

## **Managing Anxiousness and Self-esteem in Mainstream School Student: A Single Case Study**

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### **Abstract**

In school, many students face problems of anxiousness and low self-esteem that can affect their academic performance. The current study aimed to develop a school-based intervention plan and explore its effectiveness in managing self-esteem and anxiousness. For this purpose, single case research ABA design was used. The participant was a 13-year-old girl with presenting complaints of anxiousness, low self-esteem, difficulty learning long questions, lack of class participation, and absentees. Informal assessment included clinical interviews with the informants and the student, behavioral observation, subjective rating, baseline, curriculum-based assessment (CBA). Formal assessment including school children problem scale (SCPS) (Saleem & Mehmood, 2011) and self-esteem scale (Saleem & Mehmood, 2011) was carried out. The results of the assessment showed that the participant had low self-esteem and got anxious due to it. Taking account of assessment modalities an intervention plan has been formulated i.e., rapport building, psycho-education, metacognition model, cognitive model, deep breathing, backward counting, triple column technique, evidence for and against, wrote your strengths worksheet, compliment jar strategy, coping statements, "I" statements, role/reverse role play, mirror technique, and PQRS method. The total number of sessions were 9. The client's presenting problems were reportedly improved with follow-up assessments. The intervention plans reduced anxiousness and academic issues while enhancing self-esteem and class participation.

*Keywords:* self-esteem, anxiousness, academic issues, lack of participation in class

### **Introduction**

Anxiety is a prevalent problem which an individual may experience at different stages of development. Teenagers, in particular, tend to worry more about their self-image, academic performance, how others perceive them, and physical development (Jiang et al., 2022). One of the important predictors of anxiety is self-esteem. Self-esteem refers to the belief in one's abilities and worth, as well as the assurance of being accepted and not considered a failure (Bastianello et al., 2014). In the early years of school, children begin to develop an overall sense of their self-worth. Research suggest that this sense of self is influenced by the level of success or failure children experience in various activities, as well as the feedback they receive from parents regarding their performance (Naeem et al., 2023). In this context, family interactions and patterns have been reported as important factors in the development of anxiety and low-self-esteem. A study examining family dysfunctions and clinical symptoms of anxiety

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and low self-esteem indicated that a dysfunctional family can be a major factor in low self-esteem and anxiety among students (Farmakopoulou et al., 2024). In Pakistan, Ishrat et al. (2024) also reported that anxiety and low self-esteem are related to a dysfunctional family system (Ishrat et al., 2024). Growing up in dysfunctional families can have lasting negative effects on a child's life, resulting in short-term or long-term mental health problems. Parents engaging in violent or abusive relationships may not realize the emotional harm they are causing to their children. Negative parenting patterns can cause trauma that can lead towards mental health problems in students, such as anxiety and low self-esteem, which in turn can affect the functioning of students in academia (Ubaidi, 2017). Another study also indicated that high levels of emotional and physical abuse by the adult in the household was a major risk factor for student's lack of self-esteem, poor academic problems and anxiety that results in the absenteeism of the student (Nguyen et al., 2019). Self-esteem was also reported as a moderator between family dysfunction and anxiety (Guo et al., 2018).

Parental favoritism is also an important factor that can result in mental health problems in children. Harris and Howard (2003) investigated parental favoritism by studying 631 high school students and observed adolescent's emotional life and his/her sense of identity. The study found that girls perceived more parental favoritism than boys, i.e., 56% and 43%, respectively. They concluded that perception of favoritism was associated with a more troubled emotional state in adolescence. Furthermore, perceived favoritism was associated with more depressive and angry feelings, as well as identity confusion, compared to those who did not perceive favoritism (Symonds, 2015). Social learning theory by Bandura (1977) explains how human behavior is shaped by learning, particularly through reinforcement in the form of rewards or punishment. This theory can also be applied to the phenomenon of parental favoritism, which suggests that each child's behavior and responses are influenced by the social rewards given to them by their parents. For example, if a child is not favored and receives fewer rewards from their parents, they are likely to exhibit positive behaviors less frequently or express negative behaviors repeatedly to receive attention. Furthermore, Adler (1956) agreed in his theory reported that the favored child might develop exceptionally well, but he argued that it was impossible to estimate the harm that parental favoritism inflicts on the non-favored child. Additionally, the students who were favored by their parents had higher levels of social self-esteem, compared to those who were not favored (Adkins, 2003). Another important factor is the transition to a new school that can be an overwhelming and life-changing experience for children. Leaving familiar surroundings and people behind and having to adapt to an unfamiliar environment can create feelings of uncertainty and worry, which can lead to anxiety and stress. Children may show psychological symptoms such as being withdrawn or irritable, difficulty in sleep or experiencing physical symptoms such as stomachaches or headaches (Symonds, 2015). Moreover, in Pakistan, the native language is Urdu, however, the language of instruction in the classroom and books in curriculum are in English in English medium schools. Change in the medium or language barrier has also been reported in previous studies as a major factor of anxiety related to academic performance and low self-esteem (Jabeen & Dildar, 2023).

