



Helping Clients Build Their Confidence and Self-Esteem

WREP Brief #7

BUILDING CONFIDENCE AND SELF-ESTEEM

As a workforce development professional, you are likely to encounter many clients who have difficulty at work associated with poor self-esteem and lack of confidence. Addressing these issues becomes an important aspect of the work that you will engage in together. In addition, many of us also experience these difficulties ourselves, especially as we contemplate helping others whose lives are incredibly challenging.

What is self-esteem?

It is important to understand the concept of self-esteem, which is defined by the Oxford dictionary as “*confidence in one’s own abilities.*” Self-esteem, often referred to as self-worth or self-respect, is experienced in many domains across an individual’s life and is a valuable psychological resource. Like most things, self-esteem in moderation is essential. Individuals who overestimate their own importance and confidence may be seen as grandiose, excessively self-focused, and exploitative. Too little self-esteem leaves one vulnerable to experiences of doubt, depression, anxiety, and to make choices that further create situations associated with helplessness, powerlessness, and worthlessness. A healthy sense of self-esteem, therefore, is balanced— individuals have accurate and realistic perceptions of themselves and their own abilities, essential for success in the workplace.

What is Cognitive-Behavioral Therapy?

Cognitive Behavioral Therapy (CBT) is rooted in the idea that how we view a situation (thoughts) influences how we feel (emotions), what we do (behaviors), and what we experience in our bodies (physical sensations), as reflected in *Figure 1* below. As a workforce development professional working with clients, you can learn some of the techniques used in CBT to help clients feel better about themselves, more capable during their job search and while at work.

The Cognitive-Behavioral Model: Consider the example of having to make a presentation to over 100 people. An individual in this situation may have negative thoughts about this upcoming stressful event, such as: *“What if I forget what I need to say?” “I’m going to mess up…” “They will all think that I’m stupid and I don’t know what I’m talking about.”* These thoughts will likely cause you to feel anxious, less confident, and scared. Anxiety is also experienced on a physiological level through activation of the sympathetic nervous system (the “fight or flight” response) and in this case, your heart pounding, your mouth going dry, butterflies in your stomach, and other unpleasant sensations will likely make your anxiety more intense. Finally, you may make more mistakes (because it is hard to focus when you’re anxious!), actually forget the material that was so carefully prepared, not make eye contact, and speak so fast that it is hard to understand you because all you want to do is finish up!

Following this performance, you will probably have more negative thoughts about your “poor” performance, worry everyone in the audience knew you were anxious, and conclude that you are no good at public speaking, thereby creating a cycle of more negative thoughts, emotions, and behaviors about yourself, others, and the future.

Now, imagine an alternative situation...Let’s say that you worked hard to prepare the slides for presentation and practiced multiple times. You really know the material because it is related to the basic functions of your job. You are indeed the expert in this situation. Speaking to such a large group is certainly not your favorite thing and it may indeed cause you to feel anxious because you want to do a good job. As you prepare to start your presentation, what might happen if you focused on these thoughts instead? *“I really know this stuff and I’ve practiced a lot. I’m going to look at my colleague who will be a friendly face in the audience. People are really interested in this topic.”* More than likely, you may still feel a little anxious and worried about this presentation, but chances are that you would be less nervous than in the previous situation, do a better job, and feel a greater sense of worth and accomplishment when you are done.

Automatic Thoughts: **CBT highlights that it is not the situation itself that causes emotions and behaviors, but rather how we interpret a situation.** When we focus on thoughts that are not realistic and based on the evidence, we are more prone to experience negative emotions and engage in maladaptive behaviors. Therefore, the first step in CBT is to look at the thoughts that just pop into your head in any given situation, referred to as *“automatic thoughts.”* When something happens, ask yourself: *“What is going through my mind?”* The answer to this question will help you identify your thoughts and understand their impact on your emotions, behaviors, and physical sensations.

Cognitive Distortions: Once you have identified these thoughts, the next step is to evaluate those thoughts. **Realistic thoughts are based on evidence.** Often, we have negative thoughts that are merely predictions of the future, even if we don’t really know that these events might in fact, occur (e.g., *“I’m going to mess this up”*). Research and clinical practice have demonstrated that these unrealistic negative thoughts, especially in stressful or distressing situations, are not usually based in logic or reason. These systematic errors in processing information are defined as *“cognitive distortions”* or *“thinking errors.”* Types of cognitive distortions with explanations and examples may be viewed in *Figure 2* below.

