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Reinforcing school-bullied adolescent's self-esteem by group intervention
-Integrative review on successful interventions

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Abstract

School bullying correlates highly with adolescents' self-esteem, and self-esteem affects social relationships, social behavior and social skills. Social relationships, acceptance and a sense of belonging are highly important for adolescents' self-esteem, psychological wellbeing, school achievements and development. High or healthy self-esteem leads to emotional and social well-being. It has been argued that supporting self-esteem with peer support might be the most efficient and effective method to reduce the negative outcomes of bullying.

Thus, the aim of this study was to examine how adolescents' self-esteem could be reinforced by a peer group intervention after bullying in elementary school settings. An integrative literature review was used to find evidence-based information about good practices for improving 12-18-year-old adolescents' self-esteem by a low threshold peer group intervention. The collected information can be used to build an even more effective, evidence-based peer group scheme for the largest Finnish child welfare organization, The Mannerheim League for Child Welfare (MLL). The aim was to improve the MLL 'Selviydytään kiusaamisesta' project's 'Vahvuudet esiin' -peer group model and create a new 'Selviytyjät' -peer group intervention.

This review offers recommendations for MLL's new Selviytyjät -peer group intervention, but they should be considered carefully. This is because there were some validity and reliability problems regarding the sample size of the relevant studies, the context analysis process and other limitations. Still, some careful recommendations can be made. The results suggest that themes, such as assertiveness skills, locus of control, schooling, gender role identity, establishing independence, using support and resources when facing struggles or making plans could be added as learning objectives during the intervention. In addition, reflective thinking via a diary, making realistic plans and positive reinforcement could be used as methods for behavioral change.

Keywords/tags (subjects)

Bullying, Self-esteem, Self-concept, Adolescence, Intervention planning

Miscellaneous (Confidential information)

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1 Introduction

Adolescence is a fragile developmental age. This is a period when major doubts and worries about one's self-image and concerns of what others might think of oneself occur. (Harper & Marshall 1991, 799-808.) In adolescence, happiness is linked to the quality of relationships, and it is a time when friends bring joy and support. In addition, friends and being accepted by peer are important for self-esteem, overall well-being and development. All adolescents are in need of a sense belonging, acceptance and love. (Harter 2012, 27; Cowie & Down 2008, 41.) It is safe to say that bullying and peer rejection is a major threat for these needs and can decrease the wellbeing of adolescents.

Regardless of major worldwide efforts to reduce bullying, it is unlikely that bullying ends altogether. There are always those who experience mistreatment and suffer from it. (Rigby 2002, 15-16.) Globally, one in three adolescents attending schools are bullied (Unicef 2017, 6). Bullying rates between countries vary from 10% to 65% (Due, Holstein & Soc 2008). In Finland, the rates are low in global comparison, but bullying still happens because around 6% of the pupils in elementary school and 1% of pupils in vocational schools or high schools are bullied weekly (The School Health Promotion 2017).

The most common outcomes of bullying and peer rejection are a negative self-concept and unhealthy self-esteem. Besides unhealthy self-esteem, bullying causes various social, psychological and physiological problems, and those problems are in many cases long - term (Lodge & Feldman 2007, 633, 638; McDougall & Vaillancourt 2015, 303). These negative outcomes have been reported even of short-term bullying (Smokowski, Evans & Cotter 2014, 110).

According to the Finnish Pupil and Student Welfare Act (1287/2013) 13 §, every school must have a plan to protect the pupils from bullying, harassment and violence. As bullying rates suggest, these plans have been unable to stop bullying, and the offered support varies greatly. To this day, there is no evidence about effective cures or treatment models for a bullied adolescence. (Hamarus, Holberg-Kalenius & Salmi 2015, 7.) This thesis can bring information to this gap.

It has been argued that supporting self-esteem with peer support or familiar adults might be the most efficient and effective method to reduce the negative outcomes of bullying. A healthy self-esteem helps with assertive skills like convincing self-expression, setting boundaries and defending oneself from bullying. These skills reduce both bullying and its negative outcomes. (Cowie & Down 2008, 45-46.) By intervening when bullying has already occurred, the occurrence of adulthood problems can be decreased (Faith, Malcolm & Newgent 2008, 327-332.)

The aim of this study was to review how peer group intervention could promote and reinforce 12-18-year-old bullied adolescents' self-esteem. An integrative literature review was used to build evidence-based and good practices for low-threshold group intervention. The collected information can be used to build even more effective peer group schemes for the largest Finnish child welfare organization, The Mannerheim League for Child Welfare (MLL). Their project, Selviydytään kiusaamisesta uses low-threshold peer group, called Vahvuudet esiin, as an intervention to help to overcome the harmful experience of being bullied and to gain strength and new skills for the future. (Ryhmänohjaajan opas, Selviydytään kiusaamisesta -projekti 2018.) With the provided information, this thesis can produce recommendations for a new Selviytyjät -peer group model. Since bullying is still a common problem at our schools and since the negative outcomes of bullying are clear, it is a major strain on people's well-being and on the social and health care services. With the information generated by this thesis and with an improved Selviytyjät -peer group model, we can have a significant impact on adolescents' wellbeing. A peer group is an efficient and economical way to support the bullied (Hamarus, Holmberg-Kalenius & Salmi 2015, 102, 105).

Planning health interventions is a key component of health promotion and health management, and in this way this thesis has the opportunity to improve professional skills significantly. Beside personal growth, this benefits the Mannerheim League for Child Welfare (MLL) and its Selviydytään kiusaamisesta -project. The thesis can also offer new information for social and health care and education professionals working with bullied adolescents. Moreover, it can help the bullied themselves as effective support can be offered to them.

2 From childhood to adolescence

Adolescence is a time between childhood and adulthood where major visible and invisible in physical, psychological, cognitive, emotional and social changes take place (Erikson 1968, 128-135; Toivio & Nordling 2011, 157; Crain 2005, 287-288). Normal development and wellbeing during this period of many changes require the fulfillment of basic human needs. These needs are safety and security, control and stability, positive identity and self-esteem, sense of belonging and social needs as well as understanding the world and the meaning of life. (Knights 2011, 6.) It is safe to say that bullying and peer rejection are great threats for these needs and can harm adolescents' normal development and decrease their wellbeing.

Even though adolescents develop rapidly in various ways, these individual changes are often not what makes this stage difficult. Social changes and thoughts about being accepted, doubts about oneself or one's own role and worries of what others might think and being able to meet the others' expectations worry much more. (Crain 2005, 287-288; Toivio & Nordling 2011, 157; Harper & Marshall 1991, 799-808.) These worries arise from crises that adolescence is known for, such as ideological, identity and relationships crises. These crises include development tasks, such as becoming more independent and forming one's own values outside of the family context, learning to trust in both oneself and others, making one's own decisions on which activities to engage in, on career choices and finding one's own role in society or in a peer group. (Erikson 1968, 128-135; Crain 2005, 287-288; Toivio & Nordling 2011, 157.) Even though adolescence is many times described via crises, it is also an exciting period in life when an ideological mind searches for inspiration and ideas (Erikson 1968, 128-135).

2.1 Identity crisis

Adolescence is a fragile period for developing identity and self-conception. According to Erikson, this developmental stage is called an identity crisis and role confusion. The crisis rises from the uncertainty of the roles ahead in adulthood and from the

contrast between how the adolescent sees him/herself and how others see the adolescent. (Brinthaupt & Lipka 2002, 4; Crain 2005, 288-289.) Concepts, such as identity and self, refer to people's knowledge and feelings about themselves. Therefore, identity is a person's definition about him/herself, and this gives the person a meaning and purpose for life. (Finkenauer, Engels, Meeus & Oosterwegel 2002, 29.) In adolescence, the self's psychological aspects, such as cognitive changes in self-evaluation, become more important than the physiological aspects of self even though the psychological self in adolescence relies strongly on the physical self. (Brinthaupt & Lipka 2002, 4; Crain 2005, 288-289; Toivio & Nordling 2011, 157.) Identity depends on the context because one might have a different view of oneself in the family, relational and school contexts. It seems that a girl's identity relies more on relationships and a boy's identity is based more on school and work. (Finkenauer, Engels, Meeus & Oosterwegel 2002, 29; Wim & Maja 1995.)

Identity development starts from infancy. Differences in children's personality and identity can already be seen at the age of 3-4 years, and characters become clearer at school age. Development is a mostly unconscious life-long process, but the major and most important changes occur in adolescence. Still, early the childhood personality has been linked strongly to social capacity and psychical ability in adulthood. (Brinthaupt & Lipka 2002, 4; Crain 2005, 288-289; Metsäpelto & Feldt 2009, 325-327.)

Identity formation requires a peer group as it offers a ground for comparison and trying different roles (Salmivalli 2008, 32; Seifert & Hoffnung 2000, 507-508, 510-511). Most researchers agree that peers have a major effect on development. Peers' effect on personality development, socialization and on identity formation is far more significant than the parents' influence. Peer support and classmates or colleagues influence most on school or work identity. Intimate friends or partners have the greatest effect on relational identity. It seems that those adolescents who receive support from friends develop a stronger and more stable identity. (Salmivalli 2008, 165; Wim & Maja 1995.)

2.2 Relationship crisis

Adolescence is a time when friends and peer group become more important than in childhood. Peer relationships are in many ways, more important than family relationships. (Crain 2005, 287; Seifert & Hoffnung 2000, 507-508, 510-511.) Thus, a relationship crisis is another major crisis that adolescents go through, along with an identity crisis (Toivio & Nordling 2011, 157).

Capability of forming intimate friendships and the quality of the achieved friendships influence strongly on adolescents' development, attitudes, values and behavior. In a peer group, adolescents learn important social and emotional skills. Having good peer relationships in adolescence is also important for adjustment to academic, occupational and personal functioning in later life. (Barrett, Webster, Wallis 1999, 218; Seifert & Hoffnung 2000, 507-508, 510-511.) Peers offer no only positive and fun leisure time but also a sense of belonging, companionship and closeness, which are important variables regarding adolescents' psychological wellbeing and self-esteem (Barrett, Webster, Wallis 1999, 218; Corsano, Majarano & Champretavy 2006, 349.-350; Salmivalli 2008, 32-33). The family can no longer serve adolescents' needs for these developmental tasks and peers helps adolescents to become more independent outside of family (Seifert & Hoffnung 2000, 507-508, 510-511; Wim & Maja 1995). Thus, forming friendships and joining peer groups is the most important task for children and adolescents when they reach out from the family context to day care and in adolescence to school. Successful development in these social tasks requires social skills, the possibility to join peer groups and gain an acceptable status in them. However, for learning these important social skills adolescents need peers because a peer group is a place where adolescents learn these social skills. (Ladd 2005, 97; Salmivalli 2008, 32-33.)

Children' social capacity as adults can be predicted quite well. It seems that extrovert children usually form stronger peer and intimate relationships in adolescence than shy and introvert children do. These relationships are also stronger also adulthood. Social anxiousness in childhood predicts weak relationships and achievements in school. Positivity seems to increase regulation skills in relationships and lead to stable relationships and adaptation to the school environment. Negativity seems to lead

to relationship problems and antisocial behavior. All these personality factors and social capacity are strongly affected by life experiences, good and bad. From early adolescence, social-cognitive development continues to mid- and late- adolescence. During this time, prosocial cooperation behavior and the ability to consider the perspectives, motivations and reciprocity of friendships grows. (Metsäpelto & Feldt 2009, 325-327.)

Adolescents' peer relationships consist of individual level relationships involving close friendships and romantic partnerships or enemies. Besides individual relationships, adolescents usually interact regularly with small groups of peers, where relationships are close, and the individuals know each other well. These are usually referred to as cliques. Additionally, adolescents' relationships consist of wider groups where individuals interact but no longer know each other closely. However, they identify themselves by similar image, features, characters, neighborhood or school. (Brown 2004, 365.)

Even though peer relationships become increasingly important and time-consuming during adolescence, the relationships are usually unstable. The best friends, cliques and widerr groups change constantly, and they rarely last over an academic year. The majority of adolescents report having a best friend and close friends, and they also belong to cliques and wider groups, but no all adolescents do. Sociometric status studies describe how adolescents can be classified with terms popular, rejected, neglected, controversial or average. A rejected status seems to be more stable than other statuses. Bullied victims might be seen as one type, and those adolescents can be bullied by a group of peers. (Brown 2004, 367-371,379.)

During this relational crisis, bullying, lack of positive peer relations and rejection are really damaging factors, and they cause internalizing problems and social isolation. Lack of belonging predicts negative outcomes, such as pessimism, depression, worse grades and drop outs in school. The sense of belonging increases wellbeing. A positive social environment as well as support from friends and family can reduce the symptoms of depression caused by bullying. For this reason, interventions aiming at supporting friendships and family relationships could reduce adolescents' depression rates. (Anderman 2002, 806; Deporah 2014, 476-478; Harmelen et. 2015.)

2.3 Importance of self-esteem in adolescence

In adolescence, when enormous changes take place in the body, identity and social contexts, the matter of self-esteem becomes increasingly important (Harter 2012, 79-80, 102-103, 124-125; Kernis 2002, 57). Both concepts, self-esteem and self-concept, can be understood as cognitive and emotional self-views. The components of self can be divided in self-knowledge and the evaluative part of self. Self-esteem is an evaluative part and defined by how one evaluates self and how worthwhile one thinks one is. Self-esteem is no rational or true, but this self-view and beliefs about oneself are important whether they are real or not. (Baumeister, Campbell, Krueger & Vohs 2003, 2; Deporah 2014, 18-21; Swann, Chang-Schneider & McClarty 2007, 86; Kernis 2002, 59-64.) In late adolescence, the global self-esteem starts to develop. This means that adolescents become more autonomous and their own values and expectations become clearer and more important (Harter 2012, 124-125).

Self-esteem is a highly studied concept, and better psychological health and happiness are the strongest and reliable outcomes of strong self-esteem. People with high self-esteem are less depressed and happier than people with low self-esteem. High self-esteem leads to a positive self-view and self-conception. People with higher self-esteem rates themselves more popular and as having better social skills even if these claims were no true. (Baumeister, Cambell, Krueger & Kathleen 2003, 15-16; Kernis 2002, 59-64.) In this way, self-esteem is a much more complex concept than just feeling good about oneself. Self-esteem is a valuable psychological resource and it links to the feeling of competency, self-efficacy and being approved of. (Deborah 2014, 13-14.)