In the cognitive model, metacognition is considered as the cognitive process that involves monitoring, interpreting, evaluating, and regulating the content and organization of cognitions. It also plays a contributory role in emotional regulation such as anxiety in students. The persistence of excessive worrying is associated with metacognitive beliefs about worry. In

the metacognitive model of Generalized Anxiety Disorder (GAD), inaccurate metacognitive beliefs and negative appraisals concerning worry, and resulting responses, play a crucial role in perpetuating specific disorder maintenance loops (Ellis & Hudson, 2010; Dragan & Dragan, 2013; Wells, 1997). It is important to identify the factors that lead to anxiousness and low self-esteem in students to help understand it and develop specific intervention plans for anxiousness and low self-esteem faced by students. The period of childhood and adolescence is considered to be extremely significant as it is influenced by various factors such as biological, physical, emotional, and social factors. During this time of growth and development, children face numerous parental and social pressures which can lead to stress and make them more susceptible to developing emotional, psychological, and behavioral problems. These problems may manifest themselves in the form of academic, emotional, social, and psychological difficulties (Saleem & Mahmood, 2013). Considering the factors present in Pakistan, it is crucial to design a school-based intervention plan for managing the self-esteem and anxiety in mainstream students. Therefore, the current study aims to develop an intervention plan to manage low self-esteem, anxiousness, and academic-related issues in students.

### **Hypothesis**

H1: A school-based intervention plan is likely to significantly reduce anxiousness and increase student's self-esteem.

## **Method**

### **Research Design**

A small *n* research design i.e., ABA design was used to investigate the effectiveness of a school-based intervention plan to manage self-esteem and anxiousness.

### **Participant**

The participant was a 13-year-old girl, firstborn among 3 siblings, and was studying in Grade 8 in a trust school. The study was conducted at a Trust school of girls in Lahore, Pakistan.

### **Case Description**

The child problem started 4 years ago when she started to notice the favoritism between herself and her brothers, by her father. She had three younger brothers and her birth order was first. She reported that her father neglected her and loved her brothers more. He was very strict and aggressive in nature. She further stated that her father often fought with her mother because of her studies and its expenses because he did not want her to study. Moreover, the child stated that her mother sometimes also favored her brothers, however, she loved her a lot and cared for her. Furthermore, she stated that her brothers would tease her due to short height, and she became conscious of it and also about the pimples on her face. Additionally, she reported that she experienced family conflicts between her mother and paternal aunt. Three years ago, her aunt started living with them after her husband's death. Due to family conflicts, she often became anxious and worried about the consequences of fights. These thoughts led to increased anxiety, causing her to prefer staying quiet and alone. This behavior further contributed to her low self-esteem, as she struggled to express her feelings to others and feared being teased for saying something wrong.

Later, after class five, she moved to a new school and was admitted to sixth grade. Afterward, she faced adjustment and academic issues in the new school as her medium changed from Urdu to English. The girl stated that in the previous school, she studied history and geography in Urdu and now in the new school, the subjects were in English. So, she faced difficulty learning long questions about these subjects. Furthermore, she perceived rejection from her classmates, believing they talked about her height and pimples behind her back, although this was not actually the case. Her fear of making mistakes caused anxiety, leading her to believe that her classmates would ridicule her and her teachers would scold her if she erred. These fears prevented her from participating in class and contributed to a decline in her self-esteem. Additionally, witnessing arguments between her parents and her mother's sister made her restless, leading to stomachaches, headaches, and causing her to miss school.

