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Members' perceptions of person-centered facilitative conditions and their role in outcome in a psychoeducational group for childhood social anxiety

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Research in counseling and psychotherapy groups firmly supports the view that a positive member-leader relationship is necessary for client change. However, studies that investigate the ingredients of this relationship are scarce. Forty elementary school children selected for displaying medium to high levels of social anxiety completed several scales measuring emotional traits, cognitions, and social skills, both before and after the termination of the intervention. The Barrett-Lennard Relationship Inventory tapping into members' perception of facilitative attitudes of a leader (i.e. empathic understanding, congruence, and unconditional positive regard) was also administered twice (at session 3 and after the termination). It was found that a medium change in perception of group leader's facilitative attitudes from the third to the last session was associated with the greatest reductions in social anxiety and depression scores. Moreover, children who perceived high group leader empathy, congruence, or regard at session 3 reported a significant increase in self-reported likeability, compared to children who evidenced a low perception of the same attitudes. The current findings appear to support the association of leader person-centered attitudes with counseling outcome in a psychoeducational group for social anxiety.

Keywords: children; counseling processes; person-centered facilitative conditions; psychoeducational groups; social anxiety; therapeutic alliance

La perception qu'ont les participants des conditions facilitatrices et de leur impact sur les résultats d'un groupe de psychoéducation avec des enfants vivant une anxiété sociale

La recherche sur les groupes de counselling et de psychothérapie montre avec force qu'une relation positive membre – leader est nécessaire au changement du client. Rares sont cependant les études qui ont investigué les ingrédients de cette relation. Quarante enfants issus de l'école primaire et sélectionnés sur base de niveaux moyens à élevés d'anxiété sociale ont complété, avant et après un programme d'intervention, plusieurs échelles mesurant des caractéristiques émotionnelles, cognitives et des aptitudes sociales. L'inventaire de relation de Barrett-Lennard (Barrett-Lennard, 1995) ciblant la perception qu'ont les participants des attitudes facilitatrices d'un leader (à savoir l'empathie, la compréhension, la congruence et le regard positif inconditionnel) a également été administré à deux reprises (au cours de la troisième séance et après la fin du programme). Il a été mis en évidence qu'un niveau moyen de changement dans la perception des attitudes facilitatrices du leader du groupe mesuré entre la troisième et la dernière séance était associé avec les plus hauts niveaux de réduction des scores d'anxiété sociale et de dépression. De plus, les enfants qui percevaient un haut niveau

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d'empathie, de congruence ou de considération du leader du groupe lors de la troisième séance rapportent un accroissement significatif de sympathie auto-estimée en comparaison avec les enfants qui relèvent une faible perception de ces mêmes attitudes. Les résultats présentés encouragent l'association des attitudes du leader centré sur la personne avec les résultats du counselling dans un groupe de psychoéducation pour l'anxiété sociale.

Percepciones de los miembros de un grupo psico educativo para niños con ansiedad social de las condiciones facilitadoras centradas en la persona y el rol de las mismas en los resultados

La investigación en grupos de counseling y psicoterapia apoyan firmemente la idea de que es necesaria una relación miembro/líder para que se de el cambio en el consultante.

Sin embargo son escasos los estudios que investigan los ingredientes de esta relación. Cuarenta escuelas elementarias para niños, seleccionadas por tener niveles medios a altos de ansiedad social, completaron varias escalas para medir las tendencias emocionales, cognitivas y también las habilidades sociales, tanto antes como después de que terminara la intervención.

El inventario de relación de Barret-Lennard (Barret-Lennard, 1995), que explora la percepción que tienen los miembros de un grupo de las actitudes facilitadoras de los líderes (x ej. comprensión empática, congruencia y aceptación positiva incondicional), también fue aplicado dos veces (en la sesión 3 y después del final del proceso).

Se encontró que un cambio moderado en la percepción del las actitudes facilitadoras del líder de la tercera a la última sesión se asocio a la mayor reducción de los valores de ansiedad social y depresión.

Es mas, chicos que percibieron empatía, congruencia, o aceptación altas en el líder del grupo en la tercera sesión reportaron un significativo aumento en la agradabilidad, comparado con chicos que evidenciaban una baja percepción de las mismas actitudes. Los descubrimientos actuales parecen apoyar la asociación de actitudes de liderazgo centradas en la persona con los resultados de counseling en un grupo psico educativo para ansiedad social.