In comparison, low self-esteem leads to a negative, uncertain, unstable and inconsistent self-concept (Kernis 2002, 59-64). Low self-esteem can lead to undesirable outcomes, such as depression, hopelessness, mental health problems and risk behaviors, such as suicidal thoughts, alcohol and drug abuse, eating disorders and criminal activities (Baumeister, Campbell, Krueger & Vohs 2003, 28; Deborah 2014, 17; Rosenberg, Schooler & Schoenbach 1995, 1009). Low or unhealthy self-esteem affects school performance (or job performance) and it is linked with lower grades (Baumeister, Cambell, Krue-ger, & Kathleen 2003, 13-15; Rosenberg, Schooler &

Schoenbach 1995, 1009). It seems that people with high self-esteem tend to persist longer when they face failures, and they know better when to quit persisting and use better self-regulation strategies (Baumeister, Cambell, Krueger, & Kathleen 2003, 13-15).

Self-esteem is no simply high or low, healthy or unhealthy. Self-esteem in adolescence it is highly unstable, and context related. People rate themselves based on certain qualities or competence in certain situations. People might feel good about themselves with close friends but in a classroom, they report really low self-esteem. (Harter 2012, 79-80, 102-103, 124-125; Wells & Marwell 1976, 61-65.) In adolescence, other people's opinions and expectations become extremely important, and self-esteem is highly related to appearances and the peers' opinions about them. In addition, others' reactions to self, one's behavior and opinions form the self-view. As other people, teachers, peers or parents, expect and value different factors, adolescents are uncertain and confused about their self. (Harter 2012, 79-80, 102-103, 124-125; Kernis 2002, 58; Swann, Chang-Schneider & McClarty 2007, 86.)

Adolescents' self-esteem is also related to life experiences. Stressful events can either increase or decrease the self-esteem. The more adolescents experience stressful events, either negative or positive, the more clearly their self-esteem is affected. Those adolescents who report experiencing a large number of stressful events in their life report the lowest level of self-esteem. How much self-esteem is affected by failures and life experiences depends on the fact how stable the self-esteem initially is. (Kernis 2002, 58; Young & Rathge 1990.)

How the context, other people's opinions or life experiences affect a person's sense of self-worth, acceptance or competence depends on how important certain roles, qualities or competence are for the person. Healthy self-esteem is no earned by accomplishments. It is a resilient and stable sense of self-worth. People with healthy self-esteem like, accept and value themselves and do not require frequent promotion or convincing for it. They undertake goals and activities that are important and interesting to them, and they also accept failures and poor performance and cope with disappointment. (Harter 2012, 79-80, 102-103, 124-125; Wells & Marwell 1976, 61-65; Kernis 2002, 79-81.) Self-esteem also protects from stress. Self-reliance raises the ability to believe that one can have an impact on one's life and have skills to

meet the challenges of life. High self-esteem helps to cope with traumatic and stressful events in life and leads to better out-comes. (Baumeister, Campbell, Krueger & Vohs 2003, 28; Campbell & Lavallee 1993, 3-4; Deporah 2014, 18-21; Harter 2012, 79-80, 102-103, 124-125.)

Self-esteem affects behavior strongly. Self-evaluation of one's own skills or capabilities, competency and self-efficacy has a great impact on human behavior and motivation. This self-view affects the choices that people make because the perception and judgment of one's own skills and capabilities influences on the persistency with which one might work for tasks or on which tasks to start with in the first place. This efficacy self-view explains why people with the same degree of talent, skills and capabilities perform differently. (Campbell & Lavallee 1993, 3-4; Deporah, 2014, 13-14, 18-21; Swann, Chang-Schneider & McClarty 2007, 88.)

Since self-esteem affects action, it also affects social reality and social relationships. For developing and maintaining peer relationships in adolescence, good social skills are important, but even with good social skills, insecurity and low self-esteem can prevent interacting with peers. In this way, self-esteem and self-concept have a great impact on social functioning, and they are important factors for having positive and stable peer relationships. (Barrett, Webster, Wallis 1999, 218; Baumeister, Campbell, Krueger & Vohs 2003, 2-4.) Adolescents with high self-esteem are able to communicate and express themselves effectively, they see both their own and their friends' flaws and do not even expect "perfect" behavior from them. In a group context, it is suggested that people with higher self-esteem are more likely to speak out, and that they are rated more positively by the other group members. Unhealthy self-esteem can cause social anxiety, problems to form and maintain close relationships and a tendency to act passively or aggressively. For example, adolescents with low self-esteem are not as willing and bold to seek friends and interact with peers. If a friend violates their expectations, they usually blame themselves for it, and this feeds their insecurities about relationships. (Azmitia 2002, 184-185; Baumeister, Cambell, Krueger & Kathleen 2003, 19-20; Campbell & Lavallee 1993, 3-4; Deporah 2014, 17-21.)

3 Dimensions of school bullying

Bullying has been defined and described in various ways over time. Most researchers have adopted Olweus' (1999) definition, which emphasizes its intentionality, repetitiveness and an unjust use of a power imbalance (Rigby 2002, 55-56). Bullies have a desire to hurt, and there is evidence that they enjoy it. Those being bullied have a sense of being oppressed. Bullying is directed towards persons who have no ability to defend themselves. Bullying is also a group phenomenon. (Hamarus 2006, 55; Olweus 2011, 151; Rigby 2002, 55-56.) Many terms, such as bullying, victimization, harassment, abuse and mobbing are used in literature to describe school bullying (Kautto 2011, 45). The term school bullying is used throughout the present thesis.

It has been discovered that the pupils' understanding of school bullying differs from teachers', parents' and researchers' definitions above. The pupils emphasize the power balance, which can be achieved by physical characteristics but also by other qualities or features. The pupils also emphasize the subjective experience that the bullied have. In simple terms, bullying is bullying if the victims think so. (Herkama 2012, 77-79.) The subjective experience is also emphasized in Hamarus (2006) study on bullying as the adolescents' point of view. These two characteristics, power imbalance and subjective experience are in line with research. Instead, pupils do not see that bullying has to be intentional, frequent or long-term. Another difference is that the pupils define, for example, hitting, bashing, stealing, threatening, laughing and naming as bullying but no isolating or excluding from a group. (Herkama 2012, 77-79.)

As described above, both the researchers and pupils emphasize the power imbalance between a bully and the bullied one. A bully protects his own status with the expense of the vulnerable victim. Bullying can be an act of popular, socially powerful pupils defending the power status that they have achieved. Alternatively, unpopular and marginalized pupils attempt to become more powerful by bullying others. Bullies can also be bully-victims. Emotionally vulnerable, aggressive and unpopular pupils can use bullying to avoid being bullied (Farmer 2009; Vaillancourt, Hymel & McDougall 2003, 158-159).

Internationally, bullying rates vary greatly between countries (Unicef 2017, 6, 36). The rates vary between 10% and 65% of children attending schools (Due, Holstein & Soc 2008). In Finland, the rates are low in global comparison, but bullying still happens. According to the latest Finnish school health study, approximately 6% of the pupils in elementary school and 1% of pupils in vocational schools or high school are bullied weekly. (The School Health Promotion 2017.) All together 10-15 percent of pupils are bullied monthly and about 7-10 percent weekly. In Finland, it seems that bullying was increasing until 2008 or 2009 and that it has been decreasing since. School bullying rates decrease with age because the higher the grade, the lower are rates in bullying. The transition from primary school to the upper grades of comprehensive school is the only exception. (Kiusaamisen vastaisen työn lähtökohdat perusopetuksessa, toisella asteella ja varhaiskasvatuksessa 2017, 20.) It seems that in the lower grades bullying is more common among boys than among girls. The boys' rates and the total amount of bullying decrease at the transition to secondary school but the girls' rates do not change very much. With both sexes, bullying is more common in the 7th grade than in the 6th grade. (Pellegrini & Long 2002, 269-271.) It is suggested that transition to upper grades of comprehensive school increases the bullying because the transition leads to a social change. A new school and pupils decrease affiliation and belonging. When this need is threatened, adolescents use dominance and bullying to seek friends, acceptance and place in a peer group. (Pellegrini & Long 2002, 271-275.)

At the beginning bullying can be normal testing and hassling between two children. Bullying is directed on a quality, feature or character that somehow differs from the prevalent culture. With time, a certain reputation and label is created for the bully, and it can be created of nearly any quality, character or feature. There are more vulnerable pupils that have a higher risk to be bullied. (Hamarus 2006, 204-205; Herkama 2012.) It is known that low self-esteem and unhappiness, depression and anxiety cognitive problems, personality and weak mental health and weak emotion regulation, social or assertive skills are risk factors for being bullied. These pupils can be seen as an easy target. (Hamarus 2006, 204-205; Herkama 2012, 82; Singham, Viding, Schoeler, Arseneault, Ronald, Cecil, McCrory, Rijsdijk & Pingault 2017, 1113; Jankauskiene, Kardelis, Sukys & Kardeliene 2008, 154.)

Bullying is no just a matter between a bully and a victim. Bullying is a group phenomenon as it happens in a group, usually in a stable social group, such as a school class or a team of some kind. Group members stir up each other and support bullying. Bullying usually occurs in a group where there is no true cohesion or trust between the members or in a group where there is fear of rejection and abandonment. Pressure and fear of being bullied can lead to bullying. When adolescents' need of belonging and affiliation is threatened, they can use dominance and bullying to seek friends. In this way, bullying is an act of defending and protecting one's own status, acceptance and place in a peer group. (Farmer 2009; Herkama 2012, 82; Pellegrini & Long 2002, 271-275; Salmivalli 1989, 33, 46-47, 52.)

Moreover, a new pupil in a group with strong cohesion is a sensitive situation. The group can reject new pupils as their group is already ready and there are no reasons and motivation to learn to know the new pupil. (Herkama 2012, 82.) Bullying can be unhealthy, a fun group activity, and it can seem as a tide between its members. It raises a false sense of belonging and community because as the group seems to work together and have fun, bullying raises feelings of worry, fear and quilt in the group. Bullying affects group dynamics in an unhealthy way. (Farmer 2009; Hamarus 2006, 204-205.)

One way to define bullying is to call it a collective aggression based on social relationships between group members. Children's and adolescents' status of acceptance can be measured, for example, with a test where the children or adolescents are ask to nominate three children that they like most and three children that they like least in their group. This test reveals the popular children and adolescents because they are frequently nominated as the most well-liked persons. Studies show that only 10-15% of all children belong to this group. (Salmivalli 1998, 33.) Bullying also involves many other roles, such as those of associates, bystanders, active supporters or defenders. The victim is the target of the bullying. The bully is the person who starts the bullying and might encourage or intimidate others to join. The associates do not start the bullying but easily join it. The bystanders are aware of the bullying but do not encourage the bully nor defend the victim. They quietly let the bullying go on. The active supporters might not bully themselves, but they are aware of the bullying, and by laughing, cheering and giving positive feedback they support the bullying. The defenders

stand by the victim and try to help. (Salmivalli 1998, 33, 46-47, 52.) The roles of bullying seem to be fairly stable. According to Chapell et al. (2006, 642), three quarters of those who are bullied in elementary school are also bullied in high school and college. Half of the bullies at college were also bullying in high schools and elementary schools. Moreover, being a bully-victim correlates highly with being a bully victim in all educational levels. (Chapell et al. 2006, 642.)

3.1 Outcomes of school bullying

From the begining, it is important to understand that bullying does not cause problems for all those who are bullied. However, there is still evidence that bullying causes social, psychological and physiological changes and that those changes are in many cases long-term. (McDougall & Vaillancourt 2015, 303). These negative impacts on school enjoyment, social relationships and mental health have been reported even on short-term bullying (Smokowski, Evans & Cotter 2014, 110). The longer bullying lasts, the clearer are the negative outcomes. Unfortunately, studies suggest that a victim status is many times long lasting. According Chapell et al. (2006, 642), being a victim of bullying in elementary school (at the age of 8 years) correlates positively with being victimized also in other education levels, as three quarters of those who are bullied in elementary school are also bullied in high school (at age of 16 years) and in college. Pupils who feel unwell and who report on weak quality of and satisfaction with life also feel unwell in adulthood (Takizawa, Maughan & Arseneault 2014, 779).

It has been suggested that the outcomes above are linked to victims' assessment of the reasons for being bullied. It has been discovered that the most negative outcomes occur in cases where the victim is bullied because of some permanent personal characteristic or feature. It is less crucial is if the bullying is directed towards acting in a certain situation and the least crucial if the victims believe that they were bullied by accident. These findings are in line with several studies stating that identity-based bullying, that is, directed toward personal and permanent features, causes the most severe problems. Many times, adolescents blame themselves for the bullying. Self-blaming and adapting to a bullied stigma can lead to several consequences. (Graham & Juvonen 1998, 597; Price 2018, 15-16.) Bullying can be categorized in

overt (physical bullying, naming) and “invisible” relational victimization (exclusion, damaging relationships and social status or standing). Studies suggest that these two kinds of bullying cause different kinds of outcomes. It seems that overt bullying causes more aggression and external problems and that relational bullying leads more to internalizing and social problems in adolescence. (Deporah 2014, 478.)

Sometimes it is wondered if all the problems linked to bullying are caused by bullying or if those problems would have emerged in spite of it. In these discussions, heritage and environmental effects are the cause for the acquired problems. There are comprehensive studies conducted on twins that suggest that the outcomes are, in fact, caused by bullying. For example, Singham et al. (2017, 1116-1118) state that there is a significant link between an adolescent’s mental health and bullying. Their longitudinal twin study has proved that the instant consequences of bullying are depression, anxiety, hyperactivity, concentration and other cognitive problems and intoxicant abuse. After five years, all these symptoms were still reported, but mildly. (Singham et. 2017, 1116-1118.) With this evidence, it is reasonable to assume that school bullying really does lead to many kinds of negative outcomes. In the next chapter, some of these outcomes are presented.

Outcomes to schooling

Bullying in elementary school affect naturally to schooling. Low education and unemployment are major concerns but understandable outcome since for bullied children’ and adolescents’ overall satisfaction about school is weak. Bullied like less school, lessons, breaks and other pupils that peers. Bullied pupil avoid going to school and are reported to be more frequently absent from school that peers. Drop out after the compulsory school is common. (Faith, Malcolm & Newgent 2008, 327-329; Rigby 2003, 586; Smith et. 2004, 578; Rigby 2002, 109.) Unfortunately, problems in elementary school seem to pass to future schooling. Those children and adolescence who are bullied in elementary are reported to have lower education than peers in general. In addition, unemployment rate along with adults who were bullied in school is higher than peers have. (Takizawa, Maughan & Arseneault 2014, 779.)

Outcomes to somatic wellbeing

Bullying causes also somatic problems. Bullied pupils report twice as much headaches or stomachaches than peer. In general, bullied pupils complain more physical problems that peers. (McDougall & Vaillancourt 2015, 302, Rigby 2003, 588.) Stress and inflammation has been one explanation for these health problems. Studies suggest that adults who have been bullied in childhood has increased level of certain protein in blood, similar than inflammation causes. Inflammation has linked many physical problems like obesity. Even a half of bullied report symptoms equal the symptoms to post-traumatic stress disorder; PTSD. People with PTSD goes repeatedly through the traumatic event in mind and try to avoid any situations that might raise the feelings and thoughts associated to the event. Person with PTSD is under major stress and fear all the time even there is no rational reason for it. (Copeland et. 2014, 7571; Tangen et. 2015, 18-22.)

