety of settings) agree that getting adolescents involved in extracurricular activities during the after-school hours can serve as a protective factor that prevents young people from academic failure, violence exposure, and other risks associated with residing in underserved urban environments (Woodland, 2014).

Posner and Vandell (1994), indicated that overall after-school program attendance (attending, socializing, not necessarily engaging in an extracurricular sport), was associated with improved academic performance, better conduct in school, better peer relations, and greater emotional adjustment. Research has also found that youth who attend after-school programs tend to have higher grade point averages, fewer school absences, and decreased tendencies toward violence (Dubois et al., 2002). Woodland (2014) and Posner and Vandell (1994) discovered that after-school programs provide support to African American youth and can serve as a protective factor for academic failure and exposure to violence. Simply attending these programs helped youth establish better peer relations and attain greater emotional adjustment. However, these studies did not examine how self-esteem exclusively is being addressed.

African American families also utilize after-school programs inside churches and various community organizations as a way to address risks and concerns associated with African American youth. For years the African American church has played a significant role in providing support for the African American community. In a research study looking at spirituality as a protective factor in the lives of African American children, Haight (1998) found that the spirituality of African American youth was a key factor in coping with stressful events. African American youth who participated in church and community after-school activities had higher self-esteem and felt more in control during times of frustration. Haight's research also found that local community centers and church after-school programs often appealed to the adolescents' need for a sense of belonging and provided support. Community centers and churches create an environment that protects, nurtures, and encourages African American youth during times of unpredictable challenges (Haight, 1998). While Haight's study highlights the importance of spirituality when addressing self-esteem, it does not investigate which spiritual

topics, activities, and interventions were used by study participants to address self-esteem. The study also did not separate its outcomes across gender or socioeconomic status, so it is unclear how African American girls are particularly influenced by spirituality.

Woodland's study (2014), he outlined the efficacy of afterschool programs in increasing positive outcomes for young black males. Woodland proposed five strategies (reduce vulnerability/risk, reduce stressors, increase available resources, mobilize protective processes, and utilize culture as an asset) to ensure the effectiveness of after-school programs in improving outcomes for African American boys. These strategies are an extension of Masten's (1994) fundamental strategies to foster resilience. While Woodland (2014) described many benefits associated with after-school programs, it did not include any information about specific programs and/or topics that address self-esteem. Also, it only examined African American boys. More information is needed about whether these same five strategies can also improve the outcomes of African American adolescent girls.

Fashola (2002) examined the impact of after-school programs in three areas: academic, cultural, and recreational. His study highlighted after-school programs that yield positive outcomes associated with academic achievement, cultural development, and recreational enrichment. Characteristics for program inclusion in this study included effectiveness, replicability, and application with African American males. The study highlighted programs such as The Howard Street Tutoring Program (HSTP), which was created specifically to improve the academic outcomes of low-achieving students during after-school hours. The Help One Student to Succeed (HOSTS) program is a model that helps schools create tutoring programs for at-risk students using a mentoring approach. The Coca-Cola Valued Youth Program (VYP) is a cross-age program that serves middle and high school students who may be at risk for dropping out of

school (Fashola, 2002). These programs were found to increase academic achievement, cultural development, and recreational enrichment among the targeted youth. Despite the promising results; however, the study gives no information on programming topics, intervention strategies, or details about applying the programming to African American girls. The study suggests that programming is left up to individual interests, and areas like culture and self-esteem are not addressed in a systematic way.

Programs for African American youth often address self-esteem through culture and spirituality. Belgrave, Chase-Vaughn et al. (2000) examined the effectiveness of self-concept and culture in an after-school intervention program catering to African American girls (ages 10 to 12) from low-income communities. They found that key factors for improving self-esteem in African American girls included an understanding of Afrocentric values, ethnic identity, gender role beliefs, and self-concept. In this study, 55 African American girls were in the intervention group and 92 girls were in the comparison group. It was hypothesized that the participants in this study would have a significant increase in Afrocentric values, ethnic identity, gender role beliefs, and self-concept after participating in the program. Participants met once a week for 2 hours for 4 months, and engaged in exercises and activities designed to increase feelings of self-worth, Afrocentric values, and ethnic and gender identity. Activities such as “The Rites of Separation Ceremony,” an out-of-town retreat, and weekly sessions were the program’s main interventions. Weekly sessions consisted of discussion topics, including hair, health and nutrition, etiquette, hygiene, exercise, and the female anatomy. Study findings suggest that ethnic- and gender-specific, culturally congruent interventions with African American female adolescents are beneficial in improving identity, self-worth, and self-esteem.

The study by Belgrave, Chase-Vaughn et al. (2000) was one of the few conducted with African American girls living in low-income communities that actually provided a breakdown of the program's interventions and how they were applied. The study found that topics specific to African American girls proved effective as interventions. This study also supports the efficacy of encouraging girls to spend time outside of their immediate environments. It would be beneficial to examine in depth how the professionals conducted their group discussions, which questions they tackled, and which strategies they employed. It would be more helpful to understand how the self-esteem of the girls in this study was influenced. In addition, the study did not take into account the environmental impact of girls living within low-income communities and the possible impact it could have on their self-esteem and mental health.

Another study conducted by Belgrave, Reed, Plybon, Butler, Allison et al. (2004) evaluated the effectiveness of a cultural after-school program in increasing the cultural values and beliefs of 59 African American girls. This study explored a 15-session cultural program called the "Sisters of Nia" (Belgrave, Reed et al., 2004). The program used small group interventions that consisted of 15 sessions lasting 1.5 hours each that focused on females and African culture. As part of the Sisters of Nia curriculum, girls were exposed to African American female intervention staff called "mzees" (Kiswahili for respected elders) who served as role models of female accomplishment. Belgrave, Reed et al., 2004 study found that program participants experienced an increase in self-esteem and a decrease in relational aggression. In addition to self-esteem, the program's culturally relevant values and beliefs were positively associated with psychological and social indices among ethnic minority youth. This study concluded that the promotion of culturally relevant beliefs and values may provide a mechanism to develop adaptive and positive behaviors in children (Belgrave, Reed et al., 2004). It is

important to note that this intervention combined self-esteem and cultural activities with a form of mentoring. Despite the study's in-depth description of the program, more information is needed. Which self-esteem topics were addressed? What activities were involved in the sessions? Was there a systematic way the mentors engaged with the girls during the program? This information would be helpful in understanding how the program administrators addressed self-esteem during their sessions.

Overall, after-school programming provides a safe haven for African American youth; participation in these kinds of programs is associated with a decreased exposure to violence, academic improvement, positive peer relationships, and better social and emotional adjustment. However, most empirical research into such programs has only highlighted the benefits for African American males rather than females. The programs that are centered around African American girls' highlight topics that deal with external issues associated with self-esteem rather than internal issues such as negative thoughts and feelings. In addition, improvements in self-esteem can be hard to measure, while academic performance, school attendance, and positive peer adjustment are more easily measured. The studies do demonstrate how culture-centered activities in after-school programs can improve self-esteem among African American youth. However, the studies provide little to no information about the after-school programs' curricula outside of extracurricular activities and academic tutoring. Are self-esteem interventions a major focus in programs such as these? More information is still needed to determine how the self-esteem of African American adolescent girls living in low-income communities is being addressed.

Rites of passage programs and other Afrocentric interventions

Researchers have emphasized cultural awareness because within the child welfare system "...there still remains a considerable need for interventions that are culturally responsive." (Utsey, Howard, & Williams, 2003, p. 128). Rites of passage programs combined self-esteem interventions with key components of African American culture to produce a program that seeks to build identity, confidence, self-esteem, and cultural connectedness. Rites of passage in the African American community is an African concept that centers on the idea of life being transitional. Traditional African societies often structure the transition from childhood to adulthood through a rites of passage at puberty. During these rites, the ancestors are invoked to guide the child throughout life with the assistance of community elders. The community sequesters the youth, under the guidance of the elders, for months or even years to provide them with the knowledge, consciousness, and skills needed for transitioning into adulthood (Karenga & T. Karenga, 1998). The elders then evaluate the youth to assess if they have mastered the necessary skills. Once a youth is proven worthy, the community commemorates his or her entry into adulthood with a ceremony during which the initiate pledges to support communal life and the community agrees to assist the initiate's new role. Some features of the rites of passage process for youth include being sequestered, participating in experiences to develop group cohesiveness, paying deference to elders, participating in ceremonies to mark milestones in the transformational process, and accomplishing life skills (Harvey, 2001).

Today the rites of passage concept functions as an initiation or coming-of-age process that clarifies and affirms participants' new roles and status in the community. Contemporary rites of passage programs draw on the rich and multifaceted African and African American cultures. "Rites of passage programs draw on the power and symbolism of long honored

African and African American traditions, customs, religions, and mythologies” (Harvey & Hill, 2004, p. 200). Proponents of these interventions incorporate various indigenous ceremonies, practices, and principles in an attempt to strengthen the sense of connection between the present and the traditional culture of the past.

Warfield–Coppock (1992) studied 20 rites of passage experts and various agencies that sponsor rites of passage as an intervention. The research concluded that between 1984 and 1992 more than 1,600 African American youth had benefited from rites of passage programs, and 90% of the professionals who work facilitating these programs indicated that knowledge of self and culture were crucial factors for youth in confronting the problems they faced. Warfield–Coppock concluded, “... an appropriate intervention for at-risk youth is an African centered rites of passage program” (p. 347). Such programs, when combined with other resources in the community, can increase a sense of self-worth, self-esteem, identity, and knowledge of African principles and practices.

Harvey and Hill (2004) concluded that participants in a rites of passage program in Washington, DC experienced a greater sense of self-worth and cultural interconnectedness. The program produced significant gains in its youth self-esteem and cultural knowledge in comparison to similar youth who did not attend the program (Harvey & Hill 2004). Participants in this study engaged in group social skills sessions, benefited from individual counseling, and participated in weekly family groups. According to the study, the most effective component of this intervention was its holistic and multifaceted approach, which incorporated the individual, family, social environment, and community. Not all research reports the positive effects of rites of passage programs for at-risk youth. Rankin and Quane (2002) conducted a research study examining several interventions and neighborhood-based programs with at-risk African

American youth and argued that there is still not enough research to conclude that rites of passage programs are an effective intervention for at-risk youth.

While the concept of a rites of passage program appears to yield positive outcomes for African American youth, the same challenges of inconsistent empirical findings associated with mentoring programs arise. There is not enough empirical research on rites of passage programs with African American girls to support its use in a way that is organized and consistent. This highlights the need for more empirical research on African American adolescent girls in these communities to understand the interventions needed to improved maladaptive outcomes associated with this population.

Empirical research supports topics such as self-esteem, confidence, self-image, identity, social skills, positive relationships, sex, mental health management, mother-daughter relationships, depression, conflict resolution, advocacy, spirituality, and negative experiences associated with living in a low-income community being part of intervention programs for African American youth. Research involving professionals who work with African American youth highlights interventions related to mentoring, after-school programs and rites of passage programs as effective self-esteem interventions with African American youth. The literature repeats themes such as meeting basic needs, culture, protective factors, positive role models, identity, and negative environmental factors. However, empirical research in these areas often does not take into account specific gender differences and socioeconomic differences that affect self-esteem. These programs do not explore self-esteem as a separate concept; the result is that there is little information about how self-esteem topics are being addressed with African American adolescent girls living in low-income communities. This study's aims to fill a large gap in the literature on how professionals are working with African American adolescent girls

living in low-income communities to address self-esteem and improve their quality of life. Through my research I expect to learn more on how self-esteem is being addressed and how professionals are addressing other variables that affect self-esteem such as community factors and home/family factors outlined in the literature. I also expect to learn more on how professionals are addressing topics effecting African American adolescent girls living in low-income communities outlined in the literature such as but not limited to healthy relationships, negative thoughts about self, family patterns of negative self-image, mental health, and the effects of the environment on self-esteem. Such understanding can contribute to the current gaps in empirical research, inform social work strategies, and provide information that would support professionals who work directly with this group.

Theoretical Framework

Fennell's (1997) cognitive model of low self-esteem is being used as a theoretical framework for this study to help understand which factors contribute to low self-esteem and as a result need to be considered when improving overall self-esteem among African American adolescent girls living in low-income communities. Such girls face a variety of challenges brought about by their environment which can affect how they view themselves. These factors, coupled with the normal challenges during adolescence, can create a barrier to the development of a healthy self-esteem. Utilizing a framework that focuses on how low self-esteem develops can identify which areas should be addressed to improve the self-esteem of African American adolescent girls living in low-income communities.

African American girls living in low-income communities face many challenges that affect how they think and feel about themselves. Programs seeking to address self-esteem with this group must also explore how these girls' current experiences in their environments impact

their self-esteem. The cognitive model of low self-esteem (see Figure 1) is being used as a theoretical framework for this study because it highlights critical areas of self-esteem such as negative early experiences, negative core beliefs, dysfunctional assumptions, negative predictions, depression, and dysfunctional behaviors that play a role in how self-esteem is affected and therefore should be considered when exploring how it should be addressed. According to empirical research, early experiences, negative core beliefs, dysfunctional assumptions, negative predictions, depression, and dysfunctional behaviors can be a result when particular risks are prevalent for African American adolescent girls living in low-income communities. Such risks include sexual promiscuity, exposure to crime, substance abuse, and negative peer pressure. The cognitive model of low self-esteem takes into account that self-esteem is based on experience and influences how incoming information is subsequently processed. This means that if negative experiences have caused someone to change their views about themselves these experiences can also affect how they process things about themselves in the future.

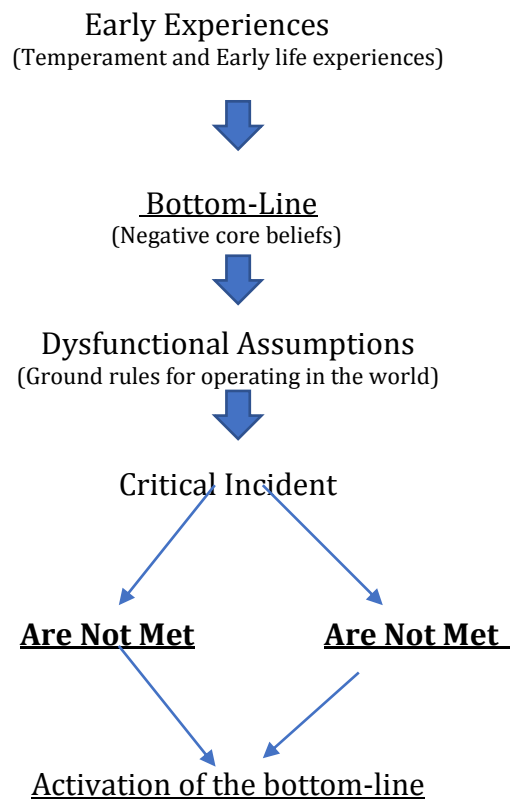
Fennell's (1997) cognitive model of low self-esteem makes the assumption that people's experiences cause them to form conclusions, beliefs, and assumptions about themselves, others, and the world. Fennell's model is a derivative elaboration of Beck's (1976) cognitive model of emotional disorder. Within Beck's model, thoughts about the self are identified as central to the genesis and maintenance of depression, and self-concept is identified as central to emotional disorders (Beck, Rush, Shaw & Emery, 1979). Fennell's model builds on Beck's ideas, but draws on other research to create the cognitive model of low self-esteem. Fennell (1997, 1999) defined self-esteem as a schema, a cognitive representation based on experiences, that influences how incoming information is viewed and processed. Fennell (1997) proposed that everyone has

a cognitive representation, which encompasses a global image of ourselves as a whole. This cognitive representation is negative in people with low self-esteem and is positive in people with a healthy self-esteem, and it is persistent over time and across situations that a person might experience. Fennell (1997) proposed that a negative cognitive representation involves an underestimation of strengths and an overestimation of weaknesses, deficits, and flaws. Fennell (1997) suggested that expressions of a negative cognitive representation vary from abstract beliefs to immediate thoughts, feelings, and actions. According to empirical research, African American adolescent girls living in low-income communities are predisposed to situations such as community violence, community crime, single-parent household, the incarceration of a loved one, teen pregnancy, and early school dropout. These experiences can lead to negative self-views. The impact of these experiences on a person can have a great effect on how they view themselves and the world around them. Exposure to such environmental factors can also have undue effects on their psychological development and mental health (Davis, 1999; DeCarlo, 2006). Under the dual oppressive forces of racism and sexism, many African American adolescent girls living in low-income communities have limited access to various resources, which may increase their subjective experiences of stress and lead to unfavorable mental health (e.g., depression and anxiety) (Hammack, Robinson, Crawford, & Li, 2004).

