Chapter # 5

GROUP THERAPY: THE PATH TO PROMOTING CHILDREN'S MENTAL HEALTH

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ABSTRACT
The contemporary world presents increasingly complex challenges for children. In addition to normative developmental tasks, children must now navigate epidemic health crises, armed conflicts, family dissolution, economic instability, and academic pressures. Consequently, children experience diminished security and elevated levels of anxiety, loneliness, and depression. While the need for emotional support has intensified across all demographics, children's psychological needs remain particularly underserved. The American Psychological Association has recently advocated for a paradigm shift from individual to group therapy, given the demonstrated cost-effectiveness and therapeutic efficacy of group treatment modalities. The group format aligns particularly well with children's socioemotional needs and provides a natural setting for them. This chapter discusses the unique aspects of group work with children, with a focus on emotions, presents specific intervention methods relying on the arts in psychotherapy, and demonstrates the empirical evidence for this type of group. These groups were predominantly conducted in school settings, with normative students as well as students experiencing diverse psychosocial difficulties. The findings support the conclusion that emotion-focused group therapy significantly contributes to children's well-being.

Keywords: group therapy, children, adolescents, well-being.

1. INTRODUCTION

Contemporary global complexities have intensified children's developmental challenges. Sociopolitical upheavals, economic uncertainties, family instability, and public health crises directly impact both parents and their children. Many parents, struggling with their own life stressors, may lack the capacity to address their children's emotional needs, resulting in heightened child anxiety, loneliness, and despair. While navigating child development under optimal conditions is challenging, crisis situations—family dissolution, health pandemics, and armed conflicts—can prove devastating. Although demand for psychological services increases during such periods, service provision remains inadequate.

A recent analysis by Whittingham, Marmarosh, Mallow, and Scherer (2023) documented that millions of Americans seeking mental health services encounter unmet needs. The authors propose that transitioning from the current individual therapy paradigm to group therapy models could address this service gap. Their economic analysis demonstrates that if each practicing psychologist incorporated one therapy group into their individual practice, an additional 3.5 million individuals could receive treatment while saving millions in healthcare expenditures. Thus, group treatment expansion could substantially enhance the population's mental health outcomes. However, the rationale for group therapy extends beyond cost-effectiveness. Recent empirical evidence has established group therapy as a mature clinical field demonstrating the "three Es": Efficient, Effective, and Equal to

individual treatment (Burlingame & Strauss, 2021). However, child and adolescent group psychotherapy research lags far behind (Arnold, Burlingame, & Rosendahl, 2024).

The aim of the current chapter is to highlight child and adolescent group therapy by presenting a relatively new orientation—emotion-focused therapy (EFT)—suggesting unique practice interventions, and demonstrating research evidence for the efficacy of such groups.

2. LITERATURE REVIEW

Group interventions vary in structure and objectives. The established typology for adolescent groups encompasses psychoeducational, counseling, and psychotherapy modalities (Gladding, 2003; Fineran, Nitza, & Patterson, 2017). Group typology determines membership size, therapist qualifications, and therapeutic processes, though categories often overlap. Research indicates that 50% of child and adolescent groups are educational, 40% are counseling-oriented, and 10% are psychotherapeutic, with therapy groups demonstrating the greatest efficacy (Hoag & Burlingame, 1997).

