

# Investigation of the Effectiveness of the Solution-Focused Group Counseling Program to Increase Self-Control in University Students

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## Abstract

The purpose of this research is to examine the effectiveness of the solution-focused group counseling program aimed at increasing the self-control levels of university students. The research is an experimental study with experimental-control group with pre-test, post-test and follow-up measurement design. The study group of the research consisted of 26 university students. Within the scope of this research, 13 of the students were randomly assigned to the experimental group and 13 to the control group. In the research, university students in the experimental group were given 6 sessions (each session is between 90-120 minutes and one day a week) of solution-focused group psychological counseling once a week. No studies were conducted on the control group. In this study, "Self-Control Scale" and "Personal Information Form" were used as data collection tools. Mann Whitney U Test and Wilcoxon Signed Rank Test were used in the analysis of the data. As a result of the research, it was determined that the solution-focused group was more effective than the control group in increasing self-control. In addition, it was determined that this effectiveness was maintained in the follow-up test performed at the end of three months.

**Keywords:** Solution-Focused Group Counseling, Self-Control, University Students

## Introduction

It is important for individuals to regulate themselves in order to better adapt to themselves and their environment and to reach an ideal life. In this respect, self-control, which is considered as the capacity of individuals to adapt and change themselves, is one of the most remarkable issues (Baumeister et al., 2007; Duyan et al., 2012; Sağar, 2021a, 2021b).

Life offers people various alternatives at different times and expects them to make choices. The fact that people make their choices by making their decisions about alternatives can be expressed with the term self-control. Self-control is considered as temporarily extended behavioral patterns that help individuals to restrain their impulsive decisions (Rachlin, 1974, 2000). Self-control is defined as the ability to adapt one's physical and emotional reactions to standards such as moral values and social expectations, and not to act impulsively by delaying instant gratification (Baumeister et al., 1998; Baumeister et al., 2007; Rosenbaum, 1980). In other words, self-control is the permanent regulation of one's feelings, thoughts and actions regarding attractive alternatives that come up with one's own efforts in line with their goals (Duckworth, 2011; Duckworth et al., 2019; Mischel et al., 1996). In general terms, self-control is the process of transforming one's emotions, thoughts and behaviors towards their goals, and it can also be expressed as the ability to ignore or change internal reactions, limit impulses or invalidate impulses (Baumeister et al., 1998; Inzlicht et al., 2014; Muraven et al., 1999; Tangney et al., 2004). In terms of healthy development of this skill, Rosenbaum (1980) states that the development of self-control consists of four processes. These processes are in the form of using one's own instructions in order to control physiological and emotional reactions,

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applying strategies for problem solving, delaying gratification for a while in order to reach high-level goals, and perceived self-efficacy. Muraven (2010) emphasizes that self-regulation performance can be improved by regular practice of small self-control actions.

People who can control their impulses by developing self-control are able to move away from their inner conflicts and achieve a healthier lifestyle (For example living a healthy life instead of eating a calorie-dense dessert, taking drugs, or drinking an alcoholic beverage, to be in a family, to communicate well with relatives or friends, to work, to have a regular life) (Brown & Rachlin, 1999; Rachlin, 1995). If the person cannot control these conflicts and act consistently in accordance with their goals, they may experience negative behaviors by experiencing self-control failure. For example, these behaviors are actions such as eating foods that make you fat, spending excessive money, continuing a sedentary life or continuing to use substances instead of dieting (Fujita, 2011). In this context, self-control can help one protect and regulate oneself. In addition, Baumeister et al. (2007) emphasizes that self-control by disciplining impulses and behaviors can improve one's well-being and mental health, and that self-control is a promising way to achieve this. In this context, studies based on group counseling (Idowu et al., 2010; Kennett, 1994) and cognitive-behavioral approaches (Etscheidt, 1991; Kendall & Wilcox, 1980; Kendall & Zupan, 1981; Larkin & Thyer, 1999; Rehm et al., 1987) have been carried out so that individuals can cope with self-control failure and develop self-control.