Moreover, the girl was living in a joint family system with her parents, siblings, uncle, aunt, and grandparents. She belonged to a middle-class family. Her father owned a bookshop and her mother was a housewife. The girl reported a satisfactory relationship with her mother but not with her father as he was strict and aggressive and favored her brothers. Her relationship with her siblings was typical, as they had their fair share of arguments but also loved each other a lot. Her relationship with her grandparents, uncles, and paternal aunt was satisfactory, however, her mother and paternal aunt fought a lot due to food and children which disturbed her a lot. The child's birth was normal as reported by the informant. The child's achieved all her developmental milestones at the appropriate ages. She did not experience any illness or head injury during childhood. Further, she reported that her hobbies were watching TV and using her mother's mobile. In addition, she liked coloring and her favorite character to color was Mickey Mouse. When it came to food, she had a particular fondness for shawarma. She was also capable of cooking eggs, tea, and paratha.

### **Assessment Measures**

Informal assessments were done with the help of clinical interviews with the informant and the student, behavioral observation, subjective rating, baseline, and curriculum-based assessment (CBA) while she was formally assessed with the help of School Children Problem Scale (SCPS) (Saleem & Mehmood, 2011) and Self-esteem Scale (Saleem & Mehmood, 2011).

### ***Clinical Interview***

***Clinical Interview with the Child.*** During the initial meeting with a child, a clinical interview was conducted to gain in-depth information about the client's problems. The purpose of the interview was to explore the developmental history of the problem, as well as the personal, family, and educational background information. The child's specific problem was also assessed, including when it started, how it was being maintained, and the current level of the child's difficulty. As a result of the interview, it was revealed that the client was facing challenges, such as difficulty learning lengthy questions, lack of participation in class, frequent absences, anxiousness, and low self-esteem.

***Clinical Interview with the Informants.*** A clinical interview was also conducted with the child's teacher and parents. The teacher reported that the girl did not participate in the class

and if she was asked any question, she would not respond. Furthermore, the teacher stated that she was weak in her studies and an average student. She also stated that the girl often became absent from school. The child's mother reported that the child had a habit of sitting between elders and listening to their discussions and fights. Later she sat alone and thought about the fights and did not talk to anyone.

### ***Behavior Observations***

The purpose of behavioral observation is to systematically record and describe the behavior of individuals. The child's appearance and hygiene were intact. However, her weight and height were not proportionate to her age, as she appeared thin and short. Initially, she appeared anxious and hesitant, and she was not maintaining eye contact properly. Later, when rapport was built, she started to open up about her problems and maintained satisfactory eye contact. The child spoke at an appropriate rate, volume, and tone, and her words were understandable.

### ***Subjective Ratings***

The objective of subjective rating was to measure and comprehend the severity level of the child's problem. The severity of the problem was rated on a scale from 0 to 10 where 0 means minimum severity of the problem and 10 means maximum severity of the problem.

**Table 1**

*Subjective Ratings of the Presenting Problems*

Subjective Ratings	Presenting Problems
6	1-کلاس میں پارٹیسپیٹ نہیں کرتی۔
4	2-چھٹیاں بہت کرتی ہے۔
10	3-گھبراہٹ محسوس ہوتی ہے
9	4- Long questions یاد کرنے میں مشکل ہوتی ہے
9	5- Low self-esteem ہے

The child's teacher reported that she did not participate in class and often became absent from the class. Further, she reported that if she asked any question from her during class, she would not answer, became anxious, started to tremble, looked at her hands and remained silent. When the child talked about anxiousness, she said that she became anxious at the thought of participating in the class. She further stated that due to family conflicts, she got stress, became anxious, started to overthink and used to stay alone. Furthermore, she stated that she could not express her feelings to others and had a fear of being ridiculed by people for making mistakes. This further explained in the self-esteem scale that the girl had low self-esteem.

### ***Baseline Chart of Anxiousness (Galvano, 2017)***

A baseline represents the behavior, or contextual, taking into account recent events before the assessment. Using a baseline chart provides a reference point for assessing individual behavior, monitoring progress, identifying variations, and establishing intervention

guidelines (Galvano, 2017). The clinician administered baseline chart of anxiousness so that she could note the frequency, intensity and duration of anxiousness according to ABC model i.e., antecedent, behavior/thoughts and consequences.