Although past studies, in general, indicated promising outcomes, they mostly referred to psychosocial and school-based interventions (Aldabbagh, Glazebrook, Sayal, & Daley, 2022; Boldrini et al., 2023; Durlak et al., 2011; Perlstein, Fair, Hong, & Waller, 2023), often based on cognitive-behavioral orientation (Bennett & Gibbons, 2000; Riise, Wergeland, Njardvik, & Öst, 2021), and involving parents as the primary recipients of service (Kaminski & Claussen, 2017). However, group therapy with children and adolescents is rather scarce (Arnold et al., 2024), despite evidence that group therapy is the most promising setting to address difficult problem behaviors, as noted years ago (Hoag & Burlingame, 1997). Indeed, a recent meta-analysis (Arnold et al., 2024) assessed the effect of group therapy on externalizing behavior—a global issue in the field of mental health (Kahn & Aram, 2020) and among the top reasons for youth referral to services (Riise et al., 2020). Results of this analysis showed a medium effect on behavior problems, suggesting that group therapy is associated with significant improvement in externalized behavior, with outcomes comparable to past research. Nevertheless, the authors also point to the low quality of the existing studies and call for more research on group therapy with children and adolescents.

This chapter focuses on group psychotherapy and provides additional evidence supporting the efficacy and effectiveness of group therapy with challenging children.

2.1. Group Therapy for Children

Group therapy represents an optimal intervention modality for children, providing a naturalistic setting that reduces stigmatization compared to individual therapy while offering extensive emotional and social support. Groups facilitate belonging, social skill acquisition, friendship development, and intimacy formation. Moreover, group therapy is a solution to equity and access issues for children from underprivileged backgrounds, who are also the neediest ones (Arnold et al., 2024; Whittingham et al., 2023). However, children present unique therapeutic challenges. Typically referred by others rather than self-referred, they often lack enthusiasm for psychological intervention and therapeutic sophistication, and their self-regulation is often limited. They can demonstrate significant resistance, anger, and defiance. Traditional talk therapy may prove excessively threatening; therefore, specialized indirect and projective techniques are required, necessitating specifically trained group facilitators (Gladding, 2011; Haen & Boyd Webb, 2019).

Psychotherapy groups address more severe personal and interpersonal difficulties, dysfunctional behaviors, or diagnosed developmental and mental disorders. These groups emphasize individual issues through psychodynamic exploration to enhance functioning. Self-expression, self-exploration, insight development, and behavioral change are actively promoted. These intimate, less structured groups require very small membership. Populations include students with learning disabilities (LD), attention deficit hyperactivity disorder (ADHD), aggressive behaviors, and antisocial tendencies. These children exhibit elevated stress and anxiety levels alongside diminished self-esteem, self-efficacy, and self-regulation. While some demonstrate withdrawal patterns and others display externalizing behaviors, all require psychological wellness and behavioral functioning enhancement. They are sad, angry, and mistrustful, and require substantial encouragement and support. Groups must therefore be small and intimate, providing secure foundations for cognitive and emotional exploration leading to insight development and behavioral change (Hill & O'Brien, 1999; Hill, 2005). This conceptualization determines group objectives, theoretical frameworks, methodologies, and therapist behaviors.

Primary objectives include stress and anxiety reduction, anger and aggression reduction, relationship trust reconstruction, enhanced self-understanding, and increased commitment to necessary behavioral modifications. These goals necessitate psychodynamic approaches guiding children toward self-exploration. Recognizing emotions as fundamental to human action, our intervention emphasizes emotional processing. We developed an emotion-focused modality based on Emotion-Focused Therapy (EFT) established by Greenberg (2002) for individual therapy and Johnson (2008) for couple therapy.

2.2. The EFT-G Modality

The emotion-focused approach suggests that a person has two selves: the cognitive self — values, norms, feedback — and the emotional self — authentic, spontaneous, emotional. The emotional self reacts first; only later comes the cognitive evaluation. When a dog threatens someone, the first reaction is fear; only later comes the rational response. The two selves must coexist harmoniously; when the emotional self bursts out, the outcome is aggression, but when the cognitive self represses emotions, the outcome may be depression (Greenberg, 2002). The author specifically focuses on emotions such as anger, sadness, fear, shame, and guilt, which most individuals find difficult to cope with; such emotions may burst out in the wrong way and at the wrong time. Thus, the emotion-focused approach encourages the expression of emotions, identifying emotions, comprehending emotions, and controlling emotions. It is of major importance to start teaching about emotions as early as possible, and a group is the most suitable setting to learn it, due to the unique therapeutic factors such as universality, altruism, identification, imitation, and above all, the love and support in intimate groups (Yalom & Leszcz, 2015). In a most recent study (Maixner & Shechtman, 2020), over 100 elementary students identified as highly aggressive participated in small groups that focused on self-control. In 10 sessions, children learned reappraisal skills which helped them apply rational reactions to overcome spontaneous angry reactions. They first identified their angry episodes and possible triggers, agreed to own them, then looked at possible rational reactions, and exercised them. The group acted as a major source of suggestions and support.

