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A Holistic Approach in School Counseling: The Effectiveness of Dynamic Psychotherapy on the Mental Health of Adolescents Lacking a Protective and Supportive Family

ABSTRACT

This paper aimed to examine the effectiveness of dynamic oriented Brief Emergency Psychotherapy (BEP) on adolescents. This study, which was conducted in a high school in northern Turkey, included 12 adolescents who did not have a protective and supportive family. This paper is based on qualitative data analysis and experimental design. Thematic analysis was conducted on the qualitative data obtained through the weekly evaluation form and focus group interview form. Three themes emerged from the analysis. 'Past' includes negative and ambivalent feelings, prejudice and low self-esteem. 'Present' includes support, coping, social relationship, well-being and self-esteem. 'Future' includes hope, career goals, self-confidence, different perspectives and relationship goals. It was also found that positive and accepted emotions and trust in the client group tended to increase over the course of the process. Negative emotions, on the other hand, were found to fluctuate and decrease to the lowest level at the end of the process. As a result, dynamic psychotherapy was found to have a holistic positive effect on the emotions, thoughts and behaviours of adolescents lacking a protective and supportive family in the context of the past-present-future. Based on the findings of the study, recommendations were made for mental health professionals and researchers.

Keywords: School counseling, adolescent, dynamic psychotherapy, brief emergency psychotherapy, thematic analysis.

Received Date 03.03.2025
Accepted Date 08.10.2025
Publication Date 31.10.2025

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Cite this article: Yıldırım, O. (2025). A holistic approach in school counseling: The effectiveness of dynamic psychotherapy on the mental health of adolescents lacking a protective and supportive family. *Educational Academic Research*, 59, 37-47.



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Introduction

In the twenty-first century, there are a number of experiences that can negatively affect the mental health of young people (Bor et al., 2014). Adolescence is a stormy period of deep confusion, conflict and stress (Powers et al., 1989). During this period, it is abnormal for an adolescent to be normal (Freud, 1958). The majority of mental illnesses begin in childhood. In the UK, 3.5 million young people and children suffer from mental illness each year. In fact, 75% of mental illnesses start before the age of 18 (MQ, 2017). The problems experienced by adolescents in the family context are a critical issue, even in the absence of a family or individual pathology (Powers et al., 1989).

There are serious risk factors in the lives of adolescents. These include family, peer and school problems, developmental and behavioural problems, substance misuse, early sexual experiences and risk-taking behaviour (Kielsing et al., 2011; Ozturk-Ertem, 2011). One of the experiences that undermines a protective and supportive

family environment is parental divorce or death. According to the Childhood Bereavement Estimation Model (CBEM), one in 14 children in the US is projected to lose a parent or sibling before the age of 18. This rate is expected to more than double for young people under the age of 25 (Burns et al., 2020). Adolescents who experience the death of a parent are likely to experience problems such as anxiety, depression, addiction and insomnia (Guzzo & Gobbi, 2023). In addition, these adolescents' family and peer relationships are severely damaged (Andriessen et al., 2020). Furthermore, the fact that more than one million children in the USA and more than 10 million children in Europe are affected by parental separation each year shows that divorce has reached a critical level. In Western countries, divorce is recognised as the primary cause of parental loss (Vezzetti, 2016). In recent years, the number of marriages in the EU has declined rapidly and the number of divorces has increased. In addition, the number of children born to unmarried couples is increasing day by day (Eurostat, 2024). In Turkey, 10 percent of families consist of single

parents and children. Moreover, the number of children affected by divorce in a year is more than 170 thousand (Turkstat, 2024). Adolescents whose parents are divorced have high levels of avoidance, social fear, suicidal thoughts and depression (Obeid et al., 2021). In addition, these children may engage in negative health behaviours and substance use (Demir-Dagdas, 2020). Adolescents who perceive less parental control are more likely to use cannabis and face arrest (DiClemente et al., 2001).