**Table 2**

*Intensity, Frequency, and Duration of Anxiousness Baseline Chart*

Problematic Behavior	Average of Consecutive Three Days		
	FID		
	Intensity	Frequency	Duration
Anxiousness	8	9	16 min

The girl reported that she felt anxious when her academics became burdensome and when fights happened between her parents and mother and paternal aunt as she started to think about the consequences of fights and worried about what if she could not learn her lesson then her teacher would scold her and her classmates would have made fun of her. Moreover, she reported feeling anxious even at the thought of participating in class as she was scared of being scolded by her teacher or ridiculed by her classmates for making mistakes. While she became anxious, her breathing rate increased, she started to tremble, played with her hands and started to overthink. Due to which she preferred staying alone and remained to herself.

### **Reinforcement Identification (Leaf et al., 2024)**

Incorporating reinforcers into sessions can be highly effective in addressing challenging behaviors in children, while also providing a positive management approach. The reinforcement was identified by the child. The child's reinforcers were verbal praising and coloring. Her favorite character was Mickey Mouse.

### **Operational Definition (Slife et al., 2016)**

An operational definition gives meanings to the problems according to the individuals. An operational definition of the problems was asked of the child to understand her perception of the problem.

**Table 3**

*Operational Definition of the Problems by the Child*

Problems	Operational Definition
Difficulty learning long questions	Because of school and medium change, she was unable to learn long questions of History and Geography.
Lack of participation in class	She had a fear of saying something wrong in class and worried about being teased by classmates and scolded by teachers.
Absentees	The arguments between her parents and mother and paternal aunt made her restless and anxious, causing

her stomachache and headache and becoming a reason for her absences in the class.

Anxiousness She feels shortness of breath and palpitation due to domestic conflicts and cannot focus on her studies because of it. She experiences excessive worry even at the thought of participating in class as she was scared of being scolded by her teacher or ridiculed by her classmates for making mistakes. She could not express her feelings to others. During anxiousness, her heartbeat increased and she used to sit alone and overthink.

### Curriculum Based Assessment (CBA) (Hintze et al., 2005)

The purpose of the curriculum-based assessment (CBA) is to evaluate student skills, performance, and educational needs based on the expectations of the school's curriculum.

**Oral Assessment.** An assessment was done to evaluate the client's reading abilities in Urdu and English. The assessment aimed to determine the client's ability to pronounce and comprehend words. To assess the client's reading skills, a paragraph was provided from her English and Urdu course books. During the assessment, the client was observed, and her mistakes were recorded. She read both English and Urdu paragraphs and made 1 mistake in Urdu and 2 mistakes in English. However, her comprehension skills were appropriate.

**Table 4**

#### *Verbal Assessment of the Child*

Subjects	Total	Correct	Incorrect
Urdu	40	39	1
English	37	35	2

**Written Assessment.** The client was given passages from an English and Urdu book for dictation. The list contained easy and difficult words to assess the child's abilities accurately. She made 0 mistakes in the Urdu test and one mistake in the English test. It indicated that her dictation skills were satisfactory.

**Table 5**

#### *Written Assessment of the Child*

Subjects	Total	Correct	Incorrect
English	15	15	1
Urdu	17	17	0

### School Children Problem Scale (SCPS) (Saleem & Mehmood, 2011)

Saleem and Mehmood (2011) developed the School Children Problem Scale. School Children's Problems Scale (SCPS) established in the earlier stages consists of 109 problems experienced and expressed by school children and is a 4-point rating scale with options including "never, rarely, sometimes, and often" with scores 0, 1, 2, and 3 respectively. It consists of six factors i.e., anxiousness (F1), academic problem (F2), aggression (F3), withdrawal (F4), rejection (F5), and psychosomatic problems (F6). The Cronbach Alpha of the overall scale was  $\alpha = .92$ . The test was administered in a distraction-free environment and all the instructions were given to the child before administering the scale. The client completed the test in 15 to 20 minutes.

The test scores indicated that the girl scores very severely in five factors i.e., anxiousness, withdrawal, academic problem, somatic problem, and rejection. The child's higher score in the anxiousness factor indicated that she had a fear of initiating new tasks, was worried that something bad would happen, could not communicate her thoughts to others, and had a fear of failure. She became anxious at the thought of initiating a task and about conflicts between her mother and paternal aunt. Moreover, withdrawal factor scores indicated that because of anxiousness, she did not want to talk to anyone and wanted to stay alone. Her scores on academic factors indicated that she struggled with schoolwork and found it burdensome. She faced difficulty in learning lengthy questions related to subjects like history and geography due to medium change. Additionally, she refrained from participating in class due to fear of being ridiculed by her classmates for making mistakes. She also couldn't study at home because of family conflicts.

