Effective Strategies for Esteem-Enhancement:: What do Young Adolescents have to Say?

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Effective Strategies for Esteem-Enhancement:
What Do Young Adolescents Have to Say?

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Focus groups were conducted with young adolescents (N = 61) to obtain a consumer perspective on esteem-enhancement strategies for their age group. Overall, the input obtained supports a comprehensive, psychosocial/developmental approach. To address the views and preferences expressed by young adolescents, program content should (a) provide esteem-enhancing experiences in multiple domains of early adolescent development, (b) reduce reliance on "unhealthy" sources of self-esteem, and (c) be sensitive to diversity in participant backgrounds (e.g., race/ethnicity and socioeconomic status). Program designs should (a) be inclusive (i.e., include all youth) and involve multiple important persons in young adolescents' lives; (b) emphasize an experiential, individualized approach; (c) allow for participation over extended periods of time; and (d) incorporate strong linkages to the surrounding community. Based on current findings and related research, the need for esteem-enhancement strategies that are environmentally oriented and integrated within broader youth development initiatives is emphasized.

Keywords: *self-esteem; focus groups; intervention; prevention; early adolescence*

Beginning with the affective education movement of the 1960s, the past several decades have witnessed a remarkable proliferation of programs to enhance the self-esteem of youth (DuBois & Tevendale, 1999; Harter, 1999; Hattie, 1992). Self-esteem has been defined as the "evaluation which an indi-

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vidual makes and customarily maintains with regard to himself [or herself]" (Rosenberg, 1965, p. 5). Theorists have emphasized the affective nature of the construct and frequently used terms such as *feelings of self-worth* and *positive self-regard* to refer to the subjective experience of self-esteem (Harter, 1999). Self-esteem has been distinguished on this basis from other self-system constructs such as self-concept, although the practical importance of these distinctions is not yet clearly established (Byrne, 1996).

Currently, there is a recognized need for efforts that specifically target the period of transition from childhood to adolescence. It is during early adolescence that the search for a coherent identity intensifies. It thus is a stage of development that represents a critical window of opportunity to cultivate a strong sense of self-worth in the emerging personality (Brinthaupt & Lipka, 2002). Young adolescents however frequently experience difficulty maintaining positive self-esteem in the wake of the myriad areas of stress and change that characterize the transition. As many as 1 in 5 youth report high levels of self-esteem in late childhood, only to exhibit a progressive and substantial decline in feelings of self-worth during early adolescence (DuBois & Tevendale, 1999). Negative self-esteem trajectories experienced by young adolescents in turn are predictive of significant difficulties in emotional, behavioral, and academic functioning (Silverthorn & Crombie, 2002).

The aim of strengthening self-esteem during early adolescence is consistent with the goals of recent large-scale initiatives to promote positive youth development (America's Promise: The Alliance for Youth, 1999; Carnegie Council on Adolescent Development, 1995; National Research Council [NRC], 2002). Indeed, as a core component of positive mental health (Durlak, 2000), self-esteem has been an appealing focus for a range of promotive and preventive interventions. Strategies to enhance self-esteem however have demonstrated only limited effectiveness and are in need of refinement and innovation (Haney & Durlak, 1998). Self-esteem is understood to have a complex, multidimensional structure, for example, and to be shaped by experiences in multiple areas (Kernis, 2002). Accordingly, general feelings of self-worth alone are not a reliable predictor of positive adjustment (Harter, 1998). Findings are strong only when also considering more specific aspects or sources of self-esteem, such as those based on experiences in the family, school, and peer group (Harter, 1998). Most self-esteem programs however have focused on promoting feelings of worth in an undifferentiated manner (DuBois, Burk-Braxton, & Tevendale, 2002). Many programs, furthermore, have relied exclusively on the use of structured curricula and thus have not incorporated the environmental changes or supports necessary to strengthen self-esteem in key areas of participants' lives (DuBois et al., 2002). Neither has adequate attention been devoted to the need for

approaches that promote *healthy* self-esteem (Harter, 1999). Without strategies to ensure that feelings of worth have an adaptive and realistic basis, interventions may be of limited or no value in facilitating desired outcomes (e.g., academic achievement). When high levels of self-esteem are derived in ways that lack a healthy foundation, they also can contribute to youth engaging in negative behaviors (e.g., drinking and aggression) (Salmivalli, 2001; Scheier, Botvin, Griffin, & Diaz, 2000). Motivation to feel good about oneself is assumed to be nearly universal and exert a profound influence on behavior (Harter, 1999). Therefore, strategies that ensure youth fulfill that need in a healthy manner are essential.

Focus groups are one widely recommended approach to informing the design of more effective interventions (Bartholomew, Parcel, & Kok, 1998; Institute of Medicine [IOM], 1994; Morgan, 1997). Focus groups offer a means of obtaining valuable input from representatives of the target population regarding both the problem to be addressed (e.g., sources of low self-esteem) and viable change strategies (e.g., methods of esteem-enhancement). Such information then can be used to design programs tailored to the needs and preferences of the ultimate "consumers" (e.g., young adolescents), thereby increasing likely levels of participation and the potential for positive outcomes (Bartholomew et al., 1998). In the present research, focus groups were conducted with young adolescents to help inform the development of beneficial esteem-enhancement strategies for their age group.

Effectiveness of Existing Esteem-Enhancement Programs

Two literature reviews have considered the effectiveness of esteem-enhancement programs using meta-analysis (Haney & Durlak, 1998; Hattie, 1992). Hattie (1992) reported an average effect size of .37 for 89 program evaluations. Haney and Durlak (1998) found a similar average effect size of .27 based on evaluations of 120 programs. Of those programs, 107 included participants in the age range of early adolescence (i.e., between the ages of 10 and 15 years old).[1] Youth in self-esteem programs also exhibited positive change in the areas of behavior, personality/emotional functioning, and academic performance. Programs that produced the largest effects on such outcomes, furthermore, were those in which participants experienced the greatest increases in self-concept or self-esteem (Haney & Durlak, 1998).

There are several important qualifications however to the preceding findings. First, results indicate that gains for program participants in self-esteem and other areas of adjustment were only small to moderate in magnitude

(Haney & Durlak, 1998). Furthermore, such estimates are likely to be inflated because only a small proportion of esteem-enhancement programs have been evaluated formally and those that have seem to be among the most well designed (Hattie, 1992). Second, interventions have had only limited success in producing improvements in self-esteem that are sustained over time (Haney & Durlak, 1998; Hattie, 1992). Some positive effects, for example, appear to be attributable to euphoria or good feelings at the end of programs that dissipate relatively quickly thereafter (Marsh, Richards, & Barnes, 1986).

