

The Effectiveness of a Cognitive-Behavioral Counseling Program in Reducing Cognitive Distortions among Residents of the Juvenile House in Taif

Salman E. Almalki¹ and Waslallah Alsuwat²

Abstract

This study aimed to examine the effectiveness of a cognitive-behavioral counseling program in reducing cognitive distortions. The quasi-experimental, one-group pretest-posttest design was employed. The sample comprised 30 residents of the Juvenile House in Taif who were randomly chosen. The findings indicated statistically significant differences at ($\alpha \leq 0.01$) between the pretest and posttest mean scores on all cognitive distortions dimensions in favor of the post-administration. In addition, the cognitive-behavioral counseling program had a large effect size on the sample's cognitive distortions. The Modified Blake's Gain Ratio for the effectiveness of the counseling program in reducing cognitive distortions was (1.24). The study recommended activating counseling centers in all institutions of the Kingdom of Saudi Arabia and educating workers at the juvenile houses on guiding clients to improve their cognitive distortions.

Keywords: *Counseling Program, Cognitive Behaviors, Cognitive Distortions, Juveniles*

INTRODUCTION

Individuals can avoid or remove emotional and behavioral problems and disorders by detecting distorted thoughts and getting rid of them with mental knowledge and learning logical thinking. Mental knowledge includes what goes on in a person's mind and accumulated thoughts about himself and others he has met. Logical thinking and mental ability are concerned with understanding the logical relationship between the premises and the results. These thoughts give the individual certain feelings about himself, others, or his daily experiences. Thus, an individual experiences situations and events do not cause positive or negative feelings. His awareness of these situations and his thinking about them causes him to acquire certain feelings when he deviates or is distorted from reality. That is, his thoughts become illogical. In this case, it is found that an individual embraces distorted assumptions and perceptions that lead to wrong conclusions in his perception of explicit situations and events (Abu-Hilal, 2020).

These disturbed and distorted thoughts appear in a chain or system and take the form of dysfunctional beliefs that play a significant role in psychological disorders. The analytical theory believes that cognitive distortions are defensive mechanisms that result from failure to satisfy instinctive needs. In contrast, individual counseling theory believes that cognitive distortions result from the deficiency and helplessness that the individual feels due to his failure to reach perfection (Abu-Asaad & Arabiyat, 2020).

Beck (1996) emphasized that cognitive distortions are common among people who suffer from many different disorders, and these cognitive distortions can lead an individual to reach wrong conclusions even when he is aware of explicit situations. In his cognitive theory, Beck pointed out the reasons that led to cognitive distortions and attributed them to three factors: the negative and pessimistic view the individual holds of himself, his abilities, and his current and future life, which leads to a feeling of inferiority, and his negative view of his daily experiences and the behaviors of others that he believes are directed towards him, and the negative and pessimistic view he carries of the future (Aselaa, 2018; Macelloni 2024).

Cognitive distortions are "thinking errors," which are illogical and irrational thinking styles resulting from negative automatic thoughts (Al-Aqraa, 2008). Clemmer (2009) described cognitive distortions as a term that describes an individual's automatic pattern of thinking about life events in a negative context, resulting in many negative emotions such as sadness, anger, and despair. Covin et al. (2011) point out that cognitive distortions

¹ Armed Forces Center for Psychological Care, Saudi Arabia. Email: hhhs_2005@hotmail.com

² Taif University, Saudi Arabia. halsowat@gmail.com

represent a set of disturbed knowledge or formulations that increase the individual's distortion of the events around him. Covino (2013) views them as illogical and irrational thinking errors resulting from automatic negative thoughts.

Ideas of cognitive distortions tend to appear quickly and automatically in stressful situations and are not subject to emotional control. However, they appear to the individuals as logical and reasonable ideas connected to their communication system, resulting in low self-esteem, self-blame, and negative interpretations (Shook, 2010). These beliefs and ideas are already present in the individual in an inactive state and are associated with his memories. They are formed in the early stages of his life. They are associated with his memories through life experiences and relationships with others when the individual's cognitive scheme is formed (Dozois & Beck, 2008; Nassar, 2015).

One of the therapies that could be devoted to improving cognitive distortions is cognitive behavioral therapy, a therapeutic school designed to correct clients' cognitive errors regarding their world and themselves. It also modifies behavior, as in traditional behavioral therapy, and changes the individual's learning to think (Al-Farhani, 2009).