**Table 6**

*Scores and Severity Level of all Six Factors School Children Problem Scale*

Factors	Obtained Score	<i>M</i>	<i>SD</i>	Category
Anxiousness	29	13.48	7.28	Very severe
Withdrawal	16	8.51	3.94	Very severe
Academic Problem	15	7.11	4.42	Very severe
Somatic Problem	9	4.03	2.54	Very severe
Rejection	6	3.30	3.25	Very severe
Aggression	4	7.05	4.35	Mild
Total	79	42.45	19.17	Very severe

Somatic Problem scores predicted that when study became burdensome, she felt dizzy, sometimes had belly pain or muscle tension, and became anxious about failing tests/exams and being scolded by the teacher. Additionally, her score on the rejection factor indicated that when her father and sometimes mother favored her brothers and neglected her, she felt rejected and thought nobody loved her. Moreover, she was very conscious about her appearance, as her brothers made fun of her because of her height. Due to perceived peer rejection, she could not participate in class as she thought that her classmates made fun of her because of her height and pimples and would make fun of her if she made any mistake while participating in the class and it reduced her self-esteem. Lastly, in the Aggression factor (F3), she scored mild as she



never shouted in class or threw things in anger. Likewise, she could not express her feelings or dislikes and their purpose properly to others, especially to her mother.

It was concluded that the child became anxious because of her father's neglected behavior and family conflicts, which led to social withdrawal, academic problems, and somatic problems. She scored mild in aggression as she was not able to express her anger assertively and struggled to effectively communicate her feelings and dislikes to others, particularly her mother.

#### **Self-Esteem Scale (Saleem & Mehmood, 2011)**

Self-esteem refers to a person's evaluation of his/her self-worth. The way self-esteem is expressed can vary greatly across different cultures. Saleem and Mehmood, (2011) developed a self-report measure for children aged 13-15 years. The measure consists of 44 items and evaluates four factors: self-confidence, social self-esteem, academic skills, and low self-esteem. The Cronbach alpha for the total scale was .86. Additionally, the four scales of SESC demonstrated internal consistency with Cronbach alphas of .86, .78, .72, and .74 respectively. All the instructions were given to the child before administering the scale. The client completed the test in 10 to 15 minutes.

**Table 7**

*Score and Category of all Factors of Self-Esteem Scale*

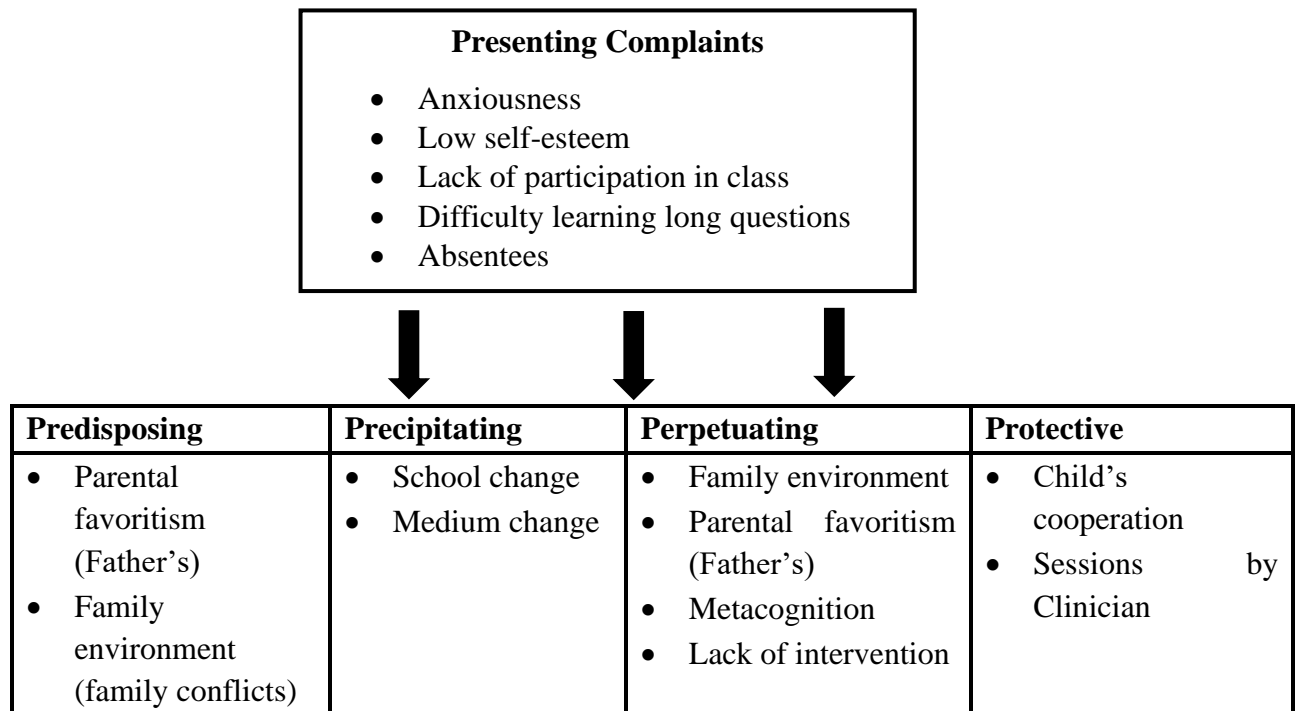
Factors	Obtained Score	Percentile	Category
Academic Self-esteem	28	58	Above average
Self-Confidence	33	58	Above average
Social Self-esteem	42	100	Above average
Low Self-esteem	15	85	Above average
Total of F1, F2, F3	103	93	Above average