A third concern is that esteem-enhancement programs targeting young adolescents have not been as effective as those involving other age groups (DuBois et al., 2002). Hattie (1992), for example, reported higher average effect sizes for programs with adults (.52) and children (.31) in comparison to those in which participants were preadolescents (.20) or adolescents (.23). Trends toward less effectiveness during early adolescence likely are a reflection in part of the unique characteristics of the age group. Efforts to work with young adolescents are complicated by their rapid and varying rates of growth in all areas of development, including those that have a direct bearing on self-esteem (e.g., identity) (Lerner, 1988). Young adolescents also do not have as a group the cognitive abilities required to respond well to the didactic approaches used in many programs (Harter, 1999). Several considerations thus make it a challenging proposition to design effective esteem-enhancement strategies for young adolescents (Brinthaupt & Lipka, 2002).

A final concern is that programs have not been effective equally in strengthening the self-esteem of all youth. They have had their greatest effects on those who enter programs already exhibiting low self-esteem or difficulties in other areas (Haney & Durlak, 1998; Hattie, 1992). In comparison, only modest benefits are apparent for less vulnerable or at-risk youth.[2] Existing strategies, therefore, would not be effective necessarily for preventing declines in self-esteem (and onset of adjustment problems) for those youth who enter early adolescence exhibiting relatively healthy functioning (DuBois et al., 2002).

Need for a Youth Perspective

Several promising directions for addressing limitations of existing approaches to esteem-enhancement have been proposed in the theoretical and empirical literature (Beane, 1994; DuBois & Tevendale, 1999; Gurney, 1987; Hamachek, 1994; Haney & Durlak, 1998; Harter, 1999; Hattie, 1992). Based on a review of those considerations, DuBois and colleagues (2002)

recently discussed several recommendations for intervention strategies to strengthen self-esteem during early adolescence. It was noted however that apparently no attention had been devoted to obtaining the perspective of young adolescents themselves on the content or design of interventions (DuBois et al., 2002).

The failure to systematically incorporate young adolescents' input into program planning is a noteworthy omission for several reasons. First, as qualitative data that reflect experientially derived knowledge (Patton, 1990), the views of young adolescents may highlight promising directions for the design of more effective esteem-enhancement strategies. Second, giving young adolescents direct voice in the design of interventions has the potential to increase their levels of participation and positive engagement in resulting programs (Zeldin, McDaniel, Topitzes, & Calvert, 2000). Programs that can be advertised as developed in such a "consumer-friendly" manner are likely to be viewed by young adolescents as more credible, thus facilitating greater levels of involvement (Morgan, 1997). Finally, obtaining input directly from young adolescents provides a mechanism for helping to ensure that the needs and preferences of members of their age group with diverse characteristics and backgrounds are addressed in programs. Currently data on program effectiveness are lacking for several demographic subgroups (e.g., low-income and minority), thus underscoring a need to learn more about the views and experiences of young adolescents from varied backgrounds (DuBois et al., 2002).

Present Study

The focus groups in the present research were designed to address each of the preceding areas of concern. To tap the experiential knowledge of young adolescents, participants were asked to share their views regarding factors that influence the self-esteem of those in their age group as well as views about possible sources of unhealthy self-esteem among their peers. To provide for sensitivity to the voices of young adolescents as consumers of interventions, participants were given the opportunity to design their own hypothetical, "ideal" esteem-enhancement programs. They also were asked to discuss factors that affect their levels of enjoyment and engagement in adult-organized activities or programs more generally. Finally, the need for input from a diverse group of young adolescents was addressed by selecting participants with varying demographic characteristics (e.g., low-income family background) as well as varying levels of self-esteem.

METHOD

Sample

Participants were 61 young adolescents attending a sixth- and seventh-grade public middle school in a medium-sized Midwestern city. They were selected from a larger group of 508 students within the school's general population who recently had participated in a survey-based research project (for details, see Lopez & DuBois, 2001). A stratified random selection process was used to identify those from the larger pool of students who would be asked to participate in the present study. To facilitate comfortable and productive group discussions (Morgan & Krueger, 1998), young adolescents for each focus group were selected to be similar on one of the following characteristics: level of self-esteem (low or relatively high), gender, race/ethnicity (White or African American), grade level (sixth or seventh), or family socioeconomic status (SES) (low or not low). Because there were two possible categories for each of the five selection factors, a total of 10 groups were planned (i.e., one group for those with low self-esteem, another comprised of all those with relatively high esteem, another all males, etc.). Levels of self-esteem were distinguished as low or relatively high based on a cutoff score for the Global Self-Esteem Scale of the Self-Esteem Questionnaire (SEQ) (DuBois, Felner, Brand, Phillips, & Lease, 1996), a measure completed in the larger research project. To facilitate identification of potential participants with low self-esteem, the cutoff score used (i.e., 20) was approximately one standard deviation below the mean for the overall sample (M = 25.09, SD = 4.68). Family socioeconomic status was categorized as low if the student in the larger research project reported participating in the school's subsidized lunch program or indicated family financial limitations on one other pertinent survey item.[3]

Using the preceding criteria, students were identified who qualified for each of the 10 planned focus groups. From each of those sets of students, 9 were selected randomly for participation in the relevant group, thus resulting in a total of 90 potential participants in the research. Participation required parent consent and young adolescent assent and was obtained for all but 7 of the selected young adolescents (who therefore did not participate). The primary reason for nonparticipation was competing activities on the date of the scheduled focus group. For the remaining young adolescents, attendance at the scheduled focus groups averaged 73%. Group size ranged from 4 to 8 participants (M = 6.1, SD = 1.4), with an overall total of 61 participants across the groups. Participants included 22 males and 39 females, 38 who were White and 23 who were African American, 29 in Grade 6 and 32 in Grade 7, 33 who

were low socioeconomic status and 28 who were not low socioeconomic status, and 19 with low self-esteem and 42 with relatively high self-esteem. The remaining young adolescents who did not attend their scheduled groups were not able to be included in the research. The primary reason indicated for nonattendance again was competing commitments.

In relation to the student population of the participating school, the sample included a significantly greater percentage of females (64% for sample vs. 52% for school, $\chi^2[1] = 6.57$, $p < .05$), African American youth (38% for sample vs. 22% for school, $\chi^2[1] = 8.78$, $p < .01$), and youth from low socioeconomic status families (40% of sample participating in subsidized lunch program vs. 24% of school population, $\chi^2[1] = 10.82$, $p < .01$). These differences are consistent with sampling goals and the study aim of emphasizing the inclusion of youth whose views and experiences have been underrepresented in previous research and interventions on early adolescent self-esteem. Nevertheless, because of these differences and the attrition resulting from lack of consent and attendance, the final sample should not be assumed to be representative of the larger population from which it was selected.

