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Child Planning: A Treatment Planning Approach for Children with Low Self Esteem

A Treatment Overview for Children with Low Self Esteem Problems

Duration: 3 hours

Learning Objectives:

Obtain a basic understanding of how to identifying, causes, symptoms of children with lying problems or history, and learn different options to complete a treatment plan that includes:

a. Behavioral Definitions
b. Long Term Goals
c. Short Term Goals
d. Strategies to Achieve Goals
e. DSM V diagnosis Recommendations

***For a full list of 19 short term goals with dozens strategies listed next to each goal check the Child Treatment App for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps. Download the Free Demo to Evaluate***

Course Syllabus:
Introduction

Probable Causes

Symptoms

Diagnosis

Steps to Develop a Treatment Plan that includes Behavioral Descriptors, Long Term Goals, Short Term Goals, Interventions/Strategies and DSM V CODE Paired with ICD_9 and 10-CM Codes for ODD

Sample Treatment Plan

Introduction:

Low Self-Esteem in Children: It should be noted that on average self-esteem during childhood is found to be relatively high. However, there are individual differences and some children are unfortunate to experience feelings of low self-esteem.

Low self-esteem in children tends to be related to physical punishment and withholding of love and affection by parents. Carl Rogers would describe this as conditional positive regard, whereby individuals only receive positive attention from significant others (such as parents) when they act in a certain way. This reinforces to the child that they are only a person of value when they act a certain way (e.g. achieving A grades on a test).

Children with low self-esteem rely on coping strategies that are counterproductive such as bullying, quitting, cheating, avoiding etc. Although all children will display some of these behaviors at times, low self-esteem is strongly indicated when these behaviors appear with regularity.

Socially children with low self-esteem can be withdrawn or shy, and find it difficult to have fun. Although they may have a wide circle of friends they are more likely to yield to group pressure and more vulnerable to being bullied. At school they avoid trying new things (for fear of failure) and will give up easily.

Low Self-Esteem in Teenagers: Self-esteem continues to decline during adolescence (particularly for girls). Researchers have explained this decline to body image and other problems associated with puberty.

Although boys and girls report similar levels of self-esteem during childhood, a gender gap emerges by adolescence, in that adolescent boys have higher self-esteem than adolescent girls (Robins et al., 2002).

Girls with low self-esteem appear to be more vulnerable to perceptions of the ideal body image perpetuated in western media (through methods such as airbrushing models on magazine covers).

Causes:
Strong self-confidence can give kids the energy and courage necessary to reach for the stars. A child who lacks self-confidence might arrive at this unpleasant struggle as a result of several different situations. Once you realize the root of your youngster’s difficulties, you have the information you need to give his self-confidence a positive boost.

**Encouragement Shortfall**

For a child to internalize a belief that he has real talents and abilities, he needs strong encouragement from loving adults. If a youngster doesn’t receive adequate encouragement throughout childhood, he may internalize this ongoing message and struggle with a lack of self-confidence. Self-confidence embodies a person’s self-esteem, self-worth, and a feeling of being loved and cherished by others.

**Ongoing Criticism**

A positive self-concept has a direct tie to self-confidence. If parents raise a child with inordinate criticism, the youngster might receive a negative message about herself, warns the University of Illinois Counseling Center. The result of excessive criticism might be a youngster who doesn’t think she’s capable, strong, or smart enough to tackle challenges and achieve goals. The child might not develop the persistence she needs to keep trying.

**Overprotection or Parental Anxiety**

Some parents inadvertently stifle a child’s self-confidence by overprotecting or steering him away from independence. This child may come to believe his thoughts and abilities have flaws and he needs help to make decisions and try new things. Parents can also project their own anxieties onto the child, which the child might assume over time. Eventually, the child might become timid and fearful due to a continual exposure to parental anxiety.

**Negative Comparisons**

Although comparing children can be tempting, comparisons can send a negative message, warns author and speaker Maureen Healy, writing for “Psychology Today.” Comparisons tend to erode a child’s sense of self-confidence and self-worth because he doesn’t get the message that he’s capable and smart. When you place two children beside each other and highlight the strengths of one child against weaknesses of the other child, the youngster on the short end usually feels devalued and hurt.