Wahrnehmungen einer psychoedukativen Gruppe gegen soziale Ängste in der Kindheit: förderliche personenzentrierten Bedingungen und deren Rolle im Outcome

Forschung zu Beratungs- und Psychotherapiegruppen unterstützt die Auffassung, dass eine positive Mitglieder-Leitungsperson-Beziehung notwendig ist, damit sich Klienten verändern. Studien, welche die Aspekte dieser Beziehung untersuchen, sind jedoch rar. 40 Grundschul Kinder mit mittlerem bis hohem Grad an sozialen Ängsten füllten mehrere Skalen aus, die emotionale Wesenszüge, Kognitionen und soziale Fertigkeiten erfassen; dies sowohl vor als auch nach der Intervention. Das Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1995), welches die Wahrnehmung der Mitglieder zu den förderlichen Haltungen einer Leitungsperson erfasst, (z. B. empathisches Verstehen, Kongruenz und bedingungslose Wertschätzung), wurde ebenfalls zweimal angewendet (bei der dritten Sitzung und nach Abschluss). Es zeigte sich: Wenn sich von der dritten Sitzung zur letzten Sitzung die Wahrnehmung veränderte, wie die Leitungsperson mit ihrer förderlichen Haltungen gesehen wurde, verringerte dies die Scores bei sozialen Ängsten und Depression am meisten. Darüberhinaus berichteten Kinder, die ein hohes Maß an Empathie, Kongruenz oder Wertschätzung der Leitungsperson während der dritten Sitzung wahrnahmen, einen signifikanten Zuwachs darin, von anderen gemocht zu werden - verglichen mit Kindern, welche die erwähnten Haltungen kaum erlebten. Diese Ergebnisse scheinen die Verbindung zwischen der Haltungen der Leitungsperson mit dem Outcome in einer psychoedukativen Gruppe zu sozialen Ängsten zu unterstreichen.

As percepções dos membros de grupos acerca das condições facilitadoras centradas na pessoa e o seu papel nos resultados de um grupo psico-educacional para crianças com ansiedade social - Vassilopoulos

A investigação em counselling e psicoterapia apoia fortemente a perspectiva de que é necessária uma relação positiva entre o membro de um grupo e o seu facilitador, para haver mudança no cliente. Contudo, os estudos que investigam os ingredientes dessa relação são raros. Quarenta crianças do ensino primário foram selecionadas por exibirem elevados índices de ansiedade social e foram submetidas a diversas escalas que mediam traços emocionais, cognições e aptidões sociais, antes e depois de uma intervenção. Também foi aplicado duas vezes (na terceira sessão e na última) o Inventário de Relacionamentos de Barrett-Lennard (Barrett-Lennard, 1995), o qual media a percepção dos membros face às atitudes facilitadoras do líder (isto é, compreensão empática, congruência e olhar incondicional positivo). Descobriu-se que uma mudança média na percepção das atitudes facilitadoras do líder do grupo entre a terceira e a última sessão, estava associada às maiores reduções nos índices de ansiedade social e depressão. Para além disso, as crianças que percebiam níveis elevados de empatia, congruência ou olhar incondicional positivo no líder do grupo na terceira sessão, relatavam um aumento expressivo na auto-avaliação da agradabilidade, quando comparadas com outras crianças que evidenciavam uma baixa percepção das mesmas atitudes. Os dados recentes parecem apoiar a associação entre as atitudes de liderança centradas na pessoa e os resultados do counselling, no contexto de um grupo psico-educacional para a ansiedade social.

Introduction

Group counseling and psychotherapy have been consistently found to be effective in addressing various problems of children and adolescents (e.g. anxiety management, aggressive behavior) as well as in developing their social, emotional, and academic skills (Campbell & Brigman, 2005). According to Riva, Wachtel, and Lasky (2004) “An essential component related to the effectiveness of therapeutic groups is the leadership. The leader is thought to play a vital role in both the dynamics of the group and the outcomes of its members” (p. 37). However, despite the empirical evidence demonstrating that positive leader-member relationships influence group counseling outcome (Riva et al., 2004), the essential ingredients of this relationship remain under-explored. In this paper we sought to investigate group members’ perceptions of co-leaders attitudes and their role in change processes in a psycho-educational group for socially anxious children.

Treatment of childhood social anxiety

Social anxiety is defined as “a marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others” (American Psychiatric Association, 1994, p. 41). According to epidemiological studies, it affects approximately 1–2% of school age children (Bernstein, Borchardt, & Perwien, 1996). However, milder forms of social anxiety tend to be more prevalent (Henderson & Zimbardo, 2001). Research has demonstrated the long-lasting effects of social anxiety on children’s emotional, social and academic functioning (Beidel, Turner, & Morris, 2000). Studies now show that young children with social anxiety disorder report feelings of fear and anxiety in their interactions with peers or adults (Beidel et al., 2000). Additionally, these children have more negative perceptions of their academic and cognitive skills (Beidel, Turner, & Morris, 1995), experience higher

levels of depression (Beidel et al., 2000), and engage in more negative self-speak (Kendall, 1994). In the social domain, children with social anxiety often have fewer friends, exhibit social skills deficits (Beidel et al., 2000; Rapee & Spence, 2004), are teased more often, and are less liked by their peers (Rapee & Spence, 2004).