One of the most important sources of risk for adolescents is parental psychopathology and stressors (Compas et al., 1989). Parental characteristics are an important determinant of their children's mental health (Whittle et al., 2020), while the family functions as a protective role against risks during adolescence (Zych et al., 2021). In fact, positive emotional attachment between parents and adolescents is a protective factor for substance use and criminal behaviour in adolescents (Kapetanovic et al., 2019). It is critical to provide emotional support to children and adolescents who do not have a protective and supportive family environment (Tullius et al., 2021). Short-term dynamic psychotherapy is an appropriate and significant intervention for adolescents experiencing complex emotions and psychosocial vulnerability (Briggs et al., 2015). Psychodynamic psychotherapy not only reduces symptoms in adolescents with chronic and complex difficulties, but also supports their developmental characteristics (Midgley et al., 2013). Although studies of the effectiveness of psychodynamic therapies are rarer than for other treatments, dynamic therapies are highly effective for many clinical problems in children and young people (Midgley et al., 2021).

Although psychodynamic psychotherapies have long been considered to lack a reliable evidence base, the number of studies investigating the effectiveness of dynamic psychotherapy in children and adolescents has increased rapidly since the 1970s (Midgley & Kennedy, 2011). Short-term dynamic psychotherapy shows positive outcomes for adolescents with a range of common mental health problems (Abbass et al., 2013; Gatta et al., 2019). Dynamic oriented psychotherapy has been found to reduce suicide attempts in adolescents (Shields et al., 2024). Another study found that psychodynamic therapy is effective in improving depression in adolescents (Leibovich et al., 2022). Dynamic oriented brief emergency psychotherapy (BEP), which was developed based on psychoanalysis, object relations, learning, general systems and ego psychology theories (Bellak & Siegel, 1983), is also very effective, especially in at-risk adolescents (Cital, 2016; Yildirim, 2020). Furthermore, the identification of

risk factors early in life is very advantageous in terms of prevention (Thornberry et al., 2014). In this context, this study aims to reveal the holistic effect of dynamic-oriented BEP on the emotions, thoughts, attitudes and behaviors of adolescents who do not have a protective and supportive family. It is anticipated that this research, which was conducted based on a qualitative and experimental design, will be original and guiding for mental health professionals. Although there are studies including cases and descriptions of clients in psychodynamic therapy, there are few qualitative studies including clients' experiences (Løvgren et al., 2019).

Methods

Research model

This study is based on qualitative data analysis and experimental design. The qualitative phase of the study adopted a case study approach, and the data collection process included focus group interviews. The experimental phase, however, employed quasi-experimental design, as it consisted of only one group. In this type of research, qualitative data regarding the experimental process are obtained from quotations, documents and observations (Patton, 2015). The study used the dynamically oriented BEP programme (Yildirim, 2023), which was developed for adolescents at risk. The content of the programme is grounded in psychoanalysis, ego psychology, object relations theory, learning theory and general systems theory. The BEP programme, which begins with a detailed history of the participants, lasts for 12 sessions. At the beginning of the process, efforts are made to support positive transference, while emphasizing object relations and attachment styles. Throughout the sessions, the aim is to raise awareness of cyclical maladaptive patterns, cognitive distortions and automatic thoughts. Finally, the focus shifts to improving participant' interpersonal relationship skills, self-esteem, strengths and problem-solving abilities. A follow-up session is held one month after the termination session to assess the quality of the therapeutic outcomes.

As part of school counselling services, problem-screening forms were administered in a public high school to identify students at risk. Based on these forms, 39 students who lacked supportive and protective family environments were identified and volunteered to participate in the study. The therapeutic process consisted of 12 sessions, including the initial interview. The primary aim was to raise awareness of how past experiences influence the present and future, as well as the participants' personal strengths and fostering functionality. A follow-up session was held one month

after the termination session.

Data Collection

Two forms, which were developed using the literature (Dursun, 2020; Kaya, 2019), were employed for data collection. Once the forms were developed, the questions were revised with the input and feedback of two experts experienced in qualitative and experimental research. The first form was the weekly client evaluation form (Appendix A), which was applied to all participants at the end of each session throughout the therapeutic process. It assesses the members' positive, negative and accepted emotions from the first session to the termination session, their level of trust in the group and the leader, and their level of contribution to the group dynamics. At the end of each session, participants were asked to rate the questions on a scale from 1 (lowest) to 5 (highest). The change in mean scores in these rating questions was analysed as data. One month after the completion of the therapeutic process, another session in the form of focus group interview was conducted. During this session, the qualities of the therapeutic gains were examined and the participants' perspectives were evaluated using the Focus Group Interview Form (Appendix B). The 55-minute session involved in-depth discussions with the participants who reflected on the psychotherapy process, their intense emotions and the outcomes they had achieved. They also expressed their post-process experiences, the changes they had undergone, and how they envisioned the remainder of their lives. The data collected through this form were analyzed thematically. The entire process was conducted in accordance with the Helsinki Declaration of 1964. The rights of the participants were protected and their responses were anonymised.

