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Facilitating Emotion Focused Skills Training for parents online (EFST-O): Insights about self-disclosure, group dynamics and culture

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Abstract: The Emotion Focused Skills Training (EFST) is a program for parents who want to promote the mental health of their children, and their own. EFST builds primarily on the experiential learning principles of humanistic therapies, such as emotion-focused therapy. There is a raising interest on the potentials of implementing this program in Norway and other European countries, yet there are few qualitative studies addressing the learning experiences that parents have when enrolling the program, or the possibilities and challenges of implementing EFST in different mental health services, and with families with diverse cultural backgrounds. Therefore, the objective of this study was to explore the cross sectorial experiences of adapting and piloting the EFST program to an online and culturally inclusive format (EFST-O). EFST-O consisted of four live sessions in Zoom and EFST video lectures as complementary material. We ensured user involvement with expat and Norwegian families, and diverse public mental health organizations. Participants filled out qualitative questionnaires after the sessions ($n=13$; $n=15$; $n=11$; $n=18$). Participants ($n=9$) and collaboration partners from different mental health services ($n=6$) provided written feedback on the video lectures. We used reflexive thematic analysis and contrasted the data with the fieldnotes of the principal investigator, and anonymous feedback from two psychotherapists who observed the program. Participants described increased awareness and knowledge about emotions and relationships, appreciated the pedagogical tools, and the expertise of the facilitators. They also wished for more interaction with other peers and expressed a need to learn more about parenting and receive additional support. Most participants found the program helpful and inclusive. For some families, culture and couple relationships could have been more emphasized. Perceptions about peer self-disclosure and therapists' self-disclosure affect group dynamics online and/or onsite, and this is further discussed addressing implications for practice.

Keywords: Emotion-focused therapy; online mental health interventions, parenting programs; cultural inclusiveness; self-disclosure; reflexivity

Along their development, children and adolescents can face diverse mental health challenges (Catalano & Kellogg, 2020; Danielson et al., 2021; Kovess-Masfety et al., 2016). The early onset of mental health challenges can lead to harmful long-term consequences for the quality of life of children, parents, and other family members (Arslan et al., 2021; Whitney & Peterson, 2019). Unfortunately, the presence of these mental health problems has been increasing over the past decades (Collishaw, 2014), reaffirming the need to provide effective interventions for young populations (Delaney & Smith, 2012). Nevertheless, a large proportion of children with mental health difficulties are not receiving sufficient care (Halfon et al., 2012; Whitney & Peterson, 2019) and those receiving care do not necessarily show substantial improvement (Eyberg et al., 2008), or drop out of treatment (de Haan et al., 2013). In addition, children with immigrant backgrounds who are vulnerable to mental health hurdles do not always have access to healthcare services that are culturally sensitive (Kouider et al., 2013).

One alternative for alleviating mental health difficulties in children is to develop programs aimed at strengthening parents' mental health and parental skills (Buchanan-Pascall et al., 2018). Because of the emotional bond between parents and their children, many parents could – if they develop their own emotional and relational skills, support their children understanding, expressing and regulating their emotions (Dolhanty et al., 2022). Different studies support the fact that parents who participate in interventions that focus on the promotion of parenting skills experience improvements in their own mental health and emotional wellbeing as well as those of their own children (Ansar, 2024; Morris et al., 2018). This empirical evidence highlights the role that the quality of our relationships has in the mental health and well-being of parents and their children, as well as the power of working to strengthen the quality of the relationship among family members (Ansar et al., 2024).

Over the past five decades, cognitive and behavioral therapy approaches to parenting have been the most widespread (e.g., Higa & Chorpita, 2008; Kazdin et al., 1992; Waddell et al., 2018). In such programs, the main goal is often to teach parents to reinforce positive and reduce negative behavior, for example, by using praise or limit-setting techniques (e.g., Ogden & Hagen, 2008). Recent research suggests that a broader focus on emotion concepts and emotion regulation may also benefit a range of mental health difficulties in children (Barlow et al., 2018). The present study addresses this latter issue, focusing specifically on the Emotion Focused Skills Training (EFST), a program developed to support parents as

they help their children when they struggle with a broad range of mental health difficulties (Dolhanty et al., 2022).

Working explicitly with emotions in parenting interventions

There are several skill-based parenting programs that prioritize working with emotions to improve parents' ability to recognize, name, and express an accepting attitude towards the emotional states of their children and teens (Barlow et al., 2019; Havighurst et al., 2013; Weiss et al., 2018). The premise in many of these programs is that human beings develop mental health challenges due to emotion regulation difficulties, emotional avoidance, and unprocessed emotions (Lee & Bukowski, 2012; Wang & Liu, 2021; Weisz et al., 2017; Yong et al., 2013). Parents who struggle to understand their own emotional experiences or those of their children, would likely struggle to regulate their emotions and to assist their children to regulate theirs (Cloitre et al., 2019; Schäfer et al., 2017). Reversely, parents with healthy emotion regulation strategies can help their children deal better with life challenges (Morris et al., 2017). Therefore, tailoring effective interventions for parents may include promoting emotional awareness of their role as parents in their children's development, and how they can model emotional regulation in their family environment (Morris et al., 2017). Working directly with parents has been found to improve children's mental health symptoms (Carlucci et al., 2021; Foroughe et al., 2019), reduce parental stress (Lafrance et al., 2015), improve their ability to regulate their children's emotions (Yap et al., 2014), enhance parental self-efficacy (England-Mason & Gonzalez, 2020), and to increase parents' responsiveness toward their children (Hoffman et al., 2006).

Emotion Focused Skills Training (EFST) for parents

EFST is a short-term program based on humanistic principles and emotion-focused therapy, nowadays adapted to a broader range of mental health difficulties (Dolhanty & Lafrance, 2019; Dolhanty et al., 2022; Robinson et al., 2015). Although the program is targeted at parents whose children experience mental health difficulties, EFST is based on a transdiagnostic paradigm. Emotion-focused transdiagnostic approaches aim at transforming various lived experiences of core pain into adaptive responses that are compassionate and assertive (Timulak & Keogh, 2020). Through a nonjudgemental therapist

attitude of unconditional positive regard towards the parents, the EFST therapists support parents as they strengthen emotional capacity to guide their children, with the goal of helping their children understand, express and regulate their emotions (Dolhanty et al., 2022; Hagen et al., 2023).

