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Therapeutic Factors During a Psychoeducational Group Intervention Aiming to Promote School Adjustment in First Grade Students

Andreas Brouzos[a], Stephanos P. Vassilopoulos[b], Vaia Stavrou[a], Vasiliki C. Baourda*[a]

[a] Laboratory of Educational Psychology, Counselling and Research, Department of Primary Education, University of Ioannina, Ioannina, Greece. **[b]** Laboratory of Relational Dynamic Education and Counselling, Department of Primary Education, University of Patras, Patras, Greece.

Abstract

The present study examined the therapeutic factors operating during a psychoeducational group intervention designed to promote school adjustment in first-grade students. The group members completed the Critical Incidents Questionnaire at home after every group session. The therapeutic factors were classified according to Bloch, Reibstein, Crouch, Holroyd, and Themen's taxonomy, although additional categories of critical incidents were applied. Results showed that guidance and acceptance were the most valued therapeutic factors. Cognitive factors were reported more often than behavioral or emotional ones. In addition, the presence of the therapeutic factors was more intense during the beginning and middle stage of the program, gradually giving their place to other categories of critical incidents. Overall, the emergence of therapeutic factors appears to be affected by the program's educational aspect. We suggest that a wider classification of factors is required to reflect the variety of critical incidents occurring during a psychoeducational group intervention.

Keywords: therapeutic factors, group process research, psychoeducational group interventions, school adjustment

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*Corresponding author at: Department of Primary Education, University of Ioannina, Ioannina, 45 110, Greece. Tel.: +30 2651 117750. E-mail: baourdav@gmail.com

Entering elementary school constitutes a turning point for children. On becoming a student, the child embarks on a challenging course in a strictly organized environment, making an effort to accomplish complex academic, socio-emotional and behavioral goals, while facing escalated changes in multiple levels (Perry & Weinstein, 1998). In order to progress and benefit from the school environment, the child needs to develop, practice and apply a wide set of skills and behaviors (Betts, Rotenberg, Trueman, & Stiller, 2012; Perry & Weinstein, 1998). Given that poor school adjustment is related to learning difficulties and academic failure, problems in interpersonal relations, and school dropout (Hymel, Rubin, Rowden, & LeMare, 1990; Klima & Repetti, 2008; Parker & Asher, 1987; Perry & Weinstein, 1998), intervention programs have been developed with the aim of better preparing the child to enter primary school and fulfill his/her role as a student (Ladd, Buhs, & Seid, 2000). The purpose of the current study was to investigate the therapeutic factors operating in a psychoeducational group intervention designed to promote first grade students' school adjustment.

According to Birch and Ladd's (1996) model, a child's school adjustment is related to his/her idiosyncratic characteristics, interpersonal relations (particularly with his/her peers), achievement, perceptions about school,

emotional experience in school and engagement to school activities. Over the last few decades, various studies have been carried out on how schools may effectively address students' adjustment problems. Given that schools are expected to teach students life skills, thus making them competent in both school and life tasks and challenges, various effective social-emotional learning (SEL) programs and practices have been developed (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Payton et al., 2008; Zins & Elias, 2007). Specifically, SEL promotes growth in five core competences, which are considered necessary to all students: self-awareness, self-management, social-awareness, relationship skills, and responsible decision making (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2012). Thus, most of the SEL programs implemented in schools are universal, seeking to enhance the students' positive adjustment and well-being, while preventing maladaptive behaviors (Durlak et al., 2011; Payton et al., 2008; Zins & Elias, 2007). The school or the classroom is organized to provide a safe and supportive learning environment where students engage in creative activities in order to learn, practice, and apply the taught skills (CASEL, 2012).

Driven by this notion, the current research involves the implementation of a universal SEL program aiming to promote school adjustment in students attending the first grade of elementary school. Additionally, the program was based on the principles of psychoeducational groups. Specifically, being primarily preventive and highly instructive and structured, psychoeducational groups are designed to educate people in order to cope with a challenging developmental life stage (Brown, 2011). Such groups are open to anyone interested in participating and no screening criteria apply, while the group facilitators plan the sessions beforehand, predetermine the goals and objectives, and preselect the group strategies and materials.

Therapeutic Factors

The effectiveness of a group intervention cannot be guaranteed simply by its design. It is necessary that the evaluation of group interventions focuses both on the outcome as well as on the process. Although outcome research is frequent in the relevant literature, group process research is scarce, especially when children's groups are concerned (Shechtman, 2007; Thompson, 2011).

Yalom was one of the first to systematically study the factors triggering and enhancing the change of group members during the therapeutic process (Barlow, Burlingame, & Fuhriman, 2000; Bloch et al., 1979; Kivlighan & Arseneau, 2009; Shechtman, Bar-el, & Hadar, 1997). He developed a model of 11 factors, described as therapeutic, which operate as change mechanisms in group psychotherapy (Holmes & Kivlighan, 2000; Shechtman, 2003; Yalom & Leszcz, 2005). Building on Yalom's work, Bloch et al. (1979) also devised a taxonomy of therapeutic factors in group psychotherapy, mainly utilizing the critical incidents procedure, according to which feedback notes provided by group members are collected and analyzed from independent judges. The assessment of the critical incidents is based on a list of 10 therapeutic factors, compiled after reviewing Yalom's therapeutic factors and the relevant literature (Bloch et al., 1979): acceptance, altruism, catharsis, guidance, instillation of hope, learning from interpersonal actions, self-disclosure, self-understanding, universality, and vicarious learning (Table 1). These can be further categorized into three classes: cognitive, emotional, and behavioral (Kivlighan & Goldfine, 1991). Finally, Baourda (2013) proposed six additional categories of critical incidents: comments - critique, amusement, description of activities, criticism, written self-disclosure, and incomplete answer (Table 1). However, these additional categories have yet to receive empirical support. This was one of the aims of the current study.