Fennell (1997) proposed that, in the presence of appropriate circumstances, those conclusions, assumptions, and beliefs activate and trigger negative automatic thoughts or specific cognitions (thoughts, images, or meanings) which in turn trigger negative effects such as physiological symptoms and behaviors. Fennell suggested that a self-maintaining cycle results in which negative thoughts trigger feelings and maladaptive behaviors, which in turn act to maintain and reinforce the negative thoughts (see Figure 1). The following are factors that

Fennell considered to be the stages in the cycle: early experiences, bottom line, dysfunctional assumptions, critical incidents, activation of bottom line, maladaptive behaviors, depression and anxiety.

Early experiences. Fennell proposed that low self-esteem develops out of a relationship between temperament and experience. Temperament and early childhood experiences create the foundation of a person's self-schema or "bottom line" of who they are. Some examples of negative self-schemas or bottom-lines are: "I am no good," "I am worthless," "I am dumb," "I am ugly," and "I am bad" (Fennell, 1997).



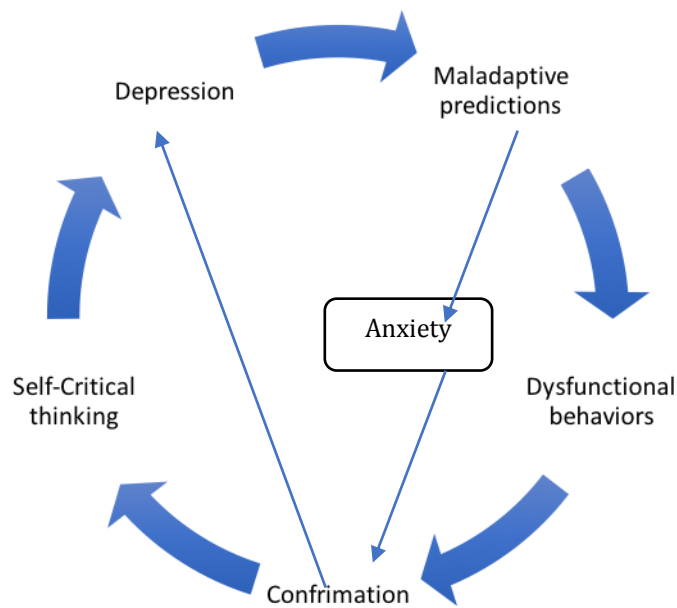


Figure 1. Cognitive model of low self-esteem.

Dysfunctional assumptions (“*escape clauses*”). In describing dysfunctional assumptions Fennell wrote, “These function as guidelines for living, or ground rules for operation in the world, given the truth of the bottom line (Fennell, 1997, p. 4). These assumptions take the form of conditional statements; for example, “unless I succeed at everything I do, I am a total failure” or “I should always do everything to the highest possible standard, no matter what the cost.”

“They specify the standards the person must achieve in order to remain relatively comfortable

with him or herself” (Fennell, 1997, p. 4); for example, “I am incompetent, but so long as I do everything to the highest possible standard...” “In a sense, the assumptions operate as a yardstick of personal worth (Fennell, 1997, p. 4), or “escape clauses” that allow people to avoid the distress that inevitably accompanies a strongly held, global, negative view of self” (Fennell, 1997, p. 4). This allows people to function successfully and retain a sense of wellbeing, so long as the terms are met. Escape clauses represent ways of coping with or covering over negative beliefs about the self, rather than acting to change them. Consequently, the bottom line remains intact, creating vulnerability to distress and emotional disorder if the demands of the conditional assumptions cannot be met “(for example, when a person whose self-worth rests on being loved is rejected or abandoned)” (Fennell, 1997, p. 4).

Critical incident. According to Fennell (1997), as long as the bottom line remains intact, equilibrium and self-worth are fragile. Thus, should a situation arise in which the standards set forth by the dysfunctional assumption are not met or are viewed as “may not be met,” this creates a “critical incident.” This, in turn, triggers the bottom line, cycling a maladaptive pattern of thoughts, affects, and behaviors that perpetuate the dysfunctional assumptions. For example, a person’s worth might rest on meeting everyone’s expectations. However, if the person is rejected by someone else because expectations were not met, the person’s bottom line of “I am worthless” would be triggered. This then triggers feelings of worthlessness, which could lead to possible maladaptive behaviors such as drinking, sexual promiscuity, and immediate decline in grades or school attendance.

According to Fennell (1997), the cycle outlined at the bottom of Figure 1 displays four results that can be triggered when a critical incident occurs and the standards set forth by the dysfunctional assumptions activate the bottom line. If the person believes those standards may

not be met, Fennell proposed that the cycle leads to negative predictions, anxiety, confirmation, self-critical thinking, and depression.

Negative predictions. According to Fennell (1997), when individuals are faced with a situation where the terms of their “escape clauses” may not be met, the vulnerable person begins to generate negative predictions in a manner we know to be characteristic of anxious responses to threat. According to Fennell (1997), these may be unequivocal statements (e.g., “I’ll make a mess of it”), or they may be questions or suppositions (e.g., “what if I make a fool of myself?” or “Suppose no one likes me?”).

Anxiety (physiological). According to Fennell (1997), anxiety is the physiological arousal that an individual experiences after a negative prediction. The body’s physiological responses may then become the focus for further negative thoughts. For example, “I should be able to manage this more calmly.”

Dysfunctional behaviors. According to Fennell (1997), negative predictions also have an impact on behaviors. “Preoccupation with high frequency negative thoughts and with a high level of arousal (self-focus) may lead to behavioural inhibition or disruption, for example stammering, clumsiness, gaucheness in social situations, or the mind going blank in an exam or job interview” (Fennell, 1997, p. 5). Dysfunctional behaviors are a result of negative predictions and have a way of confirming the negative thought and confirming the bottom line perception of self.

Confirmation of the bottom line. According to Fennell (1997), no matter the outcome of the critical incident, it is likely to be seen as evidence to support the central negative view of self (for example “I am incompetent/unacceptable/different, etc.”). Fennell suggested that confirmation is a product of two parallel processes, a bias in perception and a corresponding bias

in how incoming information is interpreted. The perceptual bias ensures that data consistent with the bottom line are readily perceived and processed while data inconsistent with it are screened out. The interpretational bias ensures that what is perceived will be given a negative slant. For example, positive data (e.g. compliments) and neutral or irrelevant data (e.g. being glanced at in the street) will be distorted to fit the prevailing schema. For example, the person might think: "They were only being kind" or "There must be something odd about how I look." Or the positive data is attributed to externals: "it was just luck." Conversely, genuinely negative data (for example, making a mistake or being criticized) is enhanced: "I never get anything right" or "They are right; I am totally useless." Negative events are attributed to enduring flaws or weaknesses in the self: "It's me. I'm all wrong" (Fennell, 1997, p. 6).

Self-critical thinking. According to Fennell (1997), self-critical thinking is composed of frequent critical thoughts that follow dysfunctional behaviors and tend to take on "never" or "always" origins. "Apparent confirmation of the bottom line is often accompanied or followed by a stream of self-critical thoughts ("How could I be so stupid?" "Typical- I always get it wrong." "Why do I always make a mess of things?"). The implications for the future may also become a focus ("I never get what I want out of life." "This is how it will always be") (Fennell, 1997, p. 6).

Depression. Fennell (1997) described depression as negative automatic thoughts about self and the future that have a direct impact on mood. Depression is also an emotion that can be a result of exposure to a variety of experiences and can result in maladaptive behaviors.

Fennell (1997) proposed cognitive therapeutic interventions for eight stages outlined in the low self-esteem model. These stages include early experiences, bottom line, dysfunctional assumptions, automatic negative thoughts, symptoms of depression/anxiety, negative predictions,

anxiety, and maladaptive behaviors. The following table illustrates the proposed interventions. Fennell suggested cognitive interventions such as teaching how to re-evaluate negative predictions, changing the thoughts that fuel the anxiety, behavior experiments, re-evaluating negative predictions, increasing engagement in relaxing and pleasurable activities, and changing thinking tests through behavior change as ways to address the conflicts that arise during the aforementioned stages of the cognitive model of low self-esteem.

Table 1

Cognitive Therapy Interventions for Low Self-Esteem: An Overview

<u>Early experiences</u>	Are confirmatory data open to re-interpretation? Have dis-confirmatory data been ignored or discounted?
<u>Bottom line</u>	Work on negative automatic thoughts (i.e., self-criticism and catastrophic predictions) in connection with related behavior experiments. Weaken the old negative belief, and establish and strengthen a more positive alternative considered self-acceptance which acknowledges both strengths and weaknesses. Prejudice model: objective is to provide some distance from beliefs about self, conveying the idea that these may be opinions, rather than facts. Search for counter-evidence; positive data logs Is supporting evidence open to re-interpretation? Balanced view: realistic self-acceptance
<u>Dysfunctional assumption</u>	Assist with recognizing how current rules are unreasonable and self-defeating. Assist with developing alternative standards or guidelines that would be more helpful. Teach how to re-evaluate negative predictions but also collaborate with client to devise experiments that will allow him or her to discover experientially how accurate their positive perspectives may be;
<u>Negative automatic thoughts</u>	Direct attention to assets/strengths Deal with specific of self-critical thinking, catastrophic predictions, etc. Dysfunctional Thought Records (DTR), evaluating the evidence, identify thinking errors, and

Symptoms/Depression/Anxiety

discovering alternative perspectives that are more realistic and helpful.

Change in thinking tests through behavior change. Relaxation, distraction, increasing engagement in relaxing and pleasurable activities, time-management, graded task assignment, facing situations avoided, eliminating safety/avoidance behaviors. Confronting avoided situations.

Negative predictions

Re-evaluating negative predictions.

Help to identify and question the negative predictions that follow activation of the bottom line.

Anxiety

Reducing symptoms of anxiety.

Learning core cognitive therapy concepts and skills.

Changing the thoughts that fuel the anxiety.

Changing the physiological state through systematic relaxation training.

Maladaptive behavior

Changing behavior through behavior experiments and teaching how to re-evaluate negative predictions. Dropping safety behaviors and confronting situations that are being avoided.

Fennell, 1997

The cognitive model of low self-esteem has been used in other studies as a clinical conceptualization to address self-esteem and treat low self-esteem. Whelan et al. (2007) used Fennell's model as a foundation to help create a self-esteem group for adults between the ages of 20 to 57 with learning disabilities. The components of the model guided the group's focus and activities. Self-esteem was measured both before and after the group, and the study reported an increase in the participants' self-esteem levels (Whelan et al., 2007). In a case study conducted by McManus, Waite, and Shafran (2009), Fennell's (1997) cognitive model of low self-esteem was used to inform the assessment and treatment of a female who met the criteria for obsessive-compulsive disorder and was experiencing challenges with low self-esteem, depression, and anxiety. Treatment for this case consisted of 12 sessions of cognitive behavioral therapy (CBT) for depression, anxiety, and low self-esteem. This study used a pre/posttest treatment method to

evaluate its results. After the 12 sessions of CBT, the client no longer met the criteria for any disorder, nor was she experiencing symptoms of low self-esteem. In another study conducted by Waite, McManus, and Shafran (2012), Fennell's model was used as a cognitive conceptualization and trans-diagnostic treatment approach for a preliminary randomized control trial of CBT which addressed low self-esteem. This study found that focused, brief CBT interventions could be effective in treating low self-esteem (Whelan, Haywood & Galloway, 2012).

What is understood about self-esteem and how professionals are addressing the self-esteem of African American adolescent girls living in low-income communities is that these girls are predisposed to low self-esteem because of their socioeconomic status as well as their experiences in their environments. African American adolescent girls living in low-income communities face unique challenges that place them at greater risk for poor developmental outcomes when compared to their middle-class counterparts (Belgrave, Van Oss Marin et al., 2000). African American girls living in low-income communities face challenges related to sexual promiscuity, sexually transmitted diseases, and the risks of continuing the cycle of poverty and psychological distress such as anger, depression, and anxiety (Hammack et al., 2004). Current studies on interventions with African American adolescent girls living in low-income communities have not explored how the inherent risks associated with this population affects their current self-esteem. These studies also failed to include information on how the subject programs addressed possible root causes of the maladaptive choices such as negative maladaptive thinking, overall negative self-concept, or dysfunctional experiences. It is possible that the current interventions being used to work with this group are not addressing the aforementioned areas. If root causes of the self-esteem challenges are not successfully

addressed, these challenges can reduce this population's quality of life and cause a continuing cycle of maladaptive outcomes. Given the potential for positive outcomes, this cognitive model was used to assess and analyze how professional providers address the self-esteem of African American adolescent girls living in low-income communities. Specifically, themes that emerged out of the data were analyzed to determine what stage in the cycle of Fennell's (1997) cognitive model of low self-esteem they addressed, as well as any similarities or differences related to the suggested cognitive interventions for those stages in the cognitive model of low self-esteem. Fennell's model was also used to formulate the questions for the focus groups and to conceptualize self-esteem. Thus, this study explored areas such as early life experiences, thoughts and beliefs about self, dysfunctional assumptions, critical incidents, dysfunctional behaviors, and negative predictions.

Method

A Qualitative Approach

A qualitative research method, specifically components of a modified grounded theory approach, was used in the research design. Components of a modified grounded theory approach were chosen because I wanted to hear the experiences of the professionals directly from them and in their own words. Grounded inductive methods were used to analyze the data since this method starts with individual cases and progresses to develop more abstract conceptual categories to synthesize and understand patterns within the data (Charmaz, 2003). Key main constructs of grounded theory used in this study were open-ended questioning and open coding. Memo writing and axial coding were also used to analyze the data and to gain a richer knowledge of how professionals are addressing self-esteem. The researcher derived analytic categories directly from the data; however, a theory was not developed as a part of this study.

According to Burrows and Kendall (1997), one of the purposes of qualitative research is to accumulate sufficient knowledge to lead to an in-depth understanding of the subject. It is a well-documented practice that a qualitative method is usually used when little is known about a phenomenon (Burrows & Kendall, 1997). Qualitative methods are particularly useful when describing a phenomenon from the native's or participant's point of view. Professionals working directly with the population have the most complete information about engaging this population on issues of self-esteem. Thus, the study required a research method concerned with uncovering and understanding the process; grounded theory seemed the most appropriate option (Burrows & Kendall, 1997).