The Problem of the Study

Every individual has a set of cognitive schemas that work to shape his information and give it meaning. An individual's everyday thinking requires that these schemas be characterized by flexibility and objectivity in dealing with the environmental and social stimuli that come to the individual's mind. These schemas are among some individuals, especially those who are anxious. Some of them are depressed and have a high degree of inertia and negativity. Hence, it constitutes a distortion in their perception and cognitive structures, which causes their evaluation of things and events around them to move in a negative direction, disturbing their lives and negatively affecting their overall social and professional relationships (Abu-Hadros, 2015; Dozois & Beck, 2008).

Raslan (2011) believes that when an individual is exposed to bad environmental experiences, the individual develops new distorted knowledge or irrational thoughts, which require him to have some distorted knowledge, such as excessive self-blame, to set high levels of self-evaluation. He also punishes himself for not reaching those levels. And then realize failure. In addition, "cognitive distortions play an important role in maintaining the negative core beliefs that form early maladaptive schemas through the perceptual distortion of fact" (Da Luz et al., 2017, p.2).

Al-Munaimi's study (2013) indicated that cognitive behavioral therapy is considered one of the modern scientific approaches to serving the individual. It is effective with pressures, uncontrolled emotions, and wrong behaviors. This corrects the student's thoughts and feelings, links him to reality and the present, and strengthens his responsibilities for himself and his decisions. It enables him to carry out his responsibilities and helps him become a person who interacts positively with the inmates in light of rational emotions, rational thoughts, and proper behavior.

Psychologists and those concerned with mental health have paid attention to the issue of cognitive distortions and the physical and psychological disorders they cause. There is no doubt that the juvenile category is a part of society that faces many of these distortions, and this part, most of the time, does not have objective strategies to deal with these distortions. This category is in dire need of many studies and research to impact their lives positively.

Previous studies appointed cognitive distortions in various categories or dimensions and determined their different levels from one society to another. Although several studies have examined the effectiveness of various counseling programs in reducing cognitive distortions, including cognitive programs (e.g., Abu-Hadros, 2015), cognitive behavioral programs (e.g., Brazão et al., 2017), and group counseling programs (e.g., Aljazi, 2016), there is a scarcity of studies examining the effectiveness of cognitive behavioral counseling programs among juveniles. Thus, this study examines the effectiveness of a cognitive behavioral counseling program in reducing cognitive distortions among residents of the Juvenile House in Taif.

Hypotheses of the Study

There are statistically significant differences at ($\alpha \leq 0.05$) between the mean scores of the experimental group in the pre-and post-measurements on the cognitive distortions scale in favor of the post-measurement.

The cognitive behavioral counseling program has a statistically significant effect in reducing cognitive distortions.

Significance of the Study

This study adds to the cumulative knowledge of cognitive distortions by exploring the spread of cognitive distortions among juveniles and how to remedy their effects. Cognitive distortions are associated with one of the riskiest groups in society, which may negatively affect the general mental health of community members. Moreover, this study derives its importance from the age stage, which is the stage of adolescence from the age of 13-18 years, due to the critical physical, physiological, mental, social, and psychological changes accompanying the individual's life. Thus, students need help to deal with all cognitive distortions and train them on problem-solving skills based on the sessions of the cognitive behavioral program to reduce distortions. It may help students increase their abilities to perform their functions effectively, positively reflecting their future lives. The findings of this study may help develop cognitive-behavioral programs for juveniles who suffer from cognitive distortions that can be applied to improve those distortions. Finally, several concerned parties may benefit from these programs, especially educational agencies interested in preparing a psychologically healthy society compatible with its external environment.

LITERATURE REVIEW

Cognitive-Behavioral Counseling

Cognitive behavioral therapy is a multifaceted concept that includes all possible means to change disordered behavior. For this change to be therapeutic, that is, effective and decisive, behavioral therapy requires the formulation and implementation of therapeutic plans to bring about a change in the immediate environment surrounding the emergence of disordered behavior in the individual's thinking patterns and social skills (Al-Ghamdi, 2020).

Cognitive behavioral therapy is a relatively modern form of psychotherapy, and it focuses on how the individual perceives various stimuli and his interpretations of them and gives meanings to his various experiences. This therapeutic approach is based on the model of cognitive operation of information (mental processes), which holds that during periods of psychological stress, the individual's thinking becomes more rigid and distorted, his judgments become absolute and dominated by overgeneralization, and the individual's fundamental beliefs about himself and the world around him become highly specific. A set of principles represents the basis of the cognitive-behavioral approach in treatment, including the therapist, the client, the therapeutic experience, and the associated aspects. These principles are as follows: the client and therapist work together to evaluate problems to reach solutions, knowledge plays an essential role in most human learning, knowledge, conscience, and behavior have a mutual relationship in a relative manner, and attitudes, expectations, attributions, and other cognitive activities play an essential role in producing, understanding, and predicting both behavior and treatment effects (Dozois & Beck, 2008).