Procedure

Each focus group met for 2 hours in a comfortable room on a university campus. Following recommended procedure (Morgan & Krueger, 1998), each group was led by a moderator and an assistant moderator. Moderators included the first author, a licensed child clinical psychologist, who moderated three groups, and study coauthors, doctoral students in clinical psychology, who moderated all remaining groups. Assistant moderators included study coauthors as well as trained undergraduate research assistants. Moderators and assistant moderators received an average of 25 hours of training from a doctoral-level psychologist (first author of the current study) experienced in conducting focus groups. Training included assigned readings, didactic instruction, role playing, and supervised participation in one to two pilot focus groups with youth.

With permission of participants and their parents, all focus group discussions were audiorecorded. The audiotape for each focus group was transcribed in its entirety. All written materials (e.g., participant worksheets) also were transcribed into the same word processing file.

Focus Group Protocol

The focus group protocol followed the moderately structured group format (Morgan & Krueger, 1998), which uses prewritten questions and activi-

ties but allows for deviations when appropriate. A summary of focus group questions and activities is provided in the appendix.[4] As shown, initial questions (i.e., 1 and 2) asked participants for general input on factors likely to affect their motivation to participate in activities or programs organized by adults. The next questions (i.e., 3 and 4) asked about positive and negative sources of influence on self-esteem during early adolescence. Self-esteem was defined for participants as feeling good about oneself as a person (Harter, 1999). Following open-ended discussions for each of those questions, group members individually completed a brief worksheet in which they were asked to write down any additional ideas on the topics. The worksheet provided an opportunity for less vocal group members to share their views in an alternative format. It also served as a reflective activity to help stimulate further input from all participants (Morgan & Krueger, 1998). For this reason, completion of worksheets was followed by another period of group discussion. Toward the end of the discussion, the group was asked about the personal characteristic or background factor shared by members of the group (e.g., being female) and its relevance to self-esteem at their age (i.e., Question 5). In several instances (i.e., gender, race/ethnicity, and grade level), the factor that group members shared in common was self-evident. In other instances (i.e., level of self-esteem and family socioeconomic status), for reasons of sensitivity and respect for privacy, the question was posed in a way that did not overtly reference the fact that all group members shared the characteristic involved (e.g., low self-esteem). Finally, the first half of the focus group concluded with a discussion of participants' observations regarding possible unhealthy sources of self-esteem among their age group (i.e., Question 6).

The latter half of each focus group session consisted of activities designed to elicit participant input on effective strategies for esteem-enhancement. Working in small groups (i.e., 2 or 3 persons), participants first were asked to create a story about a hypothetical young adolescent with low self-esteem (i.e., Question 7). They then were asked to design a program that would be effective in promoting healthy self-esteem for the same young adolescent (i.e., Question 8). The moderator, assistant moderator, and additional trained research assistants circulated among the small groups to facilitate the work of participants while taking care not to dictate the content of their ideas. To provide some minimal degree of structure for the program design activity, each small group was provided with a large sheet to work on that included *who*, *when*, *where*, and *what* prompts. Following each activity (i.e., story creation and program design), participants took turns presenting their work to the rest of the group. In doing so, the moderator had participants elaborate on important themes or ideas.

It was felt that the term *program* used in different portions of the focus group protocol would be more easily understood by youth than an alternative term such as *intervention*. The term *program* was intended to connote a psychosocial intervention rather than an isolated activity or event. This view was emphasized to youth by focus group moderators and research assistants. The multifaceted programs that participants proposed clearly are consistent with this desired focus (see Results).

Data Coding and Analysis

Data coding and analysis occurred in several phases. First, based on careful review of focus group transcripts by the study authors, several general categories of content were distinguished. The purpose in doing so was to provide a broad structure within which to carry out more refined data coding and analysis activities (Morgan & Krueger, 1998). At the most general level, a distinction was made between material that emphasized naturally occurring influences on early adolescent self-esteem and that which addressed strategies for intervention. Within naturally occurring influences, further differentiation was made in three areas: (a) whether individual or environmental factors affecting self-esteem were being discussed, (b) what (if any) life domain(s) were involved (e.g., peers, school, etc.), and (c) what (if any) personal or background characteristics were implicated (e.g., gender, race/ethnicity, etc.). In addition, three differing directions or patterns of influence on self-esteem (as perceived by participants) were distinguished: healthy raising of self-esteem, lowering of self-esteem, and unhealthy raising of self-esteem. With respect to strategies for intervention, separate categories were established corresponding to the who, when, where, and what prompts used in the program design exercise. An additional category was created for factors discussed by participants as affecting their levels of enjoyment and engagement generally in programs or activities organized by adults (i.e., "enjoyability").

The second phase involved detailed coding of individual statements (oral as well as written) made by participants during each focus group. Statements were considered to be expressions of distinct ideas. As such, individual statements generally corresponded to a given participant's turn speaking in a discussion. In some instances, multiple statements were distinguished within a relatively lengthy single comment, or alternatively, a short series of comments together by the same participant were counted as only one statement. An average of 278.70 statements (SD = 79.89) were identified for each group, with a range from 182 through 464 statements. Each statement was

coded in relation to the general categorical distinctions noted previously as well as additional more specific codes within categories. The latter codes were developed on the basis of a review of the types of specific content reflected in statements occurring across all focus groups.

Coders included study authors and trained undergraduate assistants. Interrater reliability was assessed by randomly selecting 200 statements (20 statements from each focus group) and then having study authors code those statements a second time (excluding any they had coded themselves originally). Percentage interrater agreement averaged 83.5% (range 66.3% through 100%) for general category designations (e.g., individual or environmental influence on self-esteem) and 92.3% (range 63.6% through 100%) for specific codes within categories (e.g., differing types of environmental influences).[5]

The third phase of data coding and analysis involved combining similar codes into larger groupings or categories using the affinity process (Brassard, 1989). The affinity procedure is a variant of the Q-sort process and has been used in previous focus group research with adolescents (Lindsey & Kalafat, 1998). Briefly, the process involves having several persons work together to place items into categories that each share a common theme. After consensus is reached, similar groupings are joined together and arranged hierarchically in a diagram (see Brassard, 1989, for further details). For present purposes, separate affinity diagrams were derived for codes assigned within each of the following general categories: individual or environmental influences on self-esteem, influences on self-esteem pertaining to differing life domains (e.g., peers), and intervention strategies (i.e., who, when, where, what, and enjoyment of programs).[6] To guard against unintended loss of information through the affinity process, the research team was divided into two groups that then worked independently to derive separate diagrams for each set of codes. There was substantial similarity across groups in the affinity diagrams derived for any given set of codes, with percentage overlap in terms of assignment to conceptually equivalent themes averaging 79.0% (range from 70% through 100%). Discrepancies were reconciled by study authors through discussion. A further aspect of the affinity process involved combining differing sets of diagrams into summary diagrams for purposes of parsimony and avoiding redundancy in findings. Separate summary diagrams were derived for naturally occurring influences on self-esteem and intervention strategies (see Figures 1 and 2, respectively). The entire research team was involved in the process, led by the study authors.