Outcomes to mental health

Even a temporary bullying seem to cause some mental health problems (Rigby 2003, 586). Chronic, long-lasting bullying causes more severe problems like depression, anxiety, aggression, low self-esteem and lack of hope for the future (Smokowski, Evans & Cotter 2014, 110; McDougall & Vaillancourt 2015, 302). Seals & Young (2003, 745) found out that those adolescents who were not involved in bullying has lowest level of depression. Both bullies and victims reported increased levels of depression, but victim's levels were significantly higher. For example, depression and along with other mental health problems are found to occur even decades after bullying. (Takizawa, Maughan & Arseneault 2014, 779). Bullying in elementary has also been linked to poor health, to mental health issues and alcohol abuse in later life (Faith, Malcolm & Newgent 2008, 327-329; Takizawa, Maughan & Arseneault 2014, 779).

Qualitative studies present how pupils themselves report that bullying hurts, is unpleasant and causes uncomfortable feelings. Negative feelings that bullied report are anger, sadness, doubt, frustration, shame, fear and guilt. (Cong 2017, 77; Herkama 2012, 84.) The anger and bitter can raise from being bullied, being threated inequitably and struggling in life because of the bullying. These negative feelings can be directed to self or to bullied. It is really important that adolescents learn to cope, to express, to deal with these negative feelings. (Hamarus 2012, 95.)

Happiness of children and adolescents is strongly affected by peer relationships, acceptance and belonginess. Bullied are less happy and more anxious that peers. Bullied have also more suicidal and self-pity thoughts. (Cowie & Down 2008, 41; Rigby 2003, 585-587). This statement is supported by many quantitative studies. For example, in Australia a comprehend study (n=31 980) was conducted about happiness. Report proves that those children who are bullied frequently are less happy that peers. (Rigby 2002, 106.) Long-lasting bullying can increase the sensitivity to sense bullying and negative behavior. Changes in hypersensitivity has also been reported. (Esbensen & Carlson 2009, 221; Smokowski, Evans & Cotter 2014, 110.)

Protective factors

It is known that there are some qualities and features or skills that either protects from negative outcomes bullying can cause or predispose to those causes (McDougall & Vaillancourt 2015, 300). These are the factors that could be reinforced by peer group intervention along with the self-esteem and self-concept. Even though the long-term outcomes of bullying have been evidences, it is good to understand that no all children and adolescence suffer from it. Some pupil doesn't experience any negative causes or long-term con-sequences. (McDougall & Vaillancourt 2015, 300; Rigby 2002, 108; Smith, Talamelli, Cowie, Naylor & Chauhan 2004, 578.) Comprehensive study conducted in Australia reveals that about 50% of bullied pupils report feeling as healthy and as well-being, 40% worse and 7% even better as before the bullying. Portion of those who felt worse increased up the half when studied those who reported being bullied frequently. (Rigby 2002, 108.) It is also studied that if bullying is successfully terminated those children and adolescence who were bullied might have no negative outcomes. It seems that those children and adolescence who are not negatively affected use better coping skills than those who are. Effective coping skills seems to be telling adult, seeking social support and talking about the bullying and active attempts to seek friends. (Smith, Talamelli, Cowie, Naylor & Chauhan 2004, 578.)

Since having friends, or even one, is important for the wellbeing, devilment and self-esteem of adolescent, supporting adolescence to making and maintaining friendships is important. Increasing the social skills can help adolescent to do that. (Cowie & Dawn 2008, 41-45.) Social skills can be taught to adolescence by straight teaching,

with socio-cognitive practical training or top-down/ bottom up technique. Basic skills which are known to support children' friendship skills can be taught by straight teaching. This can mean discussions about skills, recognizing positive and negative behavior patterns, practical training via role playing and reinforcing. For successful intervention it would be important to concentrate on how these learned better patterns and behavior becomes more general after the intervention. Socio-cognitive program emphasizes emotions, understanding others, behavior and situations, anticipating situations and making multiple strategies of behavior. These kind of training increases the ability to solve problems. Top-down or Bottom-up programs rely on the assumption that cognitions affect on behavior and vice versa. Programs There are good results of changing the habit of assuming peers have negative intentions. Best results can be achieved from programs that use all these elements. (Salmivalli 2008, 182-188.)

Besides having good social skills, being able to forgive is proved be positive coping method. Forgiveness affects positively on mental health, stress and physical health. Forgiveness is conscious and active coping method, where one makes moral decision to forgive and leave negative experience, and negative emotions rising from it, behind. Forgiveness can help to cope with traumatic and hurtful events. It is not easy, but it can be learned. It has been evidenced that bullied who used forgiveness as a coping method reached healthier, felt less pain and less negative emotions because of the experience of being bullied. (Cong 2017, 10-19.)

Even though, in adolescence, peers become more important than family relationships family can offer important support for bullied adolescence. Family does affect on a risk of being bullied but also on how negatively bullying affects on children or on adolescent. It seems that spending time with parents, warm relationship with parents, stable family structure, positive relationship between family members and social support from family protects first of all from being bullied and also from negative outcomes of bullying. (Crain 2005, 287; McDougall & Vaillancourt 2015, 305.) All in all, experience of somebody standing by your side, supporting and helping when needed, is significant (Hamarus 2012, 94.) The younger the adolescent is the more important the family is. Older adolescents rely more on help and support of friends and teachers. (McDougall & Vaillancourt 2015, 305-306.) Also, warm, responsible

parenting and capability to support adolescence's independence and friendships increase the wellbeing of the adolescence. It seems that emotional, problems solving, social and friendship skills learned from home are key factors for not being bullied. (Healy, Sanders 2014 760-777 & Healy & Sanders 2015.) Unfortunately, studies reveal that in many cases parents are not even unaware that their children or adolescence have being bullied (Hamarus 2012, 94). When parents are aware, bullying can have effect on family relationships (Cong 1017,77).

Bullying causes many strong and negative emotions and stress for the parent. Quilt, hopelessness, frustrations, anger, and shame can rise from the thought that parent have been unsuccessful to protect own children. Thoughts about not taking earlier action can also stress. Parents whom children are bullied are eager to decrease the stress that children are experiencing. Parents are using emotional support, supporting social skills, reinforcing self-esteem and encouraging to overcoming fears as a method to help their children. (Cong 1017,77; Hamarus 2012, 94; Harcourt, Jasperse & Creen 2014, 9.)

3.2 School bullying, peer relationships and self-esteem

In adolescence, happiness is linked to quality of relationships. Friends bring joy and support. Being left out from peer group can lead to many kinds of health problems. Bullied children and adolescent have less friends in school and friendships they have are weaken that peers. (Cowie & Down 2008, 41; Smith et 2004, 578.) As peers become more important in adolescents being victimizes in this developmental age becomes even more difficult. Peer acceptance and having friends in school is linked to better adjustment measured for example by loneliness or academic achievement. Quality of friendships, with number of friends, correlated also highly on self-esteem. (Deporah 2014, 478; Kingery, Erdley & Marshall 2011, 227.)

Both verbal and physical bullying causes interpersonal trauma. Bullied feel ashamed and embarrassed in social interaction and this affects on social skills and self-conception. (Smokowski, Evans & Cotter 2014, 110.) Bullied experiences and expectations of social situations are more negative than peers' (Cong 2017, 77). Since the trauma, adolescents are less likely willing to spend time in a peer group or even try to reach

out for friend. This way, bullying leads to withdrawal, isolation and social exclusion. (Cowie & Down 2008, 41-42; McDougall & Vaillancourt 2015, 302.)

Those who are bullied in elementary setting are reported to be lonelier also in later life that peers. School bullied are living more often alone and with-out intimate relationships that those who were not bullied. Problem can arise from social insecurity and fear for intimate relationships. (Rigby 2003, 586; Takizawa, Maughan & Arseneault 2014, 779.)

Bullying; teasing and negative feedback from peers causes lowered self-esteem. Bullying affects on self-concept and self-worth, how one sees oneself, own social skills or how assumes others to accept oneself. (Noser & Steele 2006, 2392; Rigby 2003, 586.) Lowered self-esteem is reported by bullied themselves as well as by their parent's assessment (Cong 2017, 77; Harcourt, Jasperse & Creen 2014, 10). Being bullied is highly related to negative self-evaluation and longer the bullying lasts, the more negative the self-evaluations changes. Low self-esteem affects also reaction bullied have on bullying. More negative the self-view is, more likely they blame themselves and their "low worthiness" for bullying. Negative self-view, self-perception of being rejected and victimized, leads to low self-worth, self-blaming, loneliness and anxiety more than peer reported victim status. Hence, self-view is more important predictive on well-being than the reality or peer perceptions. (Alsaker & Olweus 2002, 206; Graham & Juvonen 1998, 591-598.) Low self-esteem is also a risk factor for being bullied. Children with low self-esteem can been seen as an easy target for bullying. (Rigby 2003, 583-586.)

Studies have evidenced that bullying do actually have significant affect on more specifically to self-concept (Alsaker & Olweus 2002, 218; Salmivalli 1998, 129-123). Studies Salmivalli conducted in 1989 showed that bullied adolescent's self-concept was low in all variables like physical appearance, social intelligence, manners or family self-concept. Bullied had more likely low negative self-concept on physical appearance and social intelligence. Bullies usually had high self-concept on physical appearance and social intelligence but not manners or self-concept in family context. (Salmivalli 1998, 129-123.) Effects of long-term bullying on self-esteem and self-concept are evidenced to be long-lasting. Usually problems pass to adulthood. In general,

more long-lasting the bullying has been, unhealthier is the adolescent's self-esteem. (Alsaker & Olweus 2002, 218; Esbensen & Carlson 2009, 221; Rigby 2002, 108-109.)

Also, those, who bully seems to have lower self-esteem than peers who are not involved in bullying in anyway. It has been studied that the lowest self-esteem is measured with bullied-bullies, then bullied and then bullies. Although gender plays a significant role in it. (Pollastri, Cardemil & O'Donnell 2010, 1496-1497; Seals & Young 2003, 744.) Interesting phenomenon has been recognized with online bullying, where bullied seems to have low self-esteem but low esteem seems not be risk factor for being bullied, as it is with face-to-face bullying (Brewer & Kerslake 2015, 258).

Alsaker & Olweus (2002, 218) states that it is not realistic to assume that victimized and bullied adolescents would recover and gain self-esteem spontaneously even if the bullying stops. Long-term feeling of helplessness, worthlessness, shame or mental pain maintains low self-esteem and feelings of low self-worth for a long time. (Alsaker & Olweus 2002, 218.)

3.3 Peer group intervention with bullied adolescences

In research literature groups involving peers are described as peer groups, mutual aid groups, support groups and self-help groups. Groups usually focus on strengths and are voluntary, free and reciprocal. Effective mutual aid group consist of peer acceptance and approval, true involvement and participation, meaningful activities, skills development, recognition for work and time for reflection. (Anderson-Butcher, Khairallah & Race-Bigelow 2004, 134-135, 138; Munn-Giddings & McVigar 2007, 26-29; Ngai, Cheung & Ngai. 2009, 458-459.) There is many benefits using peer group with bullied adolescences. Firstly people with same experiences and same age group understand each other problems better, use same kind of language and terms with each other and empathize with each other easily. In a peer group difficult emotion can be shared and overcame. For vulnerable group like bullied the feeling of safety, trust, respect, being heard, accepted and understand is significant. (Egbochuku & Aihie 2009, 9; Hamarus, Holmberg-Kalenius & Salmi 2015, 102, 105; Munn-Giddings & McVigar 2007, 26-27.) Group support is promising choice especially for socially anxious and peer rejected kids because of the social nature of peer problems. Bullied

adolescents who have poor relationships and lack social skills need to develop more positive relationships with peers. In a safe, trustworthy group social skills can be rehearsed, fears towards other peers and social situations faced. (DeRosier & Marcus 2005, 140; Hamarus, Holmberg-Kalenius & Salmi 2015, 102, 105.) The positive outcomes can be also result from learned coping-skills and help from other people who share similar problem or concern. Group and its members can offer new views. (Hamarus, Holmberg-Kalenius & Salmi 2015, 102, 105; Munn-Giddings & McVigar 2007, 26-27.) Although, some studies suggest that group interventions might not be suitable for shy or fearful individuals (Anderson-Butcher et al. 2004, 138).

All in all, peer groups are effective especially in adolescence since importance of peers and peer relations are high (Egbochuku & Aihie 2009, 3). Peer group can help adolescents to feel belonginess and accepted and raise their self-esteem significantly. Empowering effects like increased self-efficacy, self-esteem and improved quality of life seems to be meaningful components for recovery. (DeRosier & Marcus 2005, 140; Egbochuku & Aihie 2009, 9; Markowitz 2015, 199-200.) Feeling included and needed, comfortable and welcome, mutual support, receiving support and advices, realizing they are not alone has link to significant outcomes like more positive attitude, new skills and stress relief (Anderson-Butcher, Khairallah & Race-Bigelow 2004, 135-137).

Many times, peer support is more important in mutual aid groups but with young adults the professional and adult can offer positive role model and reinforcement by behavior recognition and reference. Groups with only members and with professional support differ from each other by ownership and control. The role of professional is tender and for successful mutual aid group process it is important that the leader is able to support complex group dynamic and help members to fulfill their potential for the group. At early stage the role of professional can be stronger and later when commitment is stronger the role fades. A positive leader is expected to be mediator who ensures that everyone got opportunity to share and participate, warms up the atmosphere and breaks the ice. (Anderson-Butcher, Khairallah & Race-Bigelow 2004, 134-135, 138; Munn-Giddings & McVigar 2007, 26-29; Ngai, Cheung & Ngai 2009, 458-459.) Difficult subjects, lack of trust between participants and individual's shyness and fearfulness decreased the comfort in a group. Support group might

not be suitable for people needing more individual professional help and support. (Anderson-Butcher, Khairallah & Race-Bigelow 2004, 134-135, 138.)

Primary reasons to join the self-help group are lowliness and participation in peer group can decrease isolation and feeling of loneliness (Anderson-Bucher et al. 2004, 132; Hamarus et al. 2015, 102, 105). Other reasons to join peer group are willingness to meet other people in same circumstances, previous positive experiences from self-help groups and expectation of some benefit from peers (Munn-Giddings & McVigar 2007, 26-27). It it significant that groups involve certain number of participants. Not too many to weaken the group dynamics but not too few to ensure the peer support. Personal barriers like scheduling or transportation issues might prevent participants to attend to group. Besides personal issues, successful group intervention depends on tide partnership with other agencies like social work. It is known that in the community not all are aware of available non-governmental group support and variety of available support is not integrated to social and healthcare services. Due lack of awareness partnership is weak. (Anderson-Bucher et al. 2004, 134-137.)