Table 1

Operational Definitions of Bloch et al.'s (1979) and Baourda's (2013) Therapeutic Factors

Therapeutic Factor	Definition
Acceptance	Feeling of belonging and comfort within a group
Altruism	Efforts to support, help, or reassure others in the group
Catharsis	Release of either positive of negative emotions in relevance to the member's life events
Guidance	Reception of information, advice or suggestions of general or personal content
Instillation of hope	Sense of optimism about one's (potential) progress
Learning from interpersonal actions	Efforts to relate in a constructive and adaptive manner with the other members
Self-disclosure	Revelation of important personal information
Self-understanding	Learning something significant about oneself
Universality	Recognition that one's experiences and problems are shared with others
Vicarious learning	Experiencing something significant through observing others
Comments - critique	Making comments on or positively criticizing an exercise that cannot be categorized in any existing therapeutic factor
Amusement	Expressing one's feelings of enjoyment in the group
Description of activities	Describing the completion of an exercise in the group
Criticism	Negatively criticizing an exercise
Written self-disclosure	Revelation of important personal information in writing that did not occur during the session
Incomplete answer	The answer cannot be categorized in any way

Therapeutic factors are considered to emerge in all types of groups and therapeutic contexts, signifying thus a positive effect in the members' progress (Yalom & Leszcz, 2005). Nevertheless, empirical evidence shows differences in the way members perceive and evaluate each factor. So far, the type of group and the group's stage of development appear to affect the emergence and importance of specific therapeutic factors.

According to Kivlighan and Holmes (2004), the emotional or cognitive orientation of a group leads to a different perception of the therapeutic factors. Emotion-oriented groups mostly appreciate acceptance, catharsis, instillation of hope, learning from interpersonal actions, self-understanding and universality. On the other hand, groups of cognitive orientation attribute greater importance to acceptance, guidance, learning from interpersonal actions and vicarious learning. The latter have a close resemblance to the psychoeducational groups employed in the current study, in which vicarious learning, guidance, learning from interpersonal actions and self-understanding are the most frequent factors reported (DeLucia-Waack, 2006; Shechtman et al., 1997).

Apart from the type of the group, the group's developmental stage also appears to affect the function of the therapeutic factors (Yalom & Leszcz, 2005). Yalom and Leszcz (2005) claim that instillation of hope, guidance

and universality are helpful during the initial stage of the group, while self-disclosure, interpersonal learning and self-understanding turn to be more important as the group develops. Cohesion and altruism are important factors throughout the life of the group. In line with this, Kivlighan and Mullison (1988) analyzed group members' perceptions of therapeutic factors and found that universality was deemed important during the initial stage of the group, whereas learning from interpersonal actions emerged later in the group's development. Altruism and cohesion were continuously perceived as important. In another study, MacKenzie (1987) found that self-understanding, learning from interpersonal actions and vicarious learning tend to be more important as the group evolves and that the members are more attentive to the cognitive processes, whereas self-disclosure emerges during the later stages. On the contrary, acceptance, instillation of hope and universality decline in importance as the group progresses. Kivlighan and Goldfine's study (1991) also showed that universality and instillation of hope prevailed in the first stage of group development, catharsis and guidance gradually increased, acceptance was most helpful during the first and last stage, while the rest of the factors were not specifically related to any of the group's stages of development. Finally, Macnair-Semands and Lese (2000) suggest that group members consider universality, instillation of hope, guidance, family reenactment, cohesion and catharsis to be more important as the group develops. Overall, these results are in line with Yalom and Leszcz's (2005) conception of the emergence of therapeutic factors and also suggest that cognitive factors are mainly present during the initial group stage, whereas behavioral factors mainly emerge during the middle and final stages of a group.

Therapeutic Factors in Children's Groups

So far, theory and research on therapeutic factors are almost completely based on studies with adult groups, whereas studies in children and adolescent populations are relatively scarce (e.g. Brouzos, Vassilopoulos, & Baourda, 2015; Shechtman, 2003; Shechtman et al., 1997; Shechtman & Gluk, 2005). In one of the earlier studies on the topic, Shechtman et al. (1997) investigated the emergence of therapeutic factors in counseling and psychoeducational groups for adolescents in Israel, using the critical incidents methodology, and failed to detect any significant differences between the two types of groups. In their study, catharsis and interpersonal learning were identified as the most important therapeutic factors, whereas group cohesion was not ranked high in adolescents' reports.