Cognitive Restructuring: Once we recognize that our thoughts are distorted, we can adapt these thoughts in order to reflect more realistic thinking patterns. This process is called *cognitive restructuring* and is one of the most basic techniques in CBT. The quickest way to restructure a thought is to ask yourself: “*Is this a thought or a fact?*” If a thought is not a fact, it is likely that the thought is not based on evidence or reality, but rather, is an opinion or a judgment. You will then have the opportunity to reframe the thought so that it is based on the evidence. For example: “*Ugh...tomorrow’s Monday, I’ll never make it through the week!*” is a thought, not a fact. Restructuring this thought might look like this: “*It’s hard to go back to work after a weekend and I have a busy week ahead.*”

- **Remember, that we are not trying to replace negative thoughts with positive thoughts, but to reframe negative thoughts so that they are more realistic.**

There are different ways to restructure thoughts some of which are depicted in *Figure 3*. A powerful and appropriate restructured thought is one that is short, believable, realistic, and based on the evidence. Focusing on restructured thoughts will usually decrease the intensity of negative emotions in a particular situation. The goal of CBT is not to get rid of negative emotions. All emotions, positive and negative, are necessary and have functions. Even negative emotions have value, teach us important things about life and what is important to us, and prepare us for the future. For example, if someone is anxious about not doing a good job, this anxious energy motivates them to work hard.

Behavior Activation: Although a large portion of traditional CBT involves examining and evaluating thoughts, CBT also focuses on identifying behaviors and examining their consequences. A simple ABC (*Antecedent; Behavior; Consequence*) model is presented in *Figure 4*. For example, when individuals struggle with low self-esteem, they tend to avoid situations where they feel stressed. This avoidance then creates a cycle of self-deprecation, guilt, and additional avoidance. **Through the process of behavior activation, clients are encouraged to engage in behaviors that are contradictory to avoidance.** These behaviors provide additional sources of data and new emotional experiences that improve mood and confidence.

Acceptance: In general, CBT is focused on accomplishing change in thoughts, emotions, behaviors, and body sensations. However, given that many aspects of the world that we live in may be out of our control, it is also important to recognize and identify that we may have to accept these events or situations and their associated consequences. Although we can certainly work to address the way that we perceive these events, it may be very difficult to completely change negative emotions which are appropriate for the situation. Experiencing loss of a loved one is a good example that highlights the importance of acceptance. Grief is a natural consequence of love. If we didn’t love the person we lost, we would not feel sadness and pain. In these situations, acceptance of these negative emotions is essential as we contemplate the future without our loved ones. **As human beings, we prefer to avoid painful emotional experiences (e.g., sadness, anxiety, frustration, etc.), but they are a necessary part of our existence.**

Mindfulness: There is a growing body of literature on the importance of mindfulness and its impact on resilience and growth. **Mindfulness involves non-judgmental present-focused awareness of thoughts, emotions, behaviors, and physical sensations.** Before we can attempt to change aspects of our experience, it is important to recognize the experience in all its facets. Mindfulness requires being non-judgmental which is potentially very challenging. When we experience negative emotions, we make harsh judgments of ourselves for our vulnerability, for having these negative emotions, for engaging in the behaviors we perform, for thinking the way we do, and so on. These judgments are then associated with further negative emotions. Mindfulness requires practice and the goal of mindfulness practice is mindfulness practice. When practicing mindfulness (you could start by just noticing your breath), you may need to redirect your attention to your breath 60 times in a minute! Finally, mindfulness requires staying in the present, rather than drifting to the past or thinking about the future.

Self-Compassion: The notion of self-compassion is relevant to self-esteem because individuals with poor self-esteem view themselves as incapable, helpless, worthless, and undeserving. **Cultivating compassion for oneself involves adjusting our expectations, letting go of perfectionism, and treating ourselves with care, kindness, warmth, and generosity—things that are much easier when extended to others.** Like mindfulness, the first step in self-compassion is awareness, and it is only in noticing the harshness and judgment we extend to ourselves that we will be able to move beyond it.