There are two central assumptions in the EFST model: a) that human beings develop and mature their emotional skills in the context of their interactions (Robinson et al., 2015); and b) that all parents would be in principle motivated to help their children but can encounter emotional obstacles that prevent them from using their inherent parenting skills (Dolhanty et al., 2022). Based on this, the program aims at providing parents with skills to strengthen their capacity to adaptively understand and express their own emotions so they can better respond to their children's emotions (Dolhanty et al., 2022; Robinson et al., 2015). These are the topics covered during the EFST program, as described by Robinson et al. (2015) and Dolhanty et al. (2022):

- Learning about what human emotions are, how they work, and how they can affect parents and children as individuals, in the context of their interactions.
- Understanding the power of honouring personal experiences and practicing what validating communication entails. In other words, how to acknowledge and empathize with the emotions a child/adolescent is experiencing, independently of their behaviours.
- Understanding the power of apologies and practicing how to structure and communicate emotionally assertive apologies that parents can give to their child/adolescent.
- Learning how to structure and practice setting healthy boundaries to the child/adolescent.
- Recognizing when the parents' own feelings get in the way of meeting the needs of their children. Addressing competing motivation and emotional traps that become obstacles for validation, apologies and boundary setting.

Because EFST is a short-term intervention (14 hours total), it is more structured, and process-directive compared to other person-centred or emotion-focused interventions; the goal is to help parents take charge and *do* something differently right after attending to the sessions of the program (Ansar, 2022). Recent research suggests that attending a 2-days intensive

EFST program in addition to at least five one-to-one follow up sessions would reduce children's internalizing (e.g., anxiety and/or depression) and externalizing (behavioral and concentration difficulties) symptoms (Ansar et al., 2021; Ansar et al., 2022; Zahl-Olsen et al., 2023). The mental health improvements were maintained after one year, which supports EFST as an effective intervention (Ansar et al., 2022; Zahl-Olsen et al., 2023). The EFST program seems to have significant effects when delivered within at least two modes of facilitation. In the experiential version of the program, facilitators use evocative techniques, two-chair interventions, and autobiographical self-disclosures (Ansar et al., 2022; 2023). For instance, the facilitators share personal stories such as shameful experiences as a parent, to illustrate the therapist's genuineness, normalize parental struggles, and to model disclosure among participants (Dolhanty et al., 2022). As for the psychoeducational variation of the program, facilitators used case examples from other families instead (Ansar et al., 2022; 2024). Nevertheless, to date the studies in the field have not explicitly addressed nuances of culture, group dynamics, and facilitation inherent to the delivery of such interventions online and onsite.

Striving for better coverage and inclusiveness

The interest in either creating and/or adapting parenting programs delivered in a group setting is growing in the literature (Lim et al., 2023). Group interventions online are also raising in popularity, as they can expand the reach and meet the needs of several families (Thongseiratch et al., 2020). However, the diversity of participants who attend these programs, as well as other methodological challenges in the assessment of these, might affect the experiences of participants, and the effectiveness of the programs (Cordero et al., 2022; Lee & Kim, 2022). A digital service that is also culturally inclusive can strengthen parents' competence to help their own children with mental health difficulties, make support available, and reduce waiting lists in the public sector. Family dynamics and traditions vary and may depend on the cultural context of the family; therefore, there is a need to create services that are inclusive and value diversity as a resource in parenting.

The Norwegian context

The present study is situated in Norway. About 16% of the Norwegian population have immigrant status, with some of the largest groups coming from Scandinavia, Eastern Europe, and outside the EU (Statistics Norway, 2023). The prevalence of psychiatric disorders in children is approximately 7-12.5%,

and children with immigrant backgrounds seem to be more at risk (Bøe et al., 2021; The Norwegian Council for Mental Health, n.d.; Wichstrøm et al., 2011). Creating a strategy to achieve equal services for parents between the municipalities and guaranteeing quality assurance of the services is a high priority (Norwegian Ministry for Children and Families, 2018). Most services for multicultural families in Norway today are for immigrants who arrive as refugees. However, every year over 26,000 people move to Norway for other reasons, such as through skilled workers visas, and family reunification (UDI, 2020a; UDI, 2020b). There is also a great need to make mental health services available for these populations since multicultural parents in Norway may feel stigmatised by society and the treatment system and need their values and traditions to be considered when receiving parental guidance in Norway (Sommerfeldt et al., 2014; Straiton et al., 2019).

Methodology

Research objective and research questions

Due to an increased interest in developing interventions that promote accessibility for parents to mental healthcare support that is culturally inclusive, we aimed at exploring the cross sectorial experiences of adapting and piloting the Emotion Focused Skills Training (EFST) to an online and culturally inclusive format (EFST-O). We addressed the following research questions in this explorative study:

- a) to assess the qualitative validity of EFST-O: What are the experiences of parents and collaborating partners when attending the EFST-O program and watching the EFST video lectures? And,
- b) to explore the effects of the EFST-O adaptation and the possibilities for improving the program: What are the perceived benefits and challenges of attending an EFST-O program?

From onsite to online: User involvement and the EFST-O program

We ensured active collaboration and user involvement with both expat and Norwegian families living in different cities of Norway, experts from two Child and Adolescent Mental Health Services (CAMHS) in Norway, the Centre for Migration Health at the Municipality of Bergen, and advisers at the Norwegian Council for Mental Health. First, 45 families in Norway answered an online and anonymous survey regarding their preferences on the length, format, and intensity if they were

to enrol in an online parenting program. This survey also included questions about what parents found easiest and hardest about their parenting role. Based on this, the principal investigator conducted in-depth interviews with two families, a focus group with four families, and in-depth interviews with two psychotherapists from the CAMHS. Briefs from these user insights were then sent to the co-facilitators of the EFST program. Then, the EFST format, traditionally delivered as a two-day workshop, was adapted to fit a four-day live workshop on Zoom delivered in weekly sessions of three hours each.

This process of user involvement led to the EFST-O program, co-facilitated by two clinical psychologists with over ten years of experience in EFST. Both were present in all sessions while taking turns leading the program with the visual help of a PowerPoint slide deck that contained theoretical remarks, videos, and prompts. The slide deck was updated based on user involvement feedback, including changes such as the English translation, formatting of colour and font to make it easily readable from any screen device, making statements gender neutral, and including written instructions and examples for some of the practical exercises. Participants were invited to share their experiences and ask questions via the microphone or chat to make the learning experience as interactive as possible. Most of the participants had their camera off throughout the sessions (i.e., on average four participants had their cameras on throughout the entire session, and some other families turned their cameras on and off in between). We told participants that they could use pseudonyms to protect their privacy, but only two of the families decided to do so. The principal investigator was present during all the sessions writing her observations in a fieldnote diary and supporting the facilitators with technical issues. Two psychotherapists, one from each of the two CAMHS we collaborated with, were observing the sessions, and reporting their experiences anonymously in a survey.