There is lack of studied focusing on peer group interventions with bullied adolescents but Houlston, Smith & Jessel (2011, 293-305) did researched if peer support schemes have impact on well-being of victims of bullied. They found out that those victims of bullying who had used peer support schemes had perceived more support also from family and friends and had higher self-esteem than those victims who hadn't use the existing schemes. Findings indicates that social support such as peer support schemes in schools can protect from negative outcomes of bullying. Groups are also efficient and economical way to support bullied since groups are low-cost and low maintain (Anderson-Butcher, Khairallah & Race-Bigelow 2004, 138; Munn-Giddings & McVigar 2007, 26-29; Hamarus, Holmberg-Kalenius & Salmi 2015, 102, 105)

4 The aim and research questions

This thesis aims at revealing the nature of interventions which have been able to increase the self-esteem of adolescences. Integrative review is used to collect and

compare the elements which these interventions have. Results of this integrative review is used to gather evidence for good practice for MLL's threshold peer group intervention to reinforce self-esteem of those adolescent who have been bullied.

Even though bullying happens in every educational level, in work places and in hobbies this thesis will concentrate only to school bullying in elementary settings and to young adults from 12 to 18 years. Due this is the main target group in MLL's Selviydytään kiusaamisesta -project. Literature review will rule out interventions and methods targeted to young adults suffering certain severe health or social problems. According to Anderson-Butcher, Khairallah & Race-Bigelow (2004, 135) support group might not be suitable for people needing more individual professional help and support. Project's low-threshold peer groups, even with volunteers and professionals support, cannot address the needs of young adults with severe problems. With this thesis we can improve the manners and methods used in the peer groups and reveal if used model is best for MLL's operation.

The research questions are:

- How adolescents' self-esteem could be reinforced by peer group?
- What are the mutual elements of peer group intervention that have been able to support adolescents' self-esteem?

5 Integrative literature review for building good practice

5.1 Integrative literature review

Integrative literature review summarizes, synthesizes, critiques and reviews diverse literature for addressing new topic, for building new understanding and perspective or for building comprehensive portrayals of certain phenomenon (Torraco 2016, 404; Torraco 2005, 357; Whittemore 2008, 149; Whittemore 2005, 56). For field of social and health care literature review can offer evidence for building for best-practice based on literature. Literature review can gather and provide directly applicable, new evidence for healthcare problems, practice or policy. (Whittemore 2008, 149; Whittemore & Knafl 2005, 546.; Whittemore 2005, 56. & Hewitt-Taylor 2017, 1.) Different types of literature reviews like qualitative review, systematic review or meta-analysis

are widely used to build evidence-based practices. Integrative review is the broadest method and differs from other research reviews by the fact that it enables including many types of literature and metrologies in the review. The review can focus on results, theory or methodology of wide range of implications. Thus, the richness of sample in integrative review enables to deepen conclusion. For this matter it might be most suitable , although complicate, method for building evidence especially for field of healthcare and social sciences. (Whittemore 2005 57.; Whittemore & Knafl 2005, 546-547.)

One reason for choosing integrative literature review as a research method is if there are many studies conducted, however, no studies that would collect these results (Hewitt-Taylor 2017, 12). Integrative literature review was chosen for this study since there was few studies conducted describing cure for bullied but no focusing on self-esteem. Although there was many studies found describing building adolescents' self-esteem there is no review found which would collect these studies.

Defining the problem precisely helps to limit and narrow the content and address the purpose for the review. Identifying basic elements about the topic and topics interacting, builds better understanding and clearer structure for the review. (Torraco 2005, 359, 362; Whittemore 2008, 151.) At integrative review for building best-practice for social- and healthcare matters the most important variables of interest are concepts, target population and their health care problem or intervention outcomes (Whittemore 2005, 58; Whittemore & Knafl 2005, 548). At this review the main concepts would be low threshold peer support group, intervention, school bullying, bullied adolescents, self-esteem, peer problems. The target population is bullied adolescents between 12-18 years old and the health care problems would be low self-esteem and peer problems. The interest of this review would lie on intervention which have positive outcomes on adolescences' self-esteem.

5.2 Finding the literature

For an integrative review the data can be gathered with many sources and databases. Used key-words and databases need to be reported to the readers. Defining inclusion terms and criteria is also necessary. (Torraco 2005, 260; Whittemore 2008,

151.) Even though the integrative review is the least structured review method the author is expected to report accurately how the study was conducted (Torraco 2005, 360; Whittemore & Knafl 2005, 549). The data collection has to be systematic and well demonstrated with charts or tables. The quality and the validity of the found data must be assessed. (Whittemore 2008, 151-152.)

In the integrative review the author is displaying the findings and in addition synthesizing and creating a new framework about the issue. For the analysis a thematic structure can be used to compare the relevant information found in the literature. The used structure should be demonstrate visually. (Torraco 2005, 362; Torraco 2016, 415; Whittemore 2008, 152.)

The primary sources can be reviewed by a full paper, an abstract, the results or used methods depending of the reviewed topic (Torraco 2005, 361). The integrative literature review usually focuses on a research finding, but it can be combined to the review of practices, interventions and programs. The literature review can also examine the methodology and critique the reliability and the validity of the reviewed literature. This way the coverage of the literature review can range. The review can use only selected pieces of literature or the entire literature. The integrative literature review aims at synthesizing the literature around the topic in a way that a new model or a conceptual framework can be presented. (Torraco 2016, 405, 410.) In this review the focus on literature was at the description of programs, or interventions used in a study.

Table 1. Literature search process

Keywords	self-esteem OR self-concept Or self-worth OR self esteem AND group intervention OR program OR treatment AND adolescents OR teen-agers OR young adults
Results for assessing by headlines and abstract	462
Inclusion criteria	-studies targeting to measure impact of certain program, intervention, course of action or method used in a group basis

	-programs that were targeting to self-esteem, global self-esteem, self-concept or results shows increase in these areas even though it was not the main aim. - research design includes vastly recognized measurement instruments -target group is between 12-18 years old -studies conducted within last 20 years -paper was written in English language
Exclusion criteria	-children and adolescents with severe mental or physical health problems -School based programs involving either the whole school or certain class -Programs using methods not possible to use in a low threshold peer group like: over-all health and sports program, camps, adventure training, art programs.
Results for full reading	29
Inclusion and exclusion criteria	-Same inclusions and exclusion criteria -Quality assessment (clarity, methodology, significance)
Sample	7

For finding studies focusing on the intervention or the program aiming at increasing adolescent's self-esteem databases; EBSCOhost to CINAHL Plus with Full Text, Teacher Reference Center, MEDLINE and Academic Search Elite were used. These databases were chosen because they cover well the field of the social- and the health sciences and because the databases were easily accessible. There might be multiple relevant studies available on the other databases and a choice to limit the used databases as well as used keywords might have affected to a sampling validity. Multiple keywords; self-esteem OR self-concept Or self-worth OR self-esteem AND group intervention OR program OR treatment AND adolescents OR teen-agers OR young adults were used for these databases. With this search 462 results were found. The sample size of 8 relevant studies is quite small. Nevertheless, the sample represent

well the programs used with chosen target group of adolescents between 12-18 years with a low level of self-esteem, the peer problems or the experiences of been bullied.

These studies were assessed first by a headline. After that, 29 studies were assessed by an abstract and eight studies were included for the first reading. After the first reading one of these eight studies were excluded because it did not meet the inclusion criteria. In total seven studies was included to the review.

This review aimed at reviewing the programs and the group interventions for discovering the mutual elements and the good-practice for bullied adolescences' peer group intervention. This is why the review included only studies targeting to measure an impact of interventions used in group basis and the intervention targeted for the adolescences between 12-18 years old. The included studies were a face valid studies with a positive results for increasing the self-esteem. The results were important only at the data search phase, as positive results with the increasing self-esteem was used as a inclusion criteria. For increasing the validity and the reliability at the included studies, the positive results were measured with recognized instruments like The Rosenberg 1965 scale for self-esteem, The Coopersmith 1981 inventory for self-esteem, The Pier-Harris Scale for self-concept or The Marsh 1990 measurement scale for self-concept. The included studies used also many other instruments in addition, like qualitative inquiries or true-false sentences tests. The primary sources were assessed by the full paper. The data search revealed that the programs and the interventions used with adolescences, and also targeting to increase the self-esteem, were hard to find. Hence, studies with the results of increased self-esteem were included to the review even if the increase of the self-esteem was not the main purpose of measured the intervention or the program. The time limits of included studies were also wide, 20 years, for increasing the sample.

Excluded were the studies that did not meet the inclusion criteria or which targeted to adolescences with a severe mental or a physical problem, or used methods not usable at the low threshold peer groups. Since, studies suggest that a support group might not be suitable for the people who need more individual professional help and

support. The resources of a low threshold peer group led by volunteers does not enable using methods like an adventure training or running wide health interventions and this is the reason why these kind of programs were excluded from the sample.

The reliability of a literature review depends on a reliability data and it can be increased by a quality control. Forming the reliable data is based on a unitizing and a coding. In a content analysis, the reliable unitizing means choosing the right literature for the review. As Torraco (2016, 408) states, a literature can be assessed by a methodology, by a significance, by a coverage, by a synthesis and by a rhetoric. For increasing the reliability only peer-reviewed studies found from the academic papers were used as a source for this integrative review. The data search included only a studies with a clear and systematic abstract. The first reading emphasized the clarity of an aim, of a need and of a background for the study but a methodology was used as a main measurement for assessing the quality. It was also emphasized that a target group was explained well, so it would be comparable to this thesis' target group. The significance was also assessed by the results of the study. For improving the quality of a review's ability to answer the questions of how adolescences self-esteem could be reinforced the results had to show somehow significant improvement for the self-esteem. Still the quality of the included studies varied. For gathering sufficient literature, the data search process had to be more flexible than the high quality review would be. Some studies were included even if the study used self-created measurements but had a significant increase in self-esteem. Some studies showed great improvements on self-esteem but lacked information about the background or intervention's protocols.

Veena's study of the enhancement of adolescent's self-esteem (2015) lacked careful information of a background for the intervention but the intervention module and program protocols were described decently. The study was conducted at India and the cultural differences must be considered. For example, an equality between the genders is a factor that might affect on self-esteem. Barret et al. (1999) study was almost 20 years old, but since there is few studies conducted to reviewed topic, the data were still relevant. The paper was well conducted with all the needed information available and this raised the reliability for the study. Harrell et al. (2009) had a

most identical target group with the disliked, socially anxious, and bullied adolescents. The study was relevant and reliable with clear a description of a study, of a program and of a background. As well was at the McCarty et al. (2013) study. Their study focused on a reducing depression symptoms. Building a self-esteem was only one of the many factors that the program aimed to have an effect on. Thus, the program is not quite comparable to the new Selviytyjät -group. Hay et al 2000 focused on increasing a self-esteem of the underachieving, gifted adolescents. The target group has a link to the bullied adolescents who, in many case, have school functioning problems but the reasons for underachieving might be different. Thus, also this program should be carefully compared to the Selviytyjät -intervention. Parray & Kumar (2017) did describe the need and the background for their intervention but the study report lacked details about the used program like the scheme, the used materials or the protocols. The study and its results were still significant, and the study was included to this review. All in all, the included studies had problems considering the reliability. These studies were included for the sample for reaching sufficient material and literature for this review.

Table 2. Sampling frame

The program	Sample size	Age group/ Mean age	Participant's inclusion criteria
Peer group for improving self-esteem. (Veena 2015.)	125 participants (30 participant in control group)	8th & 9th grades	Low level of self-esteem
improving social skills affected on participant's self-esteem. (Barrett, Webster, Wallis 1999)	51 participants	13-16 years old	nominated as low self-esteem or difficulties interacting with peers by teacher evaluation

The S.S.GRIN-A. Social Skills Group interventions' effectiveness on social-behavioral adjustment and self-efficacy and self-concept. (Harrell, Mercer & DeRosier 2009)	74 participants	Mean age 14,18 years old	reported social problems, like teasing, rejection, bullying, social isolation, aggression, social anxiety, and problems of making and keeping friends as well as immature social skills
Go Grrrls preventive program's. (LeCroy, C. 2004.)	55 participants	Mean age 12,7 years old	Volunteers
Positive Thoughts and Actions group (PTA) (McCarty, Violette, Duong Cruz & McCauley 2013)	120 participants		who did not have depressions but had some symptoms and risk factors for depression
Improving self-concept via peer group. (Hay, Byrne & Butler 2000)	20 participants	Mean age 15 years and 8 months	gifted adolescence with low level of self-esteem
Assertiveness training group. (Parray & Kumar 2017)	12 participants	16-19 years old	

5.3 Analysis process

At the content analysis the analysis is directed only on available texts and gathered data. The unitizing the components of content analysis includes sampling units, recording/ coding units and context units. The sample units are the selected units for the analysis; like literature or target group from whole population. The recording/ coding units are a separate segments or categories of those sample units. A researcher needs to analyze the smaller recording/coding units because usually the sample units would be too comprehensive and rich to analyze. Usually the recording/ coding units are formed using some categorization. The context units are even

smaller units from recording/ coding units. For example, sentences from text. The context units helps researcher to focus on the analysis on a essential information and to safe time. These categories can be identified by physical, syntactical, propositional, categorial or thematic similarities. The categorial distinctions can rise from a theory or a model adopted for the analysis. After the data is gathered it needs to be compared, synthesized and narrated to transform data from the context units to the results. (Krippendorff 2004, 103.)

At this analysis, the whole found population of the studies focusing on an intervention or a programs aiming at increasing adolescent's self-esteem were 462 studies. The sample units were distinguished from those 462 studies by inclusion and exclusion criteria to 7 studies. From these 7 studies the context units were identified by a defining units by categorial distinction. An intervention mapping tool was used as a theory to form these context units to ensure that all the important aspects of the studied programs would be reviewed. This way this context analysis is theory driven.

