

LOW SELF-ESTEEM

BEHAVIORAL DEFINITIONS

1. Inability to accept compliments.
2. Makes self-disparaging remarks; sees self as unattractive, worthless, a loser, a burden, unimportant; takes blame easily.
3. Lack of pride in grooming.
4. Difficulty in saying no to others; assumes not being liked by others.
5. Fear of rejection by others, especially peer group.
6. Lack of any goals for life and setting of inappropriately low goals for self.
7. Inability to identify positive characteristics of self.
8. Anxious and uncomfortable in social situations.

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LONG-TERM GOALS

1. Elevate self-esteem.
2. Develop a consistent, positive self-image.
3. Demonstrate improved self-esteem through more pride in appearance, more assertiveness, greater eye contact, and identification of positive traits in self-talk messages.
4. Establish an inward sense of self-worth, confidence, and competence.

5. Interact socially without undue distress or disability.

SHORT-TERM OBJECTIVES

THERAPEUTIC INTERVENTIONS

1. Acknowledge feeling less competent than most others. (1, 2)

1. Actively build the level of trust with the client in individual sessions through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase his/her ability to identify and express feelings.

2. Participate in a therapy for issues beyond self-esteem. (3)

2. Explore the client’s assessment of himself/herself and what is verbalized as the basis for negative self-perception.
3. Assess whether the client’s low self-esteem is occurring within a clinical syndrome (e.g., social anxiety disorder, depression), and, if so, conduct or refer to an appropriate evidence-based treatment (e.g., see the Social Anxiety and/or Unipolar Depression chapters in this *Planner*).

3. Disclose any history of substance use that may contribute to and complicate the treatment of bipolar depression. (4)

4. Arrange for a substance abuse evaluation and refer the client for treatment if the evaluation recommends it (see the Substance Use chapter in this *Planner*).

4. Provide behavioral, emotional, and attitudinal information toward an assessment of

5. Assess the client’s level of insight (syntonic versus dystonic) toward the “presenting problems”

specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (5, 6, 7, 8)

(e.g., demonstrates good insight into the problematic nature of the “described behavior,” agrees with others’ concern, and is motivated to work on change; demonstrates ambivalence regarding the “problem described” and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the “problem described,” is not concerned, and has no motivation to change).

6. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
7. Assess for any issues of age, gender, or culture that could help explain the client’s currently defined “problem behavior” and factors that could offer a better understanding of the client’s behavior.
8. Assess for the severity of the level of impairment to the client’s functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).

5. Increase insight into the historical and current sources of low self-esteem. (9, 10)
6. Decrease the frequency of negative self-descriptive statements and increase frequency of positive self-descriptive statements. (11, 12, 13)
7. Identify and replace negative self-talk messages used to reinforce low self-esteem. (14, 15)
9. Help the client become aware of his/her fear of rejection and its connection with past rejection or abandonment experiences; begin to contrast past experiences of pain with present experiences of acceptance and competence.
10. Discuss, emphasize, and interpret the client's incidents of abuse (emotional, physical, and sexual) and how they have impacted his/her feelings about himself/herself.
11. Assist the client in becoming aware of how he/she expresses or acts out negative feelings about himself/herself.
12. Help the client reframe his/her negative assessment of himself/herself.
13. Assist the client in developing positive self-talk as a way of boosting his/her confidence and self-image (or assign "Positive Self-Talk" in the *Adult Psychotherapy Homework Planner* by Jongsma).
14. Help the client identify his/her distorted, negative beliefs about self and the world and replace these messages with more realistic, affirmative messages (or assign "Journal and Replace Self-Defeating Thoughts" in the *Adult Psychotherapy Homework Planner* by Jongsma or read *What to Say When You Talk to Yourself* by Helmstetter).
15. Ask the client to complete and process self-esteem-building exercises from recommended self-help books (e.g., *Ten Days to Self-Esteem!* by Burns; *The Self-Esteem Companion* by McKay, Fanning,

Honeychurch, and Sutker; *10 Simple Solutions for Building Self-Esteem* by Schialdi).