Participants

The study included adolescents aged 16-18 years at risk group who were studying in a high school in northern Türkiye. Participants were selected using the criterion sampling method. The criterion sampling method, which is efficient in terms of cost and time, selects participants who are suitable for the purpose of the research (Patton, 2015). The inclusion criterion is one of the risk factors of adolescence (lack of a protective and supportive family environment) identified by the WHO (2021). The exclusion criterion was the absence of a psychiatric diagnosis. The study group included 11 adolescents (mean: 16.83), 4 males (36.3%) and 7 females (63.7%). Five of the adolescents lived only with their mother, three only with their father and three with their grandparents. Four of the participants' parents were divorced and one of the parents of seven of the participants had died. As a result of the preliminary interviews, it was found that all of these

adolescents did not have a supportive and protective family.

Analysis

This research was conducted using a descriptive qualitative method. The data, including the participants' responses, were analysed using the thematic analysis method (Braun & Clarke, 2006). The first step was to become familiar with the data. For this purpose, the written data were collected, read through and initial thoughts were noted. Then the key features of the data were systematically coded to create initial codes and the data related to each code were collated. The next step was to collate the codes into potential themes and sub-themes in order to find themes, and to collate the data related to each potential theme. Themes and sub-themes were defined in terms of their characteristics and named according to the dynamic-oriented BEP approach. Finally, the analysis was supported with significant quotations and a scientific report was created by linking with the literature.

Validity Checks

To support the validity of the research, several verification strategies were employed. First, the methods outlined by Creswell and Miller (2000) were followed. The researcher sought participant feedback to confirm the accuracy of their interpretations. In this way, the participants evaluated whether their comments truly represented their own views. Through triangulation, multiple data sources such as interviews, observations, surveys, and reports were used to develop themes and subthemes. In addition, at the outset of the study, the researcher reflected on his professional identity (as a school counsellor), assumptions (regarding the effectiveness of the BEP for adolescents), insights (about the critical and unique potential of the research), and biases (toward non-protective and non-supportive parents). Long-term engagement in the field also contributed to the validity of qualitative findings. In the current study, the researcher worked as a school counselor for 11 years and conducted numerous group sessions to support adolescent mental health. Another important strategy involved collaboration and peer support. The researcher collaborated with two experts in qualitative and experimental research.

The ethical process in the study was as follows:

- Ethical approval was received from the Scientific Research and Publication Ethics Committee of the Tokat Gaziosmanpasa University (Meeting and Decision Number: 08 - 2025/01-48). In addition, the procedures performed in the current study were following the 1964 Helsinki Declaration and the Higher

Education Institutions Scientific Research and Publication Ethics directive.

- Informed consent was obtained from all participants in the study. Permission was also obtained from the parents of the participants.

Results

As a result of the thematic analysis of these data, three main themes emerged. The main themes obtained as a result of the analysis of the follow-up session are as follows: Past (a), Present (b) and Future (c). In the dynamic oriented BEP, individuals are treated in a holistic perspective and their lives are evaluated in the context of past, present and future. Therefore, these themes reflect both the real life of the participants and the group psychotherapy process. The themes and sub-themes obtained are as follows:

Table 1.

Themes and sub-themes from focus group interviews

Theme	Subthemes	f	%
Past	Negative emotions	6	37.5
	Ambivalent emotions	5	31.25
	Prejudice	3	18.75
	Low self-esteem	2	12.5
Present	Support	11	25.58
	Coping skills	10	23.25
	Social relationships	9	20.93
	Well-being	7	16.27
	Self-esteem	6	13.95
Future	Hope	6	26.09
	Career goal	6	26.09
	Self-confidence	4	17.39
	Different perspective	4	17.39
	Relationship goal	3	13.04

According to Table 1, three main themes and a total of 14 sub-themes belonging to these themes were identified in the focus group interview, the so-called follow-up session.