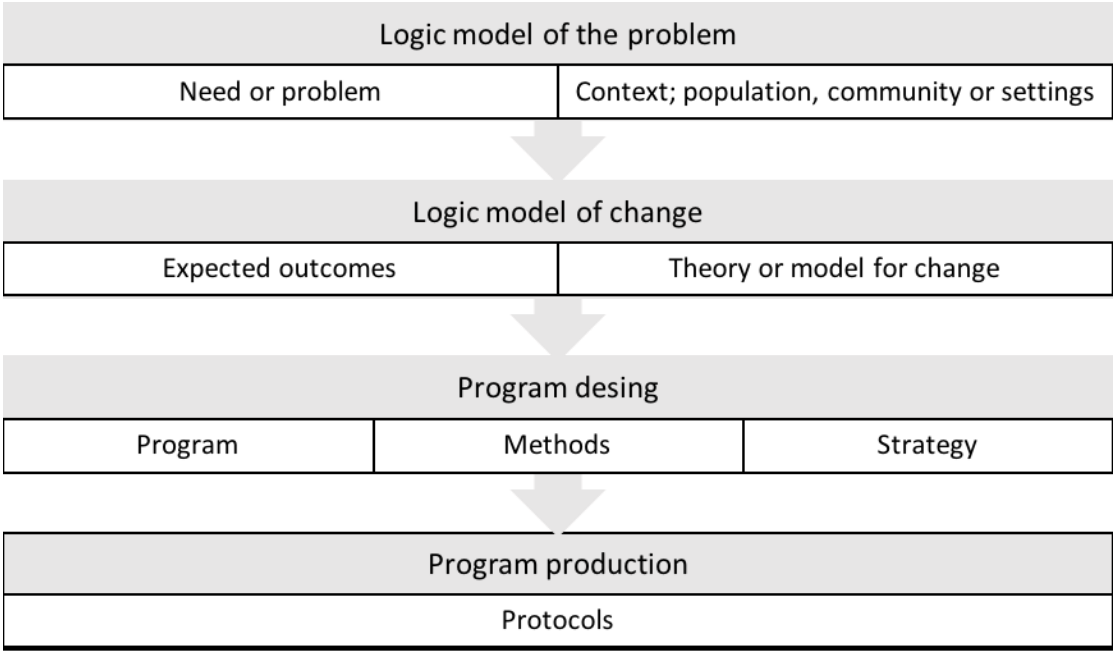
After the unitizing the intervention mapping tool was used as a theory for coding and forming units for the analysis. This tool was used to ensure that all the important aspects of the studied programs would be included for the analysis. According to Krippendorf (2004, 109-110) the categorial distinction sets challenges for the reliability of unitizations since the definition of context units can be comprehensive and expressions depends on interpretations. The categorial distinction and the intervention mapping tool was used for coding because this would increase the level of accuracy of the content analysis.

The intervention mapping tool is a six step model for planning the best possible intervention. It helps to build an evidence-based health promotion programs and to considers many determinants related to a target problem and to the target population. The step one in the intervention mapping is a logic model of the problem and it includes assessing the need or the problem and describing a context for the intervention like population, community or setting. The step two in the intervention mapping is logic model of change. This step includes naming the expected outcomes for the intervention and a theory or a model for expected change. The third step is a program design and this step includes identifying the theoretical frame and methods

and designing strategy for the intervention. The forth step is about the program production and refining its materials, documents and protocols. The fifth step focuses on implementing the intervention and the sixth step on evaluation the model and effects of it. (Eldredge, Markham, Ruiter, Fernandez, Kok & Parcel 2016, 13.)

The intervention mapping steps were used as main units, but the last step of implementation and evaluations were excluded since it was not important for understanding the nature of the program nature. The main units were; Logic model of the problem, Logic model of the Change, Program design, Program production. Under these units, even smaller sub-units were formed. Under the logic model of the problem were two sub-units; the need or the problem for the study and the context which included the population, the community or the settings for the study. The second unit of the logic model of chance included two sub-units; the expected outcomes and the theory or model for the change. The third unit of program design included three sub-units which were the program, the methods and the strategy. The last main unit was the program production which described the protocols used in a intervention.

Table 3. Framework for analysis



The units differed from each other by the importance and the extent. The gathered data and the units were synthesized, compared and narrated to form the result. Torraco (2016, 423) recommends a clear, simple and direct writing style when

conducting a literature review for enchancing the quality of the work. The long discussions and personal apsersions should be avoided. A review should emphasiz the literature not the author. For this matter the results was kept as simple as possible and only the clear findings under the choosen topics were demostrated. After synthesizing the results were compared to the Selviytyjät -project's peer group intervention to reveal how it could be improved to be more effective for increasing the adolescences' self-esteem. The Selviytyjät -peer group intervention is described after the results of this review.

6 The results

6.1 The logic model of the problem

The need and the background

The studies emphasized that adolescence is a fragile transition period to adulthood. It is a time for biological, cognitive and social changes. Compared to the other development periods this time period includes higher tendency to conflicts, to risky behavior, to school problems, to self-doubts and to changing self-image. (Harrell, Mercer & DeRosier 2009, 381-387; LeCroy 2004, 428; Parray & Kumar 2017, 1476.) Early adolescence is an ideal time for preventive interventions because it is a time for many changes, but still major problems haven't yet occurred (LeCroy 2004, 428). According to Parray (2017, 1476) assertiveness helps adolescence to cope positively with many changes and developmental tasks during this fragile time period. The assertiveness skills like self-assertion, showing own emotions, compromising and cooperating helps adolescents to enter to a peer group and build a social life. The assertiveness skills play a key role forming positive relationships in adolescence but also in the future.

Severe studies included the same awareness; having positive peer relationships in adolescence is important, but it is a challenging time to establish and to maintain peer relationships. Peer relationships are vital not only for adjustment in adolescence but also for psychological wellbeing and for academic, occupational and personal functioning in later life as well as normal development and overall wellbeing. (Barrett, Webster, Harrell et al. 2009, 378; Veena 2015, 210.) Supporting adolescences'

interpersonal relationships, depression could be prevented (McCarty et al. 2013, 555) and school problems, like underachievement, prevented (Hay, Byrne & Butler 2000. 107). Social skill training can help adolescents with these peer problems and help them to gain social acceptance and behavior (Harrell, Mercer & DeRosier 2009, 381-387).

According to Barrett, Webster, Wallis (1999, 218) adolescents need social skills but even if youth might have social skills, an insecurity and a low self-esteem can prevent them to interact with peers. The studies in this review aimed at increasing adolescents' self-esteem for better peer relationships. According to Veena (2015, 207) self-esteem is vastly recognized as an important aspect of wellbeing. The low self-esteem is linked to problems like anxiety, neurosis, defensiveness, low level of life satisfaction, loneliness, depression, poor academic success and alcohol or drug abuse. McCarty et al. (2013, 555) thought that supporting adolescences' personal adjustment (like identity development and self-esteem) they could reduce a depression which is common in adolescence. Barrett, Webster and Wallis (1999, 218) emphasized that the low self-esteem can prevent adolescents to interact with peers and this way the self-perception is even more important factor for having positive and stable peer relationships than social skills are. According to Hay et al. (2000) improving the self-concept is important since in general self-concept is linked to self-worth and to self-confidence. These are the aspects that affects on social competency. LeCroy (2004, 428) reasoned that improving the self-esteem and supporting empowerment in adolescence they could prevent several problems because. Adolescence is a period when several problem start, but not severe problems has yet occurred (LeCroy 2004, 428). Veena (2015, 207-210) claimed that adolescence is critical time for the formation of self-concept and personality. Half of adolescents struggle with low level of self-esteem during this period. Especially transformation from an elementary to a middle school seems to decrease adolescent's self-esteem. However, only few studies targeting to increasing the self-esteem has focused on adolescents.

The context; population, community or settings

The sample sizes at the reviewed studies varied from 12 to 155 participants and the age range was from thirteen to nineteen. The participants were selected either by

their low level of self-esteem (three studies) or/and their peer problems (two studies) or by their risk factors for depression (one study).

The sample of 155 students of 8th and 9th graders was selected to Veena's study which focused on whether a peer group had significant effect on an self-esteem. The results were measured by a pre- and a post-test. The test's results were compared to control group's results. The participants were selected based on their low level of self-esteem. At the experiment group there were 125 participants and 30 at a control group. (Veena 2015, 207-210.)

Barrett et al. studied how a school based preventive psychosocial intervention improving social skills affected on the participant's self-esteem. The area, Queensland, Australia, where the study was conducted was low socio-income area and there were high need for preventive mental health services for the children and families. The sudy included 51 participants of 13-16 years old adolescents with low self-esteem or difficulties interacting with peers. Participants were nominated by teacher evaluation. (Barrett, Webster, Wallis 1999, 219.)

The S.S.GRIN-A study evaluated social skills group interventions' effectiveness on social-behavioral adjustment, on self-efficacy and on self-concept. The study had the most identical target group regarding to this review. The S.S.GRIN-A program's target group of 74 adolescents (mean age 14.18 years) reported social problems, like teasing, rejection, bullying, social isolation, aggression, social anxiety, and problems of making and keeping friends, as well as immature social skills. (Harrell, Mercer & DeRosier 2009, 381-387.)

According to McCarty et al. (2013, 555) a depression is typical in adolescence it is associated with many negative outcomes and impairments. McCarty et al. studied how their developmentally based program affects on depression symptoms, on behavior, on externalizing problems or on interpersonal relationships as well as on self-esteem. 58 students attended to the Positive Thoughts and Actions group (PTA) and 62 to the control group with an individual support program (ISP). In total 120 students who did not have a depression but had some symptoms and risk factors for depression (Mood and feeling questionnaire and brief individual follow up) were recruited form public schools. (McCarty, Violette, Duong Cruz & McCauley 2013, 555-558.)

The study of Hay et al. (2000, 107) involved 20 gifted adolescence (mean age 15 y 8 m). The adolescents were selected by a criteria of their low level of self-esteem (Self-description questionnaire). Five boys and five girls attended to the intervention group. In addition, five boys and five girls to the control group (Hay, Byrne & Butler 2000. 104-105). Parray's & Kumar's (2017) study of assertive skills training included 13 students between 16-19 years old (Parray & Kumar 2017, 1478.)

6.2 The logic model of change; an expected outcomes and a theory or a model for change

Few studies relied on a similar theory; self-knowledge and high self-concept improves the self-esteem (Veena 2015, 210; Hay et. al. 2000, 107). Veena (2015) introduced an intervention module which aimed at increasing the level of self-esteem for example by self-observation which would lead to self-knowledge. Self-knowledge enable adolescent to see achievements, talents and characteristics they have more clearly. This would support the self-esteem. (Veena 2015, 210.) According to Hay et al. (2000) a formation of self-concept and of self-esteem can be improved by teaching problem solving and conflict solving skills. The program used cognitive monitoring and re-framing as a tool to change adolescent girls' relationship with self-domains by Marsh (1990). These 11 domains helps to build adolescents' self-esteem. (Hay et al. 2000, 103-107.)

Most studies emphasized the importance of peer relationships and social skill training in order to improve adolescent's self-esteem (Barret et al. 1999, 218-219; Harrell et al. 2009; McCarty et al. 2013, 561; LeCroy 2004, 428-435; Hay et al., 2000, 107; Parray & Kumar 2017, 1476). Barrett et al. (1999, 218-219) based their intervention in a fact about peer relationships' importance in adolescence. Together with improved social skills and improved self-esteem adolescent can build better peer relationships. (Barrett, Webster, Wallis 1999, 218-219.) Harrell et al. (2009) study focused on how social skill training affects on adolescent's self-esteem and on social, on behavioral and on emotional adjustment. They argued that social skill training can help adolescents with peer problems and help them gain social perception skills, social problem-solving skills and self-regulation techniques. These skills can be learned

with behavioral modeling. (Harrell, Mercer & DeRosier 2009, 379-380.) The Positive Thoughts and Action -group by McCarty et al. (2013) was a developmentally based program. The program aims at supporting adolescences' personal adjustment (like identity development and self-esteem), school functioning and interpersonal relationships. According to McCarty et al. (2013) this would reduce the depression symptoms since skill-based group prevention programs are effective to reduce risks of depression. (McCarty, Violette, Duong Cruz & McCauley 2013, 555-561.) Entering to a peer group and making friends are development tasks in adolescence. Thus, peer esteem was seen as a most important valuable at LeCroy's study (LeCroy 2004, 428-435.) Hay et al. (2000, 107) focused on underachievement of gifted girls. According to them in adolescence underachievement in school can be caused by a low self-concept and social relationships difficulties. According to Parray & Kumar (2017, 1476) assertiveness is an important quality concerning the social relations. The assertive training can be used to build adolescent's self-concept, self-esteem, self-expression and overall social skills. Assertiveness can help to cope with stress, anger and to build better coping skills. (Parray & Kumar 2017, 1476.)

The Harrell et al. (2009) program was designed to support development of adolescents. The program targeted especially to adolescents with immature social skills, youth with few or without friends, youth who withdrawn or are bullied or isolated from peers. (Harrell, Mercer & DeRosier 2009, 379-380.)

The programs in reviewed studies were developmentally well focused. McCarty's program (2013) supported identity development, locus of control and self-esteem as personal adjustment, schooling and interpersonal relationships. All these aspects are important in adolescence and also for depression prevention as in adolescence they are general issues and stressors. (McCarty, Violette, Duong Cruz & McCauley 2013, 555-561.) Leroy (2004) identified the developmental consideration as the most important factor when planning interventions. This means that during the program planning, a target group's developmental task should be carefully considered. As the most important valuables of adolescents' development task were entering to a peer group and making friends. Their program was based on six develop-mental tasks. These tasks were the most important domains of healthy psychosocial development for early adolescent girls. The domains were establishing positive self-image, gender

role identity, establishing independence, making and keeping friends, using support and resources when facing struggles and making plans for the future. (LeCroy 2004, 428-435.) Hay et al. (2000, 107) focused on low self-concept and social relationships difficulties of gifted adolescents. As peer relationships and self-concept and identity formation are important factors in adolescence, this program was also developmentally well focused. Parray (2017, 1476) states that the assertiveness skills help adolescents in this fragile transition period. Assertiveness can help to cope with change and transformation to adolescence.

6.3 Program design

The reviewed intervention programs differed from each other in many ways but there were also similarities. Only five studies described their program's schedule. According to these schemes all interventions had sessions emphasizing four similar topics. 1. Emotional skills and how emotions or thinking effects on behavior. 2. Understanding self, building better self-esteem and self-concept. 3. Building better social skills and relationships. 4. Becoming independent decision maker, solving problems or making plans for the future. The reviewed interventions lasted from four to thirteen sessions. The sessions were hold either once or twice a week.