Data Collection

This study employed four methods of data collection: demographic information forms, focus group interviews, review of written materials used to address self-esteem, and direct observations. These methods helped to establish a better understanding of the research topic and increase the credibility of its findings. Demographic information forms were used to gather demographic information about the professionals who were addressing self-esteem. Before the focus group interview began, participants were given demographic information forms to complete for the purpose of collecting basic demographic information such as age, academic degree, religion, race, gender, and type of work. Once the participants completed the demographic form, they were given color names with which to identify themselves throughout the process to protect their confidentiality. The colors were changed to pseudonyms to further protect confidentiality and reveal each participant's gender.

Focus group interviews were used to explore preliminary topics and to further refine questions and concepts. The interview guide (see Appendix D) was also informed by the

literature and Fennell's cognitive model of low self-esteem. The guide contained questions about childhood experiences, negative self-judgment, and maladaptive behaviors. The interview guide helped to structure the focus group interviews. Questions asked during the interviews included: how participants are addressing self-esteem with the population, self-esteem topics they are addressing, how they are applying their interventions, and the perceived effectiveness of what they are doing. Focus group interviews were recorded and professionally transcribed.

The focus group method was chosen for this study for a variety of reasons. According to Rabiee (2004), the focus group technique involves using in-depth group interviews in which participants are selected because they have direct experience with the population (although it is not necessarily a representative sample of a specific population). This group is then "focused" on a given topic (Rabiee, 2004). Participants in this type of study are selected because they have something to say on the topic and would be comfortable talking to the interviewer and each other (Rabiee, 2004). This approach to selection is consistent with the idea of "applicability," which advocates selecting subjects because of their knowledge of the study area (Burrows & Kendall, 1997). Focus group methodology is one of several tools that can generate valid information important to the advancement of programs, communities, and organizations (Krueger & Casey, 2000). The optimum number of participants for a focus group may vary, though Krueger and Casey (2000) suggested between six and eight participants, as smaller groups show greater potential for obtaining quality information. Focus groups can be considered a way to obtain information from people that allows the participants in the focus groups to be transparent. However, focus groups have some limitations. They are ineffective for comprehensively measuring the knowledge and perspectives of individuals. Nor do focus groups yield data that are representative of an entire population (Krueger & Casey, 2000). A focus group methodology

was used because it could generate rich information from a group of people in a short amount of time.

The third form of data collection was the review of written interventions provided by focus group participants. The researcher asked all study participants to bring or email an example of a self-esteem intervention they have used. All written materials were coded with colors corresponding to the relevant professional. This color coding system connected the participants with the written work they submitted.

The fourth form of data collection was direct observations of focus group participants conducting self-esteem interventions with African American adolescent girls who live in low-income communities. This information helped to triangulate the data obtained from the focus group interviews and written self-esteem activities. The researcher observed a self-esteem intervention facilitated by four of the focus group participants. While the researcher observed, no names or identifying information about the adolescent girls was recorded. The researcher did not have any direct contact with the adolescent girls.

According to Mays and Pope (1995), an important advantage of observation is that it can help to overcome the discrepancy between what people say and what they actually do. Conducting observations, according to Mays and Pope, can circumvent the biases inherent in the information people provide about their actions; these biases may be caused by factors such as wanting to present themselves in a good light, differences in how they recall information, selectivity, and the influences of the roles they occupy (Mays & Pope, 1995). For these reasons, Mays and Pope maintained that observational methods are particularly well suited for studying the internal workings of organizations.

Sample Selection Criteria

Twenty-six professionals (four males and twenty-two females) in the Richmond, Virginia area who work with African American adolescent girls living in low-income communities were recruited to participate in four focus groups for the study (see Table 2). Focus groups consisted of four to seven members per group, and discussions lasted approximately 90 minutes. Using a purposive sampling approach, participants were solicited from various settings. The researcher contacted people interested in participating in the focus groups individually by phone and by soliciting participation through communities, agencies, schools, and community associations that met the inclusion criteria. When participants expressed interest in being a part of the study, they were required to answer five questions on the study inclusion form to qualify. If the participant answered “yes” to all the inclusion questions, he or she was included in the study. All participants who were interested in the study met the study’s inclusion criteria. Focus groups took place in a private conference room in the Richmond Professional Office Building. More women than men volunteered for the study. Therefore, the researcher attempted to assign one male to each of the focus groups. However, in one focus group no male was available to participate. In addition, four professional providers who participated in the focus group interviews and worked at a local community center comprised the sample for the study’s direct observations. Direct observations took place in a room used for groups at the center where the professionals worked. It is important to note that none of the participants in this study, measured the girls’ self-esteem. The professionals who work with the girls do not measure the self-esteem of the girls; however, their work does address self-esteem issues.

Inclusion criteria for professionals in this study were:

- At least a bachelor's degree in one of the following human service area (psychology, sociology, social work, or special education) and two years of experience working in the human services field with African American youth living in low-income communities.
- If no degree in a human service area a bachelor's degree in another field with at least 5 years of experience working in the human services field with African American youth living in low-income communities.
- One year of experience addressing self-esteem with adolescent African American girls individually or in a group setting.
- The ability to provide at least one written intervention used to address self-esteem.

Exclusion criteria for this study were:

- Not having a bachelor's with at least 5 years of experience working in the human services field.
- Less than 2 years of experience working in the human services field with African American youth living in low-income communities.
- Less than 1 year of experience addressing self-esteem with adolescent African American girls individually or in a group setting.
- The inability to provide at least one written intervention (1 to 3 hours long) used to address self-esteem.

Data Analysis

A descriptive analysis (frequencies and means) was conducted of the demographic data (see Appendix A). This information was useful in describing the sample of qualified professionals in the study. Out of the 26 participants, four were males and 22 were females. Twenty-three participants were African American, and three were Caucasian. The mean age of

the participants was 32.9 years old, and the mean number of years of experience was 9.8 years. All participants in this study had at least a bachelor's degree. Nineteen participants had a degree in psychology, sociology, social work, or special education, and seven participants had degrees outside these areas. All focus group interviews were audio taped and professionally transcribed. Once the researcher received the transcripts, a final review of the recorded interviews was conducted to ensure the accuracy of the documented information and ascertain that all personal information was removed. Once the transcripts were reviewed, all identifying information was removed, and all audio files were destroyed.

The researcher documented all direct observations of the intervention groups. No identifying information was documented; notes were written and typed by the researcher for the purposes of coding. All transcripts, direct observation notes, and self-esteem interventions were thoroughly reviewed. During this process of reviewing, notes were written and both descriptive, and analytical memos helped to identify important ideas that arose during the review process. The researcher wrote memos to describe major themes and to serve as an intermediate step between coding and drafting the analysis. Memo writing allowed the data to be sorted into topics and to define how themes were connected in the overall process. Memos also noted interesting ideas and excerpts of data. Thus, memo writing became part of both analysis and rigor. Preliminary ideas extracted from the memo-writing process were evaluated and served as a reflexive and co-evolving process.

Focus group transcripts, direct observation notes, self-esteem activities, and memo notes were subjected to a systematic analysis of ideas, codes, and themes. The data analysis process included open coding, line-by-line coding, focus coding, and axial coding. Line-by-line coding allowed for initial coding ideas. The next steps in the process consisted of focused coding which

involved taking the codes that continually reappeared in initial coding and using them to sift through large amounts of data and axial coding which involved the process of relating codes (categories and concepts) to each other, via a combination of inductive and deductive thinking (Charmaz, 2003). By examining all of the data covered and identifying the variations within and between the various themes, the focused coding process allowed more-clarified themes to evolve.

Provisions for Trustworthiness and Rigor

Several components in the study's design were used to increase its trustworthiness and rigor. Triangulation is typically a strategy for improving the validity and reliability of research or evaluation of its findings (Golafshani, 2003). Triangulation may include multiple methods of data collection and data analysis. Several methods of data collection were employed to help triangulate the data. Focus groups were conducted, self-esteem activities/curriculum were coded, and the self-esteem interventions of the study participants were directly observed to triangulate the data. Finally, the results of the study were presented to the people who participated. The participants were asked if their thoughts and opinions were accurately captured in the study. Items that participants felt did not adequately represent their thoughts and opinions were removed.

Confidentiality

The researcher conducted all focus group interviews and observations. Subjects who engaged in focus groups and observations did so on a voluntary basis, and the researcher obtained written consent from participants (see Appendix E). Any information about the participants was kept strictly confidential. The researcher did not share information about

whether or not participants engaged in this study with anyone. The researcher did not use a participant's name, personal information, or other identifying information about where they live or work in any notes or interviews. Names and places mentioned in the focus groups were kept confidential. The interviewer's notes were stored under double lock and key. The researcher removed from the transcripts any information that might serve to identify the participants. All respondents knew about the strict rules surrounding the issue of confidentiality and that they could decline to answer any questions.

Reflexivity Statement

As a licensed clinical social worker, CEO and founder of a non-profit organization whose mission is to empower girls, I encounter many different professionals who are working with African American girls living in low-income communities. Over the years, these professionals have lamented the lack of resources to reference when addressing self-esteem issues among African American girls. The growing needs of this group and the professionals working in community mental health, social welfare, and child welfare made empirical research on this topic extremely relevant.

I am an African American professional woman who strongly believes that this population's needs regarding self-esteem are often addressed one-dimensionally, leaving various components of socioeconomics, spirituality, and/or culture neglected. In my many years of experience working with adolescent girls who live in low-income communities, I have encountered many girls who needed support with self-esteem. In my own experience, most of these girls have had early negative experiences that contribute to maladaptive beliefs about themselves. These beliefs can manifest as maladaptive behaviors such as anger/aggression or as feelings of anxiety about what other people think. Previously I would either engage the girls in

self-esteem interventions to address maladaptive behaviors or to address the maladaptive thoughts and feelings. However, what I have found in my 10 years of working with this group is that most self-esteem programs focus only on the present behavior without exploring and/or addressing the reasons/origins of the behavior. I believe this population is marginalized. Most interventions used in these communities are designed to address specific problems (substance abuse, gang involvement, school dropout, teen pregnancy, incarceration, special education placement, and aggression), while paying little attention to the problems' antecedents and causes: the early experiences that formulate maladaptive core beliefs. I would like to use this research study as a doorway to a richer, more in-depth understanding of this population and more insight into how to meet their need for self-actualization.

I believe this study's data collection process was significantly enhanced by the racial similarities between the researcher and respondents. Reflecting on similarities allows many opportunities to foster a richness and depth to the transcript data. As an African American woman working with African American adolescent girls, I personally face the challenges of applying self-esteem interventions that do not take into account all of the multidimensional aspects of self-esteem in African American girls.

Results

Focus group interviews were conducted, written self-esteem interventions were reviewed, and direct observations of self-esteem interventions were made to gain a better understanding of how professionals are addressing the self-esteem of African American adolescent girls living in low-income communities. This section describes the results of the three sources of data: focus groups, self-esteem interventions, and direct observations. Major themes that emerged out of the

data are discussed. For the purposes of readability and identification of participants' gender, this study used pseudonyms for the participants (see Appendix A).

Focus Groups

Professionals were asked a series of questions that were directly connected to the cognitive model of low self-esteem. They were specifically asked to provide examples of how they utilized interventions to address various stages in the cognitive model of low self-esteem. It is important to note that not every professional in this study had specific interventions to address all components outlined in the cognitive model of low self-esteem. For the purposes of analysis, themes that emerged out of the data were analyzed to determine what stages in Fennell's (1997) cognitive model of low self-esteem they addressed, as well as their similarity to or difference from Fennell's suggested cognitive interventions. The following eight themes emerged out of the focus group data: teaching skills and providing opportunities to practice new skills, guided group discussions and one-on-one talks, exposure to new experiences, healthy relationships, addressing basic needs, positive use of self, spirituality/cultural approaches, and lack of family involvement (see Figure 2). These themes were then arranged in subcategories such as themes that addressed more than six stages of the cognitive model of low self-esteem, themes that addressed between 3 and 5 stages cognitive model of low self-esteem, themes that addressed 1 or 2 stages cognitive model of low self-esteem, and themes that addressed no stage in the cognitive model of low self-esteem.

Focus group themes that addressed more than six stages of the cognitive model of low self-esteem were teaching skills, providing opportunities to practice new skills, positive use of self and spirituality/cultural approached. These themes as they are explained connected to six or more stages of the cognitive model of low self-esteem and had similarities to at least one of the

suggested cognitive interventions for the stages in the cognitive model of low self-esteem.

Before we begin to analyze the themes, it is important to note that all the professionals reported that they had witnessed at least two to three dysfunctional behaviors that could be related to low self-esteem during the focus group discussions. All the professionals could also identify at least one negative core belief and at least one dysfunctional assumption expressed by the girls in their groups. Here Barbra describes some of the things she has noticed with her group of girls:

Negative comments, unable to accept compliments. When you give them a compliment they always have to negate that or say why that isn't true. Also, a lot times they have to always have their hair braided. They cannot wear their real hair. They think they're not as pretty. So that's something that I've noticed as well. (Barbra, Focus Group 2)

Teaching skills and providing opportunities to practice new skills. Two of the most frequent themes that emerged out of the data was addressing self-esteem through teaching new adaptive skills and providing opportunities to practice new skills they acquired. These themes connect back to the all the stages of the cognitive model of low self-esteem (early experiences, bottom line, dysfunctional assumptions, negative automatic thoughts, negative predictions, maladaptive behaviors, depression and anxiety) and were central to what Fennell (1997) suggested as a part of therapy to address the effects of all the stages of the cognitive model of low self-esteem.

Teaching skills and providing opportunities to practice new skills allowed the girls to develop a sense of confidence, internal locus of control, and increased self-worth. The study's professionals often noted various difficulties such as anger, verbal aggression, physical aggression, inappropriate choice of dress, bullying, substance abuse, truancy, promiscuity, negative self-talk, and negative self-critical thinking. Research found that many professionals

would note a behavior, identify the new skill needed, and then use activities to teach new skills. This method was also outlined in Fennell's therapy for negative automatic thoughts.

There were various skills that the professionals believed the girls "needed to learn and practice" in order to develop and sustain a healthy self-esteem: social skills, adaptive social behaviors, problem-solving skills, positive self-reflection, goal setting, healthy interpersonal skills, healthy relationship skills, resiliency, positive self-talk, positive image, self-compassion, forgiveness, and the power of thoughtfulness. Here Jade expresses a skill—reframing—needed by the girls she worked with:

You know when you have the ability to reframe what's thrown at you, reframe the I hate you from mom into mom's got issues...she's saying that to me because that's where she's coming from in life so teaching them to reframe that and while that may hurt...how do I not internalize it to the point where it has now knocked me out of the game for life".

(Jade, Focus Group 4)

Reframing is the skill of taking negative things and developing them into positive things before they become a permanent part of how the girls see themselves. Jade sees it as an important tool. Fennell, 1997 also saw such skills as important tools to use when addressing symptoms such as depression and anxiety, which resulted when negotiating the stages of the cognitive model of low self-esteem. Notably, Jade used a parental figure in her example, which suggests that the skills these girls need are not often taught to them in the home. Donna described a similar example—after hearing self-defeated comments by the girls she was working with, she felt they should learn how to celebrate their positive qualities and achievements:

I teach them how to think and feel better about themselves through reminding them of how to celebrate themselves. We listed accomplishments kinda like on a timeline, like,

ok from here to here what happened? What did you do? How did you do that? What? Ok, and just kept going, kept going, how challenging was that? How did you get through that? Who helped you? What does that look like...And then at the end helping her see how resilient she is, how strong she was, how intelligent she is to be able to get through certain things. (Donna, Focus Group 3)

Donna showed the girls how to value every accomplishment and teaches them how to view their lives through the lens of victory rather than defeat. Both Jade and Donna reported teaching skills that show the girls how to obtain strength and confidence despite the negative views that are so common. They put the girls in control of their lives and give them tools to practice daily that build their confidence and self-worth. They are also teaching the girls skills for addressing negative predications and critical self-thinking behaviors. Affirmations and reframing are critical skills the professionals felt these girls needed to learn to avoid the pitfall of doubt and worthlessness:

One of the things that I like to do with young girls is an exercise around I am “greater than” or “I am more than” and fill in the blank. I am greater than or more than my neighborhood, I am greater than or more than the amount of money that comes in my house, you know have them think about those things, and redefining the who am I and who do I want to be and how all that fits into healthy relationships, healthy communication just all of those things. (Mary, Focus Group 1)

She is showing the girls how to overcome negativity and triumph over their physical situations by teaching them how to affirm for themselves that they are greater than their situations. Mary also observes that the girls need to learn to redefine themselves rather than being subjected to what others think, say, or believe about them. Professionals in all of the focus groups could

identify at least one maladaptive behavior they observed in the groups of girls they are working with or have worked with in the past. These professionals also expressed how they identified deficits and used skill building to help the girls reframe them into strengths and skills.