'Past' Theme

Before the process started, I felt more unhappy, I guess I couldn't stay as calm... (P6: negative emotions)

I cried and laughed at the same time. I laughed and felt sad. Sometimes I felt all the emotions at the same time... (P10: ambivalent emotions)

I think I had prejudices about people before I came here. Here I saw how people I had never met before and who had experienced different things reacted to events... (P6: prejudice)

When I thought about the past, I realised that I

underestimated myself, I gave up here, I believed in myself... (D1: low self-esteem)

'Present' Theme

We have been sad together, we have laughed together... We listened together, we shared our thoughts and ideas. I wish it would never end...(P5: receiving support)

When I experience events that have affected me in the past, I think of the things we talked about in the sessions and I relax and solve them more easily (P11: coping skills).

I moved away from people I thought were hurting me, even changing my closest friends (P8: social relationships)

The 12 weeks here were the most enjoyable moments of my life. I was always happy at the end of each activity. I am much happier... (P6: well being)

... the best thing for me is that I should think about myself in this process. I should be the priority (P6:self-esteem)

'Future' Theme

I believe that I will live a happier and more meaningful life for the rest of my life (P6: hope)

My plan for the future is to graduate from high school, my goal is to become a psychologist (P9: career goal)

I will continue to use what I have learned here (P10: self-confidence)

...now I don't just think about things from my own point of view, I also do things differently (P3: different perspectives)

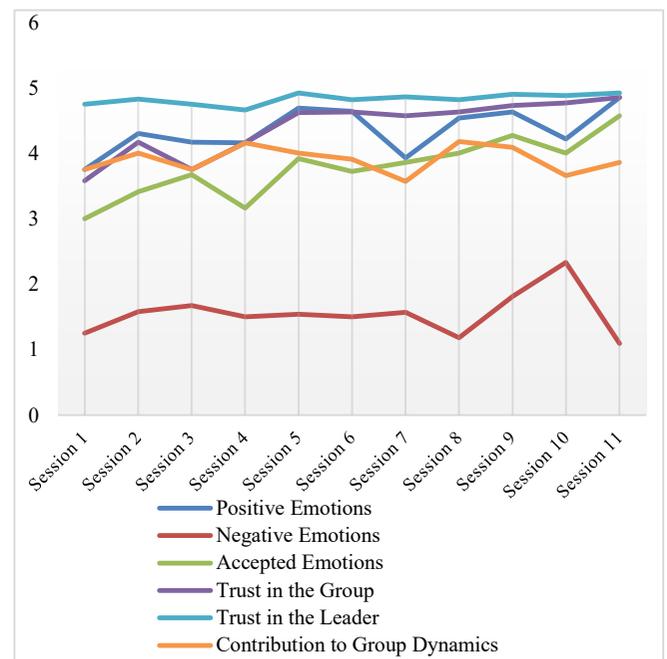
I want to meet new people, travel... (P6: relationship goal)

Weekly Client Evaluation Process

Figure 1 shows a graph of the mean scores of 12 group members' evaluations of the process over 11 weeks.

Figure 1.

Weekly changes during the therapeutic process



According to Figure 1, it was observed that the participants felt lower levels of positive emotions at the beginning of the process. Positive emotions increased throughout the process and reached their highest level in the termination session. The decrease in positive emotions in some sessions is due to the dynamic nature of the therapeutic process. This decrease in positive emotions in the sessions corresponding to the deep work phase may sometimes be necessary to achieve the therapeutic goal. Gaining insight, talking about and reliving painful experiences from the past can be difficult for members. The realisation of these stages of therapy may also lead to a decrease in positive emotions. However, when positive emotion scores are compared between the first and last sessions, it can be interpreted that the therapeutic process has been effective in increasing members' positive emotions.