2.3. The Process of Intervention

We implement three developmental stages aligned with theoretical orientations suggested by Prochaska and Norcross (2018):

Stage 1: Foundation building (Sessions 1-4)

The initial stage emphasizes mutual support, emotional vocabulary development, and constructive feedback skills. Group contracts, rules, and objectives are established through therapeutic games and activities. This humanistic orientation phase reduces anxiety and enhances security while establishing supportive norms maintained throughout treatment. Group relationships and group cohesion are among the most important therapeutic factors (Burlingame et al., 2018; Yalom & Leszcz, 2015), also in groups with children (Shechtman & Gluk, 2005).

The following example illustrates how we enhance emotions.

In a first session, we displayed some objects on the floor, from which children were invited to choose one and share feelings about it. One girl chose a book, sharing her positive emotions when her father reads to her: "I don't get to see him often because he is in the army, but when he reads to me, I feel him very close." Another boy glanced at her, responding, "My dad never reads to me. I selected a stone; I like to always be ready for the next fight." Similar games using written cards (sad, angry, frustrated, etc.) or pictures help children enhance their vocabulary of emotions and identify such emotions in themselves. The reaction to expressed emotion is crucial, and when a reaction is negative, we suggest trying another, more supportive response.

Stage 2: Working phase (Sessions 5-11)

This central stage involves participants exploring life events impeding well-being through cognitive and emotional processing. Empowered by therapists and peers, participants share personal experiences and feelings while developing behavioral understanding. Psychodynamic principles guide this emotionally focused stage (Prochaska & Norcross, 2018). To facilitate intimate disclosure among young clients, we employ projective techniques and arts-based interventions, which are popular in work with children (Gladding, 2011). These include techniques such as bibliotherapy (literature utilization), art therapy (visual creation), phototherapy (photographic exploration), cinematherapy, and therapeutic cards. These identification-based methods advance therapeutic progress while maintaining engagement through playful elements (Shechtman & Katz, 2007). Here are two examples from our war zone.

In one session with 10-year-old girls, we displayed some cards to choose from. One very quiet and withdrawn girl selected a picture of a crying woman, sharing the moment when her family was informed about her father's death in the war. The major feelings she expressed were fear and guilt. She was afraid that she would lose her mother too and felt guilty that she could not find a way to help her mother.

In another group of 12-year-old boys, phototherapy was used. The boys went out with their cell phones to take pictures of their interest. One boy came back with a picture of a ruined house and shared with the group his experience of going back to see his own ruined house. He was one of the children whose family was evacuated from home for months; the fear of facing his ruined house was overwhelming.

Another very useful technique is bibliotherapy. In a group of aggressive boys, the poem "Joey Joey" (Silverstein) was introduced. The poem presents a boy who spontaneously threw a stone at the sun; the sun fell down on his foot and there was darkness everywhere. The discussion focuses first on the boy's feelings—the anger, the rage, the impulsive reaction—and their feelings while listening to the poem. Based on identification processes, the children explore their own emotions and share relevant personal experiences. Then they try

to understand what could trigger such an impulsive reaction in the boy and in themselves; they share private moments of impulsivity and the feelings of shame, guilt, and helplessness. They can talk about them, write their own story or poem, or draw "their monster." Finally, they discuss possible ways to change and improve behavior.