**Unrealistic Expectations**

Everyone needs goals, and children are no different. However, if parents impose unrealistic expectations on a child, he will probably struggle with meeting these expectations. As failure ensues, self-confidence often takes a severe hit because the youngster feels he’s not measuring up and he can’t make desired progress.

Other possible causes of low self esteem in children:
1. Disapproving Authority Figures: If you grew up hearing that whatever you did wasn’t good enough, how are you supposed to grow into an adult with a positive self-image? If you were criticized no matter what you did or how hard you tried, it becomes difficult to feel confident and comfortable in your own skin later. The shame forced on you for perpetually "failing" can feel blindingly painful.

2. Uninvolved/Preoccupied Caregivers: It’s difficult to motivate yourself to want more, strive for more, and imagine that you deserve more when your parents or other primary caregivers didn’t pay attention as if your greatest achievements weren’t worth noticing. This scenario often results in feeling forgotten, unacknowledged, and unimportant later. It can also leave you feeling that you are not accountable to anyone, or you may believe that no one in the here and now is concerned about your whereabouts, when that’s actually a carry-over feeling from the past. Feeling unrecognized can result in the belief that you are supposed to apologize for your existence.

3. Authority Figures in Conflict: If parents or other caregivers fight or make each other feel badly, children absorb the negative emotions and distrustful situations that have been modeled for them. It’s scary, overwhelming, and disorganizing. This experience can also occur when one parent is deeply distraught or acts unpredictably around the child. When you were subjected to excessive conflicts between authority figures, it can feel as if you contributed to the fights or to a parent’s painful circumstance. Intense conflicts are experienced as extremely threatening, fear driving, and you may believe you caused it. This feeling of being tainted can be carried into adulthood.

4. Bullying (with Unsupportive Parents): If you had the support of a relatively safe, responsive, aware family you may have had a better chance of recovering and salvaging your self esteem after having been taunted and bullied as a child. If you already felt unsafe at home and the torture continued outside home, the overwhelming sense of being lost, abandoned, hopeless, and filled with self-loathing pervaded your everyday life. It can also feel like anyone who befriends you is doing you a favor, because you see yourself as so damaged. Or you may think that anyone involved in your life must be predatory and not to be trusted. Without a supportive home life, the effects of bullying can be magnified and miserably erode quality of life.

5. Bullying (with Over-Supportive Parents): Conversely, if your parents were overly and indiscriminately supportive, it can leave you feeling unprepared for the cruel world. Without initial cause to develop a thick outer layer, it can feel challenging and even shameful to view yourself as unable to withstand the challenges of life outside the home. From this perspective, you may feel ill prepared and deeply ashamed to admit this dirty ugly secret about you, even to your parents, because you need to protect them from the pain they would endure if they knew. Instead, you hid the painful secret of what's happened to you. Shame can cloud your perspective. Eventually it can seem as if your parents' opinion of you is in conflict with the world's opinion of you. It can compel you to cling to what is familiar in your life, because it's hard to trust what's real and what isn't. You may question the validity of your parents' positive view of you, and default to the idea that you are not good enough or are victim-like and should be the subject of ridicule.

6. Bullying (with Uninvolved Parents): If your primary caregivers were otherwise occupied while you were being bullied and downplayed your experience, or they let you down when you needed their advocacy, you might have struggled with feeling undeserving of notice, unworthy of attention, and angry at being shortchanged. When the world feels unsafe, the shame and pain are brutal. These feelings could also be evoked if parents were in transitional or chaotic states; so that what happened to you wasn’t on
anyone's radar. If there's chaos at home, it can be hard to ask for attention or to feel like there is room for you to take up space with your struggles. Instead, you may retreat and become more isolated and stuck in shame.