It was observed that the participants experienced lower levels of negative emotions at the beginning of the therapeutic process. While negative emotions remained almost constant until the seventh week, they reached their lowest level in the eighth week. Participants progressively adapted to the intensive work phase and gained insight into themselves. As the group dynamics strengthened, negative emotions appeared to diminish. However, these emotions tended to intensify as the termination session approached. Separation anxiety during these sessions may have contributed to the negative emotions observed in the ninth and tenth sessions reaching their peak. Nevertheless, the emphasis on positive experiences and the application of the principle of equality in the termination session seem to have alleviated negative emotions once again.

It is significant for participants to become aware of their emotions, to accept emotions and to experience emotions in the therapeutic process. At the beginning of the process, it is noticeable that most of the participants did not accept their emotions. However, it is noteworthy that the accepted emotions were significantly higher in the termination session. In the fifth week of the therapeutic process, the aim of the session was to get the participants to recognise, express and experience their emotions. Accordingly, they were encouraged to express their emotions in the fifth session. The critical increase from week four to week five in the graph above can be explained in this context. From this session onwards, the level of accepted emotions was observed to increase steadily, reaching nearly its peak in the final week.

It is common for group members to display a low level of trust at the beginning of the therapeutic process. It is natural for individuals meeting other members for the

first time not to develop trust immediately. During the second week, trust in the group increased compared to the first week. Possible explanations for this rise include warm-up activities, acquaintance activities and positive transference. However, it is noteworthy that the level of trust declined significantly in the third week. This decrease may be attributed to the transition phase, which is recognised as a critical stage in group psychotherapy. Members who experience negative transference towards other members, question the leader and the group, and show resistance may temporarily lose trust in the group, which can be adversely affect group dynamics. However, the group leader acted cautiously and actively, working to transform the transference into a positive one. In this context, by the end of the transition phase, the level of trust of the members in the group increased rapidly and reached its peak around the middle of the group process. This level of trust remained relatively stable throughout the subsequent the sessions.

From the beginning to the end of the therapeutic process, the group members demonstrated a consistently high level of trust in the leader. This may have been influenced by the fact that the group leader was a school counsellor at the high school where the members were studying. In addition, trust in the leader may have strengthened because the leader encouraged positive transference, informed members about the group process, created an engaging the therapeutic environment, and effectively employed therapeutic skills. The temporary decline between the fourth and fifth week may be associated with the transitional phase of the group process. During this stage, members may criticise the leader and resistance and experience negative transference. However, the leader actively addressed these dynamics throughout the therapeutic process, working to minimise challenging member behaviours, resistance and negative transference. Consequently, trust in the leader increased rapidly at the beginning of the action phase sessions and remained at a high level until the completion of the therapeutic process.

The contributions of group members to the group dynamic are as important as the achievements and skills they acquire in the group. It is worth noting that the level of contribution to the group dynamic is constantly changing. In the context of the therapeutic theory adopted by the leader, the therapist has an active role in this group process. To increase the contribution to the group dynamic, the leader triggered interaction among the members and encouraged them to make efforts for development. In this process, it was observed that the contribution of the members increased.

Discussion

This study revealed three themes and sub-themes related to adolescent development. The participants' expressions regarding the theme of 'the past' primarily focused on emotions and attitudes. Accordingly, it was found that prior to the therapeutic process, the adolescents experienced negative and ambivalent emotions, prejudice towards others and low self-esteem. However, analysis of the weekly evaluation form indicated a steady increase in participants' the positive and accepted emotions throughout the process. The literature suggests that, short-term dynamic psychotherapy proceeds on the basis of emotions and relationships (Seki & Tortop, 2018). The findings of the present study similarly highlight the emotional experiences of the participants and relational challenges they encountered in their relationships. In a study investigating the effectiveness of short-term dynamic psychotherapy with emotionally disturbed students, improvements in the children's emotional functioning were reported as a result of the therapeutic process (Muratori et al., 2002). This finding supports the finding that dynamic oriented BEP is effective in addressing negative and ambivalent emotions. Although the limited number of participants and specific cultural context may constrain the generalizability of the findings of the current study, it was determined that the BEP increased adolescents' positive and accepted emotions while reducing their negative ones.