Through the self-esteem scale, the trainee interpreted that the girl's academic self-esteem was above average as she did her homework regularly. She was a hardworking student and studied wholeheartedly, however could not concentrate on her studies due to negative automatic thoughts such as; what if she could not learn her lesson and her teacher would scold her because of it. Furthermore, her self-confidence was also above average as she was trustworthy and could make friends easily. People also liked her however she was not satisfied with herself because of her studies. In social self-esteem, the girl also scored above average as she took care of her hygiene. She was a soft-hearted and polite person and helped others however she rarely gave orders to anybody. In low self-esteem, she scored above average as she avoided meeting with others. She did not like herself because of her short height and pimples on her skin. Moreover, she considers herself inferior to others to some extent. Overall, the self-esteem scale results showed that the girl had low self-esteem.

**Case Formulation**

**Figure 1**

*Pictorial Demonstration of 4P’s Model of Case Formulation*



**Intervention Plan**

An intervention plan was made concerning the child’s presenting complaints i.e., anxiousness, low self-esteem, difficulty learning long questions, lack of class participation, and absentees. Rapport building was done through active listening, unconditional positive regard, and empathy. Psychoeducation was used to build insight through metacognition. Furthermore, coping statements, deep breathing, backward counting, triple column technique, evidence for and against, and cognitive model were used to minimize the child’s anxiousness and encourage class participation. Moreover, compliment jar, write your strengths worksheet, I statement, role/reverse role-play methods, and mirror technique were used to enhance the child’s self-esteem. Lastly, the PQRST method was used to help with long questions.

**Table 8**

*School Intervention Plan*

<b>Session 1</b>	<b>Session 6</b>
Rapport Building	Write your strength
Behavioral Observation	“I” Statements
Clinical Interview with the Child	Role/Reverse Role Play Method
Baseline of Anxiousness	
<b>Session 2</b>	<b>Session 7</b>
Rapport Building	Triple Column Technique
Clinical Interview with Child and Teacher	Cognitive Model

Baseline of Anxiousness	Compliment Jar
Reinforcement Identification	Gratitude Jar
<b>Session 3</b>	<b>Session 8</b>
Informal Assessment	PQRST Method
Formal Assessment (School Children Problem Scale) (Saleem & Mehmood, 2011)	Evidence for and against
<b>Session 4</b>	<b>Session 9</b>
Formal Assessment (Self-esteem scale) (Saleem & Mehmood, 2011)	Review of Techniques
Gratitude Jar	Post Assessment
Mirror Technique	
<b>Session 5</b>	
Metacognition Model	
Deep Breathing	
Coping Statement	
Backward Counting	
Compliment Jar Worksheet	

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### **Ethical Consideration**

- Consent was taken from both the child and informants for information and to provide intervention to the child.