7. Academic Challenges Without Caregiver Support: There's nothing like feeling stupid to create low self-esteem. If you felt like you didn't understand what was happening in school — as if you were getting further and further behind without anyone noticing or stepping in to help you figure out what accommodations you needed — you might have internalized the belief that you are somehow defective. You may feel preoccupied with and excessively doubt your own smartness, and feel terribly self-conscious about sharing your opinions. The shame of feeling as if you aren't good enough can be difficult to shake, even after you learn your own ways to accommodate for your academic difficulties.

8. Trauma: Physical, sexual, or emotional abuse may be the most striking and overt causes of low self-esteem. Being forced into a physical and emotional position against your will can make it very hard to like the world, trust yourself or trust others, which profoundly impacts self-esteem. It may even feel like your fault when it couldn't be less your fault. Obviously, in these scenarios, there is so much going on at one time that you might need to check out, dissociate, go away. It can make you feel like nothingness. In an effort to gain control of your circumstances, in your head you may have convinced yourself that you were complicit or even to blame. You may have found ways to cope with the abuse, to manage the chaos in ways that you understand are unhealthy, so you may ultimately view yourself as repulsive and seemingly shameful, among a zillion other feelings.

9. Belief Systems: When your religious (or other) belief system puts you in a position of feeling as if you are perpetually sinning, it can be similar to the experience of living with a disapproving authority figure. Whether judgment is emanating from authority figures or from an established belief system in your life, it can evoke shame, guilt, conflict and self-loathing. Many structured belief systems offer two paths: one that's all good and one that's all bad. When you inevitably fall in the abyss between the two, you end up feeling confused, wrong, disoriented, shameful, fake, and disappointed with yourself over and over again.

10. Society and the Media: It's no secret that people in media are packaged and airbrushed into unrealistic levels of beauty and thinness. It's an epidemic that's only getting worse and worse. Now, males and females alike feel they can't measure up to what's out there. Maybe the seeds of low self-esteem are shown elsewhere, but now society and the media make imperfections so immediately accessible, there is no relief from feelings of inadequacy. As media access is available younger and younger, kids are subjected to these unfair comparisons earlier and earlier.

Of course, each of these sources of low self-esteem merit an infinite number of posts. It is, however, most important to understand that experiencing any of these early circumstances doesn't mean you must be bound by them as an adult. They will get weaved into your fabric, and absorbed into your sense of yourself in many different ways over time, but there are many paths to feeling that you are better prepared, less fragmented, and more confident moving forward. As an adult, when you examine your history, you can begin to see that in some cases the derision or intense negative messages you encountered weren't necessarily meant for you. Rather, they flowed from the circumstances of the people who delivered them. That perspective can help you to dilute the power of the negative messages about yourself you received and formed. Furthermore, understanding that you are not alone in your experience can help decrease the extent to which you feel isolated and shameful.
Symptoms:

Most of the time, children with high self-esteem will:

make friends easily.

show enthusiasm for new activities.

be cooperative and follow age-appropriate rules.

control their behavior.

play by themselves and with other children.

like to be creative and have their own ideas.

be happy, fully of energy, and talk to others without much encouragement.

Most of the time, children with low self-esteem will say things like:

"I can't do anything well."

"I know I can't do it."

"I know that I will fail."

"I don't like me. I wish I were someone else."

Signs of Low Self Esteem:

To help you determine if your child has low self-esteem, watch for the following signals. They could be everyday responses to how your child relates to the world around him, or they might occur only occasionally in specific situations. When they become a repeated pattern of behavior, you need to become sensitive to the existence of a problem.

Your child avoids a task or challenge without even trying. This often signals a fear of failure or a sense of helplessness.

He quits soon after beginning a game or a task, giving up at the first sign of frustration.

He cheats or lies when he believes he's going to lose a game or do poorly.

He shows signs of regression, acting baby like or very silly. These types of behavior invite teasing and name-calling from other youngsters, thus adding insult to injury.

He becomes controlling, bossy, or inflexible as ways of hiding feelings of inadequacy, frustration, or powerlessness.

He makes excuses ("The teacher is dumb") or downplays the importance of events ("I don't
really like that game anyway"), uses this kind of rationalizing to place blame on others or external forces.

His grades in school have declined, or he has lost interest in usual activities.