Values: CBT recognizes the role of values and their contribution to a life worth living. **Values are the guiding principles in our lives and activities that give our existence meaning.** Values are different from goals, in that they continue to act as a compass that guides our lives, rather than an accomplishment that can be checked off a list. Values vary from individual to individual and are often the determinants of choices that we make. Living a values-consistent life may involve pain, but we endure the pain in service of the value. For instance, most people would endorse love as a value. When we lose the people we love, the sadness and loss that we feel is a natural consequence of this love. Often, in an effort to avoid these aversive experiences, we may not pursue our values. With regard to self-esteem, this notion is particularly relevant, as illustrated by another example. If we value true intimacy in relationships, we run the risk of hurt or betrayal. Individuals who struggle with self-esteem may acknowledge difficulties being vulnerable because of their belief that they will inevitably be rejected or hurt. Thus, their behaviors to not engage in intimate relationships is a function of avoidance of potential hurt rather than pursuit of the value of intimacy.

How can we apply CBT principles and strategies to self-esteem?

Self-esteem inherently reflects the way that we view ourselves. These perceptions are derived from many sources including, but not limited to our own past experiences, the way we view situations in general, how we experience other people's abilities and motivations, and our expectations for the future. Thus, self-esteem is reflected in how we approach the world in terms of our perceptions of our own worth and how we anticipate coping with negative situations and adversity. Self-esteem is evident in thoughts, emotions, and behaviors. *Figure 5* highlights the differences between healthy self-esteem and low self-esteem. We can utilize the principles of CBT to help our clients improve self-esteem. It is also important to recognize that we can use these strategies for ourselves. When we have implemented some of the skills we teach our clients into our own lives, we are much more persuasive in communicating the material.

Lessons learned from CBT: Building Self-Esteem and Confidence

Many of our clients have very difficult lives marked by marginalization, socio-economic challenges, and exposure to community violence and trauma. An essential aspect of working with these clients is to communicate empathy and to validate their struggles. As workforce development professionals, it is challenging to not become overwhelmed ourselves, and to focus on providing hope and support for our clients. It may be useful to remind clients (and yourself!) that there are many things that happen in our lives over which we have limited control, including larger socio/cultural/political events and the behavior of others. Follow up this question by asking: “*What can you control?*” The answer is “*Your own behavior and the way that you choose to see things.*”

Here are some general strategies that may be useful for your work with your clients as you help them improve their self-esteem and build confidence. Also, keep in mind that you are human and that we can all benefit from applying these strategies to our own lives.

1. **Psychoeducation: Explain the cognitive-behavioral model to your clients. Help them understand the link between thoughts, emotions, behaviors, and physical sensations.** Use graphical representations (e.g., paper and pencil) to illustrate the components of the model using examples from their own lives. Remember to address the impact of thoughts and behaviors associated with negative expectations and avoidance.
2. **Self-Monitoring: Encourage your clients to track their thoughts, emotions, behaviors, and physical sensations in situations they experience as distressing.** The first step in changing thoughts is to recognize when they occur and to understand their impact on emotions and behaviors. Sample thought logs may be found online and tailored for your clients (e.g., <http://infosheets.mindovermood.com/08 ThoughtRecord7Col PersonalUseOnly.pdf>).
3. **Cognitive Restructuring: Teach your clients ways to restructure their negative automatic thoughts that are associated with unpleasant emotions, distressing physical sensations, and maladaptive behaviors.** When we are able to change the way we think about a particular situation, we are able to change our emotions and our behaviors, and often even the outcome of a stressful situation.
4. **Behavior Activation: Reiterate that it is also possible to change the way you feel by changing your behavior.** Help clients understand the role of avoidance in their lives and collaboratively identify some of the negative consequences of avoidance for them. The problem with avoidance is that it is often helpful in the short run (i.e., if you avoid something that causes you to feel anxious, you feel less anxious!), but becomes more problematic in the long-term (i.e., your life becomes more limited and the consequences of avoidance of necessary activities become more serious).

