

A Case Study – Group Psychological Therapy for Children and Youth Experiencing Ongoing Social Difficulty: A Systemic Approach That Includes Parents and Educational Staff

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Abstract

The article presents three case studies based on cumulative clinical experience, with the aim of illustrating a systemic approach to group intervention with children dealing with ongoing social difficulties. The intervention combines group work for the children with systemic support for their parents and cooperation with the educational staff. The case studies demonstrate the application of a systemic therapeutic model in the field, while relating to its guiding principles, typical therapeutic dilemmas and the processes of change that were possible due to the partnership with parents and educators. The approach is based on the assumption that children can be helped to improve their social functioning at every developmental stage by creating a comprehensive therapeutic-systemic environment. The focus of the model is the collaboration between the child, parents, therapists, peer group and the educational staff. Group work takes place throughout the year with different age groups and is accompanied by regular meetings with the parents and sometimes also with the children's educational staff. The involvement of educators and school counselors is considered an essential part of the process, especially when changes in the educational environment are necessary (such as class or school transitions). The joint work with the educational staff sometimes also includes

professional training and guidance, aimed at strengthening the child's social adaptation within the class.

One of the recurring challenges in the process is the tension that exists in certain cases between parents and the educational system. The intervention model seeks to strengthen the connection between these two elements, while understanding that the child's wellbeing requires joint and united action. The therapeutic process includes identifying the child's social strengths and challenges, and experiencing change within the group, with the possibility of generalizing the change to the classroom and other environments.

The article describes the structure of the intervention and its guiding principles. The intervention focuses on three principles: first, creating a therapeutic alliance with the parent as a lever for improving relationships in the entire system; second, systemic work that involves the group, the parents and the educational staff with the goal of generalizing the processes of change to outside the therapeutic framework; and third, an approach that combines recognition of difficulties with identifying personal strengths and ways to realize them in the social arena. Moreover, the article describes the ways in which the process of generalizing the change from the group to the child's social life takes place.

Description of the Intervention

The Need for Intervention

Parents of children who struggle with social difficulties sometimes seek therapeutic interventions for a variety of reasons, including a desire to reduce their child's distress and sense of loneliness, concern for their child's future or

sometimes even feelings of guilt or confusion about their role as parents. However, beyond the motive, what they all have in common is the desire to improve the child's social well-being. In these situations, parents hold discussions with everyone involved – their child, other children, other parents, the homeroom teacher, the school counselor, etc. In a case where, despite all the discussions and various initiatives, the social difficulty persists, they seek therapy.

Observing children in group interaction enables a deep understanding of the complexity of social difficulty, while identifying real-time patterns of both challenges and strengths that can serve as the basis for effective intervention. When the psychologists who treat them are not part of the school system, there is often no possibility of direct observation in the classroom or immediate intervention in the child's natural environment. In this context, the therapeutic group is a significant framework for experiential-social learning and building change processes. Group work allows the child to experiment with replicating social behavior patterns, identify reactions from the peer group and develop new ways of acting. Furthermore, this therapeutic process includes **collaboration between all relevant adults – therapists, parents and educational staff** – with the goal of supporting the generalization of social changes to additional arenas, particularly within the classroom.

It is therefore clear that there is a need for a therapeutic-guidance space for the parents, which will enable them to support their child's process as well as helping them to cope with their own feelings. Parents are therapeutic agents of the highest order of importance and they can help generalization of the therapeutic process in the social reality outside the group. For this purpose,

there exist training and guidance of the team of psychologists for work with parents in the format of personal meetings with the psychologist who works with the child's group.

The Nature and Goals of the Intervention

The main goal of the intervention is to help children and adolescents improve their social situation. The scourge of loneliness is growing, especially in the current generation, where social connections struggle for children's attention, given the abundance of content coming from screens (Weir, 2025). Many children find themselves without friends and have difficulty behaving in a socially appropriate manner in the various social arenas, such as group activities, or other social gatherings, such as with cousins, but the main difficulty is in the classroom. This is the central social arena where there are children who get along well alongside children who do not feel comfortable. To achieve the central goal of improving their social situation, action must be taken on various complementary fronts. The main process takes place in the group, so that the child receives an ongoing opportunity to improve their social behavior (Zingboim & Wasserman, 2025), in parallel with the process that takes place in the partnership between the psychologist who accompanies the child in the group and the parents. In addition, the therapeutic-systemic model includes a professional relationship with the educational staff, in order to generalize therapy as soon as possible in the central social arena, which is the classroom (Shechtman, 2007).