He withdraws socially, losing or having less contact with friends.

He experiences changing moods, exhibiting sadness, crying, angry outbursts, frustration, or quietness.

He makes self-critical comments, such as "I never do anything right," "Nobody likes me," "I'm ugly," "It's my fault," or "Everyone is smarter than I am."

He has difficulty accepting either praise or criticism.

He becomes overly concerned or sensitive about other people's opinions of him.

He seems to be strongly affected by negative peer influence, adopting attitudes and behaviors like a disdain for school, cutting classes, acting disrespectfully, shoplifting, or experimenting with tobacco, alcohol, or drugs.

He is either overly helpful or never helpful at home.

Also look for:

Fears rejection from his or her peer group
Acts out in negative ways to gain attention
Has difficulty saying no
Fears not being liked if she or he says no
Sees self as unattractive
Sees self as worthless
Sees self as not smart
Sees self as a loser
Sees self as unimportant
Blames self easily
Avoids any social contact with friends
Avoids any social contact with adults
Attempts to please others over himself or herself

Can not identify any positive traits about self

Can't list any talents about self

Finds hard to accept any compliments

Unwillingness to take new experiences

Always expects failure

Faulty view of self

Diagnosis and Treatment:

At first glance, these disorders can appear to be essentially the same. The sufferer really suffers, from reasons that are not immediately obvious to anyone else. A trained professional, however, will be able to differentiate among these diagnoses and provide the appropriate treatment and assistance.

Depression

Cognitively, depression results in negative and/or distorted thinking, difficulty concentrating and distractibility, loss of memory, reduced reaction time, forgetfulness and inability to make decisions. Behaviorally, the patient suffers an extended period of deep sadness that seems not to result from any one issue, as well as loss of interest and deep fatigue.

Combined, these symptoms can result in serious disruption to a person's family, school and work relationships, at a time when the patient might not be thinking clearly enough to recognize what is happening to them, or to seek aid.

Anxiety

Anxiety is cognitively characterized by panic attacks, obsessive thoughts, unrelenting worries and/or incapacitating phobia. Behaviorally, the patient may sweat, tremble, cry, refuse to leave their "safe" place, become agitated or angry if pushed, or go to great lengths to avoid encountering situations that trigger anxiety.

There are many types of anxiety disorder, including social anxiety disorder, panic disorder, phobias, generalized anxiety disorder and post-traumatic stress disorder.

Low Self Esteem

Cognitively, low self-esteem is the view or belief an individual holds that says they are inadequate, unlovable, unworthy or incompetent. Those that suffer from low self-esteem can lack self-confidence, self-worth, self-acceptance and self-respect.

Low self-esteem ties back to childhood experiences of criticism and punishment. Parents
who were emotionally unavailable might never have allowed their children to develop a solid foundation of belief in themselves.

Behaviorally, low self-esteem is evidenced in the unwillingness of the sufferer to put themselves in a position of "revealing" their inadequacies, for fear of being judged to be clueless, foolish, incompetent or ridiculous.

Overlapping and Contrasting Aspects

There are several areas of overlap among these three disorders. For instance, avoidance of actions that trigger anxiety is very much like the avoidance the person with low self-esteem practices, to protect themselves from the negative judgments of others.

Low self-esteem can also cause a sufferer to feel that the world holds little for them other than negative experiences and relationships. Facing the world feeling that way can result in intense anxiety.

Depression and anxiety are also linked, as those who experience depression very commonly experience some level of anxiety. The obsessive thoughts and unrelenting worries of anxiety can often result in the negative or distorted thinking of depression.

An area where low self-esteem might differ from depression is in the sense of competency one feels in different areas of one's life. For instance, someone may feel extremely competent as a parent or a friend, but extremely insecure about their competency at work. Depression, on the other hand, tends to cause disruption in multiple aspects of one's life.

Another difference is that depression and anxiety both include physical manifestations, where low self-esteem generally does not.

Possible

WHAT YOU CAN DO TO HELP BUILD HIGH SELF-ESTEEM

Praise each child's successes (even very small ones). Praise each child who tries hard.