Martha noticed that one of her girls had a creative gift for dressing. However, she dressed promiscuously at the program and continued to do so even when the professional requested clothing that is more appropriate. Martha was careful about how she addressed this issue as she noticed that this girl had a gift with being creative with colors and styles. So Martha taught a class on modesty, using the production of a fashion show to explore the messages people send with their choice of clothing. Martha was able to acknowledge this particular girl's creativity while also teaching her the concept of modesty. After the fashion show, she saw a change in the way this girl dressed. According to Martha, "It is important when working with these girls that we identify problem areas, but that we should also identify those areas that with the right education and skills could be a strength for these girls" (Martha, Focus Group, 2).

The professionals consistently communicated that teaching skills to these girls prepared them to address daily self-esteem challenges associated with negative critical thinking or dysfunctional assumptions, automatic negative assumptions, and the bottom line in settings like home, school, and community. They felt strongly about creating an environment where these skills could be practiced consistently and embedded in their daily routine. None of the professionals reported a standard way of measuring the girls' self-esteem. They would merely observe if they noticed changes in the girls' behavior. Therefore, it was important that the professionals provided ways the girls could apply and practice the skills they were learning. Donna felt strongly about this topic and shared:

I think we have to also be careful to make sure we're actually building self-esteem.

Because what I've seen in kids that we work with, when they're around you they display the behaviors they think you want to see... we also provide like activities that actually give them opportunities to use the skills that we teach them because I think that it's one thing to set in the room and listen to somebody talk ...but I think it's another thing to be able to actually see them apply the skills. (Donna, Focus Group 1)

This comment emphasizes the significance of allowing the girls time to practice the self-esteem skills they are being taught. The more the skill is practiced, the more it becomes a part of their daily routine.

The professionals in this study all described numerous ways they taught skills and how they adjusted to the style, culture, and identity of the groups they were working with. Several professionals agreed that if they wanted to teach a skill associated with a maladaptive behavior they observed, they would use popular culture such as movies, television, YouTube, Instagram, and music. The professionals agreed that using popular culture to illustrate the maladaptive behavior gave them a relatable platform from which to teach. For some professionals like "Samantha," the avenue of popular culture keeps her girls engaged and creates a way for them to remember what they were taught. "I use a lot of stuff from popular culture when working with girls because I feel like if you pick people that they like, then they can learn more from it" (Samantha, Focus Group 2). Professionals also agreed that because of the ages of the girls and their interests, using popular culture as a platform to attract them while also providing education about new skills worked well.

Although the use of popular culture to teach skills was consistent across focus groups, there were other obstacles. Several professionals communicated a lack of self-esteem material

that related to the population with which they worked, and that few materials captured the unique cultural experiences of these girls. Some professionals agreed that this population's self-esteem needs were unique to their setting and community environment. This uniqueness resulted in a struggle to find materials focused on self-esteem that fit the girls' experiences. For example, Leroy, a male professional, shared:

I've had difficulty trying to find curriculum, for the simple fact that if I do, let's say we're doing a worksheet on self-image, on 8 out of the 10 worksheets is a picture a blonde hair young girl or a person that really doesn't associate with what's going on in the community. (Leroy, Focus Group 1)

Leroy's struggle was also communicated by most of the professionals during the focus groups: there were few resources specific to the needs of African American adolescent girls living in low-income communities.

Professionals also talked about teaching skills as it relates to early childhood experiences. When specifically asked about interventions used to address negative early childhood experiences, only four professionals described specific self-esteem interventions for this purpose. However, this is not because the other professionals did not believe the girls in their groups lacked early negative childhood experience. They simply had no activities to address this issue within this population. These professionals also reported that they had not thought about using self-esteem interventions to address this particular area. The four professionals (Johnathan, Focus Group 4; Dawn, Focus Group 4; Stacy, Focus Group 4; and Tammy, Focus Group 2) all engaged the girls in self-esteem activities that encouraged creative forms of expression to identify and process thoughts and feelings associated with negative early childhood experiences. For example, some of the professionals shared that a common experience among the girls was

being separated from their father (perhaps because their father was incarcerated). Some of their girls even watched their fathers being taken out of the home in handcuffs. Some girls had early experiences of rape, molestation, or having their homes robbed. Some professionals used journaling as a form of expression for the girls, while other professionals used forgiveness interventions coupled with referrals for therapy. Professionals also shared grief and loss interventions such as exercises that focus on the positive, move through the pain, commemorate the person a girl has lost, and continuing on. Such creative activities also provided the girls with prosocial forms of expression. Here Tammy describes how she addressed the negative early childhood experience of one of her girls:

We spend at least five minutes each session developing a what we call “letter to dad”...

She knows who her father is. She doesn't have a relationship with him and that's a choice that he's making, not my client. So we are expressing the feelings and kinda like doing a journal. (Tammy, Focus Group 2)

Using various activities to address negative early childhood experiences creates an outlet for the girls to express negative feelings associated with them. This is important because it teaches the girls not to repress such emotions and possibly develop disruptive behaviors.

One professional emphasized the importance of not blaming or villainizing the parent when addressing early childhood issues. Instead, she stressed the importance of helping girls forgive and cope with thoughts and feelings in adaptive ways. Here Dawn explains why this process is so important:

I've worked as a clinician and that's afforded me the opportunity to do individual sessions with girls, and you can get on a deeper level I really feel like you have to like go to the point of origin with them and help them understand the why...Ok this is what

was going on in my house, it wasn't right but this was the best my mom could do, so not villainizing the parent because they couldn't do it, but just kinda explaining to them like, here's the situation. This is why we are where we are now and walking them through it to help them understand... Helping them kinda at least build a foundation for how to start the process of working to get past those things and build their self-esteem. (Dawn, Focus Group 4)

This process helps the girls understand their parents and the larger factors at play in their childhood situations. This also helps them empathize with their parents and hopefully be less angry with them.

Overall, the four focus group professionals felt strongly about the girls having self-esteem tools to combat the inherent risk factors associated with their environment. These professionals also agreed that these tools and skills would probably not be previously taught inside the home; thus, the girls need continuous positive reinforcements to use the new skills they learned. In the example previously provided by Jade, she highlighted how parents can serve as a source of negative criticism and doubt for her girls. Programs that focus on self-esteem can teach the skills needed to build positive self-esteem and provide an environment of support and encouragement as the girls practice turning skills into habits.

Positive use of self. The next theme that addressed six or more stages of the cognitive model of low self-esteem was the positive use of self. The professionals expressed that they were able to use themselves to illustrate confidence, strength, and worth. Some professionals were also living proof of the successful application of the various self-esteem interventions they taught. There were two ways the professionals used themselves as positive examples: they modeled positive behaviors, and they discussed their personal experiences with the girls, which they felt provided

enlightenment. This was another theme that connected to all the stages of the cognitive model of low self-esteem (early experiences, bottom line, dysfunctional assumptions, negative automatic thoughts, symptoms of depression/anxiety, negative predications, and maladaptive behaviors). During the focus groups when the professionals were asked how they addressed maladaptive behaviors, the responses varied. Some professionals believe that a positive way to address dysfunctional behaviors is through learning about people who engaged in those same behaviors and hearing about the consequences even if it was the professional who made the mistake. Having such people or the professionals share their stories with the girls directly and exploring the natural consequences associated with these choices (such as sexually transmitted diseases or the added responsibility of a child) were some ways professionals addressed maladaptive behaviors. Professionals felt using real-life experiences associated with their own personal stories to address the girls' self-esteem was a good way to use themselves to build self-esteem. Many of the professionals expressed their familiarity with the girls' environment and the situations they had experienced which aided in them connecting to the girls rather quickly. Thus, professionals felt it was an advantage when they taught skills because they could provide first-hand experiences. Nancy explained, "I grew up in the same environment as these girls. My mom was not there; my dad was not there. I grew up with a grandmother that raised me and like immediate family members around ..." (Nancy, Focus Group 1). Most of the professionals identified with the girls' communities because they grew up in similar communities, had family members in such communities, or were committed to working in these communities with these girls to break the cycles associated with these communities. This identification motivated the professionals to use themselves to encourage, empower, and build self-esteem.

Professionals saw their identification with the girls' communities as a strength, and they provided examples of alternative life choices and communities. Professionals shared various ways they modeled appropriate behaviors such as, dress and attitudes, thus coupling their relationship building with the positive use of self. Through sharing similar experiences of living in the same communities and experiencing the same things, the professionals felt they could teach the girls to triumph in the face of adversity. Professionals communicated ways in which they did not allow their early experiences in life associated with living in a low-income community to dictate their futures. Many of them shared through stories ways in which they defeated dysfunctional assumptions, negative automatic thinking, symptoms of depression/anxiety, negative predictions, maladaptive behaviors, and their negative bottom line derived from their early negative experiences.

Professionals shared that sometimes using yourself in a positive way involves taking a risk such as breaking professional boundaries; however, the group benefits from such sharing. They agreed that the girls watch and monitor everything the professionals do. Thus, the professionals' daily demeanor models how the girls should think and feel about themselves. Kesha shared the impact her story had on her group,

After the girls heard my story of growing up in a single-parent household struggling with anger and low self-esteem, I saw a huge difference in how they managed their anger and the attention they put towards not putting the other girls down. (Kesha, Focus Group 4)

Female professionals shared how they would be open and honest about the mistakes they had made, and provided advice to girls about how to avoid those same mistakes. Most felt strongly about creating a space where they could be honest about their own personal mistakes. Here Jade describes the importance of honesty:

I had a young girl ask me about two weeks ago ‘Do you ever make mistakes?’ ‘Do you ever feel like you’re coming up short in the eyes of God?’ and that was so powerful from a thirteen-year-old, you know, and my response was: ‘Daily, with confidence daily, you know, because there’s that reality that we all make mistakes that we all come up short.’

Does that take away from who we are overall? No! (Jade, Focus Group 4).

The professionals felt that it was important for them to make mistakes in front of the girls and resist the urge to be perfect. Accepting imperfection is an important lesson since it creates a more realistic image of adults and helps the girls see how women rebound after making mistakes.

Spirituality/cultural approaches. The final theme that addressed six or more stages of the cognitive model of low self-esteem was the spirituality/cultural approaches. Many professionals felt strongly about the importance of including components of spirituality and culture in their self-esteem programs. This theme connects to the bottom line, dysfunctional assumptions, negative automatic thoughts, symptoms of depression/anxiety, negative predictions, anxiety, and the maladaptive behaviors stages of the cognitive model of low self-esteem. Fennell (1997) shared in the Cognitive Model of low self-esteem cycle a process called the confirmation of the bottom line which prevent people from perceiving new positive information. Fennell stated,

The process ensures that data consistent with the bottom line are readily perceived and processed, while data inconsistent with it are screened out...for example, positive data (e.g. compliments) and neutral or irrelevant data (e.g. being glanced at in the street) will be distorted to fit prevailing negative schema (they were only being kind, there must be something odd about how I look) or attributed to externals (it was just luck). (Fennell, 1997, p. 6)

According to Fennell, this cycle can be broken through “conveying the idea that the negatives about themselves may be opinions, rather than facts” (p. 10). Stacy, in Focus Group 4, expressed that she uses spiritual and cultural approaches to address the negative thoughts the girls have about themselves.

I gather the girls together and we play phrase or fact... They have to use the Bible to convert negative words like I’m ugly to a fact using a Bible verse which is always fact... So if a phrase is ‘I’m ugly,’ the girls would respond with the fact of ‘I am fearfully and wonderfully made.’ This is the purpose of phrase or fact game: The girls learn how to turn negatives into facts about themselves using God’s word. (Stacy, Focus Group 4)

Some professionals used scriptures from the Bible to assist girls with changing their way of thinking about who they are. Some professionals’ self-esteem activities used Bible verses to teach girls the ways they should think and feel about themselves. These scriptures serve as a reminder to the girls that they are loved. Here Bethany from Focus Group 2 shared how the Bible is the main focus of her self-esteem interventions: “Working for a Christian nonprofit, God and Jesus and the Holy Spirit, I feel like, are a huge part of what we talk about and communicating one’s inherent worth as being a child of God and his beloved.” Melody shared how a Biblical scripture turned into a self-esteem class on value, we did a class last year that we actually called P 31 status and it was all about Proverbs 31 and just the value of being a woman in, like, God’s eyes and God’s perspective so that was focusing on those scriptures exactly”.

(Melody, Focus Group 2)

This proverb in the Bible describes the qualities and characteristic of a virtuous wife and is often used as a foundation for how girls should view themselves. It can be used to build girls’ self-esteem because it provides a way of thinking that establishes the inherent worth and value in

being a woman. Melody explained that the scripture said, “Charm is deceitful and beauty is passing, but a woman who fears the Lord, she shall be praised, give her of the fruit of her hands, and let her own works praise her in the gates” (Melody, Focus Group 2). Melody’s girls recited this verse daily and used it as a focal point of many discussions.

Professionals also use components of their own personal spirituality when they are engaging in the positive use of self and healthy relationship building. Professionals in the study who ascribed to a certain religion or spiritual belief system often shared that without thinking. They modeled their views to the girls. Religious views showed up in habits such as saying grace before a meal or making comments such as, “I’ll pray for you and your family.” Other professionals thought that teaching various spiritual skills were important to addressing the dysfunctional behaviors displayed by the girls. During the focus groups when the professionals were asked how they addressed dysfunctional behaviors, some professionals taught skills associated with mindfulness (meditation), deep breathing, and learning how to be self-aware. Such skills helped girls learn more adaptive coping mechanisms. For example, the girls can learn their triggers for anger and incorporate skills such as meditating on a negative outcome (“I don’t want to get suspended.”) before they lose control. Here, Melissa expresses her passion for mindfulness and the benefits of taking a moment to breathe:

I feel very strongly in life about the idea of mindfulness and remaining in the present moment...The idea of meditation, of just taking a moment to be with oneself and to breath...whether that’s a moment with your music or take a walk or asking to speak with someone they trust. (Melissa, Focus Group 3)

Both professionals who identified themselves as African American and those who identified themselves as Caucasian agreed that it was important to add elements of African and African American culture to their interventions. Understanding their own culture helped girls to increase pride, acceptance, and self-love. The girls better understood and learned positive things about their heritage. The professionals talked about African-American history, African history prior to slavery, cultural issues of skin color, hair, body types, and positive images of African-American men and women in the media. Professionals felt that this was a powerful contributor toward the girls thinking and feeling positive about themselves. Kesha explained,

I just was thinking if you really start from that point and say you're great, you're Black, you come from kings and queens... like if you really plant the seed, it's like planting a seed or uprooting a seed, you either putting one in and you cultivating it or you're trying to pull the bad one out. (Kesha, Focus Group 4)

Providing education about Black history is important because often most of the girls only know Black history as it relates to slavery. Knowing that additional information about pre-slavery history can provide them with a sense of pride and confidence about their heritage.