The Uniqueness Inherent of Intervention in the Context of Educational Staff-Parent Relationships

Since the sensitive area of social difficulty is connected to the relationship between the educational staff and the parents, and of course also the child, it is important that therapists strive to maintain a connection between all parties for the child's benefit. In many cases, parents are disappointed and emotionally charged towards various elements in the educational system. Sometimes the parents have a feeling of helplessness, derived from the fact that they are not with the child at school to help them cope with the various social situations, do not know exactly what is happening and have difficulty believing in the personal and professional abilities of the educational staff. Also, sometimes they have difficulty dealing with their child's behavior at home and do not wish to reveal their difficulty to the staff (Korem, 2024). The complex position for parents of children with social difficulties is sometimes also related to their difficulty recognizing all social dynamics, including the processes between their son or daughter and themselves, which may also include overprotection, inconsistent messages in education, an abusive attitude to the teacher, etc. This position can also characterize parents of high socioeconomic status, who are able to afford private therapy. Thus, in many therapeutic cases, a significant part of the work necessitates ongoing attention to the issue of the connections between the educational staff and the parents and child. In the cases described, it was clear that the parents' dealing with their negative emotions toward the educational staff was an important issue to deal with, to increase the odds for the success of the therapeutic intervention.

The Principle of Partnership Between the Educational Staff and Parents and How It is Manifested

Already during the introductory meeting, the value of the relationship with the educational staff is explained to the parents. For this to happen, they sign a confidentiality waiver that enables communication and collaboration with the educational staff. Apart from the official document, communication takes place only after the parents request it and contact the educational staff. This is the ethically appropriate step, but it also expresses the child's therapeutic-educational reality. The parents are the ones who decide on the possibility of change and are the main supporters of it. Of course, a phone call can be held upon request, but experience shows that a meeting that includes the psychologist, the parents, the teacher and the counselor enables a better foundation for continued cooperation and communication relevant to the progress of the treatment and its impact on the social situation in the classroom. Often the school principal or other role holders, such as grade-level principals, individual therapists or subject teachers, also join the meeting. The more all the adults around the child cooperate, share insights, pay attention and think about them, the chance of positive change increases significantly.

Three Case Studies

The three case studies have been fully anonymized and all identifying details have been changed or blurred, including gender, family structure and identifying details of educational institutions. These descriptions are presented with the permission of the parents and subject to their consent to use the general description for purposes of professional publication.

The First Case

A student in elementary school, the son of a single mother, and very intelligent, who required a lot of attention in a way that caused other children to lose patience with him. For example, he had a tendency to take control of the game, try to dictate moves and roles to others and talk about himself constantly. The teacher also lost patience with him because she felt that all her efforts were not being recognized by him. In his relationship with her, he was primarily preoccupied with all the times she did not give him personal attention and he had difficulty recognizing and appreciating the resources she invested in him. His mother was unable to understand why he complained to her so often about both the children and the teacher. As expected, his social behavior was also replicated in the group, so that his demand for attention was evident and both the therapists and the children related to it. In the accompanying sessions, one of the two psychologists met regularly with the mother and she was given examples of how her son reacts to the children and how they react to him. This included an integrative and respectful description of his conduct, including his strengths. Following these meetings, the mother was able to accept the fact that there was a need for a significant change in her son. Together ways were agreed on to help him make the necessary changes with the help of the teacher, in order to prevent escalation in his social situation. Brief personal meetings with the teacher, where the child knew that she was in ongoing communication with the psychologist, significantly reduced the degree of disruption. **The guiding principle** in this case was the creation of an alliance between the mother and the psychologist, which helped relax her attitude towards the

teacher in a way that also enabled a good alliance between the teacher and the student.

The Second Case

A middle school student diagnosed with social anxiety felt less and less anxious around girls and boys in her group as she got used to them. The process was carried out through mediation by the group's therapists between her and certain group participants and later included the entire group. Throughout the years before therapy, the parents had experienced constant disappointment with the educational staff of two schools, so it was necessary to temper their position in favor of general mobilization, which benefited their daughter. A meeting with the educational staff raised her need for the teacher's help in guiding her and teaming her with specific students and indeed the seeds of friendship were formed with them. In a follow-up discussion on a different matter, the teacher informed the psychologist that the student was refusing to go on the annual school trip. Since this issue is common to other children, the psychologist raised it in the group in general, without directly addressing the case of that particular girl, thus creating a discussion in which different voices were heard and children recounted various experiences. In the group, the girl said she did not intend to go on the annual trip and in response the other participants encouraged her to change her mind. She finally went on the trip, and to her surprise she greatly enjoyed it and opened up more socially to the other children. When she told the group, she received significant reinforcement for how she was dealing with her difficulty. **The guiding principle** underlying this therapeutic intervention is that in a group-family-systemic therapeutic approach, information received from