These three examples illustrate how helpful the projective interventions are in engaging children in the therapeutic process.

Stage 3: Termination (Sessions 12-15)

The final stage consolidates gains, processes termination, and plans future application of developed skills. We consider this stage very important as it is the bridge to reality. Participants say goodbye to each other through positive feedback, which has an empowering long-term effect. They also serve as mirrors to acknowledge each other's gains and remind each other about goals they need to work on in the future. All these are achieved through structured activities, oral and written exchanges.

Here is an example of an activity at termination.

At termination, the group provides mutual feedback. A boy says to one of the girls: "I remember you at the beginning of the group hiding under the table, refusing to sit with us, but you became such an important participant here. You share, you support, you were so helpful to me."

2.3.1. Validity of the Intervention

We studied the validity of the EFT-G modality in several ways: controlled comparisons to no treatment (control or waiting list), comparison to another type of treatment, and comparison to individual treatment, under normal and crisis conditions. All studies employed pre-post experimental-control designs with random assignment, when feasible including six- to nine-month follow-up assessments. Statistical analyses utilized MANOVAs for smaller samples and hierarchical mixed models for larger samples, accounting for group-specific effects. A description of some of these studies follows. All studies were conducted in schools, approved by the research authority in the ministry of education and the ethics committee of the university. Parent consent was required for all participants.

Study 1: Underachieving students

The first study (Shechtman, Gilat, Fos, & Flasher, 1996) included 142 fifth- and sixth-grade students from two schools, identified as underachievers (grades ≤50 in language and mathematics). Participants displayed additional dysfunctional behaviors ranging from withdrawal to externalization, affecting relationships, discipline, and mood. They were randomly assigned to experimental (n = 71) or control (n = 71) conditions. All participants received standard academic support (4 hours weekly). Experimental participants additionally attended weekly 50-minute group counseling sessions for 15 weeks, facilitated by two trained counselors.

Measures included academic performance (grades and standardized tests in mathematics and language), self-esteem, self-regulation (self-report), and social status (teacher report).

Results indicated an impressive improvement in academic achievement for the children in the experimental groups only. They improved from failing scores and grades to average scores and grades of 75 in both subjects, with 75% showing improvement. Significant improvements occurred in self-esteem and self-regulation. Social status showed delayed improvement, becoming significant only at six-month follow-up. Control participants showed no significant changes. In summary, while psychosocial improvements aligned with expectations, academic gains proved surprising. Four hours of remedial instruction alone

produced no change, whereas one hour of group therapy yielded substantial academic improvement, highlighting the mental health-learning nexus and group treatment efficacy.

Study 2: Aggressive youth

Another study dealt with aggressive youth (Shechtman & Tutian, 2015). Participants were 230 students from 30+ schools, meeting aggressive behavior criteria based on a questionnaire. Teachers enrolled in a graduate education program conducted the groups in 15 one-hour sessions. The teachers were trained in the EFT method over 56 hours (one semester) and received group supervision throughout the treatment process (a second semester). Measures included aggressive behaviors, using both self (CBCL) and teacher (TRF) forms (Achenbach). Results indicated a reduction in aggression scores only in the treatment groups. More impressive were the clinical severity reductions: CBCL severe level decreased from 24% to 10% (experimental) versus 9% maintained (control); TRF severe level decreased from 30% to 10% (experimental) versus 12.5% maintained (control). In summary, results demonstrate that the EFT groups are efficient in aggression reduction. Interestingly, the therapists were trained teachers, suggesting expanded therapeutic role potential with appropriate training and supervision.