Taking into account the detrimental and long-lasting impact of social anxiety on children's mental well-being, clinicians and researchers alike have embarked on designing and evaluating interventions specifically tailored to address the unique needs of these individuals (Beidel et al., 2000; Kendall, 1994). So far, person-centered, experiential therapy approaches and cognitive-behavioral treatment modalities that are based on psychoeducation and social skills training have proven effective in reducing anxiety or social anxiety symptoms in school-aged children and adolescents (Beidel et al., 2000; Nuding, 2013).

Recently, our research group designed and evaluated a psychoeducational group intervention, which was based on empirically validated risk factors for social anxiety. The intervention was delivered in a school setting and was efficacious in reducing social anxiety symptoms and negative interpretations for ambiguous events in addition to increasing benign interpretations and self-reported likeability in elementary school children presenting medium to high levels of social anxiety (Vassilopoulos, Brouzos, Damer, Mellou, & Mitropoulou, 2013). The group model is briefly described below. For a more in-depth description of the group model for social anxiety, please see Vassilopoulos et al. (2013).

Despite the empirical evidence that demonstrates the effectiveness of group interventions, research investigating the mechanisms responsible for these effects is scarce (Davies, Burlingame, Johnson, Gleave, & Barlow, 2008; Nickerson & Coleman, 2006). Moreover, researchers have pointed out the importance of studying group process and outcome in the same study in order to gain insight into the variables that produce the therapeutic outcome (Nickerson & Coleman, 2006). Process research in adult groups reveals a connection between member-leader therapeutic relationship and positive group outcomes (Barlow & Burlingame, 2006). Unfortunately, only a few studies examine group processes in groups of children and adolescents (Nickerson & Coleman, 2006) and even fewer the processes in psychoeducational groups. Given that the vast majority of group interventions for children and adolescents are delivered in schools, more group process studies should be done in this context.

The therapeutic alliance

As mentioned above, the therapeutic alliance between group members and leader has received increased attention over the past 10–15 years in the light of group therapy studies that consistently demonstrate it is predictive of client outcomes (e.g. Crits-Christoph, Johnson, Connolly Gibbons, & Gallop, 2013; Woody & Adessky, 2002). Furthermore, a few studies now show there is an association between bonding with the group leader and outcomes in group interventions with children (Shechtman & Katz, 2007). Interestingly, therapist-related bonding appears to be more frequently associated with group outcomes than member-related bonding (Shechtman & Katz, 2007), suggesting that it is the self-to-therapist alliance which plays a primary role in child group therapy. Nevertheless, the role of alliance in counseling groups for children with anxiety or social anxiety has yet to be clarified.

Paralleling Bordin's (1979) definition of therapeutic alliance in individual therapy, group alliance has been conceptualized as "the active collaboration on therapeutic issues that occurs between members, between members and therapist(s) and between members and the group as a whole" (Gillaspay, Wright, Campbell, Stokes, & Adinoff, 2002). Many

scholars have argued that Rogers's "core conditions" of unconditional positive regard, empathic understanding, and congruence form the base of therapeutic alliance (Kirschenbaum & Jourdan, 2005). Furthermore, a large number of studies investigating those core conditions testified their connection to therapeutic outcome (Elliott, Greenberg, & Lietaer, 2004), providing thus further support for the hypothesis that, although conceptually distinct, there is a clear overlap between the Rogerian core conditions and the concept of therapeutic alliance (Angus & Kagan, 2007; Kirschenbaum & Jourdan, 2005).

Turning to socially anxious individuals now, there is preliminary evidence within the cognitive-behavioral tradition that the interpersonal relationship with the therapist is crucial for motivating those individuals. For example, Alden, Bieling, and Koch (cited in Alden & Taylor, 2004) found that positive working alliance in session 3 predicted significantly greater change in individual cognitive-behavioral therapy (but see Woody & Adessky, 2002). However, to the best of our knowledge, no study has evaluated whether the existence of the Rogerian facilitative conditions is related to outcome in a structured group for social anxiety.

The current study

In his discussion of Rogers's therapeutic conditions, Tudor (2011) describes *perception* as "a core element in person-centered and experiential psychotherapies" (p. 17). Thus, in this study we sought to examine children's perception of the group leader's empathy, positive regard, congruence, and unconditionality and its link to group effectiveness in a psychoeducational group for socially anxious children. To this aim, the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1995) tapping into leaders' facilitative attitudes, as experienced by group members, was administered twice (at session 3 and 1 week after the termination of the group). Group members also filled out several standardized questionnaires measuring emotional traits, cognitions, and social skills, both at the start and after the termination of the group program. We hypothesized that children's perception of group leader attitudes, either at the beginning or at the termination of the group program, would be associated with positive psychological changes. Furthermore, given that the therapeutic alliance is not static, but tends to increase over the course of psychotherapy and contribute to outcome (Chiu, McLeod, Har, & Wood, 2009), we also investigated whether any changes in the perception of core conditions from session 3 to the termination of the group would correspond to changes in outcome variables. The present study was part of a larger project in which the efficacy and mechanisms of change in a psychoeducational group for children were investigated (Vassilopoulos et al., 2013). The group program was based on principles from cognitive-behavioral therapy and included interventions such as cognitive restructuring, anxiety management techniques, and social skills training. Based on the research questions chosen, only the data addressing these questions were used in the following analyses.