An examination of weekly evaluations revealed that trust in both the group and the leader increased throughout the process, although its contribution to group dynamics was not clearly evident. In group psychotherapy, it is common for adolescents to take time to develop secure attachments and experience social anxiety. Entering a new environment, expressing themselves, engaging in reciprocal communication can initially evoke anxiety, which may negatively affect trust in the group and the leader, contribution to the process and self-expression. Yildirim (2006) found that dynamic oriented BEP was effective in reducing social anxiety. Consistent with this finding, the current study observed that members' self-efficacy increased towards the end of the process and they became more willing to express themselves. Christogiorgos et al (2010), who investigated the effectiveness of brief psychodynamic psychotherapy with adolescents, emphasised the importance of therapists encouraging clients to have emotional experiences and creating a therapeutic environment grounded in trust. Similarly, Briggs (2010) conducted a brief psychodynamic psychotherapy process with two adolescents who had

difficulties with trust and communication and as a result, the adolescents were better able to cope with developmental crises. In line with this findings, the leader in the present study created a therapeutic environment based on trust and encouraged members to interact throughout the process. As a result, it can be inferred that members gradually developed trust and the leader and their secure attachment levels increased. Notably, trust in the leader was high from the beginning of the therapeutic process. This may be explained by the emergence of positive transference prior to the group process. In fact, transference, which is essential for dynamic psychotherapies, does not only begin with the therapeutic process itself; rather, it may develop during earlier interactions. The positive transference observed in the current study may have originated in the pre-interview before the group process. Furthermore, trust in the group and leader can enhance group alliance and cohesion. The effectiveness of the BEP in the present study may be attributed to the strong therapeutic alliance established among the participants. Indeed, group alliance has been shown to correlate positively with therapeutic outcome (Allredge et al., 2021). Similarly, Michel et al. (2011) emphasised the crucial role of therapeutic alliance and trust in brief dynamic psychotherapy.

When analysing the results of the 'Present' theme, it can be seen that the dynamic oriented BEP supports members' gains in terms of support, coping, social relationships, well-being and self-esteem. These results show that members have developed emotionally and behaviourally through the therapeutic process. Parizus et al. (2019) found that dynamic-oriented intensive short-term psychotherapies increased the level of quality of interpersonal relationships. In another study, almost half of the members began to cope with interpersonal relationship problems thanks to short-term dynamic psychotherapy (Svartberg et al., 2004). In one case study of short-term dynamic psychotherapy, a 12-session process was conducted with the client once a week. At the end of the therapy, it was found that the client had reappraised his friendships and was more willing to have high quality emotional relationships (Marmar & Freeman, 1988). A study examining an intervention designed to enhance coping strategies found that brief dynamic psychotherapy significantly reduced participants' stress levels (Pakdel et al., 2022). Furthermore, intensive brief dynamic psychotherapy was found to be effective in increasing adolescents' self-esteem and reducing physical appearance-based perfectionism (Mirzai et al., 2024). In light of the above research, the findings of positive

relationships in the current study are consistent with the existing literature.

Within the 'Future' theme, it was observed that members had begun to make plans for their future. Adolescents at risk were appeared to be more hopeful about the future and more motivated to plan their careers. It was also found that their self-confidence increased, they sought more meaningful and higher-quality relationships and they developed broader perspectives on life and events. Yalom (2002) emphasized the importance of hope as one of the therapeutic factors of the therapeutic process. Instilling hope in members before the therapeutic process begins is thought to play an important developmental role. In the field of mental health, fostering hope has been found to be a critical goal for change (Larsen et al., 2007). In addition, short-term dynamic psychotherapy has been found to enhance positive feelings about the future (Herdi et al., 2017), self-esteem (Mehboodi et al., 2022) and self-confidence (Løvgren et al., 2020).