There are studies on self-control in the literature. However, these studies were mostly carried out based on group counseling or cognitive-behavioral approaches. Therefore, it can be said that the studies on self-control in the literature are insufficient and the existing studies showing effectiveness are mostly based on the cognitive-behavioral approach. In addition to these existing studies in the literature, the effect of studies based on different counseling approaches on self-control can be investigated. In this direction, an alternative study can be conducted based on the "solution-focused brief counseling" approach, one of the postmodern approaches. This approach was developed by pioneers such as Steve de Shazer and Insoo Kim Berg as a family counseling model in the USA in the 1980s. It pays attention to the solutions, resources, small changes, strengths, and achievements of the clients rather than their problems. It also helps them focus on the present rather than the past. In the process consisting of 4-6 sessions, it is essential to use a solution-focused language, to accept each client as the expert of their own life, and to be collaborative. The basic techniques of this approach are; formulization of first session task, pre-session change technique, scaling questions, miracle question technique, exception situations, coping questions technique, crystal ball technique (De Jong & Berg, 1998, 2008; De Shazer, 1985; De Shazer et al., 1986; De Shazer & Berg, 1997; Doğan, 1999; Gladding, 2013; Lethem, 2002; Murdock, 2012; Simon & Berg, 1997).

Self-control, which has a place in every period and every field of life, has a great importance in the university period as well. Self-control is among the important features expected

from university students in order to be able to control their impulses first, then to be able to successfully fulfill their duties and responsibilities by regulating themselves, and to be more compatible with themselves and their environment. In this context, it is thought that it would be useful and important to support and encourage university students with studies to protect and increase their self-control levels. In addition, it is thought that there is a need for studies based on education, psychology and psychological counseling in terms of interventions to increase the self-control of university students. Therefore, it is considered very important for psychological help professions to have an effective program to support self-control. In the literature, it is seen that studies to increase self-control focus on the cognitive-behavioral approach, but self-control studies are quite inadequate. With this study, it is thought that the solution-focused group counseling approach, as an alternative to the cognitive-behavioral approach, will be effective in increasing self-control. Solution-focused counseling approach, which is one of the most appropriate intervention methods in terms of increasing and developing the self-control of university students, can enable students to realize their abilities and use them on self-control, unlike other counseling approaches. Therefore, it can contribute to producing solutions by developing a positive and optimistic perspective in providing self-control against impulsive problems. The experience is focused on the main and can enable the person to discover their talents. In this way, it can help the person to find solutions to self-control problems. In addition, it can provide a better understanding of the experiences related to self-control. In addition, it is thought that this research can contribute to the studies in the field of psychological counseling and guidance. For these reasons, this research tried to find answers to the questions about how solution-focused group counseling approach contributes to increase self-control in university students. In this direction, the aim of the research is to examine the effectiveness of the solution-focused group counseling program aimed at increasing the self-control of university students. For this purpose, the hypothesis of the research is as follows:

H1: Psychological counseling with a solution-focused group is effective in increasing the self-control levels of university students.

## Method

### Research Model

This research is an experimental study with experimental-control group with pre-test, post-test and follow-up measurement design. The experimental design of the study is given in Table 1.

### Study Group

The study group consists of 26 university students attending a state university in the Aegean Region of Turkey in the fall semester of the 2021-2022 academic year. The groups consist of 12 people (experimental group: 8 females and 5 males, control group: 7 females and 6 males). University students in the study group are between the ages of 18-

**Table 1.** Experimental design of the study

Group	Pre-test	Uygulama	Post-test	Follow-up test
Experimental group	Self-Control Scale	Solution-focused group counseling program (6 sessions / 1 session per week / 120 minutes)	Self-Control Scale	Self-Control Scale
Control Grubu	Self-Control Scale	No implementation has been made	Self-Control Scale	Self-Control Scale



25. These students were not clinically diagnosed, were not included in any other support program to increase self-control (individual or group counseling) and volunteered to participate in the research.

#### *Data Collection Tools*

##### *Self-control scale - SCS*

The Turkish adaptation of this scale, developed by Rosenbaum (1980) to reveal the self-control behaviors of individuals and their tendency to use these behaviors in their daily lives, was conducted by Duyan et al. (2012) carried out. This scale, which is a six-point Likert type and consists of a total of thirty-six items, consists of three dimensions: "reformative", "redressive" and "experiential". The Cronbach Alpha coefficient was determined as .75 for the "reformative" self-control sub-dimension, .72 for the "redressive" self-control sub-dimension, and .83 for the "experiential" self-control sub-dimension, respectively. In addition, it was calculated as .80 in the whole scale. High scores from the scale indicate that individuals have high levels of self-control (Duyan et al., 2012).