There are three leading theories in cognitive behavioral therapy: Albert Ellis' mental-emotional theory, Meichenbaum's self-guidance theory, and Beck's cognitive theory. Perhaps the most significant attempt to introduce reason and logic into the psychological counseling process was Albert Ellis's attempt, which was called first (mental counseling) and later (mental-emotional) counseling (Al-Khatib, 2019). Ellis (1989) presented a theory of rational therapy that included the two essential aspects of personality, which he considered to be the rational aspect, which is responsible for the emotional side. Emotional and psychological disorders are primarily due to illogical thinking. He believes that the individual's unhappiness and tension are due to his distorted perception and irrational thinking, as he considers that thinking and emotion are complementary and basic processes. Ellis confirms a close, mutual relationship between thinking and emotion. They usually work

in conjunction, and this happens circularly. Thinking becomes emotion, and emotion becomes thinking. This thinking and emotion take the form of self-talk, this self-talk (which combines thinking, feelings, and behavior) and directs the individual to either a negative destination or a positive destination.

Meichenbaum's cognitive behavioral theory is considered an objective, functional, empirical theory in explaining behavior. Meichenbaum (1977) argues that only objective, apparent observed behavior is considered. The postulates of cognitive behavioral theory are that part of our behavior disorder is caused by our wrong thinking because we do not know the correct way of thinking and that the basic idea in the theory is that the guided person behaves according to what he thinks.

Therefore, the effect of the mentor lies in training the mentors on the correct way of thinking to modify the content of their thoughts (that is, what they say to themselves) in different life situations. Thus, the cognitive-behavioral mentor carries out a process of reorganization of the mentor by focusing on the importance of the internal self-dialogue for humans and how he can be changed and his thinking and feelings changed so that behavior can be modified in the end. Aaron Beck is considered the leading theorist of cognitive theory, and he laid the first building block and foundation stone for cognitive therapy. Beck focused on an important principle, which is that incorrect or distorted knowledge is what causes emotional and behavioral disorders, and cognitive behavioral guidance is characterized by empirical cooperation between the guide and the clients to study the client's beliefs related to poor adaptation and compatibility and his imaginative models. The most important objectives of cognitive behavioral therapy, from Beck's point of view, are to correct the patient's thinking pattern by dealing with illogical thinking, dealing with the process of distorting reality and facts, dealing with problems, and participating in alleviating them (Bin-Othman & Qaman, 2012).

The main objective of cognitive behavioral therapy is to help the client make the changes he desires in his life. Therefore, counseling depends on allowing the client to learn a new way to adapt. It is also considered an integral part of counseling, so the counselor works with the client side by side to know the difficulties and thus find solutions. Cognitive behavioral counseling focuses on the following objectives: defining problems in a clear, terminological form, helping clients realize the role of previous observation, its results, and its impact on behavior, training clients to modify their behavior through different intervention methods, working to evaluate behavioral and cognitive changes, identifying cognitive distortions and disorders, and helping individuals deal with problems in a rational manner (Abu-Zaize, 2009).

Cognitive Distortions

Gilbert (1998) believes that cognitive distortions are evolutionary adaptive responses to the perception of threat. He assumed that humans develop adaptive rather than rational thinking, as previous studies and research supported his assumption. Barriga et al. (2008) define cognitive distortions as an inaccurate way of giving meaning to the experiences that individual experiences. Cognitive distortions as false concepts and beliefs that an individual adopts intellectually and expresses emotionally and behaviorally. These cognitive distortions arise in the early stages of an individual's life and lead to a group of psychological and mental disorders that are essentially self-inflicted and shape an individual's cognitive style (Fortune & Goodie, 2012; Marshall et al., 2011).

Koydemir and Demir (2008) define cognitive distortions as a double judgment resulting from self-esteem. They are cognitive errors that an individual practices in two areas of his life, one of which is linked to the nature of his social relationships with family, friends, and family, and the other is linked to his achievements, his success or failure in the field of work. These cognitive errors are called thinking errors. Thinking errors are illogical and irrational thinking methods resulting from negative automatic thoughts (Askar & Ibrahim, 2008; Covin et al., 2011). Ellis's efforts clarify ideas and beliefs as a set of viewpoints and ideas that an individual adopts about himself and those around him. When the individual faces any situation or event in his life, he looks at it and deals with it according to his general philosophy. He feels love or hate, threat or reassurance, anxiety or calmness, acceptance or reluctance, according to his point of view and expectations about love (Abrams & Ellis, 1994). Irrational thoughts are negative, false, illogical, and unrealistic thoughts that are unreal. Its topicality, subjectivity, and influence on personal experiences are based on false expectations and corrections and a mixture of suspicion, probability, and exaggeration to a degree inconsistent with the individual's mental capabilities (Allam, 2012).