In a study that examining adolescents' different perspectives on life events, it was observed that the use of dynamic techniques in psychotherapy help them develop alternative viewpoints (Elvejord, 2018). These findings show that the gains identifies in the present study such as hope, future expectations, self-esteem and different perspectives are consistent with those reported in the literature. Tuncel (2018), who analysed the time-limited dynamic psychotherapy process, mentions the importance of emphasising the client's strengths in the therapeutic process. In the current study, the leader's recognition and reinforcement of the members' strengths were considered effective in enhancing their self-confidence and fostering a sense of purpose for future. In the focus group interview, it was observed that group members set career goals for the future as a therapeutic outcome. Accordingly, it can be assumed that dynamic oriented BEP is also effective in setting career goals. In the literature, Nevo and Wiseman (2002) conducted a study on the model of integrating short-term dynamic psychotherapy into career counselling. The common features of these two fields were evaluated together. Factors such as developmental lifespan approach, limited time, working alliance, active and directive therapist, specific criteria for client selection, rapid and early assessment, therapeutic flexibility and termination are common factors in both short-term dynamic psychotherapy and career counselling. From this perspective, the current research findings align with and are supported by the relevant literature.

Conclusion

The study found that participants' positive emotions and accepted emotions increased and their negative emotions decreased throughout the process. In addition, the members' trust in the group increased rapidly. It was observed that members trusted the group leader throughout the process. Finally, the level of contribution to the group dynamics changed continuously. Members evaluated the therapeutic process in the context of past-present-future. It was found that in the past, adolescents at risk had intense negative and ambivalent emotions and low self-esteem. However, thanks to BEP, social support resources, coping skills, social relationship skills, well-being and self-esteem increased. Members became more hopeful about the future, gained self-confidence, set career and relationship goals, and learned to look at problems from a different perspective. As a result, BEP was found to have a holistic positive effect on the emotions, thoughts and behaviours of adolescents lacking a protective and supportive family in the context of the past-present-future. Moreover, it can be said that BEP can be used to positively affect the mental health of adolescents at the risk group.

Limitations and Recommendations

The study revealed the achievements of the members in the dynamic BEP process. In the discussion, the achievements, experiences and feelings of the members were categorised and compared. However, as this study was conducted in a qualitative design, the results obtained cannot be generalised to all at-risk adolescents. In addition, only the criterion of having a protective and supportive family environment was selected among the risk factors. The results of this study can help practitioners of dynamic psychotherapy and researchers in this field. In fact, the themes identified in the current study may offer an important opportunity for change in terms of different orientations for dynamic psychotherapy focusing on psychopathology. This research was conducted using experimental and qualitative design. The absence of a quantitative element in the experimental process may be a limitation of this study. However, such studies can utilise qualitative observations, documents and quotations of the experimental process (Patton, 2015). Therefore, it is suggested that future studies should include both qualitative and quantitative data and analyses of the experimental process.

Ethics Committee Approval: Ethical approval was received from the Scientific Research and Publication Ethics Committee of the Tokat Gaziosmanpasa University (Meeting and Decision Number: 08 - 2025/01-48). In addition, the procedures performed in the current study were following the 1964 Helsinki Declaration and the Higher Education Institutions Scientific Research and Publication Ethics directive.

Informed Consent: Informed consent was obtained from all participants in the study. Permission was also obtained from the parents of the participants.

Peer-review: Externally peer-reviewed.

Financial Disclosure: No financial support was received during any phase of the research.

Use of Artificial Intelligence: Artificial intelligence was not used in the design and writing of this article.

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Appendix A: Weekly Client Evaluation Form**Rating Questions:**

1. lowest / 2. low / 3. medium / 4. high / 5. Highest

a. In the past week;

I felt positive emotions _____

I felt negative emotions _____

I accepted my emotions as they are _____

b. In this session;

My level of trust in the group _____

My level of trust in the group leader _____

My level of participation in the group process _____

Appendix B: Focus Group Interview Form

1. When you think about the therapeutic process, what would you say about the problems you experienced?
 - Which emotions did you feel the most in this process?
 - Which thoughts did you have the most during this process?
 - What was the best thing for you in this process? What do you think you mostly benefited from?
 - How do you think this process affected your ability to cope with problems?
2. What has changed in your life between the end of the group process and now?
 - How do you evaluate your ability to experience problems and handle them during the group process?
 - What would you say when you compare your feelings and behaviours before the group process with your feelings and behaviours now?
 - How have your relationships with important people in your life changed?
 - What are the differences between your past experiences and your present experiences?
3. What will you do to improve the skills you gained during the group process?
4. What can you say about your plans, goals and dreams for the rest of your life?