As a final step, determinations of intensity and direction of influence on self-esteem were made for each relevant theme in the summary diagrams.

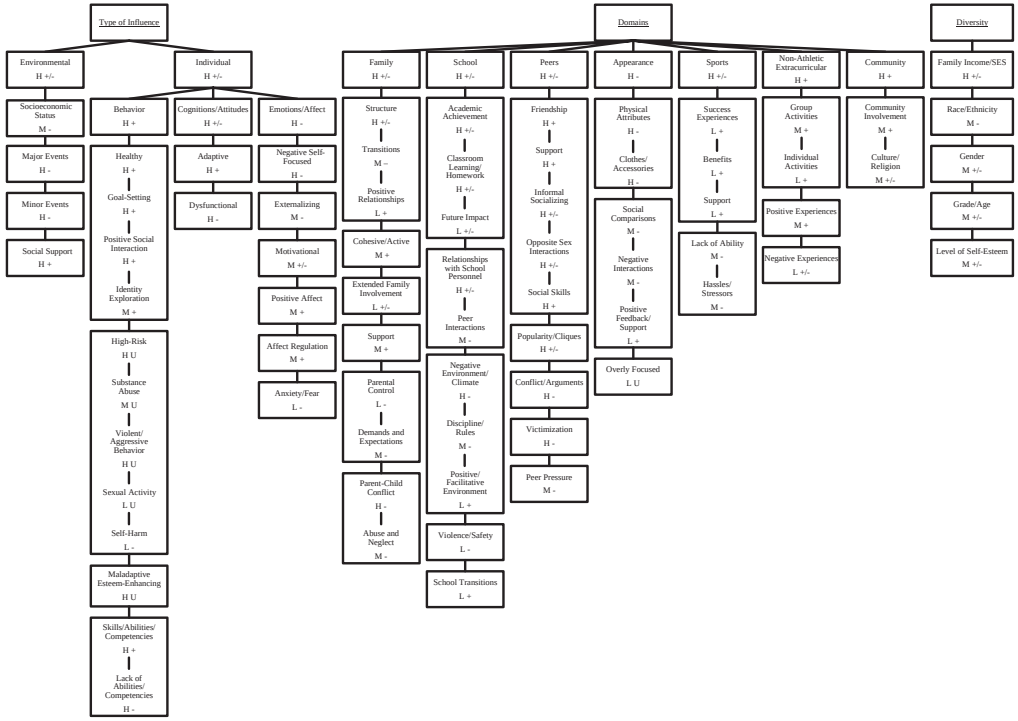

Figure 1: Young adolescent views of influences on self-esteem during early adolescence.
NOTE: Intensity of representation (i.e., high [H], moderate [M], or low [L]) and perceived direction of influence on self-esteem (i.e., healthy raising [+], lowering [–], raising/lowering [+/–], or unhealthy raising [U]) are indicated for all categories (see text for details).

Figure 2: Esteem-enhancement strategies recommended by young adolescents.
NOTE: An intensity rating (i.e., high [H], moderate [M], or low [L]) is indicated for all categories (see text for details).

Intensity designations were based primarily on the number of statements coded as relevant to each theme. In cases in which more than one participant was credited with making or endorsing a statement (e.g., group agreement with a comment), statements were weighted by the relevant number of participants to reflect more accurately their relative prevalence. Based on inspection of the distribution of overall frequency of statements made relevant to differing themes, cut-points were selected to help guide intensity designations of high (H), moderate (M), or low (L). Designations of primary perceived direction of influence on self-esteem were derived in a similar manner (i.e., inspection of frequency distributions for relevant codes) but were made only for themes pertaining to naturally occurring influences on self-esteem (intervention strategies by definition were intended to raise self-esteem). Designations included: healthy raising (+), lowering (–), raising/lowering (+/–; i.e., a relatively equal mixture of the preceding two designations), and unhealthy raising (U).

RESULTS

Naturally Occurring Influences on Self-Esteem

As shown in Figure 1, a wide range of naturally occurring influences on self-esteem were emphasized by participants. With regard to *Type of Influence*, environmental factors and individual factors each were discussed extensively.[7] Among Environmental factors, Socioeconomic Status (e.g., low-income family) as well as Major Events (e.g., stressful life events or transitions) and minor events (e.g., daily hassles) were discussed as primarily negative influences on self-esteem. References to the latter two types of experiences were particularly frequent (i.e., high intensity). To a lesser extent, participants discussed positive life events and daily uplifts as factors increasing self-esteem within the categories of Major Events and Minor Events, respectively. Furthermore, esteem-enhancing benefits of differing types of Social Support (i.e., emotional, instrumental, companionship, and informational) were an important (i.e., high intensity) theme in all groups.

Individual level factors included thematic groupings pertaining to Behavior, Cognitions/Attitudes, and Emotions/Affect. Behavior was discussed primarily as a positive influence on self-esteem (i.e., healthy raising), with participants making frequent references to several differing types of healthy behavior (e.g., Goal Setting). Participants also emphasized however that those in their age group frequently seek to raise or to protect their self-esteem

in an unhealthy manner (i.e., unhealthy raising) through differing forms of High-Risk behavior (e.g., Substance Abuse and Violent/Aggressive Behavior). A wide range of other Maladaptive Esteem-Enhancing tendencies similarly was noted to be unhealthy sources of self-esteem for many young adolescents. Those discussed most often were associations with older, delinquent peers; teasing and bullying behaviors; and excessive conformity with peer group pressures and media images. The preceding themes relating to unhealthy sources of self-esteem are illustrated by the following observation from one focus group participant:

> If everybody else starts smoking and they want you to do it too and you're not, you start smoking just to hang out with them . . . you have high self-esteem but how you're hanging out with them is not good for you. A lot of people will do that.

A final pairing of behavioral categories, Skills/Abilities/Competencies and Lack of Abilities/Competencies, also were discussed frequently (i.e., high intensity) as positive influences and negative influences, respectively, on the self-esteem of young adolescents.