However, the professionals across all focus groups lamented the lack of self-esteem material (worksheets, curriculum, and activities) that were culturally specific to the African American population or that focused on the African American heritage. Many professionals would alter the intervention materials to fit the populations. In Focus Group 1, Susan said: "I always have to adjust my interventions to fit the girls I work with... It's almost frustrating because these girls need more information that is culturally specific to their needs..." (Susan Focus Group 1).

Themes that addressed between three and five stages were guided group discussions and one-on-one talks, exposure to new experiences, and healthy relationships. These themes as they are explained connected to three to five stages of the cognitive model of low self-esteem and were similar to at least one of the suggested cognitive interventions for the stages in the cognitive model of low self-esteem.

Group discussions and one-on-one talks. The theme of group discussions and one on one talks, addressed early experiences, the bottom line, dysfunctional assumptions, negative automatic thoughts, and the negative predictions stages of the cognitive model of low self-esteem.

Professionals in this study utilized group discussions and one-on-one talks to expose myths about self-esteem, talk about the media's effects on self-esteem, and educate the girls about self-image.

There was also a strong correlation between these guided discussions and the successful sharing of personal experiences among the professionals and the girls. Professionals among all focus groups felt that guided group discussions or guided one-on-one discussions helped the girls open up about their self-esteem challenges and thus more easily identify the root of the problem.

Professionals like Barbra felt group discussions were a good way to explore the core issues of self-esteem challenges. She shared, "I like to talk about what causes low self-esteem, the difference between how one dresses and sees themselves on the outside or how other people may view them." (Barbra, Focus Group 1).

Group discussions could also be used to share stories, learn about the girls, and to bring up new and different ideas related to self-esteem. The focus group professionals felt that guided discussion provided an outlet for free expression that allowed the professionals and the girls to talk about things that might contribute to a negative self-image (such as putting others down, cliques, bullying, negative self-judgment or other observed behaviors). Professionals shared how

media and current events help them relate to the girls and were always a good transition into their guided one-on-one discussions. In Focus Group 3, Ashely shared that she uses things the girls are interested in to open them up and start a dialogue: “Working with adolescents, it’s kinda difficult to get that dialogue...using media, I would bring in a clip from a TV show that they idolize and then that would spark discussion right there.”

Sam also shared that groups were a good way to get multiple opinions about a topic and give each girl a voice to express herself. Sam saw it as a means for “tackling stigmas and stereotypes, just utilizing peer groups and allowing them to kinda take a look at understanding that when you dress a certain way it can play a major role or impact on your self-esteem” (Sam, Focus Group 1). Both of these professionals used the media to engage the girls in discussions about cultural norms to help them understand the root of stigmas associated with beauty, image, and self-esteem. As stated earlier, these professionals felt that mainstream culture played a major role in the distortions of beauty and self-esteem for girls. Therefore, the media provided things the girls could relate to, teaching them how to search out myths for themselves and not always trust what they saw and heard.

These professionals also encouraged group discussions and one-on-one talks during specific activities to solicit the girls’ opinions and have the group support individuals who might be struggling with a particular self-esteem issue. This method could be used to help the girls re-evaluate negative predictions, which is what Fennell (1997) suggested as a cognitive intervention for addressing negative predictions. The professionals stated that these guided discussions served various purposes and were an easy way to deal with girls who were on different cognitive levels. The guided conversation would serve as a way for them to participate and be open and

honest about their personal thoughts and feelings. Mary shared an example of an activity she likes to do with her girls, which incorporates an activity and a discussion:

We have a discussion and hands-on activity group called shades of beauty where we take pictures of everybody and put them on the walls and we talk about how everybody's self-esteem and the beauty of how everybody looks different but we can all talk about positivity within the community within ourselves. (Mary, Focus Group 1)

The intervention described above by Mary can also be used as a way of working on negative thoughts, self-criticism, and negative predictions, which is what Fennell (1997) suggested for addressing the bottom line.

There was some disagreement about the true effect of group discussions with girls. A few professionals shared their lack of success with guided group discussions. Some felt it was difficult to maintain trust among the girls in a large group setting. These professionals felt that they were better able to get at the root of addressing self-esteem through their one-on-one individual discussions. These professionals would observe the girls in large group settings as well as obtaining feedback from other environments such as home and school; they used this information to talk with the girls individually. Tonya said:

In my experience in residential, I addressed self-esteem pretty much on an individual basis, because you have a large group of girls and they all might have self-esteem issues so it's kinda hard to get to the root of the problem when you're talking in a large group. (Tonya, Focus Group 1)

Overall group discussions and one-on-one talks can be a significant source of empowerment, encouragement and hope. All of these things contribute to building self-esteem in this population.

Exposure to new experiences. Another theme that addressed between three and five stages in the cognitive model of low self-esteem was exposure to new experiences. This theme emerged as a frequent method for addressing self-esteem, and related to the cognitive model by addressing the anxiety, depression, and dysfunctional assumptions stages, all of which suggests engaging in experiences that either alleviate the stressor or present alternate information that proves the positive is true. Professionals in all the focus groups strongly agreed that trips or engaging in new activities allowed girls to discover positive new things about themselves and the world around them. The professionals believed that exposure aided them in building self-esteem because it created a platform to teach, have group discussions, and to expose untruths the girls had previously learned about themselves. Here, Leroy shared an example of a trip he led and the impact it had on the way his group thought about themselves:

We took a bus load of kids from Green Court across town to the university, they swore up and down that we were in another state... After the trip I saw some of the kids dressing differently. They started going to school dressing more appropriate and choosing not to wear flip-flops, taking more pride in their appearance. So I think that exposure piece is really, really important. (Leroy, Focus Group 1)

Leroy highlights the impact of a simple trip out of a subsidized housing community to a university not far from where the girls lived. The trip changed the girls' thinking about the way they dressed. The professionals in the focus groups felt strongly about the changes they saw in the girls after a trip to places like the Black History Museum, the Holocaust Museum, the Washington Monument, the White House, and the aquarium.

In addition, many professionals felt that exposure to new experiences assisted the girls in building confidence and self-worth while providing them with an opportunity to look beyond the

environments they live in. Professionals in this study strongly believed that such exposure helped the girls learn new ways of thinking positively about themselves by letting them discover more about the world around them. For example, in Leroy's quote above, the girls began to think and feel more positively about themselves as they opened up their minds to the possibility of attending college just like the students they observed on their trip. This idea was so strong that some of them even changed the way they dressed to associate more with the environment they hoped to be a part of later on in life. Another professional went one step further and shared that he combines a skill he has taught with exposure to a new experience so the girls can practice the new skill in a new environment. Johnathan felt that when you combine an experience like a trip with a self-esteem skill, it allowed the skill to be reinforced while also instilling hope and faith for the future. Johnathan saw major changes in his girls as a result. He said he would:

Teach them how to appreciate themselves in the littlest of ways, then exposed them a little more... to the world around them (museums, libraries, and parks) and then when they go in the classroom it opens up their world and makes them think and feel differently about who they are...just from teaching them to appreciate the little things about themselves and then taking them to one different place. (Johnathan, Focus Group 4)

Exposure to new experiences was also used in conjunction with a variety of other interventions such as worksheets, guided group discussions, and guided one-on-one discussions about life, things going on in the community and managing feelings/emotions. The professionals agreed that the environments in which the girls live meant exposure was an essential element to building the girls' self-esteem.

Healthy relationship building. The final theme that addressed between three and five stages in the cognitive model of low self-esteem was healthy relationship building. Healthy relationship building (including honesty, trust, listening, open-mindedness, correction in love, and mutual respect) was another important theme that emerged. This theme addressed the stages of early childhood experiences, the bottom line, and maladaptive behavior. It is important to note that this theme also includes the healthy relationships the girls had with friends and family members. The professionals felt that through the education and development of healthy relationship skill building, they saw a huge change in the way the girls thought and felt about themselves. The female professionals in the study strongly agreed that the relationships they developed with the girls and the management of those relationships directly affected the girls' self-esteem. The female professionals felt that the first step in the self-esteem building process was developing a good example of a healthy relationship between the professionals and the girls. This relationship had to be developed strategically because it would become a platform to serve as an example of positive support and love. Nancy strongly believed in the power of the relationship between the professional and the girls as a powerful source of change:

I think you have to meet the girls where they are, but you have to elevate them. Once you meet them where they are, you have to bring them up. So I think that's how you would do some of it, and a lot of it, too, is relationship building. You will find that a kid with bad self-esteem will change the way they behave because they know you believe in them and they don't want to disappoint you. So to me that's like instilling self-esteem because Ms. Nancy feels I'm worth this so when I'm with Ms. Blue I'm going to act like this and hopefully it will transition over to being the core belief of the girl as well. (Nancy Focus Group 1)

This quote illustrates the importance of having positive healthy relationships to support the development of a healthy self-esteem. Having a positive and healthy relationship with an adult helps improve the girls' self-esteem because it reinforces positive behaviors. Stacy said:

I think there is a big emphasis on relationships and so kind of like what she was saying: just having a relational piece and focus in a way that builds trust and allows for conversation and input that can help seek kind of the root. (Stacy, Focus Group 3)

Through the building of trust, honesty, and respect, the girls begin to feel comfortable with themselves; this creates a good environment for true behaviors to manifest and be corrected. Also, when a healthy relationship is being modeled, the girls feel special and this increases their sense of self-worth. Establishing healthy relationships with the girls helped the professionals to authentically build the girls' self-esteem.

The professionals felt that healthy relationships allowed them to address maladaptive behaviors directly with little to no resistance. Phyllis observed:

Being really involved in their life not just within the realms of our programming but um on a bigger scale um and just being connected with families and caring for our kids in lots of different spheres whether it's school or programming or um just meetings or time together. (Phyllis, Focus Group 2)

Without consistent rapport building and trust, these professionals felt they would have difficulty addressing self-esteem with this group. In part because the professionals knew the girls better, healthy relationships allowed the professionals to provide positive reinforcement, engage in more meaningful encounters, provide support, share in the girls' everyday life experiences, reaffirm positive attributes about the girls, and build on their strengths.

One male professional stressed the importance of the girls having positive male relationships in addition to positive female relationships. He noted the very different dynamics he experiences because most of the girls he has worked with had issues with men. Either there was no positive male role model or the girls experienced some trauma related to a male. As a man working with girls and addressing self-esteem, he felt strongly that one of his roles was to model a healthy positive relationship with a male. This is important because this professional is noting the negative early interactions with male figures, which established a negative bottom line beliefs about men. Here, Johnathan stresses the importance of his relationship with the girls:

I think it's a little different for me being a male and working with this population. It is always an uphill battle for me being that a lot of the negative self-judgment that a lot of the young ladies had were because of men. And a lot of times I had to kinda teach skills and go with strengths and get them to see the good in things ... I had to basically model a lot of the behaviors that men should have had for them so a lot of it was in everyday life experience and changing their perception of men. So that's how I had to address it: mostly by modeling and just showing them a different perspective. (Johnathan, Focus Group 4)

The professionals also felt strongly about teaching girls' healthy relationship skills with peers and family members. Many girls strongly agreed with the idea that "girls don't get along" (Stacy, Focus Group 4). They felt it was difficult for girls to coexist without gossip, cliques, putting each other down, and "hating on one another" (Stacy, Focus Group 4). As a result, the professionals felt a lot of their work in this area was dispelling the myths and creating a space where girls could build healthy relationships and work on problems through problem solving and conflict resolution.

Addressing basic needs. The themes that addressed between one and two stages of the cognitive model of low self-esteem were addressing basic needs and the lack of family involvement. The professionals felt strongly about the various basic needs that go unmet within this population; these needs can vary depending upon the type of low-income environments in which these girls live. Part of the self-esteem building process included addressing some of their basic needs such as food, clothing, a safe place, money, hygiene products, etc. This theme was consistent with the cognitive model of low self-esteem stages of maladaptive behaviors and symptoms of anxiety/depression. Across all focus groups, the professionals strongly agreed that unmet basic needs must be addressed as a part of building their self-esteem. Addressing these needs had a direct positive correlation to girls' thoughts and feelings about themselves.

Some professionals incorporated a meal as a part of their programs to confront situations in which the girls did not have food. Other professionals observed how participants would come to their groups with soiled clothing, poor body odor, or always wearing the same clothing. To teach girls to confront those situations, they would provide extra hygiene products and create a space where girls could discreetly address hygiene issues. These interventions are consistent with what Fennell suggested as ways to address maladaptive behaviors. Samantha shared:

Having hygiene products, if somebody's hygiene isn't the best like having deodorant and soap and wash cloths so they can kinda wash up when they come to the program, I think that's another intervention we used. We had a student that didn't have water, so just providing that improved how she thought and felt about herself. (Samantha, Focus Group 2)

When girls are experiencing hygiene issues, it can often create negative feelings and can draw insults from their peers. When those needs are addressed, the girls feel better about themselves

and are better equipped to address other areas of their lives. The professionals felt very strongly about this need and expressed how they intervened and assisted the girls in various ways,

I've done hair. I have taken them to the side and said come on let's get this together and try to make it look presentable, as presentable as possible, if they give me permission to I have, like, combed or brushed it and put in a ponytail. (Dawn, Focus Group 4)

The African American female professionals in the focus groups felt strongly about the role of hair and appearance in affecting the confidence of the girls with whom they work. These professionals shared that there was a correlation between the girls' appearance to include hair (whether it was styled or not) and their positive or negative feelings about themselves. If a girl's appearance (including her hair) did not seem to be maintained, it negatively affected the girl's thoughts and feelings about herself. On the other hand, if a girl's appearance (including her hair) was maintained, it positively affected her thoughts and feeling about herself. Due to this dynamic, professionals would buy clothing or take girls shopping to meet some basic needs. The professionals described the necessary balance between internal and external self-esteem needs. They emphasized the importance of not neglecting the external and basic needs of girls when addressing their self-esteem. The professionals in this study (both men and women) felt that self-esteem was not just an internal process. They stressed the importance of giving the girls skills to manage the external as well.

Lack of family involvement. The lack of family involvement and the struggle to replicate self-esteem interventions with family members was a less commonly discussed theme, but it received a lot of agreement when it was raised. This theme connects back to the stages of early experiences and maladaptive behaviors. A couple of professionals mentioned that many of the maladaptive behaviors displayed by the girls (cursing, negative core believes, dysfunctional

assumptions, promiscuity, verbal aggression, and physical aggression) were also displayed by the girls' primary (mother) or secondary caregivers (grandmother). Fortunately, Fennell (1997) suggested cognitive interventions such as changing behaviors through behavior experiments and the re-interpretation of early experiences. However, if caregivers are not available to engage in these interventions it becomes very difficult for the girls to continually practice and apply what they are learning consistently. James described the root of a self-esteem issue in his group and how he tried to address the problem:

It was kinda interesting because what we would see when we met the parent was that the mother had this issue and so this is why the child has this issue, and so we're fighting a constant battle because Mr. James is teaching a new skill but Mom, grandma, and aunt are doing the opposite. And so trying to help them understand that there's a better way without defaming what they see. (James, Focus Group 3)

Many of the professionals felt that many of the girls' self-concepts (negative or positive) were shaped and reinforced at home. Challenges arose when a new skill was being positively reinforced in their programs but the old skills and behaviors were negatively reinforced at home. Time decided the result of this contest; wherever the girl spent the most time would determine which skills were reinforced.