Beck believes that the beliefs that individuals adopt may be subjected to cognitive distortions and that cognitive distortions can have significant negative effects on mental health, leading to more anxiety, stress, and depression. The following are the most visible and common distorted ideas among individuals from various sources, such as arbitrary inference, dichotomous reasoning, emotional reasoning, selective abstraction, overgeneralization, should statements, fortune telling or mind reading, disqualifying the positive, maximization and minimization, catastrophism, labeling, and personalization. Beck developed cognitive therapy by focusing on the role of the belief system and thinking in influencing behavior and emotions. Cognitive therapy uses different methods to treat and repair cognitive distortions, which are as follows: understanding the specific meaning, challenging what is absolute, re-attribution, naming the distortions, non-trepidation, challenging thinking, a list of the pros and cons, using imagination, internal personal therapy, self-control and reducing unpleasant, filling in the blanks, and distancing and focusing (Abu-Asaad, 2014; Corey, 1992).

Several studies examined the impact of counseling interventions in reducing cognitive distortions. For example, Al-Ghamdi (2020) conducted a study to examine the effectiveness of positive self-dialogue training in reducing cognitive distortions associated with traumatic disorders among university students. The study sample consisted of 48 students who suffer from cognitive distortions associated with traumatic disorders. The sample was divided into two groups: control and experimental. Students of the experimental group were trained to practice positive self-dialogue to reduce their cognitive distortions during (48) training sessions. The findings revealed that training on positive self-dialogue significantly reduced cognitive distortion among university students. The findings also confirmed that academic achievement and the interaction between specialization and academic achievement contributed to the impact of the training on positive self-dialogue.

Abu-Hadros (2015) conducted a study to examine the effectiveness of a counseling program based on Aaron Beck's cognitive theory in modifying cognitive distortions among a sample of married women and exploring the program's impact on their marital compatibility. The sample was randomly divided into two groups: the experimental group and the control group. The findings showed statistically significant differences between the mean scores of the experimental group and the control group on both the posttest and the follow-up test in cognitive distortions and marital compatibility, as the experimental group showed a decrease in cognitive distortions. At the same time, there was an increase in their marital compatibility compared to the control group. Washington et al. (2017) examined the efficacy of treatment of juveniles with sexual behavior problems in secure-care facilities using an integrated cognitive behavioral theory (CBT) approach. The findings indicated that participants experienced reductions in anxiety levels and measurably greater reductions in rape-related cognitive distortions. In addition, Demeter and Rusu (2019) investigated self-serving cognitive distortions in two categories of adolescents in Romania after a period of 6-8 months (pretest and posttest comparative analysis). Data was gathered from 33 juvenile delinquents and 34 non-delinquents. The findings showed significant differences in levels of self-centeredness, blaming others, and minimizing/mislabeling cognitive distortions.

Kürümlüoğlugil and Tanrıverdi (2022) carried out a study to determine the effects of cognitive behavioral therapy-based psychoeducation on cognitive distortions of patients diagnosed with depression. The study sample was composed of 60 patients (30 patients in the treatment group and 30 patients in the control group). The findings indicated that patients in the treatment group had interpersonal cognitive distortions compared with patients in the control group. In addition, Brazão et al. (2017) assessed the impact of a structured cognitive-behavioral group program in reducing cognitive distortions in male prison inmates. A total of 254 participants were divided into the experimental group (n=121) and the control group (n=133). The findings showed that a structured cognitive-behavioral group program reduced cognitive distortions and the prominence of early maladaptive schemas. Also, Hajiriloo et al. (2019) investigated the effectiveness of self-care training on cognitive distortions in volunteer instructors of sexual education to children. A pretest-posttest control group design was employed. Thirty participants were selected using purposive sampling and were designated randomly into the experimental (n=15) and the control (n=15) groups. The findings revealed that self-care training reduced cognitive distortions of the volunteers. The effect of this training on cognitive distortion was 78%.

METHOD

This quantitative study employed the quasi-experimental, one-group pretest-posttest design. The dependent variable (cognitive distortions) was measured before and after the treatment was implemented.

Participants

Participants of this study were 30 residents of the Juvenile House in Taif. They were randomly chosen from the whole population (n=90). All participants were male, aged between 15 and 18 years.

Instruments and Materials

The Cognitive-Behavioral Program

The program is based on cognitive counseling methods deriving from Beck's cognitive theory. It is a collective program in which some behavioral and emotional