In addition, all participants, as well as two members per collaborating institution received free access to the EFST video lectures held in English. These videos were not adapted for the scope of this research and development project; they were the same videos usually available for purchase via the Emotion Training Institute (n.d.) that Dr. Dolhanty leads. These videos then served both as an additional support for the learning process of the families, and as a possibility to gather deeper insight into what areas of the EFST program worked well and which could benefit from extra attention when it comes to cultural inclusivity and online teaching. These six videos last about 70-90 minutes each, and consist of both theoretical remarks, examples, and experiential learning practices such as incomplete sentences that parents can complete out loud. The

teaching style that Dr. Dolhanty uses in her lectures is rich in metaphors and provides more specific structure about the contents and activities in the program. Both the facilitators in Norway as well as Dr. Dolhanty make use of autobiographical self-disclosure to exemplify EFST principles, although the Norwegian facilitators make use of this resource more often. In addition, both in the video lectures and in the live sessions of Zoom, facilitators cover the same key concepts: emotions, validation, apology, and boundaries, focusing on developing emotional awareness and self-efficacy amongst parents.

In addition to this research article, some of the co-authors— together with other experienced EFST facilitators, wrote an open access report with recommended guidelines for practice. Given that we wrote such report after having drafted an earlier version of this paper, we brought into consideration further reflections and implications of the research findings likely to be of interest for practitioners. We recommend any practitioner interested in learning more about the EFST and EFST-O program to make use of the report since it provides concrete suggestions for online facilitation and cultural sensitivity (Hagen et al., 2023).

Participants

Study participants were recruited via our collaborating organizations Beatus Cras, two Child and Adolescent Mental Health Service (CAMHS), Centre for Migration Health at the Municipality of Bergen, as well as via social media posts of the clinic Institute for Psychological Counselling (IPR), and Facebook groups for expats. Families interested in enrolling in the study were called in for a phone/video screening, and those who fulfilled the inclusion criteria read and signed a consent form. We included in this study parents of children aged 2-16 years who had 50% or larger custody of their children, were living in Norway, and who were fluent in English. Priority was given to expat families, but Norwegian families were also welcome to apply as we did not want to exclude Norwegian families from a pilot that aims at being culturally inclusive.

Study participants described that their children struggled with externalizing (behavioral and concentration difficulties), and/or internalizing difficulties (e.g., anxiety and/or depression). Two families of children within the autism spectrum were also included in the study given that they fulfilled the inclusion criteria, and the linguistic communication between parent and child was not severely affected. Participants from diverse nationalities, living in seven municipalities of Norway were enrolled in the project. A brief description of the participants’ information is shared in Table 1. We only disclose the 23 nationalities/regions of those that

filled out the surveys: Australia; Brazil; Chile; Colombia; Denmark; Georgia; Israel; Italy; Latin America; Latvia; Liberia; Lithuania; Mexico; Netherlands; New Zealand; Norway; Portugal; Russia; South Africa; Sweden; Ukraine; United Kingdom; United States of America. To enhance the anonymity of participants, the numbering of participants was given per session, meaning that the numbering of participants in each session might differ. Our study participants defined their cultural diversity mostly by being born and raised in a specific country, and many of them held dual citizenship or were married to someone from a different country than theirs. Only one of them described their cultural background based on the countries of origin of their parents.

| Session | Attendants | Survey Responses | Average age respondents |
|---------|----------------|------------------|-------------------------|
| First | 25(3 couples) | 13 | μ = 43,5 |
| Second | 26 (5 couples) | 15 | μ = 44,4 |
| Third | 24 (4 couples) | 11 | μ = 36,7 |
| Fourth | 22(4 couples) | 18 | μ = 41,8 |

Note: Average age was only included in this study out of those participants who answered the anonymous surveys after each session.

Table 1: Description of participants

Ethics approval

We followed the guidelines from the Norwegian Agency for Shared Services in Education and Research (SIKT) and received approval from them to carry out the project. The Regional Committee of Health Research Ethics in Norway (REC) confirmed that we could run the study with exemption of their approval given that our protocol did not represent any ethical dilemmas regarding, among others, the Helsinki declaration of medical research ethics. The following is a summary of the considerations in place in the project that granted us permission by SIKT, and exemption from REC:

- Parents participated voluntarily in the study and signed an informed consent after the screening with the principal investigator.
- The co-investigators received only anonymized data.
- We encouraged participants to let their children know they would be enrolling a parenting course prior to the first session in Zoom. We also asked participants to restrain from sharing any personal or identifiable information about their children during the course. Instead, parents were encouraged to speak about their

personal experiences as parents, at the pace that felt safe for them.

- Participants were asked to use headphones and sit in a quiet and uninterrupted place to secure their privacy, and that of their peers.
- When it comes to the contractual nature of having one of the trainers as co-author, we simply did not include Dr. Ansar in the analysis of the data. We did have oral and written discussions about the data analysis at a later stage, to make sure the analysis felt transparent and thorough for all parts. We perceive that Dr. Ansar respected the analysis and proof of it is that we address in the discussion not only the positive aspects of the program, but also the challenges. Therefore, we are confident about the rigor of the paper and its transparency to point at the complexity of the intervention.

Data collection

Qualitative questionnaires

Qualitative questionnaires are open-ended questions the researcher sends to the participants, and that can offer rich and detailed accounts of the participant's perspectives, especially when those included in the study have diverse backgrounds (Braun et al., 2021). Online qualitative questionnaires prove also to be effective when anonymity of responses matters for participants (Terry & Braun, 2017), as was the case for the parents, and cross-sector collaborators in the project. Another advantage of this data collection form is that they make it feasible to receive simultaneous and immediate feedback about participants' experiences right after interventions.

Our study participants filled out qualitative questionnaires after the four EFST-O sessions ($n=13$; $n=15$; $n=11$; $n=18$). Participants ($n=9$) and collaboration partners ($n=6$) also provided feedback on the video lectures. We used reflexive thematic analysis (Braun & Clarke, 2022) as a framework for data analysis, contrasted the data with the fieldnotes of the principal investigator (PI), and anonymous feedback from two psychotherapists who observed the program. While we sent an anonymous questionnaire after each Zoom session, for the two facilitators and the observers to share any perspectives, collecting such data late at night and after such intensive work facilitating the program proved difficult. We address this in the limitations of the study.

Fieldnotes

In addition to the data collected through the qualitative questionnaires, the PI kept a fieldnote diary to summarize her observations during the planning and user involvement phases, as well as during each of the four live sessions of the EFST-O program. Other than documenting what the researcher observes, fieldnotes are acts of reflexivity, an effort by the researcher to deconstruct knowledge (van Maanen, 2011). We opted as a team for prioritizing the voice of the participants in the analysis and bringing the PI voice only when considered necessary was an effort to pursue trustworthiness and transparency. We are aware that reflexivity practices are encouraged in qualitative inquiry, and even more so relevant in the context of psychotherapy research (Willig, 2009). We discuss the potential of having had all team members writing reflexivity notes, and not only the PI, in the discussion, conclusion, and limitations section of this article.