Study 3: Post-war trauma

A third study focused on post-war trauma (Shechtman & Mor, 2010). Participants were 104 students (grades 5, 6, and 9) from 18 schools, screening positive for mild or greater trauma symptoms on the Child Post-Traumatic Stress Reaction Index. The study was conducted a month after the war ended. School counselors conducted 10-week emotion-focused groups following specialized training. Measures included a post-traumatic symptom questionnaire and a child anxiety scale. In addition, we used process variables, including attachment to the group and group cohesion. Results indicated a significant reduction in PTSD and anxiety only for the treatment children. In addition, impressive reductions were observed in clinical severity from 47% to 20% in the experimental group versus no change in the control (40% to 37%). Similarly, anxiety severe level decreased from 24% to 3.6% in the experimental group compared to 9.6% to 4.3% in the control. In addition, anxiety reduction correlated with attachment levels to the therapist and group members and group cohesiveness, indicating the importance of close group relationships for anxiety amelioration. In summary, the EFT groups seem to be efficient also for anxiety and PTSD reduction, and the finding that close relationships are a healing factor contributes to our understanding of the power of groups.

In the above three studies, we showed the efficacy of these groups, as they were helpful with different populations. Another way to show the importance of the groups is to point to their effectiveness, that is, that they are cost-effective.

Study 4: Cost-effectiveness

To demonstrate cost-effectiveness, outcomes of groups were compared to individual treatment (for example, Shechtman, 2003). Participants were 101 aggressive children (grades 5-6) from multiple counseling centers: 30 assigned to individual treatment, 71 to groups (3-5 members). Measures included the level of aggression on the CBCL (self-report) and TRF (teacher report) instruments.

Results indicated equivalent efficacy between group and individual modalities. Note that groups treated approximately four times more children with comparable outcomes.

In addition, we also applied process research methods. First, we assessed the progress of children using the "change process" suggested by Prochaska. The change process is a four-stage progression: precontemplation (no awareness), contemplation (awareness with no intention to change), preparation (wishing to change), and action (real efforts to make a change). These stages were determined by analyzing participants' verbal reactions in each of

the 10 sessions, based on transcripts of sessions. Results showed that at the first session, all participants were at the precontemplation stage, meaning that they were unaware of a problem in their behavior. In the second session, both groups moved toward contemplation, that is, becoming aware but indifferent. The two groups continued progressing on a similar path along the 10 sessions. About 80% of participants, both in individual and group treatment, reached the preparation or action stage. These results support the outcomes on the questionnaires as well as the rationale of the intervention: after children express their feelings, they may develop insight into their negative behavior, increase motivation to make changes, and act on them.

The second process measure related to therapeutic factors, using four components: emotional awareness, relationship-climate, other versus self-focus, and problem identification-change. The only difference revealed was in the emotional awareness component, with higher levels in group treatment. In summary, results indicated general reduction in aggression over time irrespective of format of treatment. Given high child aggression prevalence and researchers' skepticism regarding group treatment for aggressive behaviors (Dishion, McCord, & Poulin, 1999), these equivalency findings hold particular significance. Moreover, these studies point to similar patterns of change, indicating that group and individual therapy with children are not that different. The similarity in the pattern of change may be attributed to the very small groups in this study, a necessity in working with aggressive youth. Nevertheless, the groups seem to be efficient, and they are obviously more cost-effective than individual treatment.

Study 5: Comparison to CBT

A third way to establish the validity of the EFT intervention is to compare it to an alternative group approach. The following investigation (Shechtman & Pastor, 2005) compared EFT-G (then termed humanistic groups) with Cognitive-Behavioral Therapy (CBT) groups commonly implemented in schools (Riise et al., 2021). The 200 second-grade children in one learning center for students with learning disabilities were divided into three experimental conditions: EFT, CBT, and no-treatment controls. Scores on language and math were recruited from report cards; adjustment, self-efficacy, and social rejection were based on student self-report questionnaires. Results indicated that EFT groups demonstrated superior outcomes across all measures compared to both CBT and control conditions. In this study, we were also interested in process differences. Process analysis was based on transcripts of all sessions using the Client Behavior System and the Therapist Helping Skills system (Hill & O'Brien, 1999). The Client Behavior System includes four simple verbal behaviors (e.g., agreement) and four advanced verbal behaviors (cognitive exploration, emotional exploration, insight, and change). The analysis revealed that in EFT groups, there was lower resistance, higher affective exploration, insight, and change, while CBT groups showed more cognitive exploration. Transcript analysis of Therapist Helping Skills indicated EFT therapists utilized more encouragement, feeling reflection, and interpretation, while CBT therapists emphasized information and guidance. The different processes revealed in each type of group add to the content validity of the intervention; both group members and therapists used different behavior systems according to their theoretical orientation. In EFT groups, the focus on emotions was indeed more obvious, which may explain the positive gains in these groups.