5. Graded Task Assignment: Sometimes, when a task is very complex and challenging, it is so overwhelming that it difficult to know where to even start. **Graded task assignment involves breaking a large task down into smaller components that are more manageable. Addressing these components one at a time builds a sense of mastery and competence and improves self-esteem.** Remember: *One step at a time! And with every step, you are closer to your goal than when you started.*
6. Mindfulness: No matter how chaotic your client's life (or your own!) appears, you can always start with mindfulness. When an individual feels overwhelmed, take a moment to breathe deeply. Count 1-2-3 as you inhale, count 4-5-6 as you hold your breath, and count 7-8-9-10 as you exhale. Repeat this exercise 5 times. As you focus on your breath, don't be discouraged if your mind wanders...just gently bring it back to the counting and the sensation of breathing. You can use mindfulness in many other forms. For example, think of 5 things you can see, 4 things you can touch, and 3 things you can hear. **Mindfulness engages all your senses in the present moment.** *Practice, practice, practice!*
7. Acceptance: Negative internal states are a normal part of life. Pain is therefore, inevitable. **When we combine pain with lack of acceptance, we experience suffering.** Before we can manage pain, we first need to acknowledge its existence. Acceptance involves being open to your experiences, both positive and negative, and often goes hand-in-hand with mindfulness.
8. Values: Ask your clients to think about the most important aspects of their lives. This exercise is also useful for us as providers and caregivers. *Why do we do what we do? What matters? How and why do we keep going when things are difficult?* The answers to these questions lie in your values. **Living a life that is consistent with your values makes difficult experiences more tolerable and increase your sense of meaning and resilience.**
9. Self-compassion: **Before we can be compassionate with others, we must learn to be kind and compassionate to ourselves.** Adjust your expectations! Cut yourself some slack! Forget about perfectionism! Ask for help and support from the people who care about you. Model this behavior for your clients and remember that self-compassion is a lifelong practice.
10. Gratitude: During times when it is easy to be aware of the challenges around us and in the lives of the clients we serve, it is easy to lose track of the many blessings we do have. Creating a culture of gratitude and expressing it boosts your health, improves your relationships, and is a gift that keeps on giving! The next time you thank someone, further explain what you are thanking them for...explicitly practicing gratitude is a learned behavior.

As you consider implementing these strategies with your clients to build confidence, self-esteem, and resilience, remember that it is important to take care of yourself. It's akin to putting on your own oxygen mask on an airplane before you help the person in the seat next to you. You are helping to make the world a better place, one step at a time. **We are all grateful for the work that you do!**

Figure 1: The Cognitive-Behavioral Model (with Example)