Ontological and epistemological stance of the team

All the co-authors of this paper share a relational understanding of ontology. For some, it is shaped by person-centred theories in psychotherapy that honour the value of validating and empathic relationships for self-actualization and personal growth (e.g., Mearns & Cooper, 2005; Rogers, 1979). For others, relational ontology acknowledges that human beings construct meaning collaboratively through social interactions and language, within specific cultural and historical contexts (Gergen, 2009; 2015). When it comes to our epistemological stance on philosophy of science, two co-authors have primarily worked with experimental designs and rely on the dialectic constructivist epistemology of emotion-focused therapy (Greenberg & Pascual-Leone, 2001), while three of the co-authors use either mix-methods and/or fully qualitative designs, and are fond of pluralistic, socio-constructivist and constructionist epistemologies of research and qualitative inquiry (Gergen, 2009; 2015; Valsiner, 1996). Our shared visions, as well as our differences in terms of ontology and epistemology led to interesting and humbling reflections and dialogues about the best way to portray the trustworthiness of qualitative inquiry in psychotherapy research while editing various drafts of this article. This led us also to an implicit process of reflexivity about our assumptions in carrying out this cross-sectional pilot. The writing style of this article reflects our aim to compromise the formulation of each section of the article in a manner that felt as comfortable as possible for all co-authors.

Data Analysis

The PI first coded the data manually session by session, using theoretically driven notions explicitly taught in the EFST model. Some of these themes were: validation, characterization of emotion-related notions (i.e., primary emotions, secondary emotions, instrumental emotions, emotional avoidance), apology, boundaries, awareness, and self-efficacy (Dolhanty et al., 2022). Self-disclosure was not included as a theoretically driven theme because it is not a topic that is taught explicitly in the course, rather a didactic preference of the facilitators in Norway. It was, however, a salient theme in the data. Therefore, an inductive analysis shed light to the facilitator's self-disclosure, as well as the self-disclosure between participants, as well as more detailed aspects of the learning experiences of our participants, such as self-awareness, and interpersonal awareness.

The PI condensed the separate Microsoft Excel files from the four sessions into one file, and integrated codes into four themes based on our research objectives: a) Learning experiences and qualitative validity in EFST-O; b) perception about the facilitation and the interaction with other participants; and c) insights about needs and wants after having attended to the EFST-O program; and d) bringing EFST into context. In the results section we have differentiated the textual data as it follows: respondents (R), collaboration partners (C), and observers (O), adding the session these notes refer to. The PI provided immediate anonymous feedback after each session together with the other observers, and wrote a fieldnotes diary in addition, for more detailed reflections and observations while the project was carried. One of the EFST-O facilitators, one of the CAMHS observers, one collaborator partner from the centre of migration health in the municipality, and the principal investigator, are co-authors of this paper, which led to an on-going dialogue about the results and their implications.

Findings

Learning experiences and qualitative validity in EFST-O

During both week one and two, participants highlighted validation, differentiation of notions related to emotions, self-awareness, emotional awareness, and interpersonal awareness as their core learning experiences during the program. For some parents, the EFST-O program helped them understand either the connection between emotions and body

language, or between emotions and needs, and between their own emotional experiences and action tendencies. This participant condenses all these aspects in her answer:

"To get to grips with emotions, how my body language can send out incorrect signals and how validating what my daughter is going through can help her get through these difficult times. I have learnt to step back and make sure my own emotion does not take over in terms of feeling left out or not part of plans." (R8, Day 1).

In other words, participating in the program helped parents better understand the impact their words, as well as their own emotions and attitudes, can have on their children. In session two, this was explicitly connected with awareness about the parents' avoidance to specific feelings. For example, one parent wrote: "I have learned techniques for validating emotions beyond simple validation. It was also helpful to talk about the fear of digging deeper into emotional reactions." (R9, day 2), while another connected their learning experiences to insights on effective communication: "I learned that I was still asking too many questions (and generally talking too much) when trying to validate my child." (R10, Day 2).

These learning processes continued and deepened in sessions three and four, which had apology and boundaries as their main learning topics, respectively. Most participants continued to deepen their understanding of emotions and develop their awareness of the impact they have in their children's development. Having done so, a sense of gratitude for now having a concrete tool to improve also emerged, such as in this case:

"Apology is maybe not so life changing for the one that apologizes, but it can be life changing for the one receiving the apology. It was mind boggling to realize how long the child can be holding on to the feelings, and how simple it is to offer closure or relief through an apology." (R2, Day 3).

In addition, some participants also recognized how their own personal histories influence their parenting styles. For example, one parent wrote: "An attitude towards own children based on past experience as a child, unprocessed feelings difficult to cope with, easily invoke the same feelings again." (R7, day 3), while another said: "I learned about emotional styles and care styles. Those concepts helped visualize how I tend to react (too unstructured at times, too rigid at others) and how I may improve." (R13, day 4).

Perceptions about the facilitation and the interaction with other participants

The program structure and the facilitation dynamics

Given that one of the main objectives of this research project has been to adapt the EFST program to an online and inclusive format, we wanted to learn how participants perceived its format and contents. All the participants who replied to the surveys evaluated the program positively, especially praising aspects such as the quality of the PowerPoint slide deck, the diversification of didactic tools, and the flow between the co-facilitators. These are some of the words participants used to summarize their perceptions about the EFST-O program: "The material was great, the pace worked well (not rushed), the slides were clear (not overly complex or filled with text), the instructors were sincere." (R6, session 1); and, "Good presentations in general, good flow with presenters taking turns, and good length of sessions and breaks." (R4, session 4). Yet another parent added, "The session felt therapeutic. I feel as if a big boulder shifted inside of me. Maybe it rolled and found a more stable place to rest." (R9, session 2).

Even so, part of the feedback reflects the impossibilities of fully matching the expectations and needs of each one of the families, especially given the online setting of the program. While for many families it was convenient to attend it online, "that it's so available through Zoom and you do not need to be physically at some place" (R2, session 1), the online setting also presented some challenges:

"To my surprise I find it difficult to stay concentrated for such a 'long' time. Even when I am supposed to be used to this. It seems the internet has significantly reduced my attention span. Shorter sessions with a greater variety of teaching tools (theory, discussion, film, exercise), might work better." (R2, session 3).

Having the EFST video lectures from Dr. Dolhanty appeared to be a resource even if the contents had not been explicitly adapted to be culturally inclusive. Having these videos in addition to the Zoom sessions made it possible to meet a wider spectrum of learning needs and expectations of participants, given that the teaching style and some of the experiential learning practices in these videos are not used in the Zoom sessions. One participant reflects when commenting on the videos, "Really nice complement to our Zoom sessions, exposing the concepts in different perspectives." (R6, session 4).