2.4. Parent Groups for Child Well-Being

Another approach to helping children improve child well-being is to work with their parents. The following study (Ziperfal & Shechtman, 2017) examined the benefits for children through parent group participation. Participants were 156 parents of

ADHD-diagnosed children from multiple school centers. A random design was used to compare parents participating in EFT groups of 12 sessions with waitlist control parents. They completed instruments to measure their own growth following treatment and instruments for their children, including child self-efficacy and child problem behavior. Results indicated that children of treated parents showed significant improvements in self-efficacy and reduced problems on the well-being measure. Control group children showed no changes. Some of the children's gains were related to parents' improvement. Hence, parent treatment represents an alternative pathway for enhancing children's well-being using the EFT-G modality. Interestingly, the EFT modality was also applied to the work with parents.

2.5. General Discussion and Conclusion

This chapter demonstrates that group therapy provides an efficient and effective intervention for enhancing child well-being during both normative and crisis periods. The imperative to address children's mental health is evident, yet children rarely seek treatment independently. School-based interventions capitalize on the "captive audience" while reducing stigmatization associated with individual counseling. Group participation with similarly struggling peers diminishes isolation and perceived deviance. Furthermore, current counselor-student ratios and limited school psychologist availability render individual therapy provision impossible for meeting contemporary children's needs (Whittingham et al., 2023).

Current research has established that group therapy is efficient, effective, and equivalent to individual treatment for general populations (Burlingame & Strauss, 2021). The present review of studies extends these findings to child and adolescent populations, demonstrating consistent superiority over no-treatment controls (Shechtman et al., 1996; Shechtman & Mor, 2010; Shechtman & Tutian, 2015), enhanced efficacy compared to psychoeducational groups (Shechtman & Pastor, 2005), and outcome equivalence with individual therapy (Shechtman, 2003). Group interventions vary; most of them are psychoeducational and counseling groups. Although they all are valuable (Aldabbagh et al., 2022; Durlak et al., 2011), children with various challenges such as aggression, PTSD, ADHD, and others need a more intensive intervention. They need psychotherapy groups, that is, small and intimate groups that allow and encourage the expression of emotions, focus on the unique challenges that children face, and elevate self-regulation skills. The EFT modality serves children well, as it leads to enhanced expression of emotions, the development of self-awareness, and the increase of motivation to change destructive behavior (Shechtman, 2003; Shechtman & Pastor, 2005).

Process investigations point to two important variables that may be attributed to the positive outcomes of these groups. First are relationships: relationship-climate appeared as the most important variable in children's groups (Shechtman & Gluk, 2005). The responses to the question "What was most helpful in the group?" included responses such as "children in my group liked me," "respected me," "accepted me," "listened," "understood," and "loved me" (Maixner & Shechtman, 2020). Bonding to the group and the therapist was statistically related to outcomes (Shechtman & Katz, 2007; Shechtman & Leichtentritt, 2010). Group relationships and cohesion are highly appreciated variables in the group literature (Burlingame, McClendon, & Yang, 2018; Kivlighan & Holmes, 2004; Yalom & Leszcz, 2015). This finding holds critical implications for therapists, as children's limited skills in group participation require skillful guidance toward intimacy and friendship development.