8. Identify any secondary gain that is received by speaking negatively about self and refusing to take any risks. (16, 17)
9. Decrease the verbalized fear of rejection while increasing statements of self-acceptance. (18, 19)
10. Identify and engage in activities that would improve self-image by being consistent with one's values. (20, 21)
11. Increase eye contact and interaction with others. (22, 23, 24)
16. Teach the client the meaning and power of secondary gain in maintaining negative behavior patterns.
17. Assist the client in identifying how self-disparagement and avoidance of risk-taking could bring secondary gain (e.g., praise from others, others taking over responsibilities).
18. Ask the client to make one positive statement about himself/herself daily and record it on a chart or in a journal) or assign "Replacing Fears with Positive Messages" in the *Adult Psychotherapy Homework Planner* by Jongsma).
19. Verbally reinforce the client's use of positive statements of confidence and accomplishments.
20. Help the client analyze his/her values and the congruence or incongruence between them and the client's daily activities.
21. Identify and assign activities congruent with the client's values; process them toward improving self-concept and self-esteem.
22. Assign the client to make eye contact with whomever he/she is speaking to; process the feelings associated with eye contact (or assign "Restoring Socialization Comfort" in the *Adult Psychotherapy Homework Planner* by Jongsma).
23. Provide feedback to the client when he/she is observed avoiding

eye contact with others toward increasing the behavior and extinguishing anxiety associated with it.

12. Take responsibility for daily grooming and personal hygiene. (25)
13. Identify positive traits and talents about self. (26, 27)
14. Demonstrate an increased ability to identify and express personal feelings. (28, 29)
15. Articulate a plan to be proactive in trying to get identified needs met. (30, 31, 32)
24. Use role-playing and behavioral rehearsal to improve the client's social skills in greeting people and carrying a conversation (suggest the client read *Shyness: What It Is and What to Do About It* by Zimbardo).
25. Monitor and give feedback to the client on his/her grooming and hygiene.
26. Assign the client the exercise of identifying his/her positive physical characteristics in a mirror to help him/her become more comfortable with himself/herself.
27. Ask the client to keep building a list of positive traits and have him/her read the list at the beginning and end of each session (or assign "Acknowledging My Strengths" or "What Are My Good Qualities?" in the *Adult Psychotherapy Homework Planner* by Jongsma); reinforce the client's positive self-descriptive statements.
28. Assign the client to keep a journal of feelings on a daily basis.
29. Assist the client in identifying and labeling emotions.
30. Assist the client in identifying and verbalizing his/her needs, met and unmet.
31. Conduct a conjoint or family therapy session in which the client is supported in expression of unmet needs.

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| 16. Positively acknowledge verbal compliments from others. (33) | 32. Assist the client in developing a specific action plan to get each need met (or assign “Satisfying Unmet Emotional Needs” in the <i>Adult Psychotherapy Homework Planner</i> by Jongsma). |
| 17. Increase the frequency of assertive behaviors. (34) | 33. Assign the client to be aware of and acknowledge graciously (without discounting) praise and compliments from others. |
| 18. Form realistic, appropriate, and attainable goals for self in all areas of life. (35, 36) | 34. Train the client in assertiveness or refer him/her to a group that will educate and facilitate assertiveness skills via lectures and assignments. |
| 19. Take verbal responsibility for accomplishments without discounting. (37) | 35. Help the client analyze his/her goals to make sure they are realistic and attainable. |
| | 36. Assign the client to make a list of goals for various areas of life and a plan for steps toward goal attainment. |
| | 37. Ask the client to list accomplishments; process the integration of these into his/her self-image. |

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	300.23	Social Phobia (Social Anxiety Disorder)
	300.4	Dysthymic Disorder
	296.xx	Major Depressive Disorder
	296.xx	Bipolar I Disorder
	296.89	Bipolar II Disorder
	309.9	Adjustment Disorder Unspecified
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Axis II:	301.82	Avoidant Personality Disorder

Using DSM-5/ICD-9-CM/ICD-10-CM:

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
300.23	F40.10	Social Anxiety Disorder (Social Phobia)
300.4	F34.1	Persistent Depressive Disorder
296.xx	F32.x	Major Depressive Disorder, Single Episode
296.xx	F33.x	Major Depressive Disorder, Recurrent Episode
296.xx	F31.xx	Bipolar I Disorder
296.89	F31.81	Bipolar II Disorder
300.02	F41.1	Generalized Anxiety Disorder
319	F70	Intellectual Disability, Mild
V62.89	R41.83	Borderline Intellectual Functioning

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and DSM-5 Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.