This information, when contrasted with the anonymous feedback from our collaboration partners, confirms the complementary role that the video lectures played in our pilot:

"The humanistic approach that is in all the videos, as a base for all the teaching. Good pictures to illustrate, nice examples of "training by yourself". Doing recaps, and summing the teaching up, to make sure info is not lost." (C4, survey on videos). However, similar to the feedback participants gave about the length of the sharing by co-facilitators, collaborator partners perceived that this was also happening in the video lectures: "I would make more space in the talking (...) the examples drown in too much information about the situation." (C4, survey on video lectures). In addition, some more specific nuances about the facilitation processes and the contents of the examples emerged:

"(...) it was also a bit frustrating that this course excluded single parents in a way, or at least that was my impression. I felt there was too much focus on the fact one needs to work together with one's partner – which is surely a good idea, but I felt for single parents and the fact they could feel frustrated about it." (C6, survey on video lectures).

The impact of personal stories: Forms of self-disclosure

We neither asked participants to reflect on autobiographical self-disclosure during the qualitative surveys nor did the facilitators explicitly elaborate upon it as a notion during EFST-O. The facilitators rather showed it in practice, drawing from time to time on personal stories about their upbringing as well as stories of their personal family lives as parents, and most of the respondents to the qualitative surveys commented on this. Many respondents also commented about the self-disclosure that occurred between participants, as they shared some of their personal stories about parenting with one another. At a first glance, participants appreciated the autobiographical self-disclosure of the facilitators to a great degree, but greater appreciation occurred when such self-disclosure was concise and preceded some structure and/or an explicit rationale of why the story was being shared in the context of the online program. For instance, during the first session some participants considered that "The two 'personal' stories were a bit too detailed (thus took much time)." (R2, session 1). By the end of the online program, some participants showed more specific appreciation: "[Facilitator's name]'s example in the beginning, was a really good one about the impact of feeling the parent does not care, when a boundary is not set." (R11, session 4). Yet, the length of self-disclosure continued to be an issue by the last session of the program: "Very good with personal examples from facilitators, but they were too many and sometimes too long." (R4, session 4). Contrasting feedback from participants with the ones of the observers and the fieldnotes of the principal investigator, these important points

were noticed: “(...) It was a bit loose or strange when the personal storytelling of the facilitators began. I wondered how it was for parents to sit there and not know what this was about.” (O1, session 1).

On the other hand, participants described appreciation for the self-disclosure of other parents and found the opportunity to share experiences with one another as insightful, stating for instance that: “It was good to hear some real-life examples from other participants, especially since it gave me a feeling that others are going through the same thing.” (R10, session 2); or “(...) it is fantastic that we can write in the chat and be active. To have an online course is very good. It is equal to a traditional course in groups. An idea could have been for those who want to, to give the opportunity to talk to other participants between the course evenings.” (R11, session 4).

Insights about needs and wants after having attended the EFST-O program

Both throughout the first sessions as well as by the last session, many participants shared with us the needs and wants they could acknowledge in parallel to their learning process. We have categorized the sub-themes as follows: a) otherness and togetherness: a wish for more interactions within the group; b) sharing is caring: wishing that others could also benefit from EFST-O; c) needing and wanting more: motivation to continue receiving support; and d) bringing EFST into context.

Otherness and togetherness: A wish for more interactions within the group

Some of our participants shared an explicit wish for this sense of peer self-disclosure and sharing to be amplified, wishing for more space for parents to share their experiences and receive advice, contrasted with a shorter sharing of the facilitators’ own experiences:

“(...) It is important to share, but not easy, and we sometimes need to be challenged to do it. And facilitator[s] need to make time for it by using fewer words and less rich examples.” (R1, session 3).

During one of the debriefs between the principal investigator and the program facilitators, the facilitators expressed that the fact that most participants have their camera off, an option that was explicitly encouraged at EFST-O as an option to foster anonymity and thus safety among participants, had increased the sense of uncertainty about the participants’ engagement.

In addition, our study participants also shared some possible explanations about what made it challenging for them at times

to actively participate and share their own stories in the context of an online training program:

“It would be nice that more participants would switch on their videos. Nice with interaction and self-experiences. Maybe at the end of the course talk and discuss some individual struggles from the different participants.” (R12, session 1) or,

“When asking for people’s thoughts or answers, it might be easier to invite people to raise their hands and then be called on to speak. I think a lot of the hesitancy, aside from shyness, came from not wanting to interrupt anyone else who might start speaking at the same time.” (R10, session 2)

Sharing is caring: Wishing that others could also benefit from EFST-O

During the first session of the program, participants were already expressing their wish that other parents as well as their extended family could benefit from it: “What we are about to learn in the course could be very useful for parents of children starting at kindergarten and should be offered to those parents.” (R2, session 1); “I would like my partner there next time.” (R8, session 1); or

“I’d like that not only parents have access to this course. I think it will be very helpful to the main contact teachers, the school nurse and the child protection systems as they are in contact with the kids every day and in my case they have done the opposite of this course and advise me to invalidate my son’s feelings (...) I’m very glad that I had the opportunity to be part of this project.” (R7, session 3).

Statements like this show that the participants can see the benefits of having a good common language with other caregivers, and that this program is accessible enough so that potentially others could benefit from it.

Needing and wanting more: Motivation to continue receiving support

Some participants shared that enrolling in the EFST-O program made them aware of their need for further support, and it was expressed with a sense of gratitude and motivation. One of the participants said during the second class something along the lines of, ‘You have now shown me how to fly a plane, but please help me learn how to land it’ (fieldnotes from the principal investigator), meaning that the world of emotions is vast, and that while giving an opportunity for the child to be in touch with their emotions, boundaries felt necessary, which is also tricky territory. This acknowledgment of needing and

wanting more support could be an abstract “feeling that I need more help!” (R17, session 4), or more specific, such as stating that: “I am wishing for a session with an EFT therapist for myself. I really do feel that an emotion focus is right, and it feels good.” (R9, session 3). In addition, paying attention to the emotional rhythms is relevant:

“Perhaps a longer time between sessions could be beneficial for me. It is still a very new way to work with feelings and I am afraid of not being able to exploit the value of the course fully. The amount of new and abstract knowledge may be too big and topics too complex for someone who doesn’t have a background in psychology. I don’t have an example of what to do with it. I experience the exercises useful. Perhaps repetition and more sessions could help.” (R9, session 3)

Comments like these convey the fact that families joining parenting training programs have different needs, and it is impossible for facilitators to always adapt to the pace or the depth of support that each of the participants have. While most reported increased self-awareness, emotional awareness, and interpersonal awareness, as expanded upon in the previous section, just few participants explicitly reported perceived self-efficacy with immediate effects, such as in this case:

“The first session was useful, and I was able to put the idea of emotional validation into practice right away. I got home and my son became frustrated about something that wasn’t going the way he wanted. I felt patient and could understand his frustration: he was proud of being able to balance on a plank of wood but, when he tried to show me, he didn’t manage to balance the way he had done before I got home. He quickly became very angry, and I could empathize with his anger.” (R6, session 1).