##### *Personal information form*

It is a form prepared by the researcher to ask for information about university students' gender, age and whether they have received psychological help on self-control before.

##### *Process*

In order to form the study group, students were informed about the study to be carried out by going to different departments at appropriate times. In line with the information, the "Self-Control Scale" was applied to 271 volunteer students who wanted to participate in this study. After this application, the scores of 271 university students from the scale were ranked starting from the lowest score to the highest score, and university students with low self-control scores were determined. Afterwards, preliminary interviews were conducted with the volunteer students. The students were evaluated according to the preliminary interviews and some criteria determined by the researcher. These criteria are being a university student, being a volunteer, not taking part in another support program (individual or group counseling), not having a clinical diagnosis. A pool of participants was created in line with the determined criteria. A list was created by determining a total of 26 university students (15 women and 11 men) who met the criteria determined by the researcher. These 26 university students, 13 in each group, were randomly distributed to one of the experimental and control groups. In accordance with the basic philosophy, principles and techniques of the solution-focused approach and in the context of this research, six sessions of "solution-focused group counseling" sessions were organized for the university students in the experimental group. These sessions were carried out once a week for 90-120 minutes. The university students in the control group were allowed to continue their normal daily life and learning activities without any action. After the group sessions were completed, the "Self-Control Scale" was administered to the university students in both groups as a post-test. Three months after all studies were completed, the "Self-Control Scale" was administered to the university students in the experimental group and control group as a follow-up test. After the completion of all studies, the control group was given a two-hour self-control increasing seminar within the framework of the ethical rules of the field. All these studies were completed in the fall semester of the 2021-2022 academic year.

**Development of the Program and Implementation Process**  
The general aim of this program is to increase the self-control of university students by gaining a solution-focused perspective. During the development of the program, a literature review was conducted (Ateş, 2021; De Jong & Berg, 1998, 2008; De Shazer, 1985; De Shazer & Berg, 1997; Doğan, 1999; Proudlock & Wellman, 2011; Saadatzade & Khalili, 2012; Sağar, 2021c, 2022a, 2022b; Sağar & Özabacı, 2022; Simon & Berg, 1997; Zhang et al., 2017). The program covers topics such as formulating the first session, miracle question, exceptions, scaling questions, focusing on small changes, coping questions, positive design for the future, praising clients, homework, encouraging, highlighting client strengths, focusing on solutions, setting goals.

**Program** After the program was designed, a preliminary application was made on the program prepared with 8 volunteer university students. With this preliminary application, the deficiencies in the program were determined. The necessary revisions were made and the program was adapted to the working group. During the program implementation, attention was paid to complete solution-focused group sessions on the specified dates and times. The content summary of the "Solution-Focused Group Counseling Program to Increase the Self-Control of University Students" developed in this research is given below.

**Session I:** It is a session where group members get to know each other. The aims of the sessions were introduced, and general information about solution-focused counseling approach and self-control was shared. Positive goals and rules have been tried to be determined. This session technically includes the pre-session change and formulation of the first session task. In addition, the scaling questions technique was used.

**Session II:** Observations and experiences of the group members about the developments in their lives related to their self-control are included. In this context, attention was drawn to the positive changes and solutions in the lives of the group members. The focus is on times when there are fewer complaints. This session technically includes the miracle question technique. In addition, the scaling questions technique was used.

**Session III:** Group members were enabled to find their successes, strengths and past solutions to increase their self-control. Group members were helped to find times in the past when they found a solution and coped by looking at it from different angles. Technically, this session included the technique of coping questions. In addition, the scaling questions technique was used.

**Session IV:** Efforts were made for group members to discover their exceptions in terms of seeing their solutions and reducing their problems. Efforts were made to formulate intervention plans. This session technically includes the exception situations technique. In addition, the scaling questions technique was used.

**Session V:** Group members were allowed to design and share situations in which they would have high self-control in the future. Thus, it is aimed that group members gain awareness of how they will be when their self-control is high and they cope with reaching their goals. This session includes the crystal ball technique. In addition, the scaling questions technique was used.

**Session VI:** It was ensured that the group members evaluated this process, which consisted of six sessions. The scaling questions technique was used in this session in terms of group members' self-evaluation and group process.