Cognitions/Attitudes were discussed both as positive influences (i.e., Adaptive) and as negative influences (i.e., Dysfunctional). The adaptive cognitions that were emphasized included accurate self-appraisal and positive/optimistic thinking. The dysfunctional tendencies referred to most frequently were comparisons with others and inflated self-views. Inflated self-views were viewed as providing an unhealthy and ultimately counterproductive basis for self-esteem for many young adolescents. One participant commented:

> You think that you are better than everybody and then they . . . make you think that you should stop acting that way. It makes you feel kind of embarrassed because they are saying you are acting better than everyone else and you want to try and fit in.

Emotions/Affect was discussed as having mostly a negative effect. The most common categories of feelings described as detracting from self-esteem were Negative Self-Focused (e.g., depression and self-doubt), Externalizing (e.g., anger and frustration), and Motivational (e.g., apathy and perfectionism).

Experiences in each of the differing *Domains* shown in Figure 1 were perceived by participants to be prominent (i.e., high intensity) influences on the self-esteem of their age group. The areas of Family, School, Peers, and Sports were discussed to a comparable extent as positive influences and as negative

influences. The area of Appearance was discussed predominantly as lowering self-esteem. In comparison, the areas of Nonathletic Extracurricular (e.g., Group Activities) and Community (i.e., Community Involvement and Culture/Religion) each were viewed generally as raising self-esteem in a healthy manner. The large number of high-intensity themes for the peer domain (e.g., Friendship, Popularity/Cliques, and Victimization) indicates that participants regarded it as an especially important influence on self-esteem for persons their age. Peer issues also were prominent in discussions of appearance-related factors affecting self-esteem, as illustrated by the following observation from a female participant:

> If they don't shop at . . . this place then it's not that good and then you aren't good enough to be with them [young adolescents who wear name brand clothes]. You are not good enough to be seen. You are nothing to them. You are not worth it.

Personal and background characteristics pertinent to *Diversity* emerged as themes of moderate intensity, with the exception of family income/SES, which was high intensity. Diversity-related factors discussed by participants as having positive effects and negative effects on self-esteem include Family Income/SES (e.g., clothing and housing), Gender, Grade/Age (e.g., privileges and teasing from older students), and Level of Self-Esteem. Illustratively, one girl disclosed her personal frustration with low self-esteem, commenting "I've had low self-esteem. . . . I keep bringing it up, but it goes down [again]." Other participants commented on the positive coping abilities of young adolescents with high self-esteem, observing, for example, that "they . . . ignore negative comments other people make." For Gender, pressure to conform to gender role stereotypes was a recurring theme, particularly with regard to negative effects on the self-esteem of girls. Typical was one female participant who stated, "I think most boys at our school all they think about is what girls look like." Experiences relating to Race/Ethnicity were discussed predominantly as threats to self-esteem. African American young adolescents in particular made reference to prejudice and discrimination from peers as well as adults.

Intervention Strategies

Turning to intervention strategies (see Figure 2), it will be recalled that participants were asked initially about factors that affect the *Enjoyability* of adult-organized programs or activities. *Fun* programs were characterized by participants as being Activity Oriented, incorporating substantial opportuni-

ties for Peer Interaction, providing choice while still offering some structure (i.e., Choice/Structure), and including Outdoor Activities. Participants were especially adamant (i.e., high intensity) in stressing the need for an activity-oriented approach. Illustratively, one participant advised "Make it where you're not just sitting and talking, where you can actually move around!" In a corresponding manner, participants emphasized that events or programs were *Not Fun* when they had a Passive (i.e., nonactive) orientation and they did not know other participants (i.e., Not Knowing Anyone). Related areas of *Adult Behavior,* furthermore, were discussed either as Positive (e.g., shared participation in activities and providing age-appropriate instruction) or as Negative (e.g., controlling attitude and lecturing) with respect to affecting enjoyment of activities.

Remaining portions of the intervention summary diagram reflect recommendations for esteem-enhancement strategies, derived from the "ideal" interventions that participants developed in each focus group (see Figure 2). With regard to *Who* should be involved in interventions, several differing categories of *Participants* and *Leaders* were proposed. For the former, some attention was given to the desirability of targeting Vulnerable/At-Risk Young Adolescents (e.g., those with low self-esteem or behavior problems). A stronger theme however reflected in each focus group was to have "Mainstream" Peers involved in programs. Participants shared the view that anyone in their age group could potentially benefit from involvement in an esteem-enhancement intervention. It also was emphasized that a broad cross-section of participants would increase the availability of positive role models and provide opportunities to work with those contributing to low self-esteem in others (e.g., bullies). An additional recurring theme of inclusiveness with respect to participants was the desired involvement of Parents/Family Members. For facilitators and leaders, participants most often proposed using Older Role Models (e.g., high school or college students). There also was considerable interest in utilization of School Personnel (e.g., school counselors) and Peer Leaders/Facilitators, along with a general concern that group leadership be of high quality (i.e., Consistent and Effective).

With regard to *When* interventions should take place, the majority of programs proposed were Long-Term/High Intensity in nature (e.g., occurring more than once a week and/or continuing for more than 6 months). Participants felt that such programs would help to produce more enduring gains in self-esteem:

> Because it will give us more time to keep our self-esteem up and keep it from going down . . . if we have just like a ten week program that might be good for that ten weeks and after that not be so good.

It also was recommended that interventions be Flexible in their design. Illustratively, one group of participants proposed a school-based program having several sessions each week, with participants having the option of attending multiple sessions if they felt a need or desire to do so. Further indicating an interest in flexibility, there were several suggestions that length of involvement be results dependent (i.e., continue until personal goals are achieved) and that program staff and other resources be made available on a continuous basis.

Regarding *Where* interventions should take place, participants' programs in some instances used locations that were *Institutional* (i.e., School Based or University Based). Overall however there was notably greater interest in having programs make use of more informal contexts and settings in the *Community* (i.e., Outside, Food Related, Informal Social Settings, and Youth and Family Organizations). Illustratively, the local mall food court and teen dance clubs were suggested on several occasions. Participants emphasized that program activities in such locations not only would be enjoyable but also would help build group cohesion and provide opportunities for in vivo practice of social skills. Relatedly, there was a preference for interventions to use a Variety of Settings:

> We wanted to go to a different place like all the time. Not just stay in the same place—we could have it here [university room] one week and then move it to a different building. We could have it in buildings, parks, fields, just wherever we wanted.

Participants also expressed a desire for activities to occur in a Safe/Comfortable Environment, such as "a quiet part of a restaurant" or "an area where no one would go," so as to ensure a sense of privacy.