Using a similar methodology, Brouzos et al. (2015) investigated therapeutic factors in a psychoeducational group for Greek pre-adolescents with social anxiety symptoms and found that guidance was perceived as the most helpful factor. Learning from interpersonal actions emerged in the early sessions, while vicarious learning was manifested in the last sessions. Members appreciated acceptance in the initial sessions but did not report universality at all. Surprisingly, they also referred to instillation of hope and catharsis, factors that do not usually appear in such groups.

Shechtman (2003) used the Group Counseling Helpful Impacts Scale (Kivlighan, Multon, & Brossart, 1996) to further assess the therapeutic factors in groups of aggressive and non-aggressive boys attending 3rd to 6th grade in Israel. This scale offers an alternative method of investigating the therapeutic factors to the critical incidents procedure described before. In her study, children mostly valued the factors of *Other* vs. *Self-Focus* and *Problem Identification - Change*, while *Relationship - Climate* was not mentioned frequently. In a subsequent study, Shechtman and Gluk (2005) used the same scale to investigate the therapeutic factors in counseling groups of 10-year-old boys and girls with social, emotional and behavioral problems in Israel. Children reported the factor of *Relationship - Climate* to be the most important. *Relationship - Climate* is much like cohesion, in-

cluding the elements of encouragement, support, acceptance, and willingness to be a group member. *Other* vs. *Self-Focus* (which describes altruism, universality, learning from interpersonal actions and vicarious learning), as well as *Emotional Awareness* - *Insight* (which refers to self-disclosure and catharsis) were next perceived as equally important. Finally, children assessed *Problem Identification* - *Change* (which refers to realizing and changing one's problems) as the least important factor.

To sum up, findings from children and pre-adolescent counseling groups are broadly consistent with the literature on adult groups and appear to suggest that factors such as guidance, universality, learning form interpersonal actions, self-disclosure and catharsis are mentioned by children as young as 8-years-old. However, no study so far has investigated younger children's evaluations of the therapeutic factors in the group process. Children attending the elementary school for the first time may have different developmental needs than older children in senior grades, which may affect the presence of therapeutic factors. In addition, most of the investigations of group processes with children have been carried out in Israel (Shechtman, 2003; Shechtman & Gluk, 2005) and more research is clearly needed to increase the knowledge base of how effective group counseling is to different cultural populations and why (Bemak & Chi-Ying Chung, 2015). Thus, the present study sought to further investigate the emergence of therapeutic factors during a psychoeducational group aiming to promote the socio-emotional learning of Greek children attending the first grade of elementary school. We specifically investigated which therapeutic factors tend to emerge across the group sessions and whether these factors differ according to the group's developmental stage. A second aim of the current study was to test the applicability of the Baourda's (2013) proposed critical incidents as an additional set of categories to that put forward by Bloch et al. (1979).

Method

Participants

Participants were 22 students (14 boys, 8 girls; M_{age} = 6.53, *SD* = 0.21) attending the first grade of an elementary school in the city of Ioannina, Greece, during the school year of 2014-2015. All first-grade students were invited to participate in the study and no eligibility criteria were applied, due to the preventive nature of the intervention and the well-documented challenges that the entry to elementary school poses to all children. Participation in the study was voluntary and all interested students provided written informed consent from their parents, as well as their personal verbal assent, before participating in the intervention. All participants had attended kindergarten and were of middle socio-economic background.

Instrument and Analyses

Critical Incidents Questionnaire

The therapeutic factors were assessed by the Critical Incidents Questionnaire (CIQ; Kivlighan & Goldfine, 1991). The CIQ allows each group member to identify the factor to which he/she attaches the greatest value during a session (DeLucia-Waack, 1997). Specifically, the members describe in detail the situation or event of the session that they perceive as a key experience, explaining the reason why it is of such importance to them. The questionnaire is short and consists of the following open-ended questions: "Of the events which occurred in this session, which one do you feel was the most important to/for you personally? Describe the event: what

actually took place, the group members involved, and your own reaction. Why was it important for you?" (Kivlighan & Goldfine, 1991, p. 152). Subsequently, two independent judges classify the critical incidents into categories of therapeutic factors according to the taxonomy of Bloch et al. (Bloch et al., 1979; DeLucia-Waack, 1997; MacKenzie, 1987). Inter-rater reliabilities that have been reported using this method vary from .52 to .84 (e.g. Bloch et al., 1979; Kivlighan & Mullison, 1988).

In the present study, the original question was translated into Greek and was simplified as follows to better correspond to the young members' cognitive abilities: "I would like you to think of and tell me what it is you will remember the most from the last meeting with your group at school. What happened? Which kids were you with? Why is it so important to you?". The Bloch et al. (1979) classification of the therapeutic factors was used to assess the critical incidents reported by the members. Additionally, Baourda's (2013) categories of critical incidents were also applied to assess critical incidents not corresponding to any of the 10 therapeutic factors.

The two leaders of the psychoeducational program were trained by an experienced researcher and served as the two independent judges, who independently classified the group members' feedback. The researcher oversaw the categorization process and was called in cases of disagreement. After studying the relevant literature, the judges jointly assessed a few critical incidents. After the judges had reached 100% agreement over the first critical incidents, they classified the rest of them independently.