### Data Collection and Analysis

Within the scope of this study, it was first examined whether the experimental group and the control group had parametric values. In this context, it was determined that the groups did not have a normal distribution. Therefore, "Mann Whitney U Test" and "Wilcoxon Signed Rank Test" were used in the analysis of the data obtained. In addition, the level of significance accepted in the study is .05 (Büyükoztürk, 2011). Within the framework of this study, some issues were taken into consideration in order to ensure external and internal validity. In order to ensure external validity in the context of this study: 1- Care was taken to select the university students in the experimental and control groups in an unbiased manner and that these groups represent the universe. 2- It was tried to prevent the university students in the research from being affected by the physical, social and psychological structure of the experimental environment. In addition, precautions were taken to keep university students away from the influence of the researcher, and the university students who participated in the research were not informed about the content of the research. 3- A two-week period was left between the pre-test and the beginning of the solution-focused sessions, and a three-month period between the post-test and the follow-up-test, and the "measurement response interaction effect" was tried to be controlled. In addition, with the follow-up test performed three months after the post-test, the effect of the changes resulting from the time-treatment interaction on the validity of the study was tried to be determined. 4- Sufficient number of groups are provided in order to reach a good generalization about increasing self-control and to minimize the limitations of data analysis. In order to ensure internal validity in this study: 1- The same measurement tool (self-control scale) was used in all measurements (pre-test, post-test and follow-up-test) of university students in the experimental and control groups, and the factors that might threaten internal validity arising from the data collection tools were used, tried to be avoided. In addition, only the researcher carried out the application of the measurement tools in a suitable environment. 2- The groups were randomly selected in accordance with the experimental conditions. 3-

Attention was paid to the number of individuals in the group, and both groups consisted of thirteen university students in order not to decrease the number. 4- The purpose of the measurement tools and what they measure were not stated to the university students, and thus, care was taken to avoid expectations that might affect the research result. 5- The university students in the experimental group were told not to share the group process and group processes with other individuals other than the group members.

### Ethics Committee Statement

Board Name : T.C. Afyon Kocatepe University Social and Human Sciences Scientific Research and Publication Ethics Committee Decisions

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### Findings

The findings obtained in the research are presented below, respectively.

In this study, the self-control scale pre-test scores of the groups were analyzed with the Mann Whitney U Test to determine whether the experimental group and the control group were equal before the application, and the findings are presented in Table 2.

As seen in Table 2, it was found that there was no significant difference between the pre-experiment self-control sub-dimensions and the total scores of the students in the experimental and control groups ( $u_{\text{experiential}}=78.00$ ;  $u_{\text{reformative}}=79.00$ ;  $u_{\text{redressive}}=82.50$ ;  $u_{\text{self-control total}}=80.00$ ;  $p>.05$ ). This finding shows that the experimental and control groups were matched groups in terms of pre-test scores. After determining the equality of the pre-test scores of the groups, whether there was a significant difference between the self-control scale post-test scores was analyzed with the Mann Whitney U Test, and the findings are presented in Table 3.

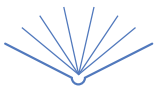
**Table 2.** Mann whitney u test analysis results regarding the pre-test scores of the groups

Scale	Groups	N	Mean Rank	Sum of Ranks	U	P
Experiential	Experimental Group	13	14.00	182.00	78.00	.738
	Control Group	13	13.00	169.00		
Reformative	Experimental Group	13	13.08	170.00	79.00	.777
	Control Group	13	13.92	181.00		
Redressive	Experimental Group	13	13.35	173.50	82.50	.918
	Control Group	13	13.65	177.50		
Self-Control Total	Experimental Group	13	13.15	171.00	80.00	.817
	Control Group	13	13.85	180.00		

**Table 3.** Mann whitney u test analysis results regarding the post-test scores of the groups

Scale	Groups	N	Mean Rank	Sum of Ranks	U	P
Experiential	Experimental Group	13	19.35	251.50	8.50	.000
	Control Group	13	7.65	99.50		
Reformative	Experimental Group	13	19.12	248.50	11.50	.000
	Control Group	13	7.88	102.50		
Redressive	Experimental Group	13	18.19	236.50	23.50	.002
	Control Group	13	8.81	114.50		
Self-Control Total	Experimental Group	13	19.31	251.00	9.00	.000
	Control Group	13	7.69	100.00		