Methods

Participants

The participants were 13 boys and 27 girls aged 10–12 years old ($M = 10.83$) who attended an elementary school in the city of Ioannina, Greece. From these students, 18 were attending the fourth grade, 13 the fifth grade and 9 the sixth grade. The participants were randomly assigned to three groups of 9–16 members. Two of the groups consisted of

students from both the fourth and the fifth grade, while the third group consisted of the 9 students of the sixth grade.

Instrumentation

Barrett-Lennard relationship inventory

Members' perceptions of co-leaders facilitative attitudes were measured with the Barrett-Lennard Relationship Inventory (RI). The RI was developed to assess the perceived quality of therapeutic relationships based on Rogers's core conditions of empathy, congruence, unconditionality, and regard (Barrett-Lennard, 2011). In the current study we used the short version of the questionnaire which consists of 40 items (Barrett-Lennard, 1995): 10 items for empathy which assess the degree to which the therapist manages to communicate personal comprehension of the client's experience; 10 items for regard which measure the degree to which the therapist communicates caring and respect for the client; 10 items for congruence which assess the degree to which the therapist is being himself and not pretending, and 10 items for unconditionality which measure the degree to which the therapist communicates caring and respect for the client constantly regardless of the circumstances (Lambert & Barley, 2001). For the purposes of this study, instead of the original Likert scale, which ranged from -3 (strongly disagree) to $+3$ (strongly agree), a modified 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree) was used to make it more simple and straightforward for children. Furthermore, the questionnaire was translated into Greek and its wording was adapted to the developmental level of the participants of this study. Total scores for each core condition were calculated by reversing the scoring for the negatively worded items.

The reliability of each factor for each group leader was measured using Cronbach's alpha (see Table 1 for the results regarding the first group leader). The unconditionality factor had unacceptable low reliability and was excluded from further analyses. In addition, a composite score was also calculated by summing the scores of all 40 items, in order to have a measure of the members' aggregate perception of the co-leaders' attitudes. This aggregated score has also the additional advantage that it included the items of the unconditionality factor that was excluded from the analyses.

Outcome measures

Social anxiety assessment. To assess childhood social anxiety, the Greek version of the revised social anxiety scale for children (SASC-R; La Greca & Stone, 1993) was used.

Table 1. Reliability coefficients, means, and standard deviations of the factors of the Barrett-Lennard Relationship Inventory at Pre-test (session 3) and Post-test (1 week after the termination of the intervention).

	Cronbach's alpha		<i>M (SD)</i>	
	Pre-test	Post-test	Pre-test	Post-test
Regard	0.818	0.798	5.32 (\pm 0.64)	5.46 (\pm 0.62)
Empathy	0.739	0.762	4.77 (\pm 0.69)	5.30 (\pm 0.66)
Unconditionality	0.400	0.667	–	–
Congruence	0.728	0.601	4.82 (\pm 0.78)	5.27 (\pm 0.55)
Aggregated Attitude	0.871	0.853	4.82 (\pm 0.49)	5.24 (\pm 0.40)

The SASC-R is a 22-item scale that assesses children's subjective feelings of social anxiety during various social situations and its correlates, including avoidance and inhibition on a three-point Likert scale. The scale includes three subscales, however, for the needs of the current study a total score was calculated by summing all items. A threshold of 12 (see Vassilopoulos, 2008) was used as a cutoff for the initial identification of children with moderate and high levels of social anxiety. This measure has shown good psychometric properties (La Greca & Stone, 1993), and internal consistency in the present sample was $\alpha = .69$ at pre-assessment and $\alpha = .70$ at post-assessment.

Depression assessment. To assess participants' depression, children were asked to fill out the Greek version of the Children's Depression Inventory – Short Form (CDI; Kovacs, 1992). The CDI is a 10-item questionnaire designed to assess the presence of depressive symptoms in children and adolescents aged between 7 and 17. The standard response scale (1 = absence of symptom, 2 = mild symptom, 3 = definite symptom) was used. For the present study, Cronbach's alphas were .65 at pre-assessment and .72 at post-assessment.