Procedure

The psychoeducational group intervention, which was specifically designed for the needs of the current line of investigation (see Vassilopoulos, Brouzos, & Koutsianou, 2018), was implemented during the first semester of the school year 2014-2015. It comprised seven 45-minute sessions and took place every Friday for seven consecutive weeks. Specifically, the intervention commenced in the last week of October and was terminated in the second week of December. The students were randomly assigned into two groups of 11 members each (N = 11; 7 boys, 4 girls). All of them were cooperative, eager to participate in the group and seemed to have reached a satisfactory level of social and emotional competence. None of them displayed maladaptive behaviors that could put the implementation of the program in jeopardy.

The group intervention was designed and facilitated by two primary school teachers who were completing their master's degree in the Counseling program in the Department of Primary Education at the University of Ioannina, Greece. The facilitators' counseling orientation was person-centered. Both facilitators received supervision on a regular basis during the implementation of the intervention.

The main purpose of the intervention was to facilitate the members' school adjustment. The sessions focused on developing group members' social skills through instruction and practice. The groups met in a separate classroom at the same school, specifically organized for the purpose of the intervention. Each session focused on teaching a different social skill. Specifically, in the first session, general issues regarding the group's purpose and operation were addressed. The second session focused on emotion understanding and involved recognition of emotional expressions, as well as simple regulation techniques. The third session revolved around interpersonal communication and emotion understanding. Friendship and interpersonal relationships in general were the main topics of the fourth and fifth session. The sixth session helped the members develop and practice problem solving, and regulation techniques. During the last session, the members appraised the sessions

and said goodbye to each other. For a more detailed overview of the intervention, see Vassilopoulos, Brouzos, and Koutsianou (2018).

Due to the intervention's instructional nature, the principles of cognitive-behavioral therapy were applied. However, the facilitators were trained in the person-centered counseling approach and made sure their leadership style encompassed empathy, congruence and positive regard towards the members.

Completion of the CIQ was done at home. Time constraints and the members' limited ability of expressing their thoughts adequately in writing made it almost impossible for them to complete the questionnaire on their own at school. As an alternative, the questionnaire was placed in an envelope and the members completed it at home during the weekend, assisted by their parents. A cover letter was attached to it explaining the purpose and process of completion to the parents. The latter were prompted to ask their children the questionnaire questions and record their answers. In case of adequate reading and writing skills, the children could complete the questionnaire on their own. The envelope was sealed and returned back to their school teacher on the following Monday. It was also handed over to the facilitators on the same day. Although this procedure violated the rule of confidentiality, answering the questionnaire in that manner was chosen on the basis of the children's limited writing abilities and their spontaneous nature. Children of this age voluntarily discuss what they consider important, pleasant or unpleasant, with their parents. Moreover, adults usually ask their children about their school day and their school activities. Besides, the members' parents were informed about their children's participation in the program, so it was highly possible they discussed the session's activities together. Nevertheless, the facilitators discussed with group members the confidentiality issue, emphasizing their option not to answer the questionnaire and thus keep their group experience secret.

Results

A total of 154 questionnaires were handed out during the sessions and 120 were returned back completed. A total of 120 critical incidents were classified according to Bloch et al.'s (1979) therapeutic factors and Baourda's (2013) categories. The judges agreed on the coding of 103 critical incidents, reaching an agreement of 85.83%. In addition, 44 critical incidents out of the 120 were classified according to the Bloch et al.'s (1979) taxonomy of therapeutic factors. The judges agreed on the coding of 34 critical incidents, the percentage of agreement being 77.27%. These agreement rates are comparable to those previously reported in a study of therapeutic factors in a psychoeducation group for children (Brouzos et al., 2015). In cases of disagreement in the coding, the critical incidents were discussed with a third judge, until a final consensus of 100% was reached. Finally, the 44 critical incidents corresponding to Bloch et al.'s (1979) therapeutic factors were further grouped into three more general classes: cognitive, emotional and behavioral factors (Kivlighan & Goldfine, 1991).

The number of critical incidents per session was rather small, not allowing comparisons between the sessions. Therefore, the sessions were grouped into three stages. Literature suggests a group's development undergoes four basic stages: beginning, conflict and controversy, working and cohesion, and termination (Brown, 2011). Psychoeducational groups also move through those stages, although the transition from one stage to another is not as distinct as in counseling and psychotherapy groups. Jones and Robinson (2000) suggest merging the conflict and working stages and propose three general stages reflecting a group's cycle: beginning, middle, and ending. In the present study, we followed Jones and Robinson's (2000) suggestion and distinguished between

Table 2

Bloch et al.'s (1979) Therapeutic Factors During the Three Stages

Therapeutic Factor	Beginning Stage	Middle Stage	Ending Stage
Acceptance	3	4	0
Altruism	0	0	0
Catharsis	0	0	0
Guidance	10	11	6*
Instillation of hope	0	0	0
Learning from interpersonal actions	1	4	0
Self-disclosure	2	1	0
Self-understanding	2	0	0
Universality	0	0	0
Vicarious learning	0	0	0
Total	18	20	6

*$p < .05$ between the middle and the ending stage

the beginning stage (first and second session), the middle stage (third, fourth and fifth session) and the ending stage (sixth and seventh session). Pearson's chi-square test was applied to test for differences in the therapeutic factors across the group's three developmental stages.