Table 4. The programs

The program	**The Positive Thoughts and Action Program for Depression Among Early Adolescents.** **(McCarty et al, 2013.)**	**Self-esteem intervention (Veena 2015.)**	**ABLE programme (Hay et al. 2000.)**	**Go Grrrls preventive Program. (LeCroy 2004.)**	**S.S.GRIN-A. (Harrell et al. 2009)**
0	Home visit: getting to each other *				
1	Introduction and purpose	Aim: Introduction and over-	Mathematics,	establishing positive self-image	policies, overview.

		view of the program, win confidence			
2	Setting goals	Icebreakers	Verbal skills	establishing positive self-image	Self-esteem and respect,
3	Start with action	Understanding the concept of Self-esteem, Self-concept	General schooling	gender role identity	Personal Responsibility.
4	Positive thoughts and feelings	Building Friendly, cooperative environment	Physical ability	gender role identity	Values and Goals.
5	Changing the way we think and feel	Developing overview of own Self-esteem with individual exercises	Physical appearance	establishing independence,	Taking action
6	STOP before responding	Developing overview of own Self-esteem with audiovisual inputs	Opposite-sex relationships	establishing independence,	Emotional Awareness
7	Making decisions and problems solving	Developing overview of own Self-esteem with affirmations as a strategy	Same-sex relationships	making and keeping friends	Managing Emotions.
8	Managing conflicts and anger	Developing overview of own Self-esteem with affirmations as a strategy	Parent relationships	making and keeping friends	Communication thought & Feelings
9	Learning	Rehearsing skills learned with 5-8 sessions	Honesty and trustworthiness	using support and resources when facing struggles	Understanding thoughts and feelings of others.
10	Relationships	Understanding self and modifying the behavior.	Emotional stability	using support and resources when facing struggles	Positive Relationships
11	Making healthy decisions	Identify methods to raise own Self-esteem	General self	making plans for the future.	Maintenance

12	Staying on track and celebration	Making realistic and measurable goals		making plans for the future.	Saying goodbye.
13	Home visit *	Wrapping up & Feedback.			

The Positive Thoughts and Action Program for Depression Among Early Adolescents in McCarty et al (2013) study involved 12 weekly 50 minutes meetings. In addition, there were two home visits, before and after the intervention. Parents were involved in these home visits. The program focused on personal adjustment, coping and problem-solving skills, interpersonal relations, health behavior and school functioning. The target groups were those adolescences who did not have depressions but had some symptoms and risk factors for depression. (Mood and feeling questionnaire and brief individual follow up.) The sessions were 1. Introduction and purpose, 2. Setting goals 3. Start with action, 4. positive thought and feelings, 5. Changing the way we think and feel, 6. STOP before responding, 7. Making decisions and problem solving, 8. Managing conflict and anger, 9. Learning, 10. Relationships, 11. Making healthy decisions and 12. Staying on track and celebration. The parent involvement were important part of the program. Besides the home visits, parent were involved in two parents only workshop and theme for these were positive thoughts and actions for parents (cognitive, behavior skills) and communication with your teen. (McCarty, Violette, Duong Cruz & McCauley 2013, 555-558.)

The self-esteem intervention in Veena's study (2015) lasted thirteen 40-45 minutes meetings. The meetings included themes around the self-esteem like understanding the concept, building more positive self-conception and raising self-awareness. In additions the meetings focused on generating new behavior and setting goals. The themes for the meetings were 1. introduction and overview of the program, win the confidence, 2. icebreakers, 3. understanding the concept of self-esteem, 3. building friendly, cooperative environment, 4. developing overview of self-esteem, 5-8 continuing developing self-esteem, 9. rehearsing skills learned with 5-8 sessions, 10. understanding the self and modifying the behavior, 11. identify methods to raise own self-esteem, 12. making realistic and measurable goals 13. wrapping up & Feedback. (Veena 2015, 208-210.)

The ABLE programme in Hay et al. (2000) study had eleven 45 minutes sessions. The program consisted of structured activities improving each eleven self-domains by Marsh (1990). The program used cognitive monitoring and re-framing as a tool to change adolescents' relationships with each domain. (Hay et al. 2000, 103.) The meetings were; 1. mathematics, 2. verbal skills, 3. general school, 4. physical ability, 5. physical appearance, 6. opposite-sex relations, 7. same-sex relations, 8. parent relations, 9- honesty + trustworthiness, 10. emotional stability and 11. general self. (Hay et al. 2000, 101.-103.)

The Go Grrrls preventive program by Lecroy (2004) focused on six development tasks which are important for psychosocial development. Each developmental task where topic of two sessions, in total there were 12 sessions. Topics where; establishing positive self-image, gender role identity, establishing independence, making and keeping friends, using support and resources when facing struggles and making plans for the future. (LeCroy 2004, 430-431.)

The S.S.GRIN-A had eleven meetings. The program was divided in three sections and the first one aimed at building social skills, impulse control and better understanding of the self and others. The second section emphasized emotions skills and how emotions interfere to behavior and on social relationships. The last section (two sessions) focused on assessing the skills learned and learning how to integrate these skills in action. In addition, all groups sessions aimed at practicing social skills. (Harrell, Mercer & DeRosier 2009, 382.) The sessions were 1. purpose, policies, overview, 2. self-esteem and respect, 3. personal responsibility, 4 values and goals, 5. taking action. 6. emotional awareness, 7. managing emotions, 8. communication thought & feelings, 9. understanding thought and feelings of others, 10. positive relationships, 11. maintenance and 12. saying good-bye. (Harrell, Mercer & DeRosier 2009.)

Two studies did not reveal the used schedules precisely. However, it was told that Barret et al (1999) studied a social cognitive training intervention. The intervention focused on self-esteem, self-talk, modifying negative thinking and using problem solving, perception and communication. Weekly sessions lasted 90 minutes for 4 weeks. (Barrett, Webster, Wallis 1999, 220-221.) and Parray & Kumar (2007) study of assertiveness training focused on the level of assertiveness, self-esteem, stress, psychological wellbeing and academic achievement. The program lasted one month.

6.4 Program production; materials, documents and protocols

Some reviewed studies described the used methods and the used exercises precisely. Interventions included discussions and skills-based practical exercises like role playing, modeling behavior, pair work, group activities or individually performed exercises, (Barrett et al 1999, McCarty et al 2013, Veena 2015 & Hay et al. 2000) psychoeducation (McCarty et al 2013, Veena 2015 & Hay et al. 2000) making realistic, measurable individual plans before and after the intervention (McCarty et al 2013, Veena 2015) developing solution on conflicts (Barrett et al 1999, Hay et al 2000) reflective thinking via diary writing (Hay et al. 2000), home visits and parents involvement (McCarty et al. 1999 & Harrell et al. 2009), positive reinforcement and cognitive reforming (Harrell et al 2009).

The material for the Positive Thoughts and Action Program for Depression Among Early Adolescents in McCarty et al. (2013) were designed specifically to be age appropriate for early adolescents. The sessions included skills-based practical exercises and psychoeducation. Home visits and making realistic individual plans before and after the intervention were used as a strategy to change behavior and to maintain the benefits also after the intervention. The parents involvement was important part of the program. (McCarty, Violette, Duong Cruz & McCauley 2013, 561-558.)

The social cognitive training intervention by Barrett et al. (1999) included informational parts like getting familiar with materials and series of role playing. Developing solutions for problems that were discussed was also important. (Barrett, Webster, Wallis 1999, 220-221.)

Self-esteem intervention's sessions in Veena's study (2015) included themes around self-esteem, understanding the concept, building more positive self-conception and raising self-awareness, generating new behavior and setting goals. The individually performed exercises like who am I, own talents and abilities, making list of matters one enjoys doing, six pillars of self-esteem and role model exercises to become more familiar about self and own self-esteem was used to build better understanding of themes around the self-esteem. Psychoeducation, audiovisual elements and teaching affirmations were also used as a strategy to build self-esteem. The learned skills were also practiced with role playing and group activities. Adolescents were encouraged to

make realistic and measurable goals for oneself to maintain the learned skills and benefits. (Veena 2015, 208-210.)

The ABLE program for adolescents consisted of structured activities for eleven self-domains by Marsh (1990). A method to change adolescents' relationship and raise their self-esteem with each eleven domain was IDLCAR (Identify the problem, Define the problem, List possible options, Consult inner feelings about options, Adapt and implement, and Reflect). An another skill which was emphasized and taught was conflict-resolution with ASSIST method (Arrange a meeting, settle as soon as possible, Stay focused on the person's behavior rather than the person, Identify the effect on you by using `I' statements, seek to negotiate a preferred outcome, and Try to reach a mutual agreement). The meetings consisted of an introduction of a certain self-domain. In addition methods like problem-solving strategy, discussions, reflective thinking via diary writing, pair work and modeling certain behavior were used. These methods were used during entire program as cognitive monitoring and re-framing techniques. (Hay, Byrne & Butler 2000. 103-106.)

The Go Grrrls preventive program's schedule was introduced precisely but the used methods or the exercises remained unclear. The each session aimed at empowerment of one of the six developmental tasks. As mentioned, these developmental tasks where establishing positive self-image, gender role identity, establishing independence, making and keeping friends, using support and resources when facing struggles and making plans for the future. (LeCroy 2004, 430-431.) At Parray's (2017) study the assertive training was used as a method to build adolescent's self-concept, self-esteem, self-expression and over-all social skills (Parray 2017, 1476). However, any used methods or exercises were not explained.

The first part of the S.S.GRIN-A program (Harrell et al. 2009) aimed at building social skills, impulse control and understanding self and others. The second section emphasized emotion skills and how emotions interfere to behavior and to relationships. The last section (two sessions) aimed at assessing the skills learned and learning how to integrate these skills in real-life. Each session included introduction and active rehearsing like role playing, modeling, practical training, positive reinforcement and cognitive reforming. The parent involvement was important part of the program. Parents were involved for the first sessions of introduction, for the fifth sessions of

taking action (which involved making family goals and action plans for development), for the tenth session of building positive relationships and for the twelfth sessions about saying good bye. (Harrell, Mercer & DeRosier 2009, 380-382.)

The leadership of reviewed programs varied to a great extent. Some of the programs were led by a trained student and some by professionals with monitoring. The program of the Positive Thoughts and Action in McCarty et al. (2013) was led by master's level graduate students who were trained for 1-2-day for the program or by therapist from the research team. (McCarty, Violette, Duong Cruz & McCauley 2013, 558.) The Barrett et al. (1999) social cognitive training program were led by psychology students or by clinical psychologist who were trained over four weeks to be their program leader. (Barrett, Webster, Wallis 1999, 220-221.) The ABLE program were led by teacher or counselor (Hay, Byrne & Butler 2000. 104-106.) The LeCroy's Go Grrrls preventive program were led by 2 trained social work or psychology students and the sessions were supervised by researcher. (LeCroy 2004, 430.) The S.S.GRIN-A program were led by trained professionals. They were supervised and the sessions were monitored by the researcher (Harrell, Mercer & DeRosier 2009, 380-282).

The groups sizes in reviewed programs varied from four to seventeen participants and groups were hold on school's or on private property. McCarty et al. (2013) studied small groups of four to six students attending at one group. The sessions were hold during or after school hours and took place at school property. (McCarty, Violette, Duong Cruz & McCauley 2013, 558.) Barrett et al. (1999) had 17 students and three leaders in each group. One leader for each 6 students. (Barrett, Webster, Wallis 1999, 220-221.) Hay et al. (2000) groups involved five girls and five boys which means that the size of the groups were 10 adolescents. The meetings were hold during school hours. (Hay, Byrne & Butler 2000. 104-106.) LeCroy's (2004) groups consisted of eight to ten voluntary girls (LeCroy 2004, 430.) Parray's (2017) study was conducted for 13 adolescents. Harrell et al. (2009) had groups of approximately 10 adolescent. The sessions were hold in a private, community-based practice. (Harrell, Mercer & DeRosier 2009, 380-282.)

Veena (2015) or Parray (2017) did not mention specific protocol used in the program they studied. Veena's study (2015) mentioned that self-esteem intervention involved

125 adolescents at the experiment groups but nothing about the group sizes or leadership was revealed. Specific protocols were not mentioned at Parray's assertive training program either.

6.5 The Selviydytään kiusaamisesta -project

The largest Finnish child welfare organization, The Mannerheim League for Child Welfare (MLL) operates the Selviydytään kiusaamisesta -project. The project is funded by Funding Centre for Social Welfare and Health Organizations' (STEA). The project was founded in 2017 because of it was noticed that plenty of efforts are made to reduce school bullying but not to help bullied victims. The Selviydytään kiusaamisesta -project is based on Opas kiusaamisen jälkihoitoon (Guide for aftercare for bullied adolescents) founded by Doctor of Education Päivi Hamarus, Tina Holmberg-Kalenius and Saija Salmi. Hamarus has conducted a doctoral thesis about bullying (School bullying as a phenomenon. Some experiences of Finnish lower secondary school pupils). After the thesis Hamarus, Tina Holmberg-Kalenius and Saija Salmi wrote a book about supporting the bullied adolescences since there was no help available. The book was beginning for the Vahvuudet esiin peer group model which is run by Valopilkku, the center of support and knowledge for bullied. (Ryhmänohjaajan opas, 3-4.)

The original Vahvuudet esiin -peer group scheme consisted of nine sessions. The groups are led by a peer leader. One who also has experiences of being bullied. The peer group scheme emphasized emotions like quilt, anger, helplessness, sadness and depression bullying can cause. These emotions affects strongly on relationships and on everyday life. The scheme included one session for each of these negative emotions in order to help group members to overcome these emotions and move on with their lives. The scheme also included meeting for familiarizing with each other and one for forgiveness, one for strengths and life skills and one for acceptance. This peer group scheme was conducted for people who had experienced bullying. The scheme used plenty of visualization and relaxation as a method to deal with the negative emotions. (Holmberg-Kalenius & Salmi 2017, 4-40.)

The preventive Selviydytää kiusaamisesta -project aims at supporting adolescents from 12-20 and emphasizes mostly adolescents still in elementary schools (adolescents from 12 to 16 years old). The aim was to prevent severe problems and to act before these problems would occur. The Vahvuudet esiin -peer groups scheme did not completely serve the needs of the project. The project decided to form a new peer group scheme. The new program would be preventive peer group targeted especially for adolescents. The aim would be to empower, to support positive self-image and self-esteem, to build adolescents' social and emotional skills and to offer new positive group experience. The group offers ground for processing the negative experience of being bullied in a safe, a warm and a welcome peer group. The project's peer group is a small group for 4-8 bullied adolescents. The weekly 90-120 minutes meetings are hold for 9-10 weeks. The meetings are arranged outside of a school property. The group leaders are volunteers and they are selected based on their ability to work with vulnerable group of adolescents. The volunteers are trained, strongly supported and groups supervised by project coordinator. Even though the aim is to build even more efficient Selviytyjät -peer group scheme, the scheme has to be flexible and meet the need of the individuals attending to each group. (Ryhmänohjaajan opas, 3-4.)

7 Conclusions

The sample of studies in this review emphasized that adolescence is a fragile period to adulthood with many changes happening at the same time. (Harrell, Mercer & DeRosier 2009, 381-387; LeCroy 2004, 428; Parray & Kumar 2017, 1476.) Nevertheless thoughts about being accepted and doubts about self, worries a lot more. (Crain 2005, 287-288; Toivio & Nordling 2011, 157; Harper & Marshall 1991, 799-808.) The reviewed sample, as well as literature, emphasizes that peer relationships are important in adolescence. (Barrett, Webster, Harrell et al. 2009, 378; Barrett et al. 1999, 218; Veena 2015, 210.) The normal development and wellbeing during adolescence requires that basic human needs are fulfilled. The positive peer relationships can support these needs by offering safety, security and belonging. (Knights 2011, 6.)