Professionals shared the difficulty associated with getting parents involved. To combat these challenges, they would hold family meetings with incentives to encourage family participation and involvement. Tammy said, "I try to have events twice a month... to encourage parents to come out...we give away food, gift cards, and other things like that to get them to come." Other professionals shared that sometimes they felt it was useless to get the parent involved. Judy said, "It's frustrating because you have your great parents and then you have

those parents that no matter what they won't get involved, let alone incorporate a self-esteem intervention like affirmations into the home... they just won't do it." The professionals also experienced the least support from their supervisors when they faced family-related challenges. When Judy took the issue of the lack of family involvement to her supervisor and suggested mandatory mother-daughter meetings, her supervisor stated that there was no money in the budget for additional meeting or support staff to get the parents to the meetings. This was a repetitive theme among the professionals when talking about why family participation was low. Most families lack basic resources to reach program locations or had scheduling conflicts with work. Overall, professionals stressed the importance of not shaming the dysfunctional behaviors displayed by caregivers or family members. They felt the best course was to provide the girls with another behavioral option and empower the girls to share this new option with family members.

Self-Esteem Interventions Analysis

The researcher also performed an analysis of self-esteem activities submitted by the professionals to determine how they are addressing the self-esteem of African American girls. The activities provided by the professionals varied across topics and areas of self-esteem. It is important to note that only two professionals provided activities that were a part of a self-esteem curriculum. The rest of the activities appeared to come from websites, magazines, or self-esteem activity books. During the focus groups, participants had noted the lack of curriculum materials to address the specific needs of this population. For the purposes of analysis, themes that emerged out of the self-esteem intervention data were analyzed to determine what stages in Fennell's cognitive model of low self-esteem they addressed as well as their similarity or difference to Fennell's (1997) suggested cognitive interventions. The following three themes

emerged out of the self-esteem intervention data: activities which provided education on self-esteem, activities that taught skills, and activities associated with empowering (see Appendix B).

Activities that taught skills. The interventions placed in this category addressed at least one of the following six stages of Fennell's (1997) cognitive model of low self-esteem: self-critical thinking, dysfunctional behaviors, negative predictions, bottom line, dysfunctional assumptions, and early experiences. These activities focused on teaching new self-esteem skills for the girls to learn and apply in their everyday life. These activities included the following titles: "internal strengths vs. material gain," "negative comparisons," "girls talk conference call," "healthy relationships/family dynamics," "positive affirmations," "hygiene, appearance, and grooming," "healthy relationships and family dynamics," "drug abuse/use," "conflict resolution," and "social and communication skills." These interventions involved teaching the girls how to combat negative thoughts and feelings associated with their self-image which is what Fennell (1997) suggested when addressing the bottom line. These activities also provided education on the negative effects of a maladaptive behaviors and provided education and practice on positive replacement skills or behaviors. These intervention activities ended with practice application components to reinforce the new skill. The activities in this theme also included projects, presentations, and a research assignment.

Activities associated with empowering. The interventions that were placed in this category addressed the following four stages of Fennell's (1997) cognitive model of low self-esteem: self-critical thinking, negative predictions, dysfunctional assumptions, and maladaptive behaviors. The interventions in this theme focused on empowering the girls through guided decisions, trips, and hands-on activities. Activities in this theme focused on empowering the girls to think and feel better about themselves and were not associated with teaching a skill. Activities included:

“Identity from a Biblical perspective,” “What is my value? What is my worth?” “Inherent worth as being a child of God,” “Loving me,” and “What is my mask?” All of these activities focused on addressing maladaptive thinking and empowering the girls to think differently through examples, hands-on activities and discussion. This process of empowering the girls via trips and other interventions is similar to assisting them with developing alternative standards or guidelines of self-worth is similar to what Fennell suggested as helpful when working on automatic dysfunctional assumptions. The professionals agreed that activities designed to address dysfunctional assumptions and negative self-judgment were centered on combating negative thoughts and developing skills to replace or reframe the negative thoughts with positive thoughts and judgments. The professionals used affirmations, positive self-talk, reframing through role modeling, guided discussions, and hands-on activities to combat negative self-judgments and build self-esteem, self-confidence, and an internal locus of control. Here, Jade expresses how she combats dysfunctional assumptions in her group:

Positive self-talk and reframing of things. We have all felt ugly at some point. That does not mean that I am an ugly person, you know what I mean? So how do you reframe thoughts and then trying to help people get to, you know, helping our young girls get to the origin of it, you know. Why am I feeling this way? (Jade, Focus Group 4)

The professionals also shared that they took time to listen to the girls’ perspectives about what they felt they needed. They addressed dysfunctional challenges individually, collectively, or by connecting the girls to community resources. The professionals felt that this empowered the girls by giving them a voice and allowed them to see their power over situations that occur in their lives.

Activities which provided education on self-esteem. The activities in this category addressed the following three stages of Fennell's (1997) cognitive model of low self-esteem: self-critical thinking, negative predictions, and dysfunctional assumptions. These interventions focused on education about a particular self-esteem topic. All of the interventions in this theme aimed to provide education about how the girls think of themselves. The activities in this theme included: "What are your labels," "What do you believe about yourself," "What is my value?," "What is my worth?" "Stigmas and Stereotypes," "Hair textures, skin tones/accepting you," "Your self-worth," "Media's and history's perspective on beauty and its impact on me," and "Identity in Christ." These interventions were worksheets that involved a hands-on activity or guided group discussion that explored thoughts and feelings about various topics. These interventions were rooted deeply in encouraging the girls to think more positively about themselves and change their way of thinking.

Direct Observations of Self-Esteem Activities

Four professionals (Mary, Bethany, Ruth, and Dawn) were observed conducting a session with girls using the self-esteem interventions they provided for the study. Observations were made of four 45-minute sessions on consecutive Wednesdays. The groups consisted of 10-15 African American girls ranging from 12-15 years old. Each group was led by one group leader who was interviewed in a focus group. The themes that emerged from the observations were: healthy relationship building, the positive use of self, addressing basic needs, and teaching of skills (see Appendix C).

Healthy relationships, the positive use of self and addressing basic needs. These two themes have been associated with the following stages of the cognitive model of low self-esteem: Early experiences, bottom line, dysfunctional assumptions, negative predictions, and dysfunctional

behaviors. In the focus groups, there was strong agreement about the importance of teaching skills and allowing the girls to practice new skills. However, during the observations the focus appeared to be more associated with healthy relationships and the positive use of self. Each professional overwhelmingly used more of themselves, their personal stories, and their relationships with the girls than they reported. At the start of each session, each professional provided food for the girls to eat before, during, and after the session. The girls commented on the food and displayed appreciation for it. They seemed to feel loved and appreciated just because the professional had thought to provide food.

During the observations several professionals took time to greet the girls and check in with them on how they were doing. The professionals greeted all the girls and talked with each of them individually (Dawn, Observation 4). They showed interest in each girl's life outside the group session (Bethany, Observation 2). The professionals also provided individual verbal affirmations and praise to each girl before beginning the intervention (Ruth, Observation 3). Some professionals even took time to be silly, dance, and joke around with the girls (Mary, Observation 1). These attempts to connect with the girls appeared to improve their moods and created a space where they felt cared about and appreciated. This process of engaging the girls and meeting them on their terms also created trust between the professional and the group. One girl said, "That's why I like your group, Ms. White. You always make us feel good. That's why we trust you" (Bethany, Observation 2). Such trust is important to provide a safe space in which dysfunctional behaviors or self-esteem challenges can be confronted. The professionals always appeared to be addressing self-esteem throughout their interventions, whether it was during the actual teaching of the lesson or just by using their relationships with the girls to encourage them and instill confidence. Each professional seemed to have an authentic relationship with the girls,

and this was a critical component for how they responded, interacted, and managed conflict during the sessions.

Teaching of skills. This theme connects back to the all the stages of the cognitive model of low self-esteem (early experiences, bottom line, dysfunctional assumptions, negative automatic thoughts, negative predictions, maladaptive behaviors, depression and anxiety). Two of the professionals used current community issues (fighting, crime, and gangs) to address self-esteem. They also provided a space for the girls to apply skills such as conflict resolution during the session. In Mary's observational session there appeared to be a conflict that had carried over from the community. Mary took time to talk about the situation, model the appropriate way to address the situation, and use it in conjunction with her activity, "What is my mask?" As the girls were developing their masks, they explored the maladaptive ways they present themselves to others to protect themselves from being hurt. This activity ended with the girls exploring more adaptive ways to present themselves and to avoid negative labels. The professional used a current situation in the community and applied it to the lesson, thus meeting the girls on their level while also encouraging them to use the new skills and ways of thinking. During a different observation, Bethany raised the issue of gossiping and explored it in conjunction with the idea of everyone's inherent worth in the eyes of God. Thus, Bethany was able to use examples from the girls' current experience to help them practice new ways of confronting issues.

During the other two observations, the professionals worked to teach skills that they knew the girls lacked. They also used an element of self-disclosure that helped to draw the girls' attention. Ruth (Observation 3) used several comments the girls had made about their plans and goals to facilitate a skill-building group activity entitled "My Past, My Present, My Future." The girls explored negative things that have been said about their futures at home, in school, or in their

community. They also attentively listened to a video entitled “A Girl like Me” which featured adolescent girls speaking directly about their challenges. The girls were encouraged to process their thoughts and feelings about the video and their own negative thinking. Through a hands-on activity, the girls had a chance to “create their own destiny” by creating a vision-board collage. During the activity, the girls were praised and affirmed, and encouraged to provide praise and affirm to one another. At the end of the intervention, Bethany shared her own personal struggle with believing in herself and her future. She also expressed her desire to improve the girls’ quality of life through teaching them skills so they would not have to struggle the way she did. The girls presented their projects and evaluated how they could practice self-esteem mastery through speaking more positively. Dawn (Observation 4) shared her personal story about growing up in a similar community. She described how her strength came from people around her who believed in her and pushed her to be more. She encouraged the girls to define their worth and uniqueness through the meanings of their names. Thus, she encouraged the girls to define themselves and to resist the urge to be defined by others. Dawn also encouraged the girls to develop the habit of affirming themselves daily through positive affirmations. After the activity was complete, the girls were encouraged to present their work and think of it as an ongoing work of art to be used and applied daily.

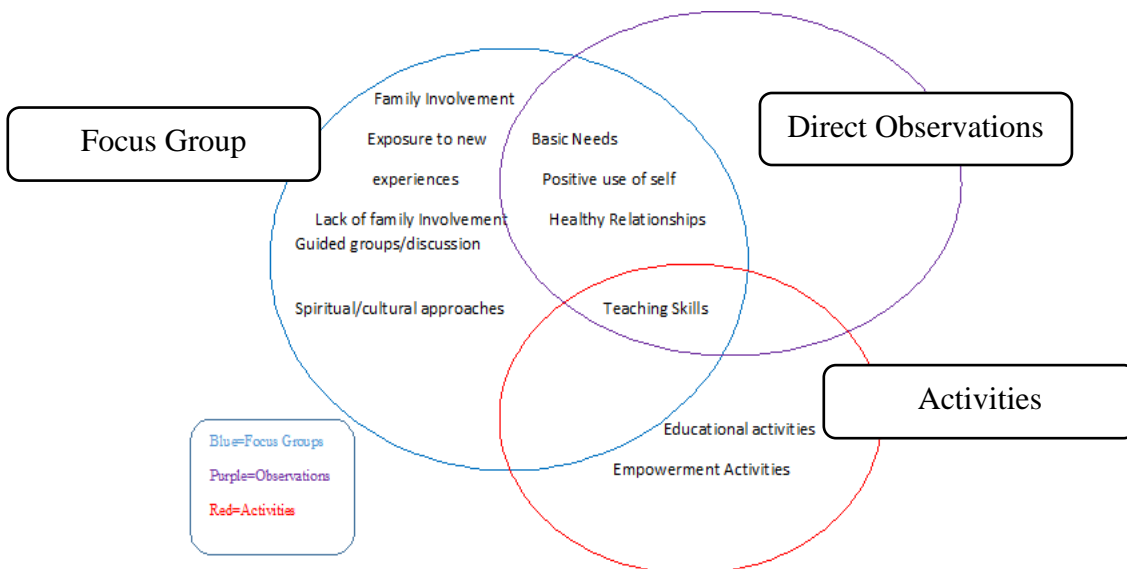


Figure 2. Themes that emerged from all data sources.

Discussion

This study focused on how professionals are addressing the self-esteem of African American girls living in low-income communities in an effort to get an in-depth view of the process the professionals use in their own words. What we understand from empirical research related to self-esteem and African American youth is that a healthy self-esteem is associated with positive outcomes such as positive coping skills, high academic excellence, and healthy adjustment. Research supports the idea of self-esteem being a critical area of focus for adolescents and its large impact on a variety of areas including early experiences, socioeconomic status, culture, and identity. The research reveals self-esteem as an evolving process for adolescents and highlights the essential role the community has in their development (Erikson, 1964). Studies on how self-esteem is being addressed with African American youth reported that role models or mentors, a sense of identity, community involvement, and positive peer relationships all were significant factors (Bryant & Zimmerman, 2003) in the development of a healthy self-esteem. Studies on addressing self-esteem with African American girls suggest that this process should occur within the context of African American culture and should not be a comparison among other racial standards regarding self-esteem (Erkut et al., 1996). Studies show that when addressing self-esteem, professionals should take into consideration African American adolescent girls' subjective experiences as they relate to the girls' inherent risks associated with living in low-income communities, which has been connected to stress, anxiety, and depression (Grant et al., 2000). Finally, empirical research on how professionals are addressing the self-esteem of African American youth show that mentoring, after-school programs, and rites of

passage programs are the platforms used to address self-esteem. However, the topics explored, interventions used, and how professionals applied these interventions were all comparatively unaddressed in the current literature. Due to the limited research in this area, it was also unknown as to how mentoring, after-school programs, and rites of passage programs were actually addressing the self-esteem of African American adolescent girls living in low-income communities.

This study found that professionals are addressing the self-esteem of African American adolescent girls living in low-income communities. These professionals are doing so in places such as churches, after-school programs, and through one-on-one mentoring. According to study participants, churches and after-school programs are the optimal places to engage these girls in self-esteem interventions because the girls are already attending these places. As a result, the professionals had easy access to the populations in a safe and consistent place to address the self-esteem needs of the girls they were working with. These findings are consistent with Woodland (2014), who reported that after-school programming served as a way to prevent young people from being exposed to violence. The professionals in this study who were addressing self-esteem in a church setting felt strongly about spirituality and the importance of connecting spiritual principals to self-esteem topics such as worth and identity. These professionals felt strongly about using Biblical principles to change the mindset of the girls they were working with in hopes of preparing them for the inherent obstacles related to self-esteem. These findings support the study conducted by Haight (2003), which found that the spirituality of African American youth was a key factor in coping with stressful events. The professionals in this study felt that one-on-one mentoring was a good way to address self-esteem topics such as sex, promiscuity, and specific maladaptive behaviors such as fighting or cutting school. These professionals felt

that mentoring was a good way to build rapport and address self-esteem topics that would be difficult to discuss in group due to confidentiality and the possible shame associated with sharing things in a group. The professionals felt that this was also a good way to model adaptive self-esteem behaviors for their mentees. These findings support empirical research that suggests that mentoring for youth living in low-socioeconomic communities are effective (Dubois et al., 2002).