The analyses of the members' responses were performed in three parts. The first part included the critical incidents classified according to the Bloch et al.'s (1979) therapeutic factors only. The second part included the critical incidents classified according to Bloch et al.'s (1979) taxonomy and Baourda's (2013) additional categories. Finally, the three general classes of cognitive, emotional and behavioral factors (Kivlighan & Goldfine, 1991) were analyzed in the third part of the Results section.

Therapeutic Factors

A total of 44 critical incidents were classified according to Bloch et al.'s (1979) taxonomy of therapeutic factors. The frequencies and statistical differences of the therapeutic factors across the three developmental stages are shown in Table 2.

Guidance was the most frequently reported factor in the beginning stage, followed by acceptance, self-disclosure, self-understanding and learning from interpersonal actions. The members did not report altruism, catharsis, instillation of hope, universality and vicarious learning at all.

Group members repeatedly reported guidance during the middle stage, thus further highlighting its importance. The references to acceptance, learning from interpersonal actions and self-disclosure were much less frequent. There were no reports of altruism, catharsis, instillation of hope, self-understanding, universality and vicarious learning.

Finally, in the ending stage, guidance was the only factor the members reported, although significantly less frequently compared to the middle stage.

Examples of members' responses corresponding to Bloch et al.'s (1979) therapeutic factors are shown in Table 3.

Table 3

Indicative Members' Responses Reflecting Bloch et al.'s (1979) Therapeutic Factors

Therapeutic Factor	Members' Responses
Guidance	"I remember talking to the ladies about emotions: what they are and how they are expressed. They gave us some cards with children's faces and they asked us what they are showing and how we understand that they express joy, sadness, fear and anger. I felt angry because a kid in the same team bothered me. I really liked playing with the cards because I liked talking about feelings and how we express them". "The session was about speakers and listeners. When we talk to someone we have to look at his eyes. We also talked about friendship. It is important to have friends, to help us and to help them".
Acceptance	"I cooperated with two kids because we had the same sticker. I felt joy because we had a great time together. It's important to me because I feel like I am making friends". "We talked about the group and the ladies told us that we should all play together, to love, to help each other and not to fight because that means to be a team with others. I paired with another kid and I felt joy because it felt like we are a team together as the ladies told us".
Self-disclosure	"We talked about feelings. It was nice because we were holding balloons which had a feeling written on them. Our own had anger written on it and I said I am angry sometimes. I liked that I talked about my anger and it was important because I spoke in front of everyone about something I did not like". "I had to speak about the times I feel happy in front of the team. I said I feel happy during the sessions".
Self-understanding	"I consider more important for myself to play with friends and to be quiet in the classroom". "We talked about rules and I realized we need rules. I felt that everything was going well and I was very happy because I loved these activities".
Learning from interpersonal actions	I remember that the ladies asked us to draw our best friend on a paper. I draw my friend and talked about what he liked and the times we play together. I was with my friend and I really liked drawing him because we were together and we talked about it". "We draw our best friend. As soon as we finished we showed the ladies our drawings. This is important because we learned a lot. I was with my friends. I felt very good".

Therapeutic Factors and Categories

A total of 120 critical incidents were classified according to Bloch et al.'s (1979) taxonomy of therapeutic factors and Baourda's (2013) additional categories. The frequencies of the therapeutic factors are the same as in Table 2. However, no statistical differences were found between the therapeutic factors across the stages. The frequencies and statistical differences of the additional categories across the three stages are shown in Table 4.

After guidance, comments or critique were the most frequent factors emerging from the members' reports in the beginning stage. A few answers were incomplete or referred to amusement, acceptance, the session's activities or criticism. Reports of self-disclosure, self-understanding, and learning from interpersonal actions were less frequent. There were no reports of written self-disclosure.

During the middle stage, there were many incomplete answers. Besides guidance, members often referred to feelings of being amused by their participation in the group or simply described the session's activities. Comments or critique were almost as frequent as acceptance and learning from interpersonal actions. There were a few reports involving criticism, just as in the beginning stage. There was self-disclosure during the sessions, but no written self-disclosure.

Table 4

Baourda's (2013) Categories During the Three Stages

Therapeutic Factor	Beginning stage	Middle stage	Ending stage
Comments - critique	7	5	5
Amusement	4	6	1
Description of activities	3	6	2
Criticism	2	2	1
Written self-disclosure	0	0	4*
Incomplete answer	5	14	9
Total	21	33	22

*$p < .05$ between the middle and the ending stage.