With regard to proposed content (i.e., *What*), it can be seen that there were several distinct themes, each encompassing multiple categories of more specific strategies. Reflecting further attention to temporal issues, for example, participants recommended Welcoming Activities as well as various activities to foster Continuity/Availability of intervention resources. The latter included innovative strategies to increase access to program staff and participants between sessions (e.g., Internet chat room) as well as booster sessions and postprogram "reunions." A strong desire for programs to have a Facilitative Structure and Environment and maintain Positive Group Dynamics also was apparent. Regarding structure and environment, participants recommended that group size be kept relatively small and that ample time be allowed for open discussions and socializing. To facilitate favorable group dynamics, it was stressed that programs should include team-building exer-

cises, an emphasis on maintaining a fun and spontaneous group atmosphere, and frequent opportunities to receive encouragement/guidance from program staff and other participants. Illustratively, one proposed program included a rule that negative or mean comments to others were grounds for expulsion; another had the provision that everyone receive a prize in competitions to deemphasize the importance of winning.

Reiterating a preference for experientially oriented modes of intervention, participants also recommended that programs incorporate Activities/Games directed toward esteem-enhancement and numerous Community-Based Activities such as field trips and volunteering. Curricular Activities (e.g., workbooks) also were proposed but in nearly all instances were modified from a traditional format. It was suggested, for example, that curricula include opportunities for creative or artistic expression (e.g., writing poetry) and that they be enhanced through use of take-home assignments (e.g., diary/notebook and compliment list).

The most elaborated set of recommended intervention strategies focused directly on *Self-Improvement*. Approaches suggested frequently included Goal Setting, training in Coping Skills, and Discovery of Strengths. Illustrative of the latter, one group stressed that "the kids should be introduced to new things. The kids should be able to find something they are good at." Participants also expressed a clear desire for the delivery of such components to be Individualized. Illustratively, in describing a hypothetical participant in their program, one group stated that she would be given the opportunity "to make a list of what she likes about herself and what she doesn't like, and then she can work on what she really doesn't like about herself." Another group similarly suggested that "there should be a lot of staff to work one-on-one with people with [their] individual problem[s]."

The two remaining groupings of themes reflected a more external orientation. One indicated a desire for active peer and family involvement in programs. Peer Interaction strategies included several suggestions to develop a buddy system to serve as a mutual support mechanism for participants. A peer mediation component to help resolve conflicts also was proposed. With regard to Family Involvement, there were repeated recommendations for direct participation of parents in programs. It was stressed that such involvement was needed to ensure parental sensitivity to and awareness of young adolescents' concerns; accordingly, relevant components of interventions often were geared specifically toward improving parent-child communication. The final set of recommendations reflects sensitivity of the focus group participants to practical concerns. One was a desire to provide for basic needs of participants and their families (i.e., Needs Provision). The theme was evi-

dent particularly in the focus group devoted to young adolescents from low-income families. Their ideal programs emphasized increasing access of participants and families to a broad range of services so as to meet needs for clothing, meals, shelter, and medical care. A further important theme across all groups was Use of Community Resources. Participants emphasized in particular that all participants and their families should be linked or referred to relevant agencies and services in the surrounding community (e.g., mentoring program and parks and recreation).

DISCUSSION

Overall, the ideas and preferences shared by focus group participants support the use of a comprehensive, psychosocial/developmental approach to strengthening self-esteem during early adolescence. A similar framework for esteem-enhancement with young adolescents has been recommended previously (DuBois et al., 2002). It also clearly is consistent with prevailing approaches used to promote positive youth development more generally (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002; NRC, 2002). The current results extend this earlier work by revealing a perceived need and preference for a multifaceted, age-sensitive strategy to building healthy self-esteem among young adolescents themselves. At a more refined level, findings highlight several concerns that merit careful scrutiny in both the content and the design of strategies to enhance self-esteem during early adolescence.

Intervention Content

Participants emphasized that experiences in multiple life domains influence the self-esteem of their age group and should be addressed in interventions. Few (if any) existing self-esteem programs for young adolescents reflect the comprehensive approach necessary to address the full range of factors that were discussed (DuBois et al., 2002). A multifaceted intervention strategy could offer important benefits, however, including larger and more sustained positive changes in feelings of self-worth for participants. Self-appraisals tied to the areas discussed most frequently (e.g., peers), for example, have been indicated to make independent and hence cumulative contributions to feelings of self-worth during early adolescence (DuBois et al., 1996, 2002). Individual children and adolescents also differ in the domains that are most important to their overall self-esteem (Harter, 1999), thus making it potentially advantageous for programs to include components that

address a range of areas. Prevention and health promotion initiatives that target multiple developmental settings (i.e., family, school, and peers) already are recognized as a best practice within the broader youth intervention literature (Catalano et al., 2002; Greenberg, Domitrovich, & Bumbarger, 2001). A distinctive contribution of the current findings is that young adolescents expressed interest in a comprehensive, multisetting approach to esteem-enhancement and thus likely would be receptive to it as participants in programs.

The views expressed by young adolescents also are consistent with literature indicating a need for attention to unhealthy sources of self-esteem among their age group (see Harter, 1998; Salmivalli, 2001). Interventions have been effective in reducing some types of negative behavior that young adolescents were indicated to engage in to bolster their self-esteem, such as bullying (Olweus, 1996) and associations with deviant peers (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). Psychoeducational approaches to reducing inflated or unrealistic self-evaluations also have been described (DuBois et al., 2002). Young adolescents' recommendations for intervention however emphasized providing opportunities for participants to cultivate developmentally normative and healthy bases for feelings of self-worth (i.e., areas of competence and positive, meaningful ties with others) (Harter, 1999). Programs oriented toward this goal could be instrumental in meeting young adolescents' needs for self-esteem, thereby indirectly reducing their inclinations to seek a sense of self-importance through less adaptive means (e.g., inflated self-views) (Battistich, 2001). In accordance with this perspective, the school-based Positive Action program uses both curricular and ecological strategies (e.g., school climate change) to help youth acquire the skills needed to feel good about themselves through adaptive behavior (Flay, Allred, & Ordway, 2001). Evaluations of this program suggest that it has positive effects on self-esteem and on levels of problem behavior and school performance (Flay et al., 2001). It thus appears that initiatives to build healthy self-esteem using a strengths-oriented approach have the potential to be effective in promoting not only feelings of self-worth but also other important outcomes during early adolescence. From a consumer perspective (NRC, 2002; Winett, 1998), a preference of young adolescents for this type of intervention could be significant in facilitating positive results.