Give sincere affection. Let children know that they are loved and wanted.

Show interest in each child's activities, projects, or problems.

Tell children what to do instead of what not to do. This prepares them for what to do.

Instead of: "Don't throw the ball."

Say: "Roll the ball on the floor."

Instead of: "Don't squeeze the kitten."
Say: "Hold the kitten gently."

Let children know that mistakes are a natural part of growing up. Everyone (including adults) makes mistakes.

Try to ignore temper tantrums and other negative behavior as much as possible.

Show appreciation when children cooperate, help you, say kind things to other children, obey the rules, and do other positive things.

Remember that learning new skills takes time and practice. Children do not learn new skills all at once.

Respond affectionately when children behave well. Tell children what you like about their behavior.

Let children know that you believe in them and expect them to do well.

Accept and respect each child's family and culture.

Provide activities that your daycare children are likely to succeed at.

When a child misbehaves, separate the misbehavior from the child. For example, say "I don't like it when you throw toys, but I still like you. I know you will do better tomorrow." Let the child know you believe in him or her.

**ACTIONS THAT MAY LOWER CHILDREN'S SELF-ESTEEM**

Try to avoid the following actions because they may lower children's self-esteem. This can be very harmful.

- expecting too much or too little from children.
- yelling at or criticizing children, especially in front of other people.
- criticizing children more often than praising or showing appreciation.
- calling children clumsy, thoughtless, stupid, lazy, etc.
- telling children who have made mistakes that they are failures.
- overprotecting or neglecting children.

**Steps to Develop a Treatment Plan:**
The foundation of a good treatment plan is based on the gathering of the correct data. This involves following logical steps the built-in each other to help give a correct picture of the problem presented by the client or patient:

The mental health clinician must be able to listen, to understand what are the struggles the client faces. This may include:

- issues with family of origin,
- current stressors,
- present and past emotional status,
- present and past social networks,
- present and past coping skills,
- present and past physical health,
- self-esteem,
- interpersonal conflicts
- financial issues
- cultural issues

There are different sources of data that may be obtained from a:

- clinical interview,
- gathering of social history,
- physical exam,
- psychological testing,
- contact with client’s or patient’s significant others at home, school, or work

The integration of all this data is very critical for the clinician’s effect in treatment. It is important to understand the client’s or patient’s present awareness and the basis of the client’s struggle, to assure that the treatment plan reflects the present status and needs of the client or patient.
There are 5 basic steps to follow that help assure the development of an effective treatment plan based on the collection of assessment data.

Step 1, Problem Selection and Definition:

Even though the client may present different issues during the assessment process is up to the clinician to discern the most significant problems on which to focus during treatment. The primary concern or problem will surface and secondary problems will be evident as the treatment process continues. The clinician may need to plan accordingly and set some secondary problems aside, as not urgent enough to require treatment at this time. It is important to remember that an effective treatment plan can only deal with one or a few problems at a time. Focusing in too many problems can lead to the lost of direction and focus in the treatment.

It is important to be clear with the client or patient and include the client’s or patient’s own prioritization of the problems presented. The client’s or patient’s cooperation and motivation to participate in the treatment process is critical. Not aligning the client to participate may exclude some of the client’s or patient’s needs needing immediate attention.

Every individual is unique in how he or she presents behaviorally as to how the problem affects their daily functioning. Any problems selected for treatment will require a clear definition how the problem affects the client or patient.

It is important to identify the symptom patterns as presented by the DSM-5 or Diagnostic and Statistical Manual or the International Classification of Diseases (ICD).

LOW SELF ESTEEM BEHAVIORAL DESCRIPTORS:

1. Fears rejection from his or her peer group.
2. Acts out in negative ways to gain attention.
3. Has difficulty saying no, as he or she fears not being liked if he or he says no.
4. Sees self as unattractive, worthless, not smart, a loser, and unimportant.
5. Blames self easily.
6. Avoids any social contact with adults or friends.
7. Attempts to please others over himself or herself.
8. Can not identify any positive traits or talents about self.
10. Unwillingness to take new experiences, and always expects failure.