Table 5

Indicative Members' Responses Reflecting Baourda's (2013) Categories

Therapeutic Factor	Members' responses
Comments or critique	"We listened to music and the ladies talked to us about the rules of behavior. They wrote the rules on a paper tree with big, huge leaves. I like the meetings because we say and do different and interesting things. It is important for me because it is interesting and some of my friends find it interesting too. I can't speak about how others feel. I feel good". "We talked about the lantern and what we have to do in each color. The colors from the lantern talked represent our feelings. We liked it very much because it showed us how to solve our problems".
Amusement	"I remember the game we played - with a small circle and a bigger one around the small. I talked about an emotion and my friend tried to guess which one it was. We played with cards about emotions. I do not remember which kids where in my team but I remember talking about happiness. We play very nice games". "The ladies played with puppets. We listened and had fun. I felt very happy watching the puppet show".
Description of activities	"We pretended to be a table, a chair. The leader of the rival team had to find out what we pretended to be". "I remember that the ladies gave us a large piece of paper and we draw something from each session. I felt happy. The most important session for me was the one about emotions".
Criticism	"They gave us some cards. The same over again. They only talked about the streets. How we pass the street when the green light is on, etc. It's boring. I did not like it. It is awful. I got bored". "I was a pair with another kid, but I didn't like it. She didn't listen to me and she didn't cooperate".
Written self-disclosure	"We talked about solving problems in relationships. How to find ways to make our relationships with others work out. We were all a team. It went very well and felt happy about it. But with one kid it did not work out, and that made me angry and sad". "I was sad because it was the last meeting of our team. I was in the same team with another kid and I did not get through well".
Incomplete answer	"I remember talking about emotions. For happiness and regret and anger and fatigue. We played a game about emotions. I felt wonderful. It is very important to me because we learned about emotions". "We talked and I liked that we draw our friends. I felt happy".

Finally, during the ending stage, there were many incomplete answers, although fewer than in the middle stage. Guidance appeared second in the members' reports. Members were significantly more likely to self-disclose a personal experience in writing during this stage in comparison to the middle stage. Finally, there were only a

few reports of comments or critique and even fewer references to amusement, description of activities or criticism.

Examples of members' responses corresponding to Baourda's (1979) categories are presented in Table 5.

Classes of Therapeutic Factors

In total, 44 critical incidents were classified according to Bloch et al.'s (1979) three general classes of therapeutic factors (Kivlighan & Goldfine, 1991). The frequencies and statistical differences across the three stages are shown in Table 6.

Table 6

Bloch et al.'s Classes of Therapeutic Factors (Kivlighan & Goldfine, 1991) During the Three Stages

Class of Therapeutic Factors	Beginning stage	Middle stage	Ending stage
Cognitive factors	12	11	6*
Emotional factors	3	4	0
Behavioral factors	3	5	0
Total	18	20	6

*$p < .05$ between the middle and the ending stage.

Generally, group members reported cognitive factors more frequently than the other two classes throughout the group's development. However, cognitive factors during the ending stage were significantly fewer in comparison to the middle stage.

Discussion

The current study had two aims. First, it investigated the presence of therapeutic factors during a transition group for first-grade students and whether these factors varied significantly according to the group's developmental stage. Second, it tested the applicability of Baourda's (2013) critical incidents, as an additional set of categories to that proposed by Bloch et al. (1979). Regarding the first research question, the current results are broadly in agreement with previous studies which showed a relation between the therapeutic factors and the group's developmental stage (e.g., Brouzos et al., 2015; MacKenzie, 1987), although only few of those factors reached statistical significance. Nevertheless, these results could offer an insight into the factors emerging in a group for young children and they call for further research to be carried out in this area.

Specifically, regarding Bloch et al.'s (1979) taxonomy of therapeutic factors, group members in the current study attached more value to the factors of guidance and acceptance, closely followed by learning from interpersonal actions, self-disclosure, and self-understanding. Members did not report at all the factors of altruism, catharsis, instillation of hope, universality and vicarious learning.

Guidance was the most reported therapeutic factor, which can easily be attributed to the fact that psychoeducational groups are primarily informative and instructive (Brouzos et al., 2015; Brown, 2011; Corey & Corey, 2006; Shechtman et al., 1997). Furthermore, guidance is a rather easily recognizable factor (Brown, 2011). According

to Kivlighan and Goldfine (1991), guidance increases as the group develops and is perceived as valuable mainly in the working stage. However, results of the present study did not indicate any differences between the beginning and middle stage, which suggests that guidance was considered important from the first sessions. The members might have evaluated the provision of information and skills instruction/demonstration as significant out of their ignorance of the taught skills or the material presented. It is noteworthy that members' reports of guidance became significantly less frequent at the ending stage. This might reflect the lower response rates observed during the last group sessions (see Table 2). It also might be that the impending termination of the program actually shifted group member focus towards other factors or categories besides guidance.

In accordance with previous findings (Brouzos et al., 2015; Kivlighan & Goldfine, 1991; MacKenzie, 1987), members' reports of acceptance became more frequent during the beginning and middle stage. Acceptance is considered important in the initial stage of a group's development, since it sets the proper conditions for teamwork and allows the development of a sense of belonging to the group (MacKenzie, 1987). It also functions as the basis for the emergence of cohesion and universality. Nevertheless, participants in the present study did not seem to value acceptance more than they valued other factors, which could explain the absence of reports of universality. Perhaps, acceptance was not an issue in the current group. Since group members were classmates, they were already acquainted with each other long before the implementation of the intervention, and thus had already developed friendships, or even cliques.

A few members referred to learning from interpersonal actions, particularly in the middle stage, while no mention of this factor was made in the ending stage. The presence of this particular factor was probably not related to the group's stage, but to a specific activity introduced in the fourth session, according to which members were asked to present a drawing of their best friend to the rest of the group. Brown (2011) points out that learning from interpersonal actions rarely emerges in psychoeducational groups, whose goals are mainly educative. In their study, Kivlighan and Goldfine (1991) also claim that learning from interpersonal actions is independent of the group's developmental stage, while both MacKenzie (1987) and Brouzos et al. (2015) appear to suggest the opposite. The results of the current study are in line with the notion that some therapeutic factors such as the interpersonal learning are not attached to any group stage but could emerge only if relevant group activities are introduced by the group leader.