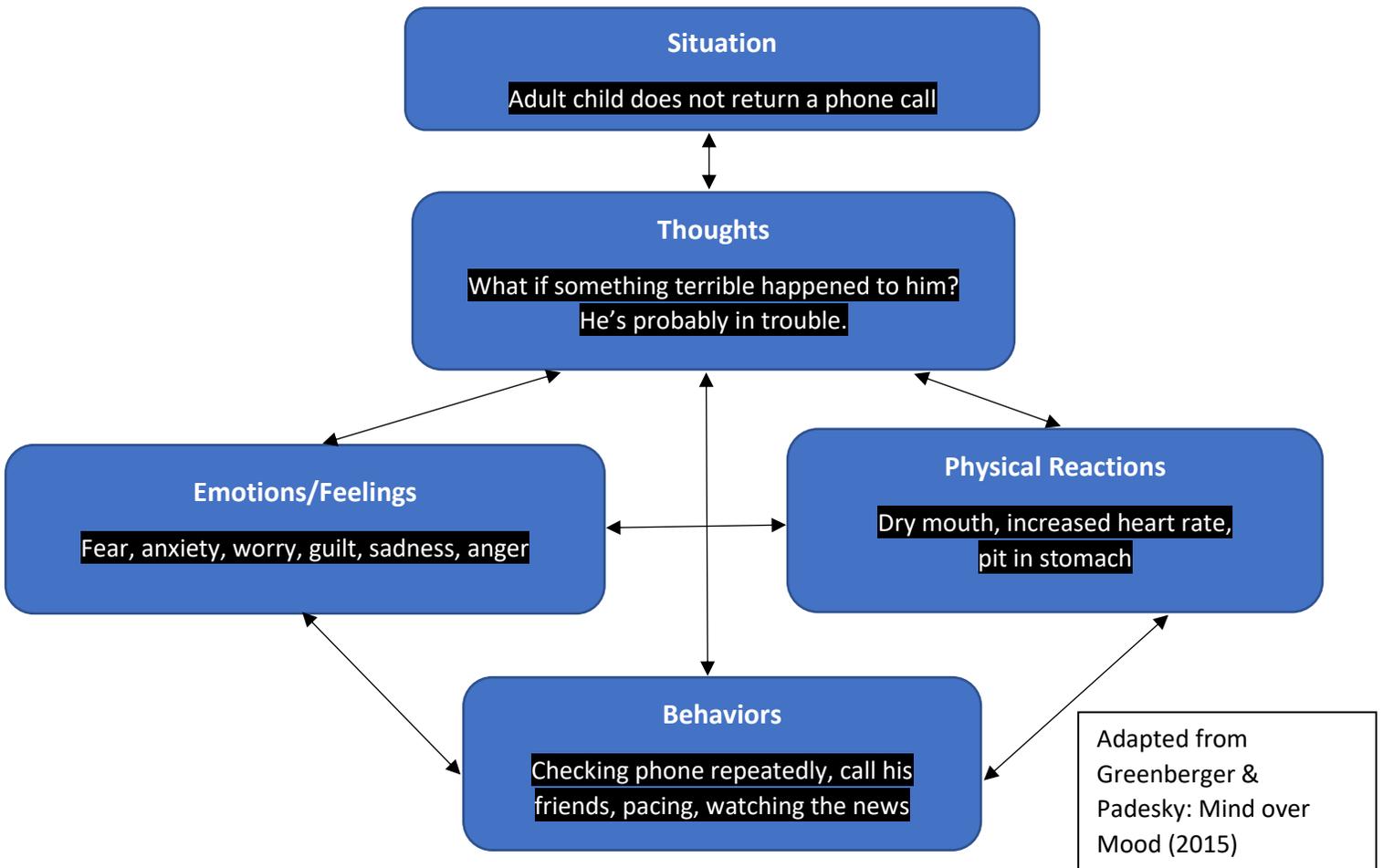
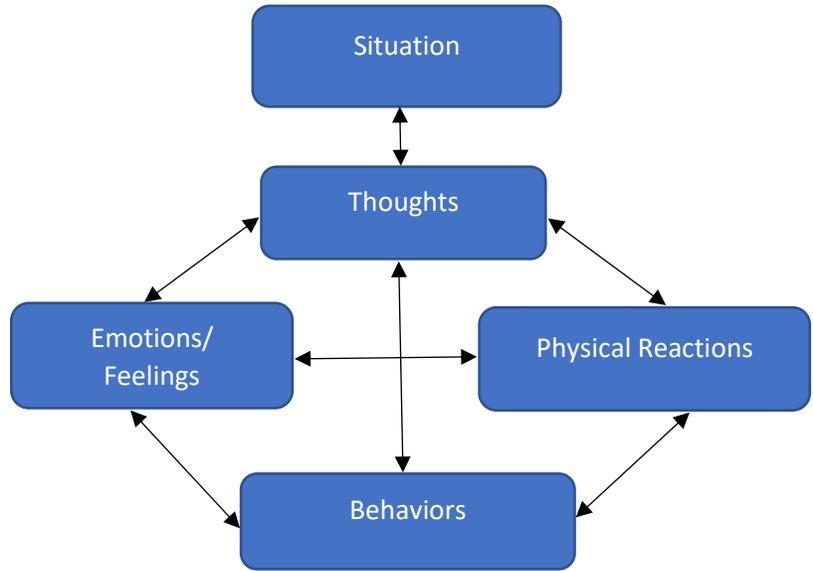