Interpretation bias assessment. A series of 18 hypothetical stories (interpretation bias measure; Vassilopoulos, Banerjee, & Prantzalou, 2009) were presented to children. The stories reflected events that commonly occur and are relevant for the age group in question, such as inviting classmates to your birthday party some of whom do not reply, approaching a group of peers who stop talking upon seeing you, and going to your classmate's home to play together where nobody opens the door for you. Each description was followed by two thoughts which sometimes occur to children in these situations. One interpretation always involved a negative judgment about oneself and the other interpretation involved a benign judgment of oneself or the situation. For example, the interpretations in response to the above mentioned situation "You go to your classmate's house to play together. You ring the bell, but nobody opens the door" could be: (a) s/he doesn't want to open the door because s/he finds me boring (negative interpretation), and (b) the classmate is not at home (benign interpretation)." Participants rated the explanations in terms of the extent to which they would be most likely to come to their mind if this event had happened to them, using a five-point Likert scale ranging from 1 (I would not think of it at all) to 5 (I would think of it immediately). Negative and benign interpretations per situation were shown in a fixed random order. Half of the event descriptions were presented at pre-assessment and the other half of the descriptions were presented at post-assessment. For the current sample, Cronbach's alphas were .72 and .78 (for negative and benign interpretations, respectively) at pre-assessment, as well as .86 and .80 (for negative and benign interpretations, respectively) at post-assessment.

Social skills assessment. Perceived social skills were measured with the Greek version of the Children's Self-report Social Skills Scale (CS4; Danielson & Phelps, 2003). The CS4 is a brief 21-item questionnaire rated on a five-point Likert-type scale ranging from 1 (never) to 5 (always). Fourteen of the items measure pro-social skills and seven of the items measure poor social skills. Test-retest reliability was reported to be adequate-to-good and internal consistency was found to be excellent (Danielson & Phelps, 2003). Component analysis revealed three reliable components: adherence to social rules (e.g. "I take turns with others," "I kick or hit someone else if they make me angry"), likeability (i.e. children's perceived popularity with peers in general. Sample items are "Others like me and have fun with me," "I make friends easily"), and social ingeniousness (e.g. "I

walk up to others and start conversations”). However, reliability analysis with the current sample revealed that the social ingeniousness subscale had unacceptable low scores (Cronbach’s alpha < .30) and was dropped from further analyses. For the other two subscales, Cronbach’s alphas were .70 and .73 (for social rules and likeability, respectively) at pre-assessment and .83 and .62 at post-assessment.

Procedures

Participation in the study was completely voluntary. First, 87 children from five classrooms in the same school completed the standardized measures during class hour (pre-assessment). Only students who scored at and above the average on the SASC-R were invited to participate in the program. Consent forms were also distributed to the parents, all of whom agreed to allow their children to participate.

The first group meeting took place 2 weeks after the administration of the standardized measures. The three groups were led by the same co-leaders on the same day (but at different times). No classroom teachers were present during the group sessions. The re-administration of the measures (post-assessment) took place one week after the completion of the program.

The Barrett-Lennard Relationship Inventory was also administered twice. First, it was administered at session 3, where children received thorough instructions to complete it at home and return it the next group meeting. This was due to time limitations that prevented children from completing the questionnaire on site. Only two children failed to return the questionnaire completed. Second, 1 week after the termination of the intervention, the questionnaire was re-administered to group members to complete it during class hour.

The group program

The program was carried out for eight consecutive weeks and consisted of a 45-minute weekly session. The sessions focused first on how to identify feelings of being happy, relaxed or anxious, then moved on to build a toolbox of strategies to help children identify and deal with personal stressors, including social tools for initiating and maintaining friendships (social skills training). During the cognitive restructuring sessions, children worked together through a series of hypothetical situations, where they hypothesized possible interpretations for each described situation and ended up with the most rational or realistic disambiguation of the story.

Co-leaders were two female trainee counselors who had attained a post-graduate group counseling course conducted by the second author. They had also received elementary training in person-centred counseling by the first author. The first group leader was an elementary school teacher with teaching experience in public schools and previous experience in facilitating psycho-educational groups of elementary school children while the second leader was a psychologist without any previous group leading experience. Because the first group leader was instrumental in the group process (i.e. she had the main responsibility of leading the groups, such as opening each session, introducing and processing the activities and closing the session) whereas the second leader assisted as needed, only the results regarding the first group leader will be reported.

Results

Variables were checked for normality using the Kolmogorov-Smirnov test which yielded non-significant results, indicating normal distribution of the data and the appropriateness of parametric statistics. Preliminary analyses revealed no significant associations between the severity of social anxiety symptoms and the level in which the members were able to perceive the Rogerian attitudes, either at session 3 or after the termination of the program ($ps \geq 1$). Moreover, there were modest correlations among the outcome variables, with the lowest correlation between negative interpretation ratings and depression scores ($r = -.01$), and the highest correlation between the negative interpretation ratings and social anxiety scores ($r = .42$). Regarding the group outcome, no significant differences were found between the three individual groups (see Vassilopoulos et al., 2013).