The reports of self-disclosure were very few, and mostly emerged during the beginning and middle stage of development. Self-disclosure was manifested in two activities performed in the second and fourth session, during which the members had to talk about themselves in front of the group. Thus, the factor was not related to the group's stage of development, as previous research suggests (Corey & Corey, 2006; Kivlighan & Goldfine, 1991; Kivlighan & Mullison, 1988), but rather to the activities performed in specific sessions. Overall, the educational aspect of the program did not particularly encourage the members to self-disclose, hence the relatively low appearance of this factor.

Two members perceived self-understanding as important only at the beginning stage. Both Kivlighan and Goldfine (1991) and Brouzos et al. (2015) did not find a relationship between self-understanding and the stage of the group development, whereas MacKenzie (1987) states that this particular factor becomes gradually more important as the group develops. In the present study, group members generally did not value self-understanding, despite being taught several skills to better adjust at school. We speculate that the children's limited capacity for abstract thinking might have prevented them from attributing a personal meaning to their group expe-

rience. Moreover, the children's focus was on absorbing the information presented to them during the sessions, its biggest part being totally unknown to them. Perhaps their attempt to comprehend the learning material might have undermined any deeper processing of it.

Altruism was not reported at all, probably due to the informative and instructional aspect of the activities, which did not provide group members with the opportunity to behave altruistically. In addition, the group's emphasis on information provision and skills acquisition is probably behind the absence of catharsis and instillation of hope observed in the current study, as the intervention did not particularly encourage the release of repressed feelings or the resolution of personal problems (Brown, 2011).

In line with Brouzos et al.'s (2015) findings, universality was also absent in the present study, despite being regarded as an important factor, as well as responsible for the development of group cohesion (Brown, 2011; Kivlighan & Goldfine, 1991; MacKenzie, 1987). The non-emergence of universality might also be due to the group's activities, which did not particularly highlight members' commonalities. Furthermore, vicarious learning as a therapeutic factor did not emerge either. According to MacKenzie (1987), learning from interpersonal actions and vicarious learning are the two ending points of a continuum. However, the participants' young age and the activities performed in the sessions did not facilitate the emergence of either factor. Moreover, group members tended to work independently and focus on their own personal contribution to the group work rather than acknowledge or take into consideration the behavior/contribution of other group members.

Regarding the classification of therapeutic factors into groups of cognitive, emotional and behavioral factors, the results indicated that members attached greater value to cognitive factors, rather than to emotional or behavioral ones. The cognitive factors were mostly present during the beginning and middle stage and this was closely related to the educational goals of the program and the group activities. Nevertheless, and in spite of their initial prevalence, they decreased significantly at the ending stage. Behavioral and emotional factors were both present at the beginning and middle stage, but almost nonexistent during the ending stage of group development. The results of the current study, which included 6-year-old children, closely match the results of other psychoeducational groups, which included children 8-12 years old (e.g. Brouzos et al., 2015; Vassilopoulos, Brouzos, Liodou, & Baourda, 2016). Taken together, these findings appear to suggest that the perception and endorsement of therapeutic factors in psychoeducational groups for children is not affected by the participants' age or developmental stage. Moreover, this pattern suggests that in the beginning of the groups, members appreciate feeling accepted and forming a cohesive group atmosphere, as is evident by the endorsement of emotional and behavioral factors, and in later stages they focus on assimilating the new skills and knowledge presented in the sessions, which is translated in the greater prevalence of cognitive factors.

Regarding the second research question, an interesting pattern of results emerged. Although helpful, Bloch et al.'s (1979) taxonomy of therapeutic factors did not fully correspond to the critical incidents reported by all members. Nevertheless, Baourda's (2013) additional categories of critical incidents seem to fill this gap. In various cases, the members simply commented on the session, referred to their feelings of amusement, described the session's activities or even criticized them and self-disclosed in writing. Additionally, a relatively large number of questionnaires were returned unanswered.

Reports of amusement probably reflect the members' perception of the activities as entertaining themselves or as a pleasant break from their school routine. On the other hand, criticism about the group activities or the session in general reflected certain members' negative feelings after being exposed to repeated confrontations

during the sessions. Criticism highlights the need to elaborate more on the taxonomy of Bloch et al.'s (1979) therapeutic factors to include negative comments, as proposed by MacKenzie (1987).

It is noteworthy that significantly more members self-disclosed a personal experience in writing during the ending stage. As mentioned above, the educational aspect of the program did not particularly encourage self-disclosure during the sessions. Perhaps group members did not have the opportunity, or even the strength, to reveal their thoughts and feelings openly in the group, so they readily grabbed the opportunity provided by the anonymous questionnaire. This finding appears to suggest that the CIQ is a particularly helpful instrument when working in groups or with young children.

All in all, our results suggest that Baourda's (2013) categories seem to correspond to the reality of group work. Nevertheless, they need to be further tested empirically and consistently in a larger and more diverse sample, before they are considered to constitute a reliable and valid set of additional factors.