The diverse personal and background characteristics that young adolescents identified as influencing the self-esteem of members of their age group are a further important consideration. Female and African American participants emphasized the esteem-damaging effects of stressors relating to gender and race. Their observations correspond with research in which perceived

exposure to discrimination has been linked to reduced feelings of self-worth during early adolescence for both girls (Egan & Perry, 2001) and ethnic minorities (Fisher, Wallace, & Fenton, 2000). Issues of race and gender have received only limited attention in esteem-enhancement interventions and have focused nearly exclusively on strengthening appreciation of aspects of identity in these areas (DuBois et al., 2002). It clearly would be consistent with the input of focus group participants to expand these initiatives to address experiences of prejudice and discrimination as threats to the self-esteem of young adolescents from diverse backgrounds.

Socioeconomic status however was the theme pertaining to diversity concerns discussed most often. Participants emphasized, for example, that the self-esteem of those in their age group often is jeopardized by the implications that financial limitations have for issues affecting peer status (e.g., clothing). Components to provide for basic health and economic needs of young adolescents and their families similarly were included in several of the proposed esteem-enhancement programs. The types of strategies suggested in this area could be viewed as necessitating a more extensive and costly approach to intervention than is feasible. The omission of attention to socioeconomic concerns, however, could be one source of the limited effectiveness of esteem-enhancement programs for young adolescents to date. Lower socioeconomic status is linked consistently with lower levels of self-esteem, and the magnitude of the association increases with age (Twenge & Campbell, 2002). Current findings, moreover, indicate the potential for a credibility gap in how programs that fail to address socioeconomic concerns are viewed by young adolescents from low-income backgrounds (IOM, 1994; Winett, 1998).

Intervention Design

Several aspects of participant input similarly address important issues in the design of esteem-enhancement interventions. The proposal that programs target vulnerable/at-risk young adolescents while still including those without existing signs of problems is consistent with discussion in the prevention literature of the advantages of combining selective and universal intervention designs (IOM, 1994). The stated desire for an inclusive orientation extended to those in the sample who had low levels of self-esteem. Thus, even though programs often have been limited to such youth (Haney & Durlak, 1998), the present results raise the possibility that young adolescents with low self-esteem might respond more favorably (e.g., experience less stigmatization) with less isolated forms of participation (IOM, 1994). The

emphasis on including teachers, older role models, peers, and family members furthermore reflects a receptivity of young adolescents to the involvement of a broad range of important persons in their lives. Such involvements can facilitate positive engagement of young adolescents in interventions as well as the process of applying newly acquired skills in real-world settings (e.g., home, classroom, and peer group) (NRC, 2002). Programs to promote self-esteem during early adolescence have incorporated roles for selected types of persons regarded as important by the focus group participants (e.g., parents) (DuBois et al., 2002). Young adolescents however tended to design programs that involved multiple categories of significant others (e.g., parents, teachers, and peers). A similar approach is characteristic of some of the most successful community-based interventions for youth (Catalano et al., 2002; Greenberg et al., 2001; IOM, 1994; NRC, 2002). Finding ways to involve a broad range of significant persons from young adolescents' lives thus could be a particularly useful innovation to pursue in future initiatives to strengthen the self-esteem of this age group.

Several aspects of participant input also highlight a need for intervention designs to be sensitive to the developmental needs of young adolescents (DuBois et al., 2002). Their emphasis on the need for an activity-oriented, experiential approach poses a challenge to the structured, curricular format of most existing esteem-enhancement programs (Haney & Durlak, 1998; Hattie, 1992). Recent trends in the youth intervention literature however indicate that curricular and experiential components can mutually support and inform one another (Greenberg et al., 2001; NRC, 2002). An evaluation of the Across Ages program for middle school students, for example, found increased benefits when a structured curriculum that provided lessons on building self-esteem was offered in combination with mentoring and community service (Aseltine, Dupre, & Lamlein, 2000). Outward Bound and related programs that offer experiential opportunities for personal learning and growth within a group context are among the few existing interventions with a demonstrated ability to produce lasting gains in self-concept and self-esteem (DuBois, 2003). Focus group participants similarly emphasized the importance of cultivating positive group dynamics in programs and the inclusion of frequent and varied outdoor activities.

Another important developmental theme is the recommendation that program designs be flexible enough to incorporate individualized approaches, thus accommodating the wide variation that is characteristic of the early adolescence age group (Lerner, 1988). The need for a personalized strategy was emphasized most when participants discussed intervention components that

focused on individual self-improvement (e.g., goal setting). It thus could be particularly useful to provide participants the opportunity to customize those aspects of programs to their own needs and interests. Allowing for participant "reinvention" (Winett, 1995) clearly would be well suited to the desire expressed by young adolescents to have choice and autonomy in interventions.

The relatively intensive, long-term format of the programs proposed by focus group participants is consistent with empirically based best practice guidelines for youth prevention and health promotion interventions (Catalano et al., 2002; Greenberg et al., 2001; NRC, 2002). A distinctive contribution of the present findings is the manner in which young adolescents themselves as prospective consumers conveyed a receptiveness to long-term involvement in programs designed to promote healthy self-esteem (Bartholomew et al., 1998; IOM, 1994). Their input also highlights specific innovations that they likely would respond to favorably in this regard, such as providing access to program staff and resources between sessions, making length of participation contingent on completion of personal goals, and offering booster sessions or reunions. Similar strategies to increase effectiveness through more intensive and sustained forms of participation have been lacking in actual programs (Haney & Durlak, 1998; Hattie, 1992). The ideas shared by young adolescents thus could be a helpful resource in efforts to address limitations in this area in the design of future esteem-enhancement initiatives.

It is clear furthermore that young adolescents are likely to respond well to interventions that make effective use of locations and resources in the surrounding community. Interest in such linkages was not limited to any particular subgroup of participants (e.g., low income) but rather was a broad theme manifesting itself across all focus groups. Research in fact indicates that an increased level of community outreach is a common result when youth ideas and preferences are taken into account in the design of programs (Zeldin et al., 2000). Young adolescents also are in less of a position than older adolescents to explore their communities independently. Developmental factors thus could contribute to an especially high level of interest in community outreach among the early adolescent age group. To date, most programs designed specifically to strengthen the self-esteem of young adolescents have been self-contained and implemented within a single setting such as school (DuBois et al., 2002). The larger intervention literature however includes several models for accomplishing the type of community outreach proposed by focus group participants. Asset mapping (Kretzmann &

McKnight, 1993), for example, could be used as a tool to identify relevant referral sources and activity settings in the host community. Another model would be to integrate esteem-enhancement programming into youth development organizations operating in the community (e.g., Boys & Girls Clubs) (Hirsch et al., 2000). Participation in such organizations has been demonstrated to help promote healthy youth adjustment (Roth, Brooks-Gunn, Murray, & Foster, 1998). Systematic incorporation of esteem-enhancement programming could be used to build on those benefits.