In order to examine the association of group process variables (the Rogerian facilitative conditions) with outcome measures, group members were divided into three equal-sized groups (tertiles). More specifically, the first tertile consisted of group members who demonstrated small percentage change in their perception of the respective group process variable, the second tertile consisted of group members who demonstrated medium percentage change and the third tertile consisted of group members who demonstrated high percentage change, respectively. One-way ANOVA analyses were performed to investigate whether the percentage change of the outcome measures differed relatively to the tertiles of perception of change for each group process variable.

The percentage change of each group process and outcome variable was calculated according to the following formula:

$$\text{change score} = (\text{post-test score} - \text{pre-test score}) \times 100 / \text{pre-test score}.$$

First, we investigated whether the percentage of change of the outcome measures differed according to the percentage of change in perception of leader aggregated therapeutic attitude. One-way ANOVA analysis showed that there was a significant effect of the percentage change of aggregated attitude on the percentage change in members' depression levels, $F(2, 24) = 4.08, p < .05, \omega = .43$. Post hoc analysis revealed a significant difference between the members of the first and second tertile ($p < .05$). Further analysis (paired sample t -tests for each tertile) showed that depression decreased significantly for the members of the second tertile [$t(9) = -4.00, p < .05, r = .80$] but there was no significant change for the members of the first or third tertile ($ps > .05$) (see Figure 1A). No other significant differences were found regarding the other outcome measures ($ps > .05$).

Concerning the effects of the percentage change of the perception of regard, one-way ANOVA revealed that the percentage change of negative interpretations differed significantly among the three tertiles, $F(2, 27) = 6.22, p < .05, \omega = .51$. Post hoc analysis showed there were significant differences between the members of the first and third tertile and the members of the second and third tertile (all $p < .05$). Paired sample t -tests for each tertile revealed that negative interpretations decreased for the members of the first and second tertile [$t(10) = -4.01, p < .05, r = .79$ and $t(9) = -4.40, p < .05, r = .83$, respectively], but there were no significant changes for the members of the third tertile ($p > .05$) (see Figure 1B). No other significant effects of the percentage change of the perception of group leader's regard were found concerning the other outcome measures ($ps > .05$).

The analyses also yielded a significant effect of the percentage change of leader congruence on the percentage change in social anxiety, $F(2, 29) = 5.14, p < .05$,

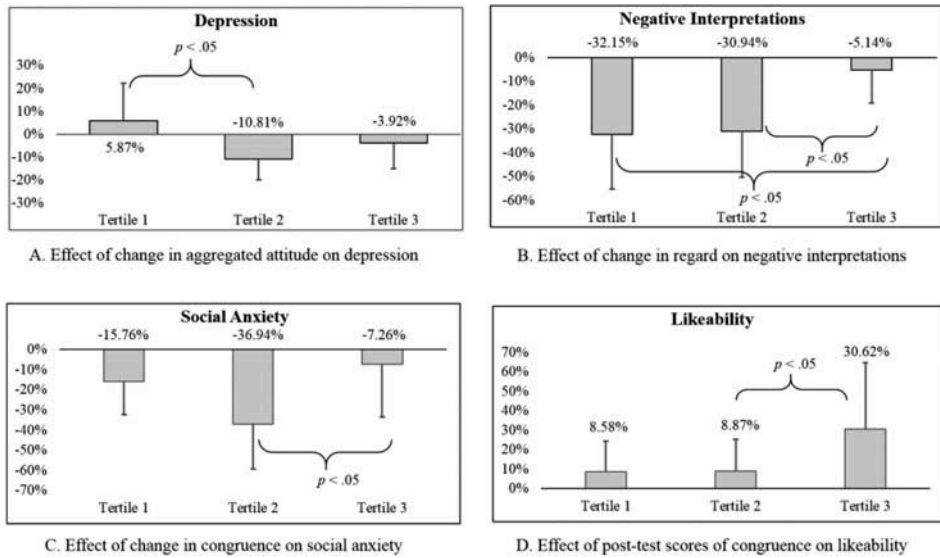


Figure 1. Effect of members' perceptions of the first group leader attitudes on percentage of change of various outcomes measures.

$\omega = .45$. Post hoc analyses showed a significant difference in the outcome scores of the second and third tertile ($p < .05$). Paired samples t -tests within each tertile revealed a significant decrease in social anxiety for the members of the second tertile [$t(10) = -4.79$, $p < .001$, $r = .83$], but no significant change for the members of the third tertile ($p > .05$) (see Figure 1C).