different directions helps advance treatment at various levels. The "here and now" that takes place in the group forms the basis for personal change, but the work with the parents and collaboration with the educational staff promotes the possibility of generalizing the therapy to outside of what is happening in the group, and this generalization is the main goal of the therapy. In other words, progress within the group is important, but the main issue is the implementation of that progress in the social reality outside the group.

The Third Case

A pleasant-mannered high school student, whose behavior attracts many adults around her, who are surprised that she has no friends. Her parents felt very angry towards the teacher, who they claimed "didn't see her". In her behavior in the group, replication of her hypersensitivity immediately began, which was expressed in a victim stance and a tendency toward exaggerated negative reactions to interpersonal events. She was characterized by taking every remark addressed to her very seriously, even unimportant ones, to the point that the other participants in the group lost patience with her, in a way that was similar to her social experience in class. In the psychologist's meeting with the parents and the educational staff, he helped highlight her powers and her unique strengths (creativity and perseverance), which were not expressed simply because the teacher was unaware of them. Since the meeting, the teacher has included her in various initiatives, which have significantly affected her social positioning. The process of change in the area of hypersensitivity took time; however, during this process she was given the opportunity to express herself in positive ways that her classmates were not accustomed to.

The guiding principle that helped bring about change in both the girl and everyone around her was that while identifying the cause of the difficulty (hypersensitivity), her strengths were recognized and social ways to realize them were sought.

The Process of Developing the Intervention

One of the most significant challenges in psychological therapy for children is working with parents in a way that provides a good response for both the child and the parents. Unlike treating adults, when treating a child, the therapist maintains a relationship with both the child and the parents. This relationship in itself is extremely complex and has various characteristics, including an experience of sensitivity in the parents' perception of their functioning, a sense of shame or guilt, demands towards the therapist, etc.

Group psychological therapy is even more complex in this aspect, because when it is necessary to explain the goals of therapy to parents and anchor them in their child's social behavior in the group, the privacy of the other children must be maintained. The process is different for different ages; however, parents of young children receive inside information that they often lack, in order to help them understand the importance of the therapy and create appropriate expectations. Understanding the child's behavior in group play and conversation involves understanding emotional processes of attachment, which are expressed in the child's relationships with other group participants (Azani Sadka et al., 2024). This internal information, as mentioned, is passed on to the parents while maintaining the privacy of the other participants in the group.

Another complexity involves changing classrooms and schools, which quite a few children experience. Often when there is ongoing social difficulty, the dilemma of these transitions arises. As a result, therapists often find themselves thinking together about this issue with both parents and educational staff. In general, it can be said that it is better for a child to resolve social challenges in the class in which they study, unless there is agreement that the situation has crossed a certain limit. The main concern is that even in the new class, the same attitude that characterizes the child will continue to govern their behavior and they may find themselves in a worse situation. Added to this situation is the feeling that previously others were not interested in the child's company and they still do not want it even after the significant change that occurred due to the transfer to a new class. Especially in these situations, the connection and shared thinking between the psychologist, parents and educational staff may bring about a real change for the better in the lives of children and their families. The case studies highlight the possible contribution of a systemic therapeutic approach to working with children and adolescents who are dealing with ongoing social difficulties. The approach offers practical principles that can be adapted to diverse situations, in partnership with educational staff and parents. A positive change in the child's social behavior in the group is an important, and sometimes essential, condition for generalizing social achievements to outside the group, and in particular within the class. When there is **an infrastructure of respectful and supportive relationships between all the adults who are significant to the child – parents, therapists and educators** – the chances of the therapeutic generalization process being successful increase. Improvement in social competence is sometimes observed over time during

participation in a focused therapeutic group, but its generalization also depends on the support of key figures outside the group. Through collaborative thinking, it is possible to identify the child's unique strengths and explore ways to realize them in additional arenas. Examples of this are identifying potential friends, planning customized tasks and roles, and building emotional and functional communication between the teacher and the child. These steps may promote significant and ongoing implementation of social achievements in the school environment.

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