Implications for Group Counseling

Although focused on the psychoeducational context, the current findings bring into attention the importance of group processes in maximizing the therapeutic outcome. The group context is itself a dynamic, interactive, and interpersonal framework promoting members' change and growth beyond the leader's theoretical background (Burlingame, Whitcomb, & Woodland, 2014). The therapeutic factors are an example of a group component functioning as a mechanism of change.

The field of group work and counseling seems to gain a lot of attention lately, especially in Europe. Multiple and diverse group interventions are conducted each year in the European countries to address a broad range of counseling needs (e.g., Antonellou & Kounenou, 2016; Brouzos, Vassilopoulos, & Moschou, 2016; Loizou & Stogiannidou, 2016; Reichle, Backes, & Dette-Hagenmeyer, 2012; Solomontos-Kountouri, Gradinger, Yanagida, & Strohmeier, 2016; Vliek, Overbeek, & Orobio de Castro, 2014). However, most of them focus on evaluating the group's effectiveness and group outcome rather than the process leading to it. Thus, more research regarding group process and change mechanisms is required to clarify their relation to outcome, generalize the research findings and expand former group literature to newer groups (Burlingame et al., 2014; Kivlighan & Kivlighan, 2014). Perhaps, this will lead to a better perspective on the therapeutic factors operating in groups, resulting in new measurement methods and a more inclusive taxonomy.

The findings of the current study also suggest that group leaders should promote those therapeutic factors that are relevant to the specific type of the group they facilitate and primarily those which are more likely to affect the outcome (Kivlighan & Kivlighan, 2014). Accordingly, it is necessary to adjust their leadership style, the group climate and the group structure to the therapeutic factors they want to emerge.

Limitations

Research on group processes in general and on the therapeutic factors specifically is scarce, at least as far as children's groups are concerned. The current study constitutes a first step in acquiring some knowledge on the therapeutic factors operating in a psychoeducational group for young children as young as 6-years-old. However, there are several limitations to be considered.

First of all, the sample size was rather small, and therefore did not allow for a more systematic investigation of the fluctuation of the factors across the sessions and the possible effect of the members' sex. Future research should employ larger samples and different kinds of groups to obtain a more thorough perspective of the factors operating in children's groups and what influences their emergence.

The CIQ is a widely used and established instrument for the study of therapeutic factors in older children and adults. However, group members in the current study completed the CIQ at home with the assistance of their parents, due to time constraints at school and the children's limited cognitive and linguistic abilities. Although this was deemed a necessary practice, completion of the questionnaire at home runs against the rule of confidentiality which applies to every group and may have compromised the validity of the questionnaire. Furthermore, children might have thought of completing the instrument as an extra task besides homework, even though it was not mandatory, which may explain the fewer answers provided after the last sessions. Thus, many of the questionnaires were returned incomplete or involved very simplistic comments. In other instances, the event descriptions were so detailed and elaborate, that could be categorized into more than one therapeutic factor. Nevertheless, the results of the current study clearly suggest that it is feasible to assess therapeutic factors in groups for children as young as 6-years-old. Future studies should make provisions for finding alternatives that will allow group members to complete the CIQ at school. Moreover, it may be important to consider a modification of the instrument to fit the needs and developmental abilities of younger children.

Furthermore, the lower response rates during the last group sessions might have resulted in the CIQ being compromised. This is a rather common problem in the critical incidents methodology, that has been reported by other researchers as well (e.g., Baourda, 2013). Perhaps, we could increase the response rate by offering some prize or incentives to participants in return for completion or by sending them a reminder during the weekend. Also, we could remind group members of the purpose of the feedback provided (i.e., to make the group more relevant and appealing to them) and, thus, make them feel that they are a stakeholder in the study.

Another limitation of the current study reflects the fact that the two group leaders were also employed for the classification of children's responses (CIQ). Although this procedure has been successfully used in at least another published study (Brouzos et al., 2015), nevertheless, we cannot rule out the possibility that the use of group leaders as the judges of the critical incidents might have affected the categorization of the incidents.

Finally, as the results of the current study appear to suggest, the Bloch et al. (1979) classification of factors may be inadequate for coding the members' reports, since the majority of critical instances reported did not correspond to any of Bloch et al.'s (1979) categories. As MacKenzie (1987) has suggested, Bloch et al.'s (1979) taxonomy constitutes the basis for further research on the field. The researcher highlighted the need to expand the taxonomy in order to include other categories such as negative comments. In the present study, Baourda's (2013) six additional categories of critical incidents was found to be applicable. Nevertheless, more research is needed before these additional categories are established as a valid classification system.

Conclusion

The present study is one of the few group process studies in Greece and, to the best of our knowledge, the only one in children of this age. Although the majority of the current results were not statistically significant, nevertheless they offer some directions that could be taken into account when designing psychoeducational group interventions for young children.

As the analyses revealed, the intervention's educational aspect and the nature of the chosen activities determined the emergence of the therapeutic factors that operated throughout the intervention. For the most part, the critical incidents reported mainly represented cognitive factors, with fewer reports of emotional and behavioral factors at the beginning and middle stages of group development. Finally, group members evaluated guidance as the most important factor throughout the intervention, further confirming the effect and the benefits of the informative and instructional elements of psychoeducation.

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