The professionals in this study shared how their self-esteem interventions resulted from a combination of observation, listening to the girls, and personal experiences. This suggests that perhaps self-esteem interventions need to be highly personal and incorporate listening to the girls and tailoring activities accordingly. These professionals shared that this allowed them to gather information they needed to prepare how they addressed the specific needs of the girls with whom they worked. Of the 26 professionals who participated in this study, 23 identified themselves as African American and could relate to the conditions faced by the girls to some extent. These professionals indicated that this assisted them with designing materials and activities to address self-esteem to fit the special needs of the girls they were working with.

It is important to note that the males who participated in this study had additional views about what should be addressed with African American adolescent girls living in low-income communities and how it should be addressed that were not necessary brought up by the women in this study. Male professionals were more likely to say that they revealed more about themselves in the day-to-day positive encounters with the girls. In this case, according to Fennell (1997), the continued positive engagement with males as well as the individual being open to re-interpretation could assist in changing core negative beliefs that are associated with males.

They had strong feelings about the lack of fathers in the girls' communities, and wanted to model healthy and appropriate male relationships. They felt that this was a platform they could use to address things like appropriate dress, respecting self and others, and communication. On the other hand there was strong agreement among the African American female professionals about preparing the girls to face the inherent risks associated with being African American, female, living in a low-income community, and possibly already having low self-esteem. These professionals used topics or skills such as advocacy, future goal planning, stereotypes, media, forgiveness, compassion, non-judgment, complexion, hair texture, and body types to provide the girls with skills and different perspectives in preparation for future struggles.

Study findings show that professionals are addressing self-esteem through the themes of teaching skills, guided group and one-on-one discussions, exposure to new experiences, healthy relationship building, addressing basic needs, the positive use of self, and spiritual/cultural interventions. It is important to note that out of the seven themes, teaching skills was the theme that showed up in all three forms of data collected (see Figure 2). Each stage of the Cognitive Model of low self-esteem was explored during the focused groups and there was a lot of agreement surrounding interventions Fennell, 1997 suggested (see Table 1) and interventions that professionals used in this study (see Table 3). There was strong agreement in this study around interventions used to address maladaptive behaviors (aggression, promiscuity, negative self-talk, lack of self-love and acceptance of self, putting others down, negative thoughts about self) the professionals observed within this population which were eventually used as topics for their self-esteem groups. Professionals in this study overall taught new skills related to creating new patterns of thinking through affirmations and other thought-stopping skills to address maladaptive behaviors displayed by African American adolescent girls living in low-income

communities. Fennell (1997) noted that early experiences and negative life events can trigger negative automatic thoughts, which can then trigger psychological symptoms and maladaptive behaviors. According to Fennell, this in turn would trigger a cycle that would perpetuate the pattern of negative thoughts triggering maladaptive behaviors. Fennell suggested an intervention entitled Dysfunctional Thought Record (DTR), which included evaluating the evidence, identifying the thinking error, and discovering alternate perspectives that are more realistic and helpful. Similarly, Fennell (1997) suggested skills such as relaxation, distractions, increased engagement in pleasurable activities, and facing situations that are usually avoided.

All of Fennell, 1997 stages of the Cognitive Model of low self-esteem were addressed by one or more themes that emerged out of the data. A theme that emerged out of the data that directly addressed the bottom line in the Cognitive Model of low self-esteem was the exposure to new experiences. According to Fennell (1997) when addressing the bottom line, Fennell (1997) suggested weakening the old negative belief and establishing and strengthening a more positive alternative such as self-acceptance, which acknowledges both strengths and weaknesses. Many of the professionals had personal experiences of growing up in low-income communities. These professionals shared stories about how visiting places outside of their immediate community opened up their minds to think and feel positively about themselves. The professionals felt that these experiences allowed the girls to re-evaluate negative predictions. Many of the self-esteem written interventions submitted by the professionals were designed to change the girls' thinking or help them understand their thoughts on particular topics like body image, hair types, and/or skin complexions. This idea of thinking positively and changing the girls' current way of thinking was what Fennell (1997) suggested as a part of cognitive therapy work to address negative automatic thoughts, dysfunctional assumptions, and the bottom line.

Fennell (1997) also suggested things like “behavioral experiments” when changing negative thoughts about the self. Fennell (1997) also suggested devising experiments that allow the client to discover how accurate his or her positive perspectives about self may be. This is interesting because many of the professionals believe that if they could get the girls to change their thinking surrounding a situation that it would improve how the situation affected the girls. This is also interesting because the major theme that emerged out of the study was teaching skills and providing girls with opportunities to practice the new skills they learned, just like the behavioral experiment Fennell, 1997 mentioned.

Two themes that emerged from the data that were not discussed in the literature were the themes of addressing basic needs and the positive use of self. Professionals in this study felt that simple things such as ensuring the girls and their families had food, making sure each girl engaged in healthy grooming, and ensuring access to resources were important to addressing self-esteem. These themes probably did not show up in the literature because they were a part of what the professionals call the basic rules of working with this group. The professionals felt that at times professionals are not considering the environment from which these children come, which can result in major parts of self-esteem not being addressed.

Three things Fennell’s model does not address which can affect how African American adolescent girls living in low-income communities think and feel about themselves are culture, socioeconomic status, and environmental issues which were addressed by the professionals in this study. Professionals in this study acknowledge the very different cultural experiences the girls they worked with had. They acknowledge the very different cultural views and cultural challenges African American girls face associated with beauty, feminism, attractiveness and being a young woman. They addressed these issues with using social media, music and other

popular forms of media to first, address the issues and then through teaching skills and the practicing of those to combat the negative effects associated with negative cultural views and challenges. Research highlights the very different impact socioeconomic status has on the outcomes of youth specifically African American youth living in low income communities. African American girls living in low-income communities face challenges associated with living in a single parent household, the incarceration of a loved one, teen pregnancy and early school dropout rates. Professionals address these issues through talking to them one on one or in groups about personal challenges they have faced and providing them with education on how they can avoid the same mistakes. Professionals allowed the girls to talk with other girls who have made those same mistakes so they could learn from them and hopefully avoid the same mistakes. Professionals also showed the girls how to combat these issues through exposure to new experiences they can look forward to such as college, being gainfully employed etc. Finally, Fennell's model does not address environmental issues African American adolescent girls living in low-income communities face such as police brutality, community violence, racism, sexism, drugs etc. Professionals in this study shared a great deal around the negative exposure these girls had to things that were not commonly experienced by other girls living in different communities. Professionals seemed to address these issues with confronting them head on and providing them with education on ways to remain safe in their communities and providing them a space to express themselves.

A topic that came up in the literature as a critical area affecting self-esteem and resilience with African American adolescent girls living in low-income communities but which there was no intervention to address it in this study was parent and family involvement. According to Fitzpatrick (1993) one of the major protective factors against community violence, psychological

distress associated with poverty, and other socioecological stress factors experienced disproportionately by African American girls (Grant et al., 2000; Hammack et al., 2004) was family protective factors such as positive parental relationships. This theme came up in the study as the one thing professionals were not doing with African American girls living in low-income communities. According to Fennell (1997), one of the ways to address symptoms of depression/anxiety and maladaptive behaviors was to confront situations that are being avoided. The professionals in this study were not engaging in self-esteem interventions that fostered positive family relationships, particularly mother-daughter relationships. These professionals expressed a lot of frustration concerning the obstacles they faced with getting parents involved in the self-esteem sessions. Future research should look at this element and explore it more, while future program development should be more creative in how to involve the parents when addressing self-esteem with African American adolescent girls living in low-income communities.

There was some consistency between what study participants said in the focus groups and what was directly observed during their interventions. Out of the eight themes that emerged from the focus group data (teaching skills and providing opportunities to practice new skills, guided group discussions and one-on-one talks, exposure to new experiences, healthy relationships, addressing basic needs, positive use of self, spirituality/cultural approaches, and lack of family involvement) four of them (addressing basic needs, positive use of self, healthy relationships and teaching skills and providing opportunities to practice new skills) also emerged out of the observation data. Among all three data sources combined there was little consistency. Teaching skills and providing opportunities to practice new skills was the only theme that emerged across all three data sources. This could have been because although study participants provided a

planned intervention they adjusted to the needs of the girls during their group sessions. This could have occurred because study participants were asked to provide at least one written intervention used to address self-esteem before the focus groups and observations were completed. This means that before the participants understood what they were going to be talking about, they were asked to submit random self-esteem activities. It is possible that if participants were asked to turn in self-esteem activities after the focus groups, the interventions selected would have been more representative of what they shared during the focus groups. This is because they now had a better understanding of the study topic and had discussed specific ways they were addressing self-esteem. Additional research on this topic should request the sample interventions after the focus groups have been conducted.

By doing a qualitative study utilizing focus groups, analysis of self-esteem activities, and direct observations of interventions, the researcher helped these professionals share in their own words how they addressed self-esteem with this group. Through observations and by analyzing the activities, the researcher was able to hear, see, and understand the process. Having two other forms of data collected made it possible for the researcher to analyze and label some of the professionals' actions that were not easily expressed during the focus groups. The positive use of self and the relationships between the professionals and the girls were key factors in successful interventions, but were not mentioned with a lot of intensity during the focus group discussions.

Previous research on interventions with African American youth has highlighted after-school programs, mentoring, and rites of passage programs. However, research that focuses on programs for African American girls living in low-income communities were limited. This population has so many things that are out of its control (i.e., where they live, where they go to

school, family history, household income, etc.), so building the self-esteem of this group is critical because it helps them identify something that they can control: their response to environmental challenges (which are usually associated with negative outcomes). This study adds to the limited research on such girls in order to better understand how professionals are intervening to prevent maladaptive outcomes overly associated with this population.

Implications for Practice and Research

Although the information provided by this study represents a more in-depth look into how professionals are addressing self-esteem, more information is needed from African American girls in their own words regarding this topic. Information about how African American girls feel would better assist professionals who are working in these communities and could assist with customizing current programs to meet the needs of this population.

The topic of how professionals are addressing the self-esteem of African American girls living in low-income communities is significant to social work practice. Through the exploration of this topic, African American youth can receive services that assist them with addressing their needs and social deficits. A direct focus on self-esteem can assist African American youth with adding to their quality of life by helping them to recognize their inherent dignity and worth as people. Addressing self-esteem helps youth recognize and correct dysfunctional behaviors, and also magnifies the importance of the youth-facilitator and the youth-adult relationship, both of which are important areas of change in social work practice (Simmons, Diaz, Jackson & Takahashi, 2008). The development of healthy relationships is an intervention often used in social work practice, and self-esteem interventions can be used as an opportunity for African American youth to develop such relationship-building skills. A healthy self-esteem is also linked to more successful outcomes during adolescence and into adulthood.

How professionals are addressing the self-esteem of African American girls living in low-income communities was studied because of the possible implications of this information for improving the quality of life and development of self-esteem of African American girls. This information could be useful for the development and funding of similar programs in communities that focus on improving the self-esteem for this group. This research study is also an attempt to add to the limited research available on African American girls living in low-income communities. The number of African American youth receiving services in the child welfare system, special education system, and juvenile justice system is growing (Woodland, 2014). Understanding ways to empower this group in the area of self-esteem is a critical topic for today's social worker, and research such as this starts the conversation of how this process can be done. Social workers being dispatched to work with this population need to understand the special needs of this population and begin to address the problems from a strength-building perspective. Our ability to understand ways to empower this group in the area of self-esteem will prove to be much needed skills for today's social workers.

Limitations

Although this study focused on a subgroup that may be underrepresented in the literature on interventions with African American youth, the results of this study are not generalizable. The researcher wanted a more in-depth perspective, one that came directly from the people who are working with this group. All of the professionals who participated in this study work in the metropolitan Richmond, Virginia area. So as a result, all the information was based on professionals who worked in the same geographical area. Another limitation of this study is that the results are primarily based on self-reporting by the professionals, and only four direct observations were completed. It is likely that professionals changed their approaches when they

were being observed, and the experience was skewed due to the presence of the researcher. Another limitation is that all of the information came from the professionals, and no information was collected from the girls themselves. Future research that includes information from family members, peers, and the girls themselves could help expand our understanding of the issues this population faces. Adding additional sources of information could also assist with reducing bias as it relates to the professionals being the only voice in the study.

Even with these limitations, this study adds to the narrow body of research on African American adolescent girls living in low-income communities. As these results suggest, further analysis focused on the perspective of these girls is warranted.

Conclusion

Professionals addressing the self-esteem of African American adolescent girls living in low-income communities are important to this group's quality of life. It was discovered that professionals are addressing the self-esteem of these girls through skill building, guided group discussions/one-on-one discussions, exposure to new experiences, spirituality/culture, positive use of self, and relationship building. The development of a positive relationship between the professional and the girls was found to be an important platform to address self-esteem with this group. Through this platform, professionals were able to encourage, empower, correct, and build upon the population's inherent strengths. The majority of the professionals in this study are using skill-building and guided discussions to address the self-esteem of this group.

The study's findings suggest that professionals address self-esteem with a group approach that includes direct observations made by the professionals and feedback from the girls. Future research on the girls' opinions of the effectiveness of these approaches would be helpful. In addition to helping develop self-esteem curricula, this information could also inform social

workers' treatment plans and community action plans. This study stresses the critical role self-esteem plays for adolescent African American girls living in low-income communities because of all the things that are out of their control (i.e., where they live, where they go to school, household income, what they eat). Building upon self-esteem, which they can control, can improve their quality of life. The adolescent stage of development is already stressful enough as girls are changing physically, psychologically, and emotionally. When the normal challenges associated with this stage of development are coupled with things like being an African American girl and living in a low-income community, this can be a formula for extreme stress. Studies show that this population is resilient when they have a high self-esteem. Understanding how to address the self-esteem of this group is not only important but imperative for the successful outcomes of this group.

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APPENDIX A.