Second, process research confirms that children engage in psychodynamic processes within these groups. Participants share intimate information, express emotions, explore individual issues cognitively and affectively, develop insights, and report behavioral changes (Shechtman, 2003). Therapists employ corresponding psychodynamic helping skills including open questioning, feeling reflection, emotional expression facilitation, and interpretation (Shechtman & Pastor, 2005; Hill, 2005). These findings establish both process validity and intervention uniqueness, supporting the conclusion that EFT groups provide safe, effective pathways for enhancing adolescent well-being.

3. LIMITATIONS

Several limitations constrain generalizability. First, all studies occurred within one country. Only one study specifically assessed Arab students with adolescents in EFT groups. The study was comprised of 173 adolescents who scored high on parent-child conflict. These adolescents were divided into three conditions: EFT-G, EFT-G + films, and control. Results indicated more favorable outcomes in the two treatment groups compared to control: the number and intensity of conflicts declined in both groups with no effect of films, and no change was observed in the control conditions (Tanous-Haddad & Shechtman, 2019). In addition, therapeutic factors were assessed in this study. The most frequently mentioned factor was relationship-climate (Tanous-Haddad & Shechtman, 2020). These outcomes and process variables are comparable to the studies with a Jewish population, suggesting that EFT-G is efficacious for the Arab population as well. Despite this attempt, replication across international contexts remains necessary.

Second, comparison to individual therapy was limited to only one study. To establish the effectiveness of this model, more replications are needed with a wide population. Similarly, to establish the superiority of EFT groups over other theoretical orientations, we need more than the one study showing that these groups produced better results than CBT groups. It is a challenging issue, as most interventions with children are CBT-oriented (Bennett & Gibbons, 2000; Riise et al., 2021). However, presently we can only suggest that EFT-G is a viable intervention with children with socioemotional challenges.

Third, the EFT modality requires specialized therapist training. Training deficits represent major barriers to group therapy implementation (Whittingham et al., 2023). EFT groups particularly demand therapist competencies in children's engagement, projective method utilization, and psychodynamic skill application. Research demonstrates direct connections between therapeutic activities and outcomes—structured activities increase self-disclosure (Leichtentritt & Shechtman, 1998), while therapist self-disclosure predicts improvements across multiple domains (Shechtman & Leichtentritt, 2010).

Finally, children present inherent challenges. Their non-normative client status, potential for rejection and defiance, and their behavior problems require a secure setting and therapists with specific characteristics including firmness, clear boundaries, and sophisticated resistance management. Conducting such groups in a school setting is helpful, as the controlled environment is a buffer against dropout, which tends to be high in group therapy (Yalom & Leszcz, 2015). Nevertheless, it is crucial to ensure children and their parents that they have the freedom to leave the group when appropriate for them.

4. CONCLUSION

Despite noted limitations, accumulated evidence supports emotion-focused group therapy as a viable intervention for enhancing children's well-being across diverse settings. Children worldwide face similar developmental tasks with comparable socioemotional needs for belonging, peer interaction, recognition, respect, and acceptance (Khan & Aron, 2020; Riise et al., 2021). Well-facilitated groups address these universal needs effectively.

Moreover, considering the obvious gap between children's needs and available services, perhaps it is time to expand the therapeutic role potential and include trained teachers in treatment, as shown in our study on aggressive children (Shechtman & Tutian, 2015). During the prolonged war in the country, the role of teachers was indeed redesigned to become emotionally supportive helpers to their students (Frei-Landau, 2024).

Finally, parents are an extremely powerful resource of support for their children. Being a parent of a child with developmental or other challenges can be very stressful; helping parents in groups appears very worthy for their children (Ziperfal & Shechtman, 2017). Working with parents to help their children is not new (Beelmann, Arnold, & Hercher, 2023; Kaminski & Claussen, 2017), yet not frequent enough, although it may be another effective avenue to improved children's well-being.

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