**Table 4.** Wilcoxon signed ranks test analysis results regarding pre-test and post-test scores of the groups

Scale	Groups	Negative/Positive Ranks	N	Mean Rank	Sum of Ranks	Z	p
Experiential	Experimental Group	Negative Ranks	0	.00	.00	-3.500	.000
		Positive Ranks	13	7.00	91.00		
		Ties	0				
	Control Group	Negative Ranks	3	5.33	16.00	-1.181	.238
		Positive Ranks	7	5.57	39.00		
		Ties	3				
Reformative	Experimental Group	Negative Ranks	0	.00	.00	-3.182	.001
		Positive Ranks	13	7.00	91.00		
		Ties	0				
	Control Group	Negative Ranks	4	6.50	26.00	-.622	.534
		Positive Ranks	7	5.71	40.00		
		Ties	2				
Redressive	Experimental Group	Negative Ranks	0	.00	.00	-3.184	.001
		Positive Ranks	13	7.00	91.00		
		Ties	0				
	Control Group	Negative Ranks	4	5.00	20.00	-1.493	.135
		Positive Ranks	8	7.25	58.00		
		Ties	1				
Self-Control Total	Experimental Group	Negative Ranks	0	.00	.00	-3.180	.001
		Positive Ranks	13	7.00	91.00		
		Ties	0				
	Control Group	Negative Ranks	5	4.00	20.00	-1.782	.075
		Positive Ranks	8	8.88	71.00		
		Ties	0				

As seen in Table 3, it was determined that the students in the experimental group had higher self-control scale scores than the students in the control group, and the difference between the post-test scores was significant ( $u_{\text{experiential}}=8.50$ ;  $u_{\text{reformativ}}=11.50$ ;  $u_{\text{redressive}}=23.50$ ;  $u_{\text{self-control total}}=9.00$ ;  $p<0.05$ ). In this context, the students in the experimental group had higher self-control scale mean rank and rank total scores compared to the students in the control group. It was determined that the effect size of this determined difference was in the form of  $r_{\text{experiential}}=0.76$ ;  $r_{\text{reformativ}}=0.73$ ;  $r_{\text{redressive}}=0.61$ ;  $r_{\text{self-control total}}=0.75$  and the difference had a large effect. In addition, it was determined that the total variance explained 58% for the experiential sub-dimension, 53% for the reformativ sub-dimension, 37% for the redressive sub-dimension, and 57% for the sum of self-control scores. In addition to this analysis, Wilcoxon Signed Rank Test was applied to determine whether there was a significant difference between the pretest scores and posttest scores of the groups, and the results are presented in Table 4.

As seen in Table 4, there was no significant difference between the pretest and posttest scores of the control group ( $Z_{\text{experiential}}=-1.181$ ;  $Z_{\text{reformativ}}=-.622$ ;  $Z_{\text{redressive}}=-1.493$ ;  $Z_{\text{self-control total}}=-1.782$ ;  $p>0.05$ ). However, it was determined that there was a significant difference between the pre-test scores of the experimental group and the post-test scores ( $Z_{\text{experiential}}=-3.500$ ;  $Z_{\text{reformativ}}=-3.182$ ;  $Z_{\text{redressive}}=-3.184$ ;  $Z_{\text{self-control total}}=-3.180$ ;  $p<0.05$ ). When the mean rank and total rank of the difference scores were examined, it was seen that this difference was in favor of the positive ranks and post-test score. It was determined that the effect size of this determined difference was in the form of  $r_{\text{experiential}}=0.74$ ;  $r_{\text{reformativ}}=0.69$ ;  $r_{\text{redressive}}=0.75$ ;  $r_{\text{self-control total}}=0.77$  and the difference had a large effect. In addition, it was determined that the total variance explained 54% for the experiential sub-dimension, 48% for the regenerative sub-dimension, 56% for the restorative sub-dimension, and 59% for the sum of the self-control scores. In order to determine the permanence of this difference in favor of the experimental group, a follow-up test was performed 3 months after the post-test measurements. The data of the follow-up test were analyzed with the Mann Whitney U Test and the results are presented in Table 5.