During this period, lack of positive peer relations and rejection is really damaging. Rejection and lack of positive relations can cause internalizing problems and social isolation. (Anderman 2002, 806; Deporah 2014, 476-478; Harmelen et. 2015.)

According to Barrett, Webster, Wallis (1999, 218) adolescents need social skills to build positive relationships. However, insecurity and low self-esteem can prevent adolescents to interact with peers, even if they have the needed social skills. Adolescent's development tasks involve strongly entering to a peer group and making friends. This is the reason self-esteem and self-concept was seen as a important factor for having positive and stable peer relationships in reviewed studies. (Barrett, Webster, Wallis 1999, 218; Baumeister, Campbell, Krueger & Vohs 2003, 2-4.)

As a main factor for adolescences wellbeing the sample emphasized the importance of peer acceptance (Barret et al 1999 & Veena 2015), social skills (Barret et al. 1999, Harrell et. al 2009) healthy self-esteem or positive self-conception (Hay et al. 2000), psychological wellbeing (MacCarty et al. 2013.) and assertiveness (Parray & Kumar 2017) Social skills, healthy self-esteem and positive self-conception, psychological wellbeing are also key elements of the Vahvuudet esiin -peer group intervention**.** Being accepted in a peer group was not written goal for the Vahvuudet esiin -peer group intervention but improving social skills and self-esteem was expected to have an affect to these matters. Assertiveness skills were not emphasized at the program.

Two of the included studies based their interventions for supporting adolescent's domains of psychosocial development. The domains included identity development, locus of control and self-esteem as personal adjustment, schooling and interpersonal relationships, positive self-image, gender role identity, establishing independence, making and keeping friends, using support and resources when facing struggles and making plans for the future. (Leroy 2004 & McCart et al. 2013.) From these domains the Vahvuudet esiin -peer group aims at supporting identity development, self-esteem, interpersonal relationships, positive self-image and making and keeping friends. The intervention do not emphasize the locus of control, schooling, gender role identity, establishing independence, using support and resources when facing struggles or making plans for the future.

Three of the reviewed studies focused on supporting the self-esteem either as a preventive factor of peer problems (Barret et al. 1999), as a cause for underachievement and social relationship difficulties (Hay et al 2000) or as a cause for better psychosocial well-being (Barrett et al 1999). Self-esteem is linked to happiness and it is known to help adolescence to cope with traumatic events and challenges like bullying (Baumeister, Campbell, Krueger & Vohs 2003, 28.). Healthy self-esteem helps also to build and to maintain social relationships (Barrett, Webster, Wallis 1999, 218.) Low self-esteem is linked to mental health problems (Rosenberg, Schooler & Schoenbach 1995, 1009) and mental health problems along with low self-esteem increases risk for being bullied again (Jankauskiene et. 2008, 154). The Vahvuudet esiin -intervention does emphasis supporting self-esteem.

One study focused building assertiveness for developing better relationships (Parray & Kumar 2017). Assertiveness skills are not emphasized in the Vahvuudet esiin -peer group intervention. Along with Parray & Kumar (2017), studies emphasizes that assertiveness skills like self-assertion, showing own emotions and thoughts appropriately, compromising and cooperation skills help adolescents to enter to a peer group and build a social life. Assetiveness builds adolescent's self-concept, self-esteem, self-expression and overall social skills. It helps to cope with stress, anger and to build better coping skills. (Parray 2017, 1476) Thus, this is one main factor that needs to be implemented on MLL's new Selviytyjät -peer group intervention.

The sample sizes at the reviewed studies varied from 12 to 155 participants and age range from thirteen to nineteen. The participants were selected either by their low level of self-esteem (Veena 2015, Hay et al. 2000 & Barret et al. 1999) or/and their peer problems (Harrell et al. 2009 & Parray & Kumar 2017) or by their risk factors for depression (McCarty et al. 2013.). MLL's Vahvuudet esiin -peer group is targeted for bullied adolescents mainly between 12-18 years old. The target group of studies included in this review were not necessarily bullied adolescents. There is no studies conducted for this matter. The target group, and the need and background for the reviewed studies and MLL's peer group intervention moderated still quite well.

The interventions' schemes differed from each other in many ways but there were also similarities. Only five studies described their program's schedule precisely. Ac-

cording to these schemes these interventions emphasised four similar topics. 1. Emotional skills and how emotions or thinking effects on behavior. 2. Understanding self, building better self-esteem and self-concept. 3. Building better social skills and relationships. 4. Becoming independent decision maker, solving problems or making plans for the future. Reviewed interventions lasted from 4 to 13 sessions which were hold either once or twice a week. The Vahvuudet esiin -scheme includes nine sessions and the sessions are hold once a week. The scheme includes three of the mutual topics found from the reviewed interventions, but not precisely the fourth; becoming independent decision maker, solving problems or making plans for the future. The improved Selviytyjät -peer group schedule could contain sessions for these matters.

Some reviewed studies described the used methods and exercises precisely. The interventions included discussions and skills-based practical exercises like role playing, modeling behavior, pair work, group activities or individually performed exercises. (Barrett et al 1999, McCarty et al 2013, Veena 2015 & Hay et al. 2000) psychoeducation (McCarty et al 2013, Veena 2015 & Hay et al. 2000) making realistic, measurable individual plans before and after the intervention (McCarty et al 2013, Veena 2015) developing solutions on conflicts or for discussed matter (Barrett et al 1999, Hay et al 2000) reflective thinking via diary writing (Hay et al. 2000), home visits or parents involvement (McCarty et al. 1999 & Harrell et al. 2009), positive reinforcement and cognitive reforming (Harrell et al 2009). The Vahvuudet esiin -peer group intervention uses a plenty of practical training and exercises in group, in pairs and individually. Psychoeducational elements are also used. The Vahvuudet esiin -peer group intervention does not use home visits, but parents are well engaged to the program. There is also parents only sessions arranged. The method of reflective thinking via diary is an option but not required method to use. The use of this method could be emphasized at the improved Selviytyjät -intervention. The intervention could also implement making realistic, measurable individual plans before and after the intervention and positive reinforcement more precisely.

The protocols of reviewed interventions differed by the group sizes, by the leadership and by the property, were the group was hold. The programs were mostly led by trained students (Mccarty et al. 2013) and the training had lasted from minimum of

1-2 days (McCarty et al. 2013) to maximum of four weeks (Barrett et al. 1999). Some groups we led with or supervised by the research team member (McCarty et al. 2013, LeCroy 2004 Harrell et al 2009). The Vahvuudet esiin -peer group intervention is led by trained volunteers who are either students of social and healthcare services or professionals of this field. The training lasts two days. The project coordinator is present, supervising and supporting volunteers during the intervention. As literature suggest the role of a professional is tender and for successful mutual aid group process it is important that the leader is able to support a complex group dynamic and help members to fulfill their potential for the group. At early stage the role of professional can be stronger and later when commitment is stronger the role fades. (Ngai, Cheung & Ngai 2009, 458-459.) The group sizes varied from minimum of four (McCarty et al 2013) to maximum of 17 participants (Barrett et al. 1999). The ideal group size for Vahvuudet esiin -intervention group is six participants. Group sizes has varied from is three to eleven participants. A small group enables volunteers to support everyone individually. At few interventions reviewed the meetings were hold during the school hours and at school property (McCarty et al 2013, Hay et al. 2000), or other location (Harrell et al 2009). The Vahvuudet esiin -intervention emphasizes that groups should be hold outside of a school property and outside of the school hours because the school can be trigger for bullied adolescence.

The validity can be seen as a trueness of the analysis and of the provided data. The validity can be assessed by measuring instrument's capability to measure what researcher claims it to measure or by inferences objectivity and accuracy. The reliability means reproducibility, accuracy and stability of the results. Which means that the results are reliable if the results would be same regardless of the study implementation or occurring circumstances. (Krippendorf, 2004, 311; 313-314.)

The reliability data is basis for the literature review and the integrative review sets some limits for this matter since it uses texts and published literature as sample material. Published literature includes more often studies with significant and wanted findings. Studies with unwanted results are less often published. This so-called publication bias can overestimate the treatment's or intervention's effect even 30%. Sometimes only the positive results are written in papers and this file drawer bias mispresents the results and effects of reviewed program, intervention or treatment.

(Whittemore 2005, 58-61.) This review included only studies published in English and this can also reduce the reliability of the results. For an ideal research the sample would include all relevant studies, also unpublished and those written in other language than English. However, study conducted by Jüni et al. (2002) reveled that effect of language bias in meta-analyses of controlled trials is little. They studied meta-analyses not integrative literature reviews, but study suggest that language bias might not be as effective as expected. (Jüni, Holenstein, Sterne, Bartlett & Egger 2002, 115-123.) The sample of this review was narrow and the inclusion of studies written in other languages would have been beneficial but not realistic with the resources of the master thesis.

At the content analysis individual inconsistencies set also limits for the validity. A researcher is reading the text, coding, categorizing and analyzing the text repeatedly. All the selections and decisions made by the researcher during the process affects to the results and to the conclusion. Due human nature this process leads to so called individual inconsistencies. It means the process and the results would vary depending on the researcher. Even if the results would be reliable it does not mean it's validity is strong and the results could be taken as true. Many matters affect on the validity like how well available evidence and sample represents the population, to which extent the created categories reflect the chosen context, how well the chosen measurement instrument measures the chosen topic and how objective and accurate the inferences are. (Krippendorf, 2004, 215-216; 313-325.) For validity it is important to describe the details of the study, inclusion criteria and choices made. At this thesis the data search, sampling and utilizing process was explained as detailed and clear as possible.

During the research process, so called face validity requires that the researcher is critiquing if the findings makes sense or are believable. The face validity is important aspect of the content analysis' assessment since it studies written texts. Texts can mean different to different people and therefore the observations and inferences should be assessed carefully. (Krippendorf, 2004, 313-314.) During this context analysis commons sense, and experience from working with bullied young adults and young adults with low self-esteem or peer problems, was used to critique the face validity of analysis and findings. The experience helped to assess the face validity, but

it might have affected also negatively to validity. It is argued that if researcher has a strong prejudice about the results it might affect on validity of the study.

In summary, the aim for this study was to discover how adolescents' self-esteem could be reinforced by peer group. The integrative review was used to reveal what are the common elements of those intervention that have been able to support adolescents' self-esteem and to assess if these elements could be implemented on MLL's new Selviytyjät -peer group scheme.

This review does offers new ideas and recommendations for MLL's new Selviytyjät -peer group intervention. These recommendations should be considered carefully because validity and reliability problems regarding the sample size of relevant studies and limitations of the context analysis process. This topic would need more careful analysis.

The target group at reviewed studies were somehow similar to MLL's Vahvuudet esiin -peer group but no completely. The age group and inclusion criteria of adolescences had similarities like low self-esteem or peer problems. Those are features that are linked to being bullied. Still planning an intervention for those adolescence who defines themselves as a bullied adolescent has some special features.

All in all, the review confirms that peer group can help adolescents to feel belonginess and accepted and raise their self-esteem significantly. Empowering effects like increased self-efficacy, self-esteem and improved quality of life seems to be meaningful components for recovery. (DeRosier & Marcus 2005, 140; Egbochuku & Aihie 2009, 9; Markowitz 2015, 199-200.) This review assured also that peer group can offer new views, coping and surviving skills. In addition, in a safe, trustworthy group social skills can be rehearsed, fears towards other peers and social situations faced and feeling of lowliness reduced (Hamarus, Holmberg-Kalenius & Salmi 2015, 102, 105).

New topics as objectives and to discuss at Selviytyjät -peer group intervention could be recommended since studies involved some topics that are not yet emphasized at MLL's program. The recommended topics are locus of control, schooling, gender role identity, establishing independence, using support and resources when facing struggles or making plans for the future. Beside these, assertiveness skills like self-asser-

tion, showing own emotions and thoughts appropriately, compromising and cooperation helps adolescents to enter to peer group and build social life, builds adolescent's self-concept, self-esteem, self-expression and overall social skills, helps to cope with stress, anger and to build better coping skills. (Parray 2017, 1476) Since, this is the one main objective that can be recommended to be implemented on MLL's Selviytyjät -intervention. As exercises and methods to use to learn these objectives and skills during the new Selviytyjät - intervention the reflective thinking via diary and making realistic, measurable individual plans before and after the intervention and positive reinforcement could be recommended to be used more precisely.

Since, school bullying correlates highly on adolescent's self-esteem (Kingery, Erdley & Marshall 2011, 227), and high or healthy self-esteem leads to emotional and social well-being (Deporah 2014, 18-21) by improving the Selviytyjät -peer group intervention to reinforce adolescents' self-esteem more effectively great impact on adolescents' well-being can be achieved. After all, like mentioned before, it has been argued that supporting self-esteem with peer support might just be the most efficient and effective method to reduce the negative outcomes bullying causes. (Cowie & Down 2008, 45-46). This way self-esteem and self-concept has a great impact on social functioning and it is important factor for having positive and stable peer relationships. (Barrett, Webster, Wallis 1999, 218; Baumeister, Campbell, Krueger & Vohs 2003, 2-4.)

This thesis encourages to develop the new Selviytyjät -peer group intervention to increase and to reinforce adolescents' self-esteem. By reinforcing the self-esteem we might have great affect on adolescents' social relations, wellbeing and functioning. The recommendations this thesis offers can be taken in notice when developing the intervention, but all the suggestions need to be considered carefully.