The parents that enrol in EFST and or EFST-O programs may differ in their awareness and self-efficacy, and they have, as any other human, personal emotional rhythms. This makes it dilemmatic for facilitators to meet all the participants fully in their needs. In fact, when asked in the evaluation survey if they would have liked to receive individual coaching sessions, none of the 18 respondents said, “No.” To this multiple-choice question, 33% ($n=6$) said they were already receiving specialized support, 50% ($n=9$) and 55.5% ($n=10$) said they were keen to receive coaching/therapy sessions in person and online, respectively, and 22% ($n=4$) replied that they didn’t know if they would like extra support.

Bringing EFST-O into Context

One of the EFST-O facilitators has a Pakistani background, and she shared two personal stories related to culture and discrimination. One of them had to do with feeling like an outsider at times, and the other story was about her own situation as a mother, and how it was for her to realize that her daughter could also be discriminated against because of her cultural background. Other than this, no explicit mention of culture was made during the EFST-O program, as facilitators prioritized appealing to the common humanity when addressing participants’ emotional experiences, in alignment with the principles of EFST whereby it is assumed that core emotions are experienced and expressed similarly across cultures (Dolhanty et al., 2022). Most of the participants who answered the evaluation survey at the end of the program ($n=16$ out of 18; 86%) stated that it was easy to relate to the course contents independently of their cultural background. Many also stated they were satisfied with the course being held in English, feeling that the language adaptation itself was enough of a cultural focus ($n=11$ out of 18; 61%). Still, some families expressed a wish for course contents that explicitly addressed culture ($n=6$ out of 18; 33%). In addition, in the evaluation survey, 44% ($n=8$ out of 18) of parents expressed a need for learning about how couple relationships affect parenting, and 33% ($n=6$ out of 18) wished that the course had addressed the challenges that co-parenting and or single parenting brings when putting the EFST principles into practice.

One remark highlights the uniqueness of experiences among participants, and how this course gave an opportunity for parents to gain awareness of context and family history influencing their parenting styles:

“(…) it’s difficult to know if you’re too rigid or too flexible with boundaries because your frame of reference is your own parents, and with an ex-military father, I feel I’m very flexible compared to him, but to someone else with different parents, I may seem very rigid. So it’s an interesting challenge to work out your parenting behaviour when your parents are your only references – to what is seen as the best practices.” (R9, session 4).

When contrasted with the insights from user involvement as well as the fieldnotes from the principal investigator, other nuances appear. For example, the principal investigator, being a Colombian living in Norway, and having a different psychotherapy training background than her colleagues, did feel at times that contextual and cultural differences played a role when planning and executing the EFST-O program, as well as discussing the results:

Working on a project on cultural inclusion while navigating different cultures in the R&D team itself evokes tension in me. The reminiscence that it can be an advantage to feel as an “outsider” is relieving as I try to play as a local in the team of “experts”. Compared to other models within Humanistic-existential psychology that I have studied for over 15 years, I find some of the premises in EFST quite directive. Although EFST facilitators might vary slightly in their teaching style, many of them appeal to deepen the level of experiencing and awareness of parents, something I find moving. Yet, how to manage a non-hierarchical relationship with the participants if the EFST facilitator knows what parents should do to “parent well”, and how they can learn it? Implicitly or explicitly, facilitators might aim at balancing these power dynamics with, for example, self-disclosure of their own experiences as parents with the intention of conveying a sense of shared humanity. Yet, if self-disclosure of one’s own parenting practices is encouraged when facilitating EFST, what about EFST psychotherapists that have not had an opportunity to become parents yet, or those who prefer not to disclose as much about their personal lives? (PI, Fieldnotes, 28.11.2022, reflexivity deepened 30.05-05.06.2023).

Some other implicit forms of hierarchy were experienced when watching the EFST video lectures from Dr. Dolhanty’s complementary material, given that these lectures had not explicitly been adapted to a culturally inclusive format. The language used by those with an academic background can be less accessible for those without such background. For some, the language used to explain the theory behind the EFST model in the video lectures was perceived as being less accessible for those whose native tongue was not English, or for immigrants who have low or no formal education:

“(…) many difficult terms like life trajectory, domain, dimension, etc. The same applies to metaphors used for example magnets, GPS, etc. She also refers to persons most known for those in the West (...) but that are maybe less familiar for the immigrants we work with.” (C5, survey on video lectures).

The paradox of facilitating EFST programs then becomes how to navigate these power dynamics when they emerge, as one participant argued: “Sometimes the questions posed to attendees felt loaded, as if we were meant to give the wrong but obvious answer so you could tell us the actual right answer.” (R4, session 1). This sheds light to the fact that, even with the best of intentions to maintain horizontal relationships when providing mental health support, as healthcare professionals there is always room for more awareness about

what can make a client/user/colleague feel excluded or constrained in power dynamics.

Discussion

The Emotion Focused Skills Training (EFST) for parents stands on the premise that knowledge about emotions, as well as how to implement validation, apology, and boundaries, will lead to better mental health in both parents and their children (Dolhanty et al., 2019; Dolhanty et al., 2022; Robinson et al., 2015). Our study participants demonstrated an understanding of these concepts, reporting an increased self-awareness and interpersonal awareness, as well as increased knowledge about emotions. In addition, they found their learning experiences so useful that most of them were motivated to receive more support, and to share these learnings with others. Some of the criteria for qualitative validity of interventions are, for example, how accepted is the intervention within a group, and how appropriate and applicable the contents feel (Hamilton & Finley, 2019). Based on this, it is possible to prove the qualitative validity of the program when delivered in an online format. The positive evaluation that most participants gave to the EFST-O course involved both the live sessions in Zoom and the extra video lectures. The combination of didactic materials worked in a complementary way, as it provided the parents with diverse teaching styles, structures, examples, and practices. Further developments of digital services alike may combine these forms of didactics.

One of the core additions from our research and development project to the current literature of EFST are the nuances about group facilitation, with a special focus on culture and self-disclosure. When facilitating parenting programs, it is an impossible ideal to provide enough context specificity to acknowledge the resources and challenges that each family faces in the limited time. Cultural aspects might not be the central theme in skills training courses for parents such as the EFST-O one. Yet, cultural differences, and the inherent power dynamics these might indicate are not to be ignored either, even in the case where there is a minority within a group who finds them more relevant than the majority of the group. This is so since multicultural parents might feel stigmatized in Norway when they are involved in different treatment systems (Sommerfeldt et al., 2014; Straiton et al., 2019). In addition, previous research on the impact of the EFST program acknowledges in their limitations that their Norwegian participants were mainly, “White citizens from one location only.” (Zahl-Olsen et al., p. 10). Like the adaptations made for this pilot, adaptations of parenting programs to multicultural

families are often limited to changing the language of the program being taught, and more research and implementation is needed in terms of structures that continue meeting the needs of immigrants (Lim et al., 2023). Therefore, our findings reaffirm the need to carry out more studies in EFST and EFST-O targeting cultural inclusivity and being attentive to power dynamics and hierarchies that may or may not elicit resistance and hinder the learning process of some participants.