Furthermore, analyses were performed in order to examine whether the pre- or post-intervention scores of group process variables affected the outcome scores. To that end, group members were divided into tertiles for each of the group process variables; the first tertile in each case consisted of group members who demonstrated low perception of the respective group process variable, the second tertile consisted of group members who demonstrated medium perception of the group process variable and the third tertile consisted of group members who demonstrated high perception of the group process variable.

Regarding pre-intervention scores, one-way ANOVAs yielded a significant effect of the perception of leader aggregated attitude, empathy, or congruence on the percentage of change of likeability [$F(2, 28) = 5.70$, $p < .05$, $\omega = 0.48$, $F(2, 31) = 6.13$, $p < .05$, $\omega = 0.48$, and $F(2, 32) = 3.66$, $p < .05$, $\omega = 0.36$, respectively]. Post hoc analyses revealed a significant difference between group members of the first and third tertile in each case ($p < .05$). Paired-samples t -tests showed that the members with the higher level of endorsement of aggregated attitude, empathy, or congruence demonstrated a significant increase in likeability [$t(8) = -3.65$, $p < .05$, $r = 0.79$, $t(8) = -4.46$, $p < .05$, $r = 0.84$, and $t(10) = -2.51$, $p < .05$, $r = 0.62$, respectively] compared with the group members with the lowest level of endorsement for each variable and for whom there was no significant difference in the percentage change of likeability scores ($p > .05$). Finally, the analyses also yielded a significant effect of the perception of regard on the percentage of change in likeability [$F(2, 30) = 4.34$, $p < .05$, $\omega = 0.41$] and negative interpretations [$F(2, 30) = 4.03$, $p < .05$, $\omega = 0.39$]. Post hoc analyses showed a significant difference between group members of the first and third tertile in each case ($p < .05$). More specifically,

paired-samples *t*-tests showed that group members of the third tertile demonstrated a significant increase in likeability [$t(7) = -2.33, p < .05, r = 0.66$] and a significant decrease in negative interpretation ratings [$t(7) = 6.18, p < .05, r = 0.92$] whereas there was no significant change for the members of the first tertile ($p > .05$).

Regarding post-intervention scores, one-way ANOVAs yielded a significant effect of the perception of leader's congruence on the percentage change of likeability, $F(2, 33) = 3.42, p < .05, \omega = .34$. Post hoc analyses revealed a significant difference between group members of the second and third tertile ($p < .05$). Paired-samples *t*-tests showed that the members of the third tertile demonstrated a significant increase in likeability [$t(11) = -3.35, p < .05, r = .71$], but there was no significant effect for the members of the second tertile ($p > .05$) (see Figure 1D). No other significant effects were found regarding the post-intervention scores of congruence ($ps > .05$). Finally, there were no significant effects of post-intervention scores regarding empathy, positive regard or aggregated therapeutic attitude on the percentage change of any of the outcome measures ($ps > .05$).

Discussion

The purpose of this study was to explore the possible association of members' perceptions of their leader's facilitative attitudes with counseling outcome. The main findings can be catalogued as follows: First, children who perceived a medium change in their group leader's aggregate therapeutic attitude reported a significant reduction in depression as compared to children who perceived a small change in their leader. Second, participants who perceived a small or medium change in their leader's regard evidenced a significant reduction in negative interpretation ratings compared to participants who perceived a high change in their group leader. Third, children who perceived a medium change in their group leader's congruence reported a significant reduction in social anxiety as compared to children who perceived a high change in their leader. Fourth, children who perceived high group leader empathy, regard or congruence at session 3 evidenced a significant increase in self-reported likeability as compared to participants who reported a low perception of the same facilitative attitudes.

In our view, the most dramatic finding in this study is the connection between group leader's facilitative attitudes, as perceived by the children at session 3 (or leader's congruence at termination), and change in self-reported likeability. Given the degree of social/peer rejection and isolation – coupled by feelings of personal unworthiness – observed in this population, this kind of change is essential for helping children develop a more realistic or positive view of themselves. These results are in line not only with the person-centered approach, which underscores the importance of the core conditions for treatment process and outcome, but also with previous studies showing that client perception of therapist congruence, regard, and/or empathy is related to therapeutic outcomes (Brouzos, 2004; Elliott et al., 2004).