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Attachment

The source	Logic model of the problem	Logic model of the Change	Program design	Program production
McCarty, C., Violette, H., Duong, M., Cruz, R. & McCauley, E. 2013. A Randomized Trial of the Positive Thoughts and Action Program for Depression Among Early Adolescents. Journal of Clinical Child & Adolescent Psychology, 42, 4, 554-563.	**Need or problem:** According to McCarty et al. (2013, 555) depression is typical and in adolescence it is associated with many negative outcomes and impairments. Supporting adolescences' personal adjustment (like identity development and self-esteem), school functioning and interpersonal relationships depression could be prevented. (McCarty, Violette, Duong Cruz & McCauley 2013, 555.) **Context: population, community or settings** 58 students attended in a Positive Thoughts and Actions group (PTA) and 62 to control group with individual support program (ISP). In total 120 students They were recruited form public schools. (McCarty, Violette, Duong Cruz & McCauley 2013, 555-556.) Program for those adolescences who did have depressions but had some	**Expected outcomes:** Supporting adolescences' personal adjustment (like identity development and self-esteem), school functioning and interpersonal relationships depression could be prevented. (McCarty, Violette, Duong Cruz & McCauley 2013, 555.) **Theory or model for the change:** Positive thoughts and action developmentally based program for reaching the goals that are important in adolescence such as identity development, locus of control and self-esteem as personal adjustment, schooling and interpersonal relationships. All of these aspects are important in adolescence and also for depression prevention as in adolescence they are general issues and stressors. (McCarty, Violette, Duong Cruz & McCauley 2013, 555.)	**Program:** Weekly meetings of 50minutes, 12 sessions. 0. Home visit: getting to each other 1. Introduction and purpose 2. Setting goals 3. Start with action 4. positive thought and feelings 5. Changing the way we think and feel 6. STOP before responding 7. Making decisions and problem solving 8. Managing conflict and anger 9. Learning 10. Relationships 11. Making healthy decisions 12 Staying on track and celebration 13 Home visit: staying successful. (McCarty, Violette, Duong Cruz & McCauley 2013, 558.) Involvement of parents were important. The sessions used skills-based practical exercises and psychoeducation. Themes were: Home visit 1 with kids: getting to each other. Workshop 1. Positive Thoughts and Actions for Parents. (cognitive, behavior skills) Workshops 2. Communication with your teen. Home visit 2 with kids: Staying successful. (Adolescents development, setting personal goals for adolescent and self) (McCarty, Violette, Duong Cruz & McCauley 2013, 558-561.)	**Protocols:** Curriculum material were designed specifically age appropriate for early adolescents and there were skills-based practical exercises and psychoeducation used. (McCarty, Violette, Duong Cruz & McCauley 2013, 561.) Interventionist were master's level graduate students who got 1-2-day training for PTA or therapist from research team. (McCarty, Violette, Duong Cruz & McCauley 2013, 558.) 4-6 students at the same time. (McCarty, Violette, Duong Cruz & McCauley 2013, 558.)

	symptoms and risk factors for depression. (Mood and feeling questionnaire and brief individual follow up.) (McCarty, Violette, Duong Cruz & McCauley 2013, 555-558.)		**Methods:** Program focused on personal adjustment, coping and problem-solving skills, interpersonal relations, health behavior, school functioning. (McCarty, Violette, Duong Cruz & McCauley 2013, 555-558.) **Strategy:** Sessions were hold during or after school and took place at school property. Weekly meetings and two home visits for parents and students together, and two parents only workshops. (McCarty, Violette, Duong Cruz & McCauley 2013, 558.)	
Barrett, P., Webster, H. & Wallis, J. 1999. Adolescent Self-Esteem and Cognitive Skills Training: A School-Based Intervention. Journal of Child & Family Studies, 8, 2, , 217-227.	**Need and the problem:** Having positive peer relationships in adolescence is important not only for adjustment in adolescence but also for psychological wellbeing and academic, occupational and personal functioning in later life. For developing and maintaining peer relationships in adolescence, social skills are important but even if youth might have required social skills, insecurity and low self-esteem can prevent to interact with peers. This way self-perception is even more important factor for having positive and stable peer relationships. (Barrett, Webster, Wallis 1999, 218.) **Context: population, community or settings** 51 participants 13-16 years old who were nominated as low self-esteem	**Expected outcomes:** Social cognitive training was order to improve adolescent's self-esteem, self-related perceptions, cognitions. (Barrett, Webster, Wallis 1999, 218-219..) **Theory or model for the change:** Preventive psychosocial intervention to improve adolescents' social skills. Together, the improved social skills and self-esteem could lead to improved peer relationships. The change is expected to be linked to improved social skills, positive cognitive coping styles. (Barrett, Webster, Wallis 1999, 218-219..)	**Program:** **Methods:** Sessions included informational parts like getting familiar with materials and series of role playing. Developing solutions on skills and problems that were discussed was also important. (Barrett, Webster, Wallis 1999, 220-221.) **Strategy:** Social cognitive training intervention focused on self-esteem, self-talk, modifying negative thinking and using, problem solving, perception and communication. (Barrett, Webster, Wallis 1999, 220-221.)	**Protocols:** Weekly sessions of 90 minutes for 4 weeks, with 17 students in a one group. (Barrett, Webster, Wallis 1999, 220-221.) 5 Psychology students and 1 clinical psychologist was trained over four weeks to be program leader. Each group had 3 leaders so one could lead 6 students. (Barrett, Webster, Wallis 1999, 221.)

	or difficulties interacting with peers by teacher evaluation. (Barrett, Webster, Wallis 1999, 219.) Target group were sampled from catholic high school in middle to low socio-economic area with need for mental health services for children and families. (Barrett, Webster, Wallis 1999, 220.)			
Veena, V. 2015. Enhancement of adolescents' self-esteem by intervention module. Indian Journal of Health & Wellbeing, 6, 2, 207-211.	**Need and the problem:** Adolescence is critical time for self-concept formation and personality development and even half of adolescents struggle with low level of self-esteem during this period of time. Especially transformation from elementary to middle school seems to decrease adolescent's self-esteem. (Veena 2015, 210.) According to Veena (2015, 207) Studies suggest that there are many benefits of high self-esteem to person's development, wellbeing and school performance. **Context: population, community or settings** Total sample 658 students of 8th and 9 th grades, 416 boys and 242 girls from which 155 selected to the final sample based on low level of self-esteem. 125 participated in experiment and 30 where at control group. (Veena 2015, 208.)	**Expected outcomes:** Increase the level of self-esteem. **Theory or model for the change:** Introspection and increasing the level of self-knowledge leads to better self-esteem since adolescent are able to see achievements, talents and characteristics they have more clearly. (Veena 2015, 210.)	**Program:** The intervention consisted 13 sessions of 40-45 minutes. 1. Aim: Introduction and overview of the program, win confidence. 2. Icebreakers 3. Understanding the concept of SE, Exercises: Who am I, Talents and abilities 3. Building Friendly, cooperative environment, Exercise: making list of things they enjoy doing. 4. Developing overview of SE Exercises: six pillars of SE, Role model exercise. 5.(-8) Continuing developing SE 6. With audio-visual inputs 7. With affirmations as a strategy 8 with affirmations as a strategy. 9. Rehearsing skills learned with 5-8 sessions. 10. Understanding self and modifying the behavior. Self-ability to raise SE: 11. Identify methods to raise own SE 12. Making realistic and measurable goals 13. Wrapping up & Feed back. (Veena 2015, 209.) **Methods:** Sessions included themes around self-esteem, understanding the concept, building more positive self-conception and raising self-awareness, generating	**Protocols:**

			new behavior and thinking and setting goals. (Veena 2015, 208-210.) **Strategy:**	
Hay, I., Byrne, M. & Butler, C. 2000. Evaluation of a conflict-resolution and problem-solving programme to enhance adolescents' self-concept. British Journal of Guidance & Counselling, 28, 1, 101-113.	**Need and the problem:** Underachievement of gifted girls can be caused by low self-concept and social relationships difficulties. (Hay, Byrne & Butler 2000. 107.) **Context: population, community or settings** Group of 20 was selected from 1020 voluntary students from Australian school by criteria of low level of self-esteem (Self-description questionnaire) 5 boys and 5 girls where at intervention group and 5 boys and 5 girls at control group. Mean age 15 years and 8 months. (Hay, Byrne & Butler 2000. 104-105.)	**Expected outcomes:** Higher level of self-conception **Theory or model for the change:** General self-concept and physical appearance self-conception is inked to level of self-worth and confidence and higher level of social competency, thus improving self-concept is important. (Hay, Byrne & Butler 2000. 107.) Formation of self-concept can be improved by teaching problem and conflict solving skills. (Hay, Byrne & Butler 2000. 107.)	**Program:** The ABLE programme for 10 adolescent consisted structured activities for 11 self-domains by Marsh (1990) Sessions consisted of introduction of certain self-domain and problem-solving strategy, discussions, reflective thinking via diary writing, pair work and modeling certain behavior. (Hay, Byrne & Butler 2000. 106.) Before these sessions one informational sessions was arranged (Hay, Byrne & Butler 2000. 105-106.) 11 dimensions: mathematics, verbal, general school, physical ability, physical appearance, opposite-sex relations, same-sex relations, parent relations, honesty± trustworthiness, emotional stability, and general self. (Hay et al. 2000, 101.) **Methods:** ABLE programme for 10 adolescent consisted structured activities for Program focused on problems-solving and used IDLCAR (Identify the problem, Define the problem, List possible options, consult inner feelings about options, Adapt and implement, and Reflect). Another emphasized skill was conflict-resolution and ASSIST (Arrange a meeting, settle as soon as possible, Stay focused on the person's behavior rather than the person, Identify the effect on you by using	**Protocols:** Leadership Sessions were leaded by teacher or counselor. (Hay, Byrne & Butler 2000. 106.)

			`I' statements, Seek to negotiate a preferred outcome, and Try to reach a mutual agreement). (Hay, Byrne & Butler 2000. 105-106.) **Strategy:** and each 11 sessions lasted 45 minutes and sessions where hold twice a week.	
LeCroy, C. 2004. EVALUATION OF AN EMPOWERMENT PROGRAM FOR EARLY ADOLESCENT GIRLS. Adolescence, 39, 155, 427-441.	**Need and the problem:** Adolescence is a time when behavioral problems like delinquency, substance abuse, problems in school performance or irresponsible sexual behavior begins. Still major problems haven't yet occurred. For preventive interventions early adolescence is ideal time because it is time for many changes. (LeCroy 2004, 428.) Peer esteem is important valuable within this age group. (LeCroy 2004, 435.) **Context: population, community or settings** 55 volunteers and mean age was 12,7 years. 23 participated in treatment group and 32 in the control group. (LeCroy 2004, 429, 432.)	**Expected outcomes:** Empowerment and peer-esteem **Theory or model for the change:** Healthy psychosocial development for early adolescent girls can be assessed by six domains. (LeCroy 2004, 430.) Developmental consideration is important when planning interventions. This can mean taking target group's developmental task in consideration. (Lecroy 2004, 428.)	**Program:** in total there were 12 sessions. Topics where; establishing positive self-image, gender role identity, establishing independence, making and keeping friends, using support and resources when facing struggles and making plans for the future. 2 sessions for all topics. (LeCroy 2004, 430-431.) Methods: Go Grrrls preventive Program. The curriculum had six development tasks which are important for psychosocial development. Each task where topics of two sessions. (LeCroy 2004, 430-431.) Strategy:	**Protocols:** Lead by 2 trained social work or psychology students and sessions were supervised by researcher. (LeCroy 2004, 430.) Groups consisted 8-10 girls. (LeCroy 2004, 430.)

Parray, W. & Kumar, S. 2017. Impact of assertiveness training on the level of assertiveness, self-esteem, stress, psychological well-being and academic achievement of adolescents. Indian Journal of Health & Wellbeing, 8, 12, 1476-1480.	**Need and the problem:** Assertive skills help adolescents in this fragile transition period to adulthood and to cope with change. Assertiveness is important quality concerning social relations and within interaction. Assertiveness skills in adolescence play a key role of positive social relationships in the future. (Parray & Kumar 2017, 1476) **Context: population, community or settings** 13 students between 16-19 years old were selected to the study. (Parray & Kumar 2017, 1478.)	**Expected outcomes:** According to Parray (2017, 1476.) assertive training can be used to build adolescent's self-concept, self-esteem, self-expression and overall social skills. Assertiveness can help to cope with stress, anger and build better coping skills. **Theory or model for the change:** According to Parray (2017, 1476.) assertiveness helps adolescence to cope positively with many changes and developmental tasks during this time period. Assertiveness skills like self-assertion, showing own emotions and thought appropriately, compromise and cooperation helps adolescents to enter to peer group and builds social life. According to Parray & Kumar 2017 (1476) Albert & Emmons (2001) states that assertive training was designed to improve individual's assertive behavior and belief in order to develop better relationships.	**Program:** **Methods:** **Strategy:** One month assertive training for 13 students.	**Protocols:**

Harrell, A., Mercer, S. & DeRosier, M. 2008. Improving the Social-Behavioral Adjustment of Adolescents: The Effectiveness of a Social Skills Group Intervention. Journal of Child & Family Studies, 18, 4, 378-387.	Need and the problem: Adolescence is time for biological, cognitive and social changes and compared to other development periods this time period includes higher tendency to conflicts, risky behavior, school problems, self-doubts and changing self-image. Social interaction becomes more complicated and at the same time social acceptance more important for adolescents. Positive peer relationships are important for development and social learning, but it is challenging time to establish and maintain peer relationships. Adolescents with poor peer relationships suffers from negative social, emotional and cognitive functioning. (Harrell, Mercer & DeRosier 2008, 379-380.). Context: population, community or settings 74 adolescents, (mean age 14.18 years) who reported social problems, like problems keeping or making friends, social shyness, socially withdrawn or aggressively. (Harrell, Mercer & DeRosier 2009, 381.).	Expected outcomes: Theory or model for the change: Social skill training can help adolescents with peer problems and help them gain social acceptance and behavior. Social skill training can help adolescents with peer problems and help them gain social perception skills, social problem-solving skills and self-regulation techniques. These skills can be learned with behavioral modeling. Program was designed especially for adolescents with immature social skills, youth with few or without friends, youth who withdrawn or are bullied or isolated from group by peers. (Harrell, Mercer & DeRosier 2009, 379-380.)	Program: Part 1. S1. Purpose, policies, overview. S2. Self-esteem and respect, S. 3. Personal Responsibility. S.4 Values and Goals. S.5. Taking Action. Part 2. S6. Emotional Awareness s. 7. Managing Emotions. S8. Communication thought & Feelings. S9. Understanding thought and feelings of others. S. 10. Positive Relationships. Part 3. S11. Maintenance S12 Saying goodbye. Parents attended to 4 sessions: S1. Introduction, S5. Taking action (family goals and action plan developing) S10. Positive relationships. S12 goodbye. Harrell, Mercer & DeRosier 2009, 380.). Methods: S.S.GRIN (DeRosier 2007) extended version specially designed for adolescents. S.S.GRIN-A (Harrell, Mercer & DeRosier 2008, 378.). Program was divided in three sections and first one aimed at building social skills, impulse control and understanding self and others. Second section emphasized emotions skills and how emotions interfere to behavior and on relationships. Last section (two sessions) were assessing the skills learned and learning how to integrate these skills in action. In addition, all groups sessions aimed at social skills practicing. (Harrell, Mercer & DeRosier 2009, 382.) Each session included introduction and active rehearsing like role playing, modeling, practical training, positive reinforcement, cognitive reforming,	Protocols: Program can be used for example with youth with immature social skills, youth with few or without friends, youth who withdrawn or are bullied or isolated from group by peers. (Harrell, Mercer & DeRosier 2009, 379-380.) Groups were leaded by trained professionals and supervised and monitored. (Harrell, Mercer & DeRosier 2009, 382.) Groups were hold in private, community-based practice. They suggest no more than one aggressive child per group for group cohesion. (Harrell, Mercer & DeRosier 2009, 380.).