Even if willing, it is impossible for a low-threshold intervention such as the EFST program, especially if delivered in evening sessions online (EFST-O), to cover all the topics of interest for parents such as emotions, parenting, single parenting, couple dynamics, extended family, and culture. We did not conduct follow-up measures in this pilot, however other studies in the field of EFST indicate that the effects of the program are still significant after 12 months when delivered in addition to at least five one-to-one follow up sessions (45 minute each) with trained therapists (Ansar et al., 2022; Zahl-Olsen et al., 2023). This might explain why only few of our study participants described an increased self-efficacy while undergoing the course. For these reasons we consider it of crucial importance that, whenever possible, the EFST and EFST-O programs include one-to-one follow ups, so that therapists and/or counsellors can address emerging topics and adapt them to the needs of each individual family.

Although over half of the participants in our study were receiving mental health support in the public or private sector, most of them were motivated to receive further support and deepen their learning about the model. We are aware that not all the families in need of support will have prompt access to at least five one-to-one follow ups with EFST experts; therefore, other possibilities to amplify the impact of EFST and EFST-O is to further develop complementary materials such as shorter video lectures, apps, workbooks, or promote the use of additional interactive tools to enhance peer support. Currently, some EFST facilitators make use of a workbook, such as Dr. Dolhanty, but this is not a standard practice and further development of similar teaching tools could benefit the course attendants.

Therapist's self-disclosure occurs within diverse psychotherapeutic orientations and can take place in the form of sharing details about one's professional life, self-biographical information, as well as one's own feelings and thoughts related to the process with the client (Barrett & Berman, 2001; Henretty & Levitt, 2010). Recent meta-analyses indicate that there is no sufficient evidence of the effects of the therapist's self-disclosure on the outcomes of therapy (Hill

& Norcross, 2023). Only few reports address self-disclosure among parenting programs, suggesting that if it is used intentionally and concisely, these can aid reflection and emotional validation among parents (Hagen et al., 2023; Lundström & Lundström, 2023). The autobiographical self-disclosure of EFST facilitators is encouraged in the EFST manual for therapists, being valued as a source of information that normalizes experiences, potentially releasing difficult experiences associated with emotions such as shame, fear, or guilt (Dolhanty et al., 2022). When it is done in the service of the client, the therapist's autobiographical self-disclosure can help establish and enhance a therapeutic relationship, model appropriate disclosure, reassure and support clients, and facilitate gains in insight and action (Knox & Hill, 2003). More precise knowledge about the typologies of self-disclosure that best work in specific situations and with specific clients is needed. The use of autobiographical self-disclosures in cross-cultural contexts deserves also attention. To a moderate extent, and if serving the illustration of problem-solving strategies or the validation of the experiences of the client, it can have a positive effect (Kim et al., 2003). In similar contexts, therapists can self-disclose their own limitations with cross-cultural competence with the intention to open a conversation about gaps in understanding between them and their clients (Sue et al., 2004).

Both in online and onsite settings, aspects such as context, the modes of communication, and the relationship between the actors involved, mediate self-disclosure (Nguyen et al., 2012). The online facilitation of intercultural groups often leads to an increased distress in the facilitators given the different expectations of participants, and the tensions to encourage and maintain an optimal participation flow among participants (Saundra et al., 2001). It is possible that our facilitators used more self-disclosure than usual intending to engage participants, and the perception of uncertainty around such engagement in the online setting. Such perception of uncertainty resulted in the facilitator's impulse to share more of their own experiences to fill in the silence and maintain and promote the facilitation flow. This might be a possible explanation of what many other facilitators would feel if they were in a similar situation during an intervention, especially since longer utterances are common reactions aiming at restoring a sense of connection and overcoming the feeling of uncertainty caused by prolonged silences (Lehmann & Murakami, 2024). However, there is also evidence suggesting that the best outcomes of self-disclosure happen only when the alliance between the client and the therapist is positive (Myers & Hayes, 2006). In addition, both self-disclosing either too frequently or infrequently can reduce the positive impact in therapy outcomes (Knox & Hill, 2003). Since these studies focus on one-to-one and onsite therapy sessions, in contrast to the online group facilitation of the EFST-O setting, relevant

aspects of the group dynamics might also have influenced the perceptions of our study participants around self-disclosure.

In the field of adult learning and facilitation there is a need for more studies that explicitly pay attention to the ways in which a teaching philosophy would guide the presence of the facilitator in online and onsite settings (Thomas & Thorpe, 2018). The EFST model is based on humanistic- and person-centered premises, implying that facilitators aim at making eventual hierarchies and power dynamics as narrow as possible. When it comes to group facilitation, Emotion-Focused Therapy (EFT) itself is inspired by models such as psychodrama, Gestalt therapy, and person-centered therapy. In contrast to EFT, these three models have explicit theoretical and empirical premises to facilitate groups (Baim et al., 2013; Fairfield, 2004; Rogers, 1979, 1980). Future research might develop guidelines for group facilitation of EFT techniques further. The few efforts in establishing a model for emotion-focused group therapy discuss briefly how to promote self-disclosure between participants, but the role of self-disclosure of biographical information from facilitators and/or therapists has not yet been addressed (Thompson & Girz, 2019). Writing reflexivity notes, such as the one shared by our PI in the results, can be a useful practice for EFST and EFST-O facilitators, as formal practices of reflexivity are recommended and encouraged in psychotherapy research (Willig, 2019). Doing so would also be in congruence with client-centered principles of having an on-going practice of checking one's own biases as a therapist, and becoming more open to the client's culture, values, and preferences (Raskin et al., 2011). Our findings suggest that power dynamics do still take place in the context of EFST-O, and that culture might play a role in the experiences of people about them. EFST facilitators are explicitly focused on providing the psychological safety for vulnerability to unfold (Dolhanty et al., 2022) and addressing group dynamics onsite and online will enhance the already positive outcomes of the program. Based on these reflections, we suggest that EFST facilitators take into more explicit consideration their own facilitation philosophies in further research and implementation efforts, researching how this could be integrated into group dynamics while teaching. This is necessary given that the participants' vulnerability, especially in an online setting, requires psychological safety to enhance collaboration and learning (Edmondson & Lei, 2014).