Participant demographic *N*=26 Table 2

Color/ Pseudonym Focus Group	Gender	Age	Ethnicity	Degree	High- Degree	Public/Private	Yrs of exp	Kind of Exp
Gold/Mary Focus Group 1	1	25	African American	Social Work	2	2	5	3
Blue/Nancy Focus Group 1	1	35	African American	Social Work	2	2	13	3
Yellow/Vanessa Focus Group 1	1	33	African American	Social Work	2	2	11	3
Brown/Sam Focus Group 1	2	38	African American	Social Work	1	2	12	3
Black/Leroy Focus Group 1	2	31	African American	Religious Studies	1	2	9	2
White/Ruth Focus Group 3	1	31	African American	Sociology	1	2	9	3
Fuchsia/Pam Focus Group 3	1	45	African American	Psychology	2	2	5	3
Carolina Focus Group 3	2	42	African American	Psychology	1	1	13	3
Blue/James Focus Group 3	1	35	African American	Social Work	2	2	14	3
Lavender/Stacy Focus Group 4	1	25	African American	Social Work	2	2	5	3
Burgundy/Bethany Focus Group 2	1	23	Caucasian	Anthropology	1	2	5	3
Magenta/Melody Focus Group 2	1	27	Caucasian	Spanish/Global Public health	1	2	5	3
Purple/Phyllis Focus Group 2	1	25	Caucasian	Interdisciplinary/ Liberal Studies	1	2	5	3
Turquoise/Tammy Focus Group 2	1	42	African American	Psychology	2	2	15	3
Aqua/Judy Focus Group 3	1	29	African American	Criminal Justice	1	1	5	2
Green/Ruby Focus Group 1	1	39	African American	Psychology	1	2	10	3
Red/Ashley	1	37	African	Criminal Justice	2	1	10	3

Focus Group 3			American						
Grey/ Samantha	1	36	African	Social Work	2	2	14	3	
Focus Group 2			American						
Crimson/Dawn	1	35	African	Social Work	2	2	14	3	
Focus Group 4			American						

Color/ Pseudonym Focus Group	Gender	Age	Ethnicity	Degree	High- Degree	Public/Private	Yrs of exp	Kind of Exp
Royal Blue/Johnathan	2	33	African American	Criminal Justice	1	2	10	2
Focus Group 4								
Violet/Kesha	1	31	African	Bachelors' of	2	1	8	3
Focus Group 4			American	Science				
Lime Green/Jade	1	34	African	Social Work	2	1	16	3
Focus Group 4			American					
Tan/Susan	1	30	African	Human Services	2	2	5	2
Focus Group 2			American					
Pink/Martha	1	32	African	Bachelor's Science	1	1	5	3
Focus Group 2			American	Nursing				
Orange/Tonya	1	33	African	Psychology/Criminal	1	1	10	3
Focus Group 1			American	Justice				
Teal/Barbra	1	30	African	Psychology	2	2	8	3
Focus Group 1			American					

Gen Gender	Highest degree	Type of organization	Kind of experience
Female=1	Bachelor's=1	Public=1	Individual=1
Male=2	Master's=2	Private=2	Group=2
			Both=3
der	Highest degree	Type of organization	Kind of experience
Female=1	Bachelor's=1	Public=1	Individual=1

APPENDIX B.
Self-Esteem interventions Table 3

Color	Pseudonym	Name of Activity	Cognitive Model area addressed	Type of activity
Yellow (F) Focus Group 1	Vanessa	“Why Try Curriculum” What are your labels	Negative Core beliefs	Worksheet, guided discussion/hands on activity
Teal (F) Focus Group 1	Barbra	Hair texture and skin tone stereotypes and acceptance of who you are	Dysfunctional assumptions & Negative core beliefs	Worksheet, open discussion, collage
Blue (F) Focus Group 1	Nancy	Negative comparisons and putting other down	Negative Core beliefs	Worksheet, guided discussion
Green (F) Focus Group 1	Ruby	What do you believe about yourself?	Dysfunctional assumptions & Negative core beliefs	Worksheet, guided discussion/ hands on activity
Orange (F) Focus Group 1	Tonya	What is my Value? What is my worth?	Maladaptive behaviors	Worksheet
Black (M) Focus Group 1	Leroy	“STEP program Curriculum” Trip Out of the community	Dysfunctional assumptions & negative core beliefs	Trip out of community, Worksheet, guided discussion
Brown (M) Focus Group 1	Sam	Stigmas and stereotypes	Dysfunctional assumptions & negative core beliefs	Worksheet, guided discussion with use of media and music
Gold (F) Focus Group 1	Mary	What is my mask?	Negative core beliefs	Worksheet, guided discussion/ hands on activity
Pink (F) Focus Group 2	Martha	“Your self-worth”	Maladaptive behaviors	Worksheet, guided discussion

Color	Pseudonym	Name of Activity	Cognitive Model area addressed	Type of activity
Tan (F) Focus Group 2	Susan	Identity from a biblical perspective	Negative core beliefs	Worksheet, guided discussion
Purple (F) Focus Group 2	Phyllis	Identity in Christ	Negative core beliefs	Worksheet, guided discussion
Magenta (F) Focus Group 2	Melody	Media and history's perspective and impact on beauty	Early experiences and negative core beliefs	Worksheet, guided discussion and hands on activity
Burgundy (F) Focus Group 2	Bethany	Inherent worth as a being a child of God	Dysfunctional assumptions & negative core beliefs	Worksheet, guided discussion
Turquoise (F) Focus Group 2	Tammy	Internal strengths vs. Material gains	Maladaptive behaviors	Worksheet, guided discussion, hands on activity
Gray (F) Focus group 2	Samantha	Communication/decision making	Maladaptive behaviors	Movie, Worksheet/guided discussion
Aqua (F) Focus Group 3	Judy	"Loving Me"	Negative core beliefs	Hands on activity, guided discussion, Collage
Red (F) Focus Group 3	Ashley	Teen Conference Call "Girl Talk"	Maladaptive behaviors, negative core beliefs, negative assumptions	Guided discussion
Carolina	James	Hygiene, appearance	Maladaptive	Worksheet, guided

Blue (M) and grooming behaviors discussion
 Focus Group
 3

Color	Pseudonym	Name of Activity	Cognitive Model area addressed	Type of activity
Fuchsia (F) Focus Group 3	Pam	Drug abuse or drug use	Maladaptive behaviors	Worksheet, guided discussion
Tangerine (F) Focus Group 3	Donna	Healthy Relationships & family dynamics	Maladaptive behaviors	Worksheet, guided discussion
White (F) Focus Group 3	Ruth	My Past, My present, My future	Negative assumptions	Worksheet, hands on activity/guided discussion
Pearl (F) Focus Group 4	Melissa	Positive affirmation	Negative core beliefs, Negative assumptions	Worksheet, guided discussion
Lavender (F) Focus Group 4	Stacy	The self-portrait	Negative core beliefs, Negative assumptions	Worksheet, hands on activity/guided discussion
Royal Blue (M) Focus Group 4	Johnathan	social & communication skills	Maladaptive behaviors	Worksheet, hands on activity/guided discussion
Violet (F) Focus Group 4	Kesha	Self-esteem affirmations	Negative core beliefs, Negative assumptions	Worksheet, hands on activity/guided discussion
Lime Green (F) Focus Group 4	Jade	Self-image and body image	Negative core beliefs, Negative assumptions	Worksheet, hands on activity/guided discussion

Color	Pseudonym	Name of Activity	Cognitive Model area addressed	Type of activity
Crimson (F) Focus Group 4	Dawn	My Name, My uniqueness	Negative core beliefs	Worksheet, hands on activity/guided discussion

APPENDIX C.
Self-Esteem Direct Observations Table 4.

Color/Gender/ Pseudonym	Name of Activity	Cognitive Model area addressed	Type of activity
Gold (F) Mary Focus Group 1 Observation 1	What is my mask?	Negative core beliefs	Worksheet, guided discussion/ hands on activity
Burgundy (F) Bethany Focus Group 2 Observation 2	Inherent worth as a being a child of God	Dysfunctional assumptions & negative core beliefs	Worksheet, guided discussion
White (F) Ruth Focus Group 3 Observation 3	My Past, My present, My future	Negative assumptions	Worksheet, hands on activity, guided discussion
Crimson (F) Dawn Focus Group 4 Observation 4	My Name, My uniqueness	Negative core beliefs	Worksheet, hands on activity, guided discussion

APPENDIX D. Focus Group Interview Guide

1. Could you share how you define or describe self-esteem? Probe: could you share how you would define low self-esteem/high self-esteem?

Probe: could you share how you would identify someone who has low self-esteem/high self-esteem?

Probe: could you share some behaviors you've seen among this population that display low self-esteem?

2. Could you share various topics/subjects you use/explore when addressing self-esteem with this group?

Probe: could you share the process of how you decide on the topics/subjects you use.

3. Can you share some ways you addressed self-esteem with this population?

Probe: Could you share some ways you address the things you notice.

Probe: Can you share at least 2 ways you have addressed the behaviors you notice with this population.

Probe: can you share more on how you find materials etc. to address self-esteem.

4. Can you walk me through your process?

Probe: Could you walk me through how you apply your methods with the population.

Probe: Could you share where you have found your methods?

Probe: Can you share some of the benefits/deficiencies with the methods you have used?

This next question will speak to specific areas related to the cognitive model of low self-esteem and how if at all your methods have addressed these area.

5. Can you share methods you have used in a group or individually to address negative early childhood experiences related to loss, rejection, neglect, abuse, and lack of praise or validation with this population?

Probe: How do you decide on what method you use?

6. Can you share methods you have used in a group or individually to address negative self-judgment? (for the purposes of this study negative self-judgment is defined as "I'm ugly, I'm fat, I'm stupid" etc)

Probe: How do you decide on what method you use?

7. Can you share methods you have used in a group or individually to address maladaptive behaviors? (for the purposes of this study maladaptive behaviors are defined as sexual promiscuity, drinking, truancy, fighting, delinquency, explosive anger etc) and anxiety brought upon by low self-esteem?

Probe: How do you decide on what method you use?

Now imagine that you are part of a committee of people designing methods to address self-esteem for African American adolescent girls living in low-income communities. These are methods people like you might use to assist with addressing self-esteem within this populations.

8. What are the factors that you will make sure is considered when designing these programs, curriculum(s), interventions/exercise, techniques, strategies, and or tools?

Probe: could you share things that you are sure would attract African American girls to these methods?

Probe: Remember, these can be in many areas: type of approach, type of contact (face to face electronic etc), length, the time of day it's offered, the teaching style, the materials, whether its offered online, whether the it promotes intergenerational interaction, or anything else you can think of.

Probe: How would you redesign your programs that address the self-esteem of African American adolescent girls who live in low-income communities?

9. Is there anything else that you would like to add that we have not address? I thank you for your time and the information you have provided in this interview. I will be in touch with people to clarify any information from transcripts and provide a date and time

APPENDIX E.
Informed Consent Form

Title of the Research Study: How are professional providers address the self-esteem of African American girls living in low-income communities.

Principal Investigator: Dr. Joretha Bourlly Ph.D, MSW Associate Profession/ Clinician Education / School of Social Policy & Practice 3701 Locust Walk, Philadelphia, Pennsylvania 19104/Phone:215-898-5524/ Fax:215-573-2099/ Email: jerri@sp2.upenn.edu

Emergency Contact: Mrs. Khidhra S. Poole MSW, LCSW/ 2025 East Main Street Suite 202 Richmond, Virginia 23223/Phone: 804-225-0749/ Fax: 804-225-0753/Email: khidhra@sp2.upenn.edu

You are being asked to take part in a research study. Your participation is voluntary which means you can choose whether or not to participate. You may choose to join the study or you may choose not to join the study. Your participation is voluntary. There is no penalty if you choose not to join the research study.

Before you make a decision you will need to know the purpose of the study, the possible risks and benefits of being in the study and what you will have to do if you decide to participate. The researcher is going to talk with you about the study and give you this consent document to read. You do not have to make a decision now; you can take the consent document home and review it before making a decision.

If you do not understand what you are reading, do not sign it. Please ask the researcher to explain anything you do not understand, including any language contained in this form. If you decide to participate, you will be asked to sign this form and a copy will be given to you. Keep this form, in it you will find contact information and answers to questions about the study. You may ask to have this form read to you.

What is the purpose of the study?

This study is being conducted by a graduate student in the Doctorate of Social Work (DSW) program at the School of Social Policy & Practice at the University of Pennsylvania. You are being invited to participate in this focus group interview to obtain a better understand of how professional providers such as yourself are addressing self-esteem with adolescent girls living in low-income communities. The purpose of the study is to gain a better understanding of what professionals are doing to address self-esteem with this population. The researcher would like to better understand what providers are doing with the population in the area of self-esteem. You will also be asked to submit intervention materials and you might also be asked if your self-esteem intervention can be observed.

Why was I asked to participate in the study?

You are being asked to join this study because you have at least a bachelor's degree in one of the following areas: psychology, sociology, social work, or special education or a degree not in the with at least five years of experience working in the human service field. You have at least two years' experience in the human service field working directly with African American adolescent

girls between the ages of 13 to 18 who live in low-income communities. You have at least one year's experience addressing self-esteem within this population. You are able to provide at least one written intervention you have used to address self-esteem with the population within a one to three hour timeframe. You are being asked to participate in this study because the information you are able to provide can contribute to a better understanding of how self-esteem is being addressed with adolescent African American girls living in low-income communities in the Richmond, Virginia area.

How long will I be in the study?

The study will take place over a period of 1 month. This study will be a series of three focus groups over a course of a one month's time period. There will be three separate days and times to choose from and each focus group session will last approximately two hours. An average of 18 to 24 participants will engage in this study. If your group intervention is observed, this observation will last for approximately one hour.

Where will the study take place?

You will be asked to choose a focus group day and time that works best for you and come to The Richmond Professional Office Building private conference center, located at 2025 East Main Street Richmond, VA 23223. If your group intervention is observed, this will take place at Upside to Youth Development, 320 East Main Street, Richmond, VA 23223.

What will I be asked to do?

The focus group itself will last about one and a half hours, but you should allow two hours total, so that we can get settled and go over the consent. The session will be audio recorded and notes will be taken. You will be asked to be prepared to answer questions about how you address self-esteem with the population; your definition of self-esteem; techniques used to address self-esteem; and challenges faced when addressing self-esteem with this population.

A qualitative approach is being used to get an in-depth description of how professionals are addressing the self-esteem with African American adolescence girls living in low-income communities. Little is understood about how professionals are addressing self-esteem with this group. The qualitative research approach is used as a way to explore how self-esteem is being addressed with this population.

What are the risks?

There are no foreseen risks in participating in this study.

How will I benefit from the study?

There is no direct benefit to you. However, your participation could help us understand how professionals are addressing self-esteem with this population. This information could also inform providers on approaches to address self-esteem with this group which can benefit you indirectly. In the future, this may help other people to develop more comprehensive approaches to addressing self-esteem with this group.

What happens if I do not choose to join the research study?

You may choose to join the study or you may choose not to join the study. Your participation is voluntary. There is no penalty if you choose not to join the research study.

When is the study over? Can I leave the study before it ends?

The study is expected to end after all focus groups and observation are completed. The study may be stopped without your consent for the following reasons:

- The PI feels it is best for your safety and/or health-you will be informed of the reasons why.
- You have not followed the study instructions
- The PI, the sponsor or the Office of Regulatory Affairs at the University of Pennsylvania can stop the study anytime

You have the right to drop out of the research study at any time during your participation. If you no longer wish to be in the research study, please contact Khidhra S. Poole, by phone at: 804-225-0749 and or by email at: khidhra@sp2.upenn.edu and communicate that you wish not to be a part of the study.

How will confidentiality be maintained and my privacy be protected?

We will do our best to make sure that the personal information obtained during the course of this research study will be kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used. The Institutional Review Board (IRB) at the University of Pennsylvania will have access to the records.

The information you share will be kept strictly confidential. Information about whether or not you participate in this study will not be shared with anyone. Your name, personal information or information about where you live or work will be kept confidential.

Nothing with your name or other identifying information (names and places mentioned in the interview) will be kept. A color coding system will be used and upon completion of the consent form the researcher will assign each participant a color which will be written on the front of their consent form. Participant will be asked to identify themselves by the color randomly assigned to them throughout the focus group interview. Once the interview has been transcribed, the audio recording and interview notes will be stored in a locked file cabinet in a locked room.

Will I have to pay for anything?

There is no direct cost to participate in this study. Participants will be asked to travel using their own form of transportation. For participants who will be driving you will incurred millage from your start location to the focus group facility. Parking is free and light refreshments will be served upon your arrival. For participant who will be taking public transportation you will incur the cost of your travel from your start point to the focus group facility.

Will I be paid for being in this study?

There is no compensation for participation in this study. However, light refreshment will be provided during the focus group.

Who can I call with questions, complaints or if I'm concerned about my rights as a research subject?

If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, you should speak with the Principal Investigator or emergency contact person listed on page one of this form. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Office of Regulatory Affairs with any question, concerns or complaints at the University of Pennsylvania by calling (215) 898-2614.

When you sign this document, you are agreeing to take part in this research study. If you have any questions or there is something you do not understand, please ask. You will receive a copy of this consent document.

Signature of Subject: _____ Date: _____

Print Name of Subject: _____ Date: _____

Witness Print Name: _____ Date: _____

Witness Signature: _____ Date: _____