Implementing a Comprehensive, Psychosocial/Developmental Approach

The differing areas of innovation in program content and design suggested by youth input each could facilitate a comprehensive, psychosocial/developmental approach to enhancing the self-esteem of young adolescents. To accommodate innovations successfully, however, at least two types of fundamental change may be required in the structure and operations of many current self-esteem programs. The first is a shift from a predominantly didactic, curricular-based approach to an experiential, social-learning-based model (Pope, McHale, & Craighead, 1988). The latter approach clearly is better suited to the developmental needs and preferences of young adolescents. It also would allow interventions to do more to strengthen the self-esteem of young adolescents by modifying their experiences in key contexts such as home, school, and peer group. Environmentally oriented interventions are a recognized best practice in the prevention literature (Greenberg et al., 2001) and when attempted as an approach to esteem-enhancement have been indicated to facilitate lasting gains in self-esteem (DuBois, 2003). Curricular approaches still may be useful within such programs when designed to complement and reinforce more experientially based strategies (Flay et al., 2001). A second change needed is the continuation of a trend away from self-contained self-esteem programs in favor of esteem-enhancement strategies that are integrated within broader, community-based initiatives to promote positive youth development (NRC, 2002). The encompassing, multifaceted approach of such initiatives is well suited to addressing the wide range of factors that affect self-esteem in early adolescence (DuBois et al., 2002). Opportunities for meaningful community involvement clearly are a priority in the desires expressed by young adolescents and are likely to encourage healthy and adaptive bases for their self-esteem.

Limitations and Future Directions

Several limitations and directions for future research should be noted. As in most qualitative research (Patton, 1990), the relatively small size of the sample potentially limits generalizability of findings. Participants with varying demographic backgrounds and levels of self-esteem were selected purposefully to give voice to a cross-section of young adolescents. The resulting sample however was not random and thus cannot be assumed to have been representative of members of the targeted groups. It also would be valuable in the future to obtain input from a wider range of young adolescents, including those from other minority groups (e.g., Hispanic) and geographic settings (e.g., inner city). The views of other important constituencies for esteem-enhancement interventions (e.g., parents) should receive consideration as well.

Participants' recommendations for intervention must be qualified for several reasons. They were instructed to design a program for a young adolescent with low self-esteem. It is possible however that some recommendations were general and not intended to be specific to improving self-esteem. In addition, some participants in the research might not have distinguished between activities and programs they simply would find enjoyable and those expected to actually result in beneficial outcomes. It was not determined moreover if young adolescents in the sample themselves had participated in self-esteem interventions. Their input might have been influenced by such experiences or the lack thereof in ways that are important.

Finally, all of the areas of program innovation suggested by participant input require formal testing and evaluation. Ideally, they would be incorporated into future interventions and then examined with respect to their ability to strengthen outcomes relative to more traditional esteem-enhancement procedures (IOM, 1994). There is evidence moreover of positive outcomes associated with infusion of youth involvement throughout all stages of decision making, planning, and implementation in community-based programs (Zeldin et al., 2000). One strategy for ensuring such infusion would be to establish a permanent advisory council of young adolescents with diverse backgrounds and experiences (IOM, 1994). Integration of mechanisms for input from young adolescents into programs themselves is a logical extension of the current work and could be of significant value in strengthening the effectiveness of esteem-enhancement interventions during early adolescence.

NOTES

1. The number of programs that included youth in the age range of early adolescence was determined on the basis of a review of source articles for the Haney and Durlak (1998) meta-analysis, conducted by authors of the present study.

2. Another possible factor contributing to weaker effects for programs that include youth who begin with relatively high self-esteem is ceiling effects on outcome measures. During early adolescence, however, substantial numbers of youth with high levels of self-esteem can be expected to exhibit declines on measures in the absence of intervention (Silverthorn & Crombie, 2002). If programs were effective in preventing such declines, they thus could have large effects even on those who enter with high self-esteem (DuBois, Burk-Braxton, & Tevendale, 2002).

3. The survey item assessing family financial limitations asked, "Which of the following statements best describes your family situation?" Of three response choices offered, one indicated noteworthy financial limitations ("My family has a hard time buying the things we need") and thus served as an indicator of a low-income family background.

4. A detailed version of the focus group protocol and related materials (e.g., worksheets) are available from the first author.

5. For purposes of computing percentage agreement for specific codes, codes that subsequently were collapsed into a single grouping through the affinity process (described in text) were considered to be equivalent to one another.

6. Categories of codes pertaining to personal or background characteristics of young adolescents (e.g., gender) were not subjected to the affinity process because of their relatively small number; they are however included in the summary diagram for naturally occurring influences on self-esteem (see Figure 1).

7. Capitalized words and phrases in text are the labels for identified themes that appear in Figures 1 and 2. Italicized words and phrases are descriptive labels provided for more general designations in the figures and for differing groupings of themes.

APPENDIX
Summary of Focus Group Questions and Activities

1. We're going to be organizing some activities for kids your age. Besides learning something, we want them to have a good time and be interested in coming back. What makes an activity or program organized by adults fun in this way?
2. Now let's talk about the opposite question. What things make an activity or program a "turn-off?" That is, what types of things make it boring, uncomfortable, or something you don't want to do again?
3. Let's talk about *self-esteem*. What helps persons your age have *high* self-esteem—that is, feel good about who they are as a person?
4. What kinds of things make it *difficult* for persons your age to have high self-esteem—that is, what makes them feel less good about themselves or have *low* self-esteem?

   [Participants completed individual worksheets asking for additional ideas and opinions about factors influencing self-esteem during early adolescence.]
5. Is there anything about [personal characteristic shared by group members—e.g., being male] that makes it easier or harder to feel good about yourself at your age?

6. Does anyone think there are times when persons your age have high self-esteem but it is not "healthy" self-esteem? By healthy we mean something that is good for them *overall*—that is, their emotional, behavioral, academic, and physical well-being.
7. Now we are going to do an exercise. You are going to make up a story about a month in the life of someone your age who has *low* self-esteem or at least does by the end of the month—they'll start off with one of these I Am Lovable and Capable, or IALAC, signs and then not have one by the time the month is over. You will work with one or two other group members. Write down the main ideas of your group's story; you can include pictures with it too if you would like. We want to know everything that happens to the person and what they do, think, and feel as they go through the entire month.
8. Next, you are going to make up a story about the same person, but it is in the future and he or she has participated in a self-esteem intervention program. As a result of being in the program, he or she now has high self-esteem; it is also *healthy* self-esteem. We want to know what kind of program helped the person's self-esteem to improve. Think of the program in any way you want—it could last any amount of time you want and have sessions or activities as often as you want; it can happen anywhere and include anyone from the person's life. *This does not have to be like any program you've ever been to or heard about—please just tell us about any ideas you have!*

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