A crucial aspect to promote group dynamics online is the balance between the self-disclosure of the facilitators, and that of the course attendants themselves, and acknowledging that individual therapists might have different preferences and needs for sharing personal experiences. This also applies for participants; yet, no participants explicitly reflected on their own experiences of self-disclosing to others in the group,

neither was this explicitly addressed during the questionnaires. Many of our participants emphasized that, even if valuing and wanting their facilitators to share about their personal stories, these could be more concise, as they expected to have more self-disclosure between peers. It is possible that our study participants wanted more self-disclosure between peers given the sense of loneliness that many of them shared with us during the user involvement phase and the screenings. All these aspects about the self-disclosure among course participants need to be addressed in further research. In any case, other explorative research projects about low-threshold services for groups, have found that a sense of reciprocity in the sharing of stories is crucial to craft a sense of belonging and motivation in peer support relationships, and that the life story of the facilitators can have a more tacit role (Lehmann & Brinkmann, 2019; Lehmann et al., 2022). For instance, self-disclosure of trained and experienced peers is used in peer support groups for depression to convey an emotional understanding of the struggles that others are facing (Truong et al., 2019). Effective facilitation within online groups is also set to promote support and reflective processes between peers (Merrill, 2003). Therefore, it is possible that differentiating between forms of self-disclosure and intentionally situating these within the group dynamics could enhance the already good effects that EFST programs have on parents and their children. This is especially important to maintain a reflexive practice among clinicians, given that previous RCT studies in EFST documented that formats that relied on anonymized cases and psychoeducation, had similar positive effects compared to formats relying on experiential and evocative techniques in the children's symptoms (Ansar et al., 2022). As for the effects in the parent's mental health and self-efficacy, there is some data suggesting that the experiential conditions might have better effects (Ansar et al., 2024). Therefore, future studies, online and onsite are needed to further develop guidance for practice.

Limitations of the Study

Overall, participants in the EFST-O pilot experienced more benefits than challenges, and our research article provides a detailed overview of potential challenges that are to be tackled when facilitating interventions online and/or with a focus on cultural inclusion. We honor the fact that despite the time and budget constraints we had when running this pilot, we

managed to involve participants from different cultural backgrounds, as well as practitioners from different mental health services. Collaborative projects, especially so across sectors, are not exempt of challenges despite the parts involved wanting collaboration to run smoothly (Paju et al., 2021). Therefore, we also want to acknowledge some of the limitations of this study. First, the fact that being proficient in English language was a criterion for involvement in the study excluded several groups and minorities in Norway. In addition, English was not the mother language of the facilitators, even if they spoke it fluently. Second, not all study participants filled out the surveys; therefore, it is difficult to say whether some of the participants who did not reply to the survey were satisfied with the course, or if they wished for more cultural nuances than those described by the respondents. Third, even if it was initially planned to collect brief reflections from the facilitators, this proved difficult logistically given that the sessions ended late at night, and mainly followed short oral debriefs with the PI. Fourth, even if it was our intention to address culturally sensitivity in the greatest degree possible, we acknowledge in the aftermath of the pilot that we could have had more focus on culture. Further pilots and/or research projects in EFST and EFST-O could take into consideration the insights we gained about cultural sensitivity, and where we were short promoting it more explicitly.

Future studies could include in-depth interviews and or reflexive journals with participants, facilitators, and collaborator partners. The fact that the live sessions in Zoom were not recorded as part of the data collection also posed some limitations. Having recordings of the sessions could have allowed us to analyze in more detail the autobiographical self-disclosure of the facilitators, as well as other aspects of the group dynamics. Contrasting different forms of data collected after each of the four sessions, such as anonymous surveys from participants and collaborating partners with fieldwork from the PI, compensated for this limitation. Having cross-sectorial co-authors in the article also secured that as many perspectives as possible were included in the data analysis, discussion, and conclusion.

Conclusion

Our participants found the principles taught in the EFST-O program and the EFST video lectures useful and were motivated to keep learning and share some of this knowledge

with others. Given that the learning experiences of participants were aligned with the learning goals and the course contents of EFST, the data in this study supports the qualitative validity of this parenting program when delivered online, especially in promoting motivation, emotional competence, and awareness. When it comes to increasing a perception of self-efficacy, few participants perceived an immediate effect in this area, while most of them recognized a wish to continue with their learning process and support. The combination of live sessions via Zoom with video lectures was valued as positive and increased the probability of meeting different learning needs and habits across participants.

We recommend further studies and implementation processes to follow, when possible, the guidelines from the current results from studies in the field of EFST, where the program was delivered in addition to at least five one-to-one sessions with trained EFST therapists. Combining different didactic materials such as short video lectures that parents can watch in addition to onsite and/or online sessions, as well as standardized workbooks, might also increase the effects of the program. Further studies would need to address the impact of diversifying the learning tools and how this may or may not reduce the number of one-to-one sessions required for the EFST/EFST-O program to have a significant impact on the mental health of children and/or their parents.

One of the major findings in our explorative study regards self-disclosure, which is explicitly promoted in EFST as a core skill in the experiential format of facilitation. In general, participants valued the autobiographical self-disclosures of the facilitators and were receptive to them, even if they wanted them to be concise and less frequent. The online format of the program might or not have influence the frequency and the length of such self-disclosures. Therefore, systematizing typologies of self-disclosure and addressing the best timing and length for facilitators to carry them out might enhance the quality of the teaching, as well as support the necessary theoretical and empirical development of this practice in the context of a group dynamic. Future research could also address the content, length, frequency and impact of autobiographical self-disclosures in onsite and online versions of the program.

Our study participants strongly appreciated the instances of self-disclosure of other peer families that attended the course and wished for even more interactions between them. Having an anonymized bank of case studies from families that facilitators can incorporate into the course contents may serve well to promote peer disclosure and enable facilitators to teach without relying on their own personal stories.

Therefore, we recommend practitioners to actively reflect on their preferences about using personal experiences as examples when facilitating interventions with individuals and or group, and how these preferences and needs might vary or not between online and onsite facilitation. We have written a report for practitioners with our guidelines for online facilitation, where we address different perspectives on self-disclosure, onsite vs offsite facilitation, and provide concrete guidelines for implementation (Hagen et al., 2023). We wrote this report in a hands-on and available language, and we have also published open-access, hoping that it will be of use for as many practitioners as possible (Hagen et al., 2023). In this report we provide anonymized cases obtained during the user-involvement phase of this project and emphasize that while autobiographical self-disclosures are preferred among some EFST facilitators, practitioners who decide not to use them can also facilitate the program effectively. We also offer concrete examples of ways in which EFST facilitators who want to use self-disclosure as well as other suggestions we consider will promote group dynamics and cultural sensitivity when facilitating EFST-O.

In addition, more developments in the field of emotion focused group facilitation are needed. We have explored the realms of it in an online setting and similar investigations might as well be conducted onsite. Future developments in EFST and EFST-O might consider how to make video materials and biographical self-disclosure of facilitators more concise in length, how to encourage more self-disclosure among participants, how to maintain the diversity of examples and practices that enhance experiential learning, and how to make the language as inclusive and simple as possible. A pedagogical suggestion for future implementation, especially when teaching online, is to explore interactive ways of motivating parents to share in the way that feels right for them through different digital tools such as chat, microphone, and emoji functions.

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