Figure 2: Sample Cognitive Distortions

Cognitive Distortion	Explanation	Sample thoughts
All-or-Nothing Thinking	Viewing a situation in extremes	<i>I'll never find job again</i>
Overgeneralization	Making sweeping negative conclusions with insufficient evidence	<i>I'm a terrible parent because I'm so tired all the time</i>
Discounting the Positive	Positive experiences or events are ignored or discounted	<i>There is no one around to help me</i>
Mental Filter	Selectively focusing on particular (usually negative) aspects of the situation	<i>No one cares about what happens to me</i>
Emotional Reasoning	Using your emotions as a guide to determining facts	<i>If I feel guilty, it must mean that I did something wrong</i>
Mind Reading	Believing you know what others are thinking and feeling	<i>They all hate me</i>
Labeling	Using harsh, negative language to describe yourself or others	<i>You are such a loser</i>
Personalization	Assuming that everything has to do with you or is your responsibility	<i>If things don't work out with my partner, it will be my fault</i>
Anticipating Negative Outcomes	Fortune telling: Believing that you can accurately predict the future	<i>I know that I'll never be able to do this.</i>
	Catastrophizing: Believing that the worst will occur and you won't be able to cope	<i>This is going to be a disaster</i>
Imperatives	"Should" and "must" statements that involve fixed expectations of how things ought to be	<i>I should have known better than to allow myself to get hurt</i>

Adapted from J. Beck's Basics & Beyond (2020)

Notes:

1. We ALL exhibit distorted thinking during times of high stress. Catching these distortions and restructuring the thought is key.
2. It is possible that one thought may contain many different types of distortions. The good news is that there are many ways to restructure this thought.

Figure 3: Strategies for Cognitive Restructuring

Method	Strategy/Questions	Sample Negative Thought	Sample Restructured Thought
Fact Check	Thought or fact?	<i>I'm a terrible therapist. I can't help this client.</i>	<i>This client now has me on their side and we will tackle their problems together.</i>
Identification of Cognitive Distortions	Is this thought accurate? How is it distorted? Identify distortions. Reframe thought.	<i>I'm a terrible therapist.</i> Distortions: All-or-nothing thinking, overgeneralizing, labeling, emotional reasoning.	<i>When I feel overwhelmed by work, I question my own skills.</i>
Evaluating the Evidence	How do I know this thought is true? How do I know this thought is not true? Consider actual evidence, not your own interpretations of the evidence	<i>I'm a terrible therapist.</i> Evidence for: Last week I was so burnt out that I called in sick. Evidence against: I have helped many families in the past few years.	<i>This work is HARD! I can make a difference in people's lives, even when we take small steps together.</i>
Finding alternative explanations	Is there another way to look at this situation? Are there other explanations for this situation? What would I tell a friend or a loved one in the same situation?	<i>I'll never find a job.</i>	<i>The economy is tough right now because of the pandemic. I have to keep looking and applying for open positions.</i>
Considering implications	So what if this thought is true? What is the worst/best/most likely case scenario? If the worst case does occur, how will I cope? What's my plan? What can I do now?	<i>We are all going to get COVID.</i>	<i>We have learned a lot about how to manage the spread of this disease. I will do my part and educate those around me.</i>
Identifying maladaptive thinking	Focusing on a negative thought that is true may not be helpful	<i>I should have started this project last week; it would have been done by now.</i>	<i>Yes, that's true, but it doesn't help to focus on the past. Let me get to work!</i>