### **Results**

A total of 9 sessions were conducted with the child. In 1 to 4 sessions formal and informal assessments were done. In 4 sessions, a gratitude jar and mirror technique were used to enhance the child's self-esteem. Moreover, in 5<sup>th</sup> session, psychoeducation was done through the metacognition model to explain the worrying about worry concepts to the child that causes anxiousness. Further, the deep breathing techniques (Bauer, 2005) and the backward counting technique (Kilburn & Whitlock, 2009). Distraction techniques and alternative coping strategies were used to minimize the child's anxiousness. Additionally, coping statements (Leahy, 2003) and a compliment jar worksheet were used to enhance the child's self-esteem. In 6<sup>th</sup> session, write your strengths, "I" statements (Pipaş, & Jaradat, 2010), and role/reverse role play method were used to enhance self-esteem in the child and assertive skills in the child as she could not express her feelings to others assertively.

In 7<sup>th</sup> session, the cognitive element was added and triple column technique was used to identify and reframe cognitive distortions of the child and to guide her about them. Furthermore, the cognitive model (Leahy, 2017) was used to build insight in the child about magnification and jumping-to-conclusion distortions. Moreover, compliments and gratitude jars were used to guide the child about the things and strengths she has and she should be grateful for them. In 8<sup>th</sup> session, evidence for and against technique (Leahy, 2017) was used to sort if and then statement distortion of the child as she did not participate in the class because of her assumption about being teased by her classmates and scolded by the teachers. And when the child was asked about evidence, she had none. Moreover, the PQRST method (Syafitri,

2017) was used to help the client in learning long questions easily. Lastly, in 9<sup>th</sup> session, all the techniques were reviewed and post-assessment was taken. The post-assessment rating showed significant improvement.

### ***Pre and Post Subjective Rating***

Pre and post-assessment subjective ratings were taken from the child and the purpose behind it was to compare pre-management and post-management ratings of the problems. The pre-assessment subjective rating indicated that the child had severe problems, however, after the administration of the intervention plan, the subjective rating of the problems was reduced in the post-assessment. The outcome of all goals was satisfactory as the girl understood that all her problems were related to the negative automatic thoughts. She learned about her cognitive distortions and worked on her alternative thoughts. The post-subjective ratings were taken from the teacher and the child. The teacher stated that she observed a change in the child's behavior as she started to participate in class, expressed her feelings to others assertively and her absenteeism reduced. Moreover, the girl stated that now she felt confident, she did not get anxious, and started to learn long questions easily.

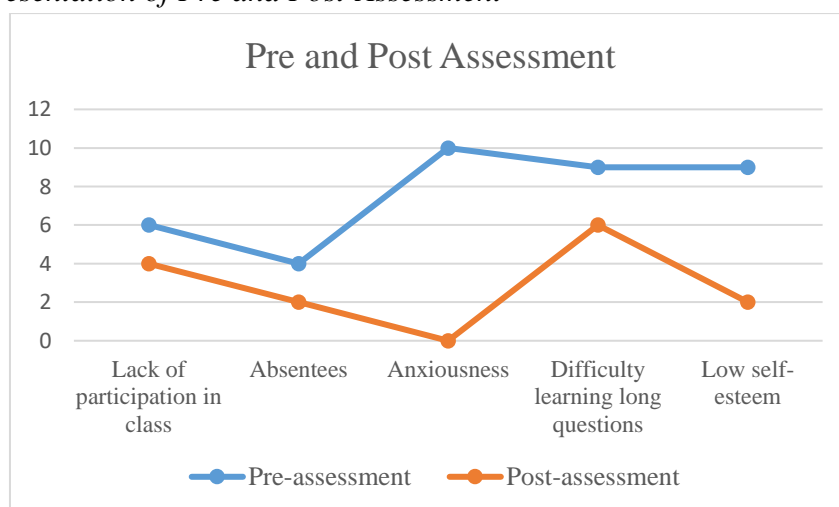
**Table 8**

*A Comparison Between Pre and Post-Subjective Ratings*

Pre-assessment	Post-assessment	Presenting Problems
6	4	1- کلاس میں پارٹیسپٹ نہیں کرتی۔
4	2	2- چھٹیاں بہت کرتی ہے۔
10	0	3- گھبراہٹ محسوس ہوتی ہے
9	6	4- Long questions یاد کرنے میں مشکل ہوتی ہے
9	2	5- Low self-esteem ہے

**Figure 2**

*Graphic Representation of Pre and Post-Assessment*



### Discussion

K.S., a 13-year-old girl was studying in 8 grade in trust school. She came with the presenting complaints of anxiousness, low self-esteem, difficulty learning long questions, lack of class participation, and absence. Because of their father's neglected behavior and family conflicts, she became worried and anxious and had negative thoughts like what would happen after a fight or what if things became worse. Research suggests that parental favoritism is a common phenomenon that can hurt children's well-being. It has been observed in about 65% of families and documented across various cultures. This issue is not just a quirk of family life, as it can affect children's emotional health throughout their lives, from childhood to middle age and beyond. It is considered a crucial factor in a range of emotional problems. Perceived parental favoritism has been linked to negative impacts on children, including low self-esteem, childhood anxiety, depression, and risky behaviors (Dennett, 2023; Symonds, 2015).