As seen in Table 5, the self-control levels of the students in the experimental group are higher than the scores of the students in the control group, and the difference is significant ( $u_{\text{experiential}}=19.00$ ;  $u_{\text{reformativ}}=15.00$ ;  $u_{\text{redressive}}=15.00$ ;  $u_{\text{self-control total}}=10.00$ ;  $p<0.05$ ). This finding shows that the difference in the post-test scores of the groups in favor of the experimental group continued in the follow-up test as well. It was determined that the effect size of this determined difference was in the form of  $r_{\text{experiential}}=0.65$ ;  $r_{\text{reformativ}}=0.69$ ;  $r_{\text{redressive}}=0.70$ ;  $r_{\text{self-control total}}=0.74$  and the difference had a large effect. In addition, 43% of the

**Table 5.** Mann whitney u test analysis results regarding the follow-up test scores of the groups

Scale	Groups	N	Mean Rank	Sum of Ranks	U	P
Experiential	Experimental Group	13	18.54	241.00	19.00	.001
	Control Group	13	8.46	110.00		
Reformative	Experimental Group	13	18.85	245.00	15.00	.000
	Control Group	13	8.15	106.00		
Redressive	Experimental Group	13	18.85	245.00	15.00	.000
	Control Group	13	8.15	106.00		
Self-Control Total	Experimental Group	13	19.23	250.00	10.00	.000
	Control Group	13	7.77	101.00		

**Table 4.** Wilcoxon signed ranks test analysis results regarding pre-test and post-test scores of the groups

Scale	Groups	Negative/Positive Ranks	N	Mean Rank	Sum of Ranks	Z	p
Experiential	Experimental Group	Negative Ranks	0	.00	.00	-1.000	.317
		Positive Ranks	1	1.00	1.00		
		Ties	12				
	Control Group	Negative Ranks	5	7.30	36.50	-.629	.529
		Positive Ranks	8	6.81	54.50		
		Ties	0				
Reformative	Experimental Group	Negative Ranks	7	6.93	48.50	-1.393	.164
		Positive Ranks	4	4.38	17.50		
		Ties	2				
	Control Group	Negative Ranks	6	5.75	34.50	-.769	.442
		Positive Ranks	7	8.07	56.50		
		Ties	0				
Redressive	Experimental Group	Negative Ranks	0	.00	.00	-1.414	.157
		Positive Ranks	2	1.50	3.00		
		Ties	11				
	Control Group	Negative Ranks	6	6.33	38.00	-.525	.600
		Positive Ranks	7	7.57	53.00		
		Ties	0				
Self-Control Total	Experimental Group	Negative Ranks	7	7.50	52.50	-1.067	.286
		Positive Ranks	5	5.10	25.50		
		Ties	1				
	Control Group	Negative Ranks	5	5.80	29.00	-1.153	.249
		Positive Ranks	8	7.75	62.00		
		Ties	0				

total variance for the experiential sub-dimension; 48% for the regenerative sub-dimension; 49% for the restorative sub-dimension; It was determined that 56% of the total self-control scores were explained. In addition to this analysis, Wilcoxon Signed Rank Test was applied to determine whether there was a significant difference between the post-test scores of the groups and the follow-up scores, and the results are presented in Table 6.

As seen in Table 6, there was no significant difference between post-test scores and follow-up test scores (Experimental Group ( $Z_{\text{experiential}} = -1.000$ ;  $Z_{\text{reformative}} = -1.393$ ;  $Z_{\text{redressive}} = -1.414$ ;  $Z_{\text{self-control total}} = -1.067$ ;  $p > .05$ ; Control Group ( $Z_{\text{experiential}} = -.629$ ;  $Z_{\text{reformative}} = -.769$ ;  $Z_{\text{redressive}} = -.525$ ;  $Z_{\text{self-control total}} = -1.153$ ;  $p > .05$ ). This finding shows that the increase in the self-control level of the students in the experimental group continued in the follow-up test.



## Discussion

It was found that the solution-focused group counseling program was more effective on the experiential, reformative, redressive sub-dimensions of the self-control scale and the total scores of the scale compared to the control group. It was observed that the solution-focused group counseling program was more effective than the control group in increasing self-control. In addition, it was concluded that these efficacy levels continued in the follow-up measurement performed three months after the completion of the sessions. These results show that solution-focused group counseling is effective on university students' self-control scores (experimental, reformative, redressive subscales and self-control scale total scores). According to the literature review on this result, studies examining the effectiveness of group counseling based on solution-focused approach on self-control were found to be insufficient. However, the result obtained from this study is consistent with the results of increasing self-control based on other counseling approaches other than solution-focused group counseling (Etscheidt, 1991; Idowu et al., 2010; Irhamna et al., 2022; Kelley et al., 2022; Kendall & Wilcox, 1980; Kendall & Zupan, 1981; Kennett, 1994; Larkin & Thyer, 1999; Rehm et al., 1987; Zeidi et al., 2020). In this context, it can be said that the participation of clients in the counseling process has a positive effect on increasing self-control.