Step 2, Long Term Goal Development:

This step requires that the treatment plan includes at least one broad goal that targets the problem and the resolution the problem. These long term goals must be stated in non-measurable terms but instead indicate a desired positive outcome at the end of treatment.

LONG TERM GOALS FOR LOW SELF ESTEEM IN CHILDREN:
1. Identifying positive characteristics about self.
2. Increase ability to say no to others.
4. Help minor develop a positive self-image.
5. Improved self-esteem by accepting compliments.
7. Increase social interactions.
8. Increase assertiveness, and confidence in self.
9. Increase willingness to take reasonable risks.
10. Increase view of self as lovable and capable.
11. Augment social skills.

Step 3, Objective or Short Term Goal Construction:

Objectives or short term goals must be stated in measurable terms or language. They must clearly specify when the client or patient can achieve the established objectives. The use of
subjective or vague objectives or short term goals is not acceptable. Most or all insurance companies or mental health clinics require measurables objectives or short term goals.

It is important to include the patient’s or client’s input to which objectives are most appropriate for the target problems. Short term goals or objectives must be defined as a number of steps that when completed will help achieve the long-term goal previously stated in none measurable terms. There should be at least two or three objectives or short-term goals for each target problem. This helps assure that the treatment plan remains dynamic and adaptable. It is important to include target dates. A target day must be listed for each objective or short-term goal.

If needed, new objectives or short-term goals may be added or modified as treatment progresses. Any changes or modifications must include the client’s or patient’s input. When all the necessary steps required to accomplish the short-term goals or objectives are achieved the client or patient should be able to resolve the target problem or problems.

If required all short term goals or objectives can be easily modify to show evidence based treatment objectives. The goal of evidence based treatment objectives (EBT) is to encourage the use of safe and effective treatments likely to achieve results and lessen the use of unproven, potentially unsafe treatments. To use EBT in treatment planning state restate short term goals in a way that steps to complete that goal and achieve results. For example, the short term goal “13. Increase positive self-descriptive statements.” Can be restated as; “By the end of the session the patient or client will list at least 5 positive self descriptions of himself or herself, and assess how they can help alleviate the presenting problem.” Remember, that it must be stated in a way one can measure effectiveness.

It is important to note that traditional therapies usually rely more heavily on the relationship between therapist and patient and less on scientific evidence of proven practices.

EXAMPLES OF SHORT TERM GOALS FOR LOW SELF ESTEEM IN CHILDREN:

1. Explore for any history of emotional, physical, or sexual abuse impacting present self-esteem.
2. Identify and list negative automatic thoughts and replace them with positive self-talk thoughts that to build self-esteem.
3. Encourage minor to take responsibility for self-care.
4. Allow minor to participate in play-therapy to allow free expression of feelings.
5. Use a therapeutic games, such as identifying a Feeling.

Step 4, Strategies or Interventions:

Strategies or interventions are the steps required to help complete the short-term goals and long-term goals. Every short term goal should have at least one strategy. In case, short term goals are not met, new short term goals should be implemented with new strategies or interventions. Interventions should be planned taking into account the client’s needs and presenting problem.

EXAMPLES OF INTERVENTIONS FOR LOW SELF ESTEEM IN CHILDREN:

1. Employ psychoanalytic play-therapy approaches to explore any unconscious conflicts, fixations, or developmental setbacks.

2. Help minor build a sense of trust and encourage him or her to let go of negative thought patterns.

3. Use puppets in play therapy to allow the play out scenes involving self-esteem such as making new friends, trying something new, working out conflicts with others.