It is intriguing that members who perceived a medium change – rather than very high level of change – in their group leader's facilitative conditions were those who appeared to benefit the most from the program. Establishing a therapeutic alliance or relationship with a single client, let alone with the members of a group, takes time. It may be that members reporting the highest level of change actually started this 8-week, short-term program at a low baseline and, as a result, it took them more time to develop the member-leader therapeutic relationship already attained by other members early on. Indeed Rogers himself, in his famous outline of the necessary and sufficient conditions of therapeutic

personality change, stressed the importance for these conditions to “exist and *continue over a period of time*” (Rogers, 1957, p. 96, italic ours). The fact that children in the current study who perceived high group leader empathy, regard or congruence early in the intervention evidenced a significant increase in self-reported likeability appears to support this possibility. Practically, that means if someone has chosen to run a short-term psychoeducational group, it is preferable to include socially anxious children with an, at least, adequate/moderate level of interpersonal functioning rather than a very low level of functioning (although the latter may be in greater need of the intervention). That’s because there is not adequate time for the therapeutic alliance to be established and for it to work if the client is not initially comfortable and connected to the counselor. These results are not only consistent with past studies showing that the early alliance is important (Langer, McLeod, & Weisz, 2001) but also with the theorizing of many group workers (e.g. Yalom & Leszcz, 2005) who propose that facilitators should carefully screen prospective members to exclude low-functioning clients. Nevertheless, it is also possible that socially anxious children starting at a low level of core attitudes perception may still benefit from structured group work were it to last for more than 8 sessions.

Taken together, these results add to a burgeoning body of evidence suggesting that the bonding aspects of therapeutic alliance [in Rogerian therapy and Cognitive Behavior Therapy (CBT) alike] covariate with mood improvements and symptom reduction in clients with various socio-emotional difficulties (Cummings et al., 2013; Watson, Greenberg, & Lietaer, 2010). What’s more, they fit with preliminary evidence from individual CBT that the interpersonal relationship with the therapist is crucial for motivating socially anxious individuals (Alden & Taylor, 2004). However, as discussed shortly below, we tentatively suggest that the contribution of a good child-leader alliance to change is not only through motivating participants to collaborate with the facilitators or engage in skill-building exercises.

How could these results be explained in the light of person-centered theory? Social anxiety has been conceptualized as an inability to relate to others and individuals suffering from social anxiety have often difficulty in establishing and maintaining interpersonal relationships due to beliefs of personal inadequacy, skill deficits, and debilitating fears of negative evaluation by others (Alden & Taylor, 2004). Their belief in personal unworthiness is so deep and pervasive that they even tend to ward off positive information (Vassilopoulos & Banerjee, 2010) or “remain on guard after a positive event, cautioning themselves that positive events might lead to more social demands and future disappointment” (Alden, Taylor, Mellings, & Lapos, 2008, p. 588). While in therapy, these individuals are notoriously known for distrusting therapist’s real motives or “testing the waters” for some time before opening themselves to the therapeutic experience. However, if the therapist (or the group leader) is truly caring, acceptant, and empathic, it is not difficult to understand – from a person-centered perspective – how this change in the perception of the core attitudes could translate into a change in self-perception. Thus, although we do not deny that a strong therapeutic alliance increases members’ commitment to the process of therapy, however, we argue that it is also the member-leader relationship *per se* that facilitates personal change in a group for social anxiety.

Provided that these results will be replicated by future studies, a clear implication for psychoeducational group leaders is the value of concentrating on relationship building throughout the therapeutic process. Psychoeducational groups are perhaps the most structured counseling or guidance groups, in the sense that they follow a manual or a pre-planned curriculum with a focus on educating the clients or imparting life-skills rather than building on group interpersonal dynamics (Yalom & Leszcz, 2005). As a

result, group leaders concentrate their efforts on carefully planning beforehand and carrying out the group activities as planned, often at the expense of the therapeutic relationship, which is treated as of secondary importance or is “foreshadowed by the techniques and protocols used” (Leahy, 2008, p. 769). However, as the results of the current study appear to suggest, it would be beneficial for counselors running this type of group to ensure that group members develop a positive impression of leaders’ attitudes from the beginning and throughout the intervention. Therefore, even counselors leading highly structured, issue-specific, and manual-based groups should have an understanding of interpersonal relationship dynamics and should consider relationship building to be equally important to other therapeutic tasks such as counseling strategies or group activities. To this aim, facilitators wishing to run a brief group for social anxiety might also consider the option of organizing pre-group meetings with prospective members, not only as a way to convey information and screen the persons for group fit, but also as a way to establish a connection with them (Vassilopoulos & Brouzos, 2012). They should also use any techniques or group exercises in a collaborative way that respects the group members and trusts their right to make their own decisions (for a discussion of this point, see Bohart, 2012).

To conclude, there is already substantial corroborative evidence for the association of member-leader relationship with group counseling outcome. The current findings provide tentative support for this proposition and also suggest that children perceiving a medium change in facilitative conditions are more likely to benefit from a brief psychoeducational group. The validity of these findings may be compromised by the small sample size and the fact that perception of facilitative conditions was measured at two time points only. Nevertheless, we still feel that the results are important since they suggest that the non-specific factor of therapeutic alliance and, in particular, the Rogerian core conditions, might play a role in facilitating positive psychological change in a group intervention for children in elementary school.

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