Likewise, a family is called a dysfunctional family where conflicts, chaos, and fights often take place. If a family is not harmonious, it can affect children's growth. Living in a dysfunctional family negatively impacts children's well-being and mental health (Swetha & Gayathri, 2022). Moreover, her brothers made fun of her appearance due to her short height. That's why she became conscious about her height and pimples. Later, after 5 classes she got admitted to her current school and faced academic issues like difficulty learning long questions because of medium change. Research was conducted on student mobility and findings indicated that changing schools could negatively impact a student's development by disrupting relationships with peers and teachers, as well as altering their educational program. Furthermore, the result stated that the effects of frequent moves on students could be severe, especially when accompanied by home disruptions (Rumberger, 2015). Moreover, because of negative thoughts like what if she made a mistake during class then her classmates would have made fun of her so, she did not participate in class. Additionally, when the girl witnessed arguments between her parents and mother and paternal aunt, it made her restless, caused stomachache and headache, and led to her absence from her class.

Kim and Streeter (2016) reported that using specific strategies can decrease the rate of absenteeism in educational institutes. The absenteeism of girl also reduced after the intervention plan. Coelho and Romao (2017) investigated to find out the transition of the student into a new school. The findings of their study indicated that change in the school can lead to low self-concept and low self-esteem in students. As reported above that the client changed her school so, this factor also contributed to her low self-esteem. Coelho et al. (2016) conducted experimental research on the self-concept and self-esteem of the students who changed their school from middle to elementary. The findings of their study indicate a significant decline in self-esteem and self-concept in its five dimensions social, emotional, academic, family, and physical the students of the control group and students that were introduced to specific intervention plans indicate high self-esteem and self-concept and low emotional problems such as anxiety. The lack of intervention before the treatment and changes in the school contributed to the girl's anxiety and low self-esteem. However, the intervention plan led to an improvement in self-esteem and reduced anxiousness, indicating its effectiveness. Another study also reported that the school-based intervention plan can promote the mental health and academic performance of the students. The results of the current research also aligned with this study (Nguyen et al., 2019). Overall, a total of 9 sessions were conducted

with the child and the child showed satisfactory improvement as she started to participate in the class which means that her self-esteem increased and anxiousness decreased and also reduced her absences in class. Moreover, the intervention plan helped her to learn long questions easily.

### **Conclusion**

The study highlights how important it is to recognize and manage anxiousness as it significantly affects the academic performance of a student. The overall intervention plan, focused on reducing the child's anxiousness, lack of participation, and absence in class, helped in learning long questions, and enhanced the child's low self-esteem and assertive skills. In short, improved the child's presenting problems.

### **Limitations and Suggestions**

- Few sessions were conducted with the parents due to lack of time. More sessions must be held between the clinician and parents for the betterment of both the parents and the child.
- Moreover, the present counseling plan only focused on the peculiar needs of the client. However, it is essential to develop more generalized plans that aim to study skills, self-esteem, and assertive skills and reduce anxiousness in students.
- Additionally, this research employs a single case study research design; hence, further studies are recommended to apply the school counseling plan to a larger group of students.
- Conducting longitudinal research with more extensive sample sizes across various age groups and educational settings can provide more insights into the effectiveness of school-based intervention plans in enhancing study skills, self-esteem, and assertive skills and reducing anxiousness in students.

### **Implications**

This study highlights the efficacy of a school-based intervention plan in helping school-age children overcome anxiousness, low self-esteem, and academic issues. This intervention plan could be used by school counselors to design seminars, workshops, and sessions for the betterment of the students and school administration. It focuses on addressing anxiousness and low self-esteem, caused by different factors and emphasizes a holistic approach to reduce anxiousness and enhance self-esteem in students for their academic success, by integrating psychological therapies into educational frameworks. Overall, this study shows great promise in producing better results for students by combining educational practices with psychological interventions to support their academic and emotional well-being.

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