4. Encourage minor to identify and affirm positive things about self for the first five minutes of each therapy session.

5. Encourage minor to daily verbalize positive statements of confidence about self.

Step 5, Diagnosis:

The diagnosis is based on the evaluation of the clients present clinical presentation. When completing diagnosis the clinician must take into account and compare cognitive, behavioral, interpersonal, and emotional symptoms as described on the DSM-5 Diagnostic Manual. A diagnosis is required in order to get reimbursement from a third-party provider. Integrating the information presented by the DSM-5 diagnostic manual and the current client’s assessment data will contribute to a more reliable diagnosis. It is important to note that when completing a diagnosis the clinician must have a very clear picture all behavioral indicators as they relate to the DSM-5 diagnostic manual.
Possible Diagnostic Suggestions for Children with Low Self Esteem:

315.8 (F88) Global Developmental Delay
319 (F79) Unspecified Intellectual Disability (Intellectual Developmental Disorder)

Communication Disorders:
315.39 (F80.9) Language Disorder
315.39 (F80.0) Speech Sound Disorder
315.35 (F80.81) Childhood-Onset Fluency Disorder (Stuttering)

Specific Learning Disorder
Specify if:

315.00 (F81.0) With impairment in reading (specify if with word reading accuracy, reading rate or fluency, reading comprehension)
315.2 (F81.81) With impairment in written expression (specify if with spelling accuracy, grammar and punctuation accuracy, clarity or organization of written expression)

315.1 (F81.2) With impairment in mathematics (specify if with number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning) Specify current severity: Mild, Moderate, Severe

Major Depressive Disorder

Single episode
296.21 (F32.0) Mild
296.22 (F32.1) Moderate
296.23 (F32.2) Severe
296.25 (F32.4) In partial remission
296.26 (F32.5) In full remission
296.20 (F32.9) Unspecified

300.02 (F41.1) Generalized Anxiety Disorder
309.21 (F93.0) Separation Anxiety Disorder

Problems Related to Family Upbringing
V611.20 (Z62.820) Parent-Child Relational Problem
V61.8 (Z62.891) Sibling Relational Problem
V61.8 (Z62.29) Upbringing Away From Parents
V611.29 (Z62.898) Child Affected by Parental Relationship Distress

Other Problems Related to Primary Support Group
V611.03 (Z63.5) Disruption of Family by Separation or Divorce
V61.8 (Z63.8) High Expressed Emotion Level Within Family

Child Maltreatment and Neglect Problems
Child Physical Abuse
Child Physical Abuse, Confirmed
995.54 (T74.1 2XA) Initial encounter
995.54 (T74.1 2XD) Subsequent encounter
Child Physical Abuse, Suspected
995.54 (T76.12XA) Initial encounter
995.54 (T76.1 2XD) Subsequent encounter

Child Sexual Abuse
Child Sexual Abuse, Confirmed
995.53 (T74.22XA) Initial encounter
Present Behavioral Descriptors of Problem:

1. Blames self easily.
2. Avoids any social contact with adults or friends.
3. Can not identify any positive traits or talents about self.
4. Unwillingness to take new experiences, and always expects failure.

Long Term Goals:

1. Identifying positive characteristics about self.
2. Eliminate self-critical remarks.

3. Improved self-esteem by accepting compliments.

4. Increase assertiveness, and confidence in self.

Short Term Goals Objectives:

1. Identify and list negative automatic thoughts and replace them with positive self-talk thoughts that to build self-esteem.

2. Help parents identify specific activities that help develop self-esteem.

Strategy or Intervention for Goal 1:

1. Encourage minor to identify and affirm positive things about self for the first five minutes of each therapy session.

2. Explore the parents' expectations, and assure parents are projecting realistic expectations.

3. Help minor identify and list negative beliefs about self and others.

4. Help minor identify realistic positive messages about his or her life events.

Strategy or Intervention for Goal 2:

1. Conduct a family therapy to allow minor expression of his or her needs to family.

2. Conduct a family therapy to allow family to express needs to minor.

3. Instruct parents how to acknowledge minor’s major accomplishments.
DSM V Diagnosis:

DSM V CODE Paired with ICD_9-CM Codes (Parenthesis Represents ICD-10-CM Codes Effective 10-2014):

Diagnostic Suggestions for Children with Low Self Esteem:

315.1 (F81.2) With impairment in mathematics (number sense, memorization of arithmetic facts, accurate or fluent calculation)

296.22 (F32.1) Major Depressive Disorder Single episode-Moderate

V611.20 (Z62.820) Parent-Child Relational Problem

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