Solution-focused counseling is an approach that directly emphasizes the solution of problems. Therefore, the solution-focused approach focuses on the client's skills and solutions rather than deficiencies or problems (De Jong & Berg, 1998, 2008; De Shazer, 1985; De Shazer et al., 1986, De Shazer & Berg, 1997; Simon & Berg, 1997). In this context, it can be said that individuals can organize their lives and provide self-control in line with their skills and abilities. It can be thought that it would be beneficial for solution-focused practitioners to examine self-control, which is considered as the capacity of adapting and changing oneself in order to be more adaptable to the environment, from a theoretical and experimental point of view.

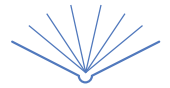
In this study, it was concluded that solution-focused group counseling is effective in increasing self-control. As a matter of fact, this result obtained from the research seems to support the finding made by Zhang, Ling, and Shi (2017) that solution-focused group counseling is effective in developing and increasing individuals' self-control levels. Continuing to review the literature, the finding that solution-focused group counselor is effective in increasing the self-control levels of individuals, made by Saadatzaade and Khalili (2012) regarding self-regulation, which is a concept close to self-control, seems to be compatible with the result of this study. Similarly, in the studies conducted by Terni (2014) and Gading et al. (2021), the findings of increased self-control in individuals participating in the study based on a solution-focused approach are also consistent with the result of this study. In another study by Saidaei Gol-Sefidi and Poorseyed Aghaei (2022), it is consistent with the conclusion that solution-focused counselor strengthens self-control. In addition, the results of the research, in which it was determined in the literature that solution-focused group counselling is effective in coping with various problems in life, are indirectly consistent with the result of this study (Ateş, 2015, 2016a, 2016b, 2020; Ateş & Gençdoğan, 2017; Cepukiene et al., 2018; Javid et al., 2019; Kim et al., 2003; Ramezani & Ehteshami, 2015; Sağar, 2021c, 2022a, 2022b; Sağar & Ateş, 2023; Sağar & Özabacı, 2022; Spilsbury, 2012). When the existing studies in the literature and the result obtained from this research are evaluated as a whole, it can be said that group counseling activities based on solution-focused approach have a positive effect on increasing the self-control of university students.

This research may have contributed to students' discoveries in obtaining positive experiences in terms of self-control and discovering methods of controlling their impulses. It may have given students the opportunity to examine their own resources and strengths in depth with a solution-focused approach. Therefore, solution-focused group counseling may have helped them learn to cope with their impulses by developing self-control. The solution-focused techniques used in the sessions may have provided the students with the opportunity to create actions that could increase their self-control and to evaluate their problems from a more positive perspective.

In conclusion, this study shows that solution-focused group counseling program is effective in increasing the self-control levels of university students. In addition to this positive result, there are some limitations in the study. This research data is limited to data obtained from university students only. In this context, similar studies can be carried out with different groups (adults, adolescents, etc.). Another limitation of this study is that the effect of group dynamics was not examined. Therefore, the effect of group dynamics can be examined in similar studies to be conducted in the future. This research is limited to a follow-up study performed six sessions and three months later. In this context, the content of the solution-focused group counseling program developed in this research can be expanded by reframing it and adapting it to the need. In addition, longitudinal studies can be conducted to obtain more comprehensive data on increasing self-control in university students. This research is limited to only 26 university students. Future studies can be done with a larger research group. This study is limited to a program based on a solution-focused approach to increase self-control. In another study, programs based on different counseling approaches to increase self-control can be developed. The effectiveness of the prepared programs can be examined comparatively with the solution-focused approach. Studies such as training groups, seminars, guidance studies can be prepared that can increase the awareness of individuals on the subject of self-control.

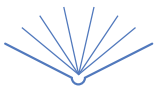
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