Figure 4: Antecedent-Behavior-Consequence Model in Behavior Activation

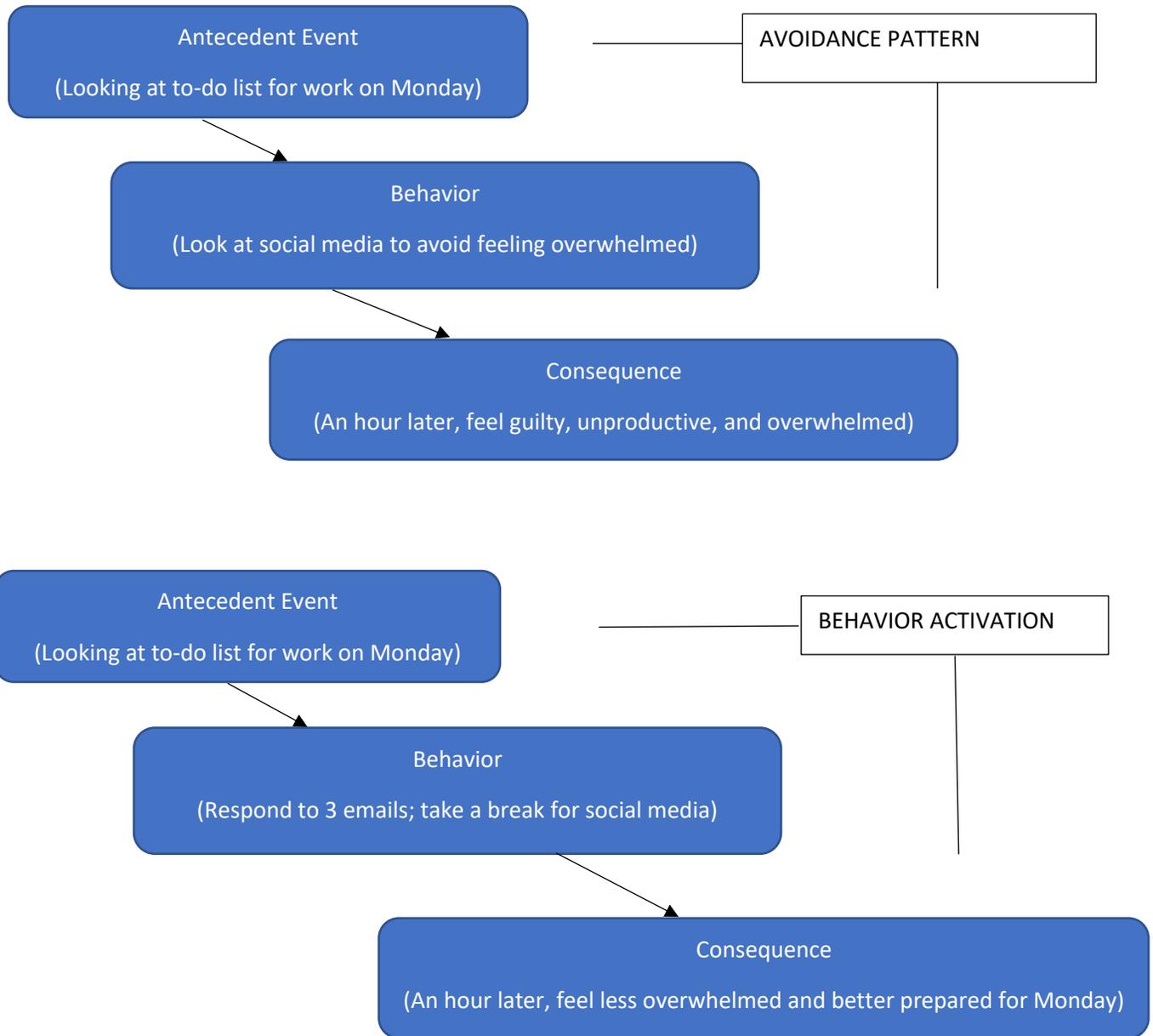


Figure 5: Sample Signs of Healthy Self-Esteem versus Low Self-Esteem

	Healthy Self-Esteem	Low Self-Esteem
Thoughts	<p>Glass seen as “half full”</p> <p>Focused on present reality rather than the past or the future</p> <p>Viewing failures as learning experiences</p> <p>Values own opinions, needs, and experiences</p> <p>Views self as equivalent to others</p> <p>Acceptance of self “as is”</p>	<p>Glass seen as “half empty”</p> <p>Focused on the past (e.g., prior failures) or future (e.g., catastrophic expectations)</p> <p>Viewing failures as terrible outcome</p> <p>Disregards own opinions, needs, and experiences</p> <p>Views self as inferior to others</p> <p>Focuses on perceived flaws</p>
Emotions	<p>Confidence</p> <p>Optimism</p> <p>Self-assurance</p>	<p>Lack of confidence</p> <p>Pessimism</p> <p>Self-doubt</p>
Behaviors	<p>Willing to take on new challenges and approach new situations</p> <p>Able to express opinions, needs, and desires</p> <p>Approaches healthy interpersonal relationships and sets appropriate boundaries</p>	<p>Hesitant to take on new challenges and approach new situations</p> <p>Afraid to express opinions, needs, and desires</p> <p>Avoids healthy interpersonal relationships and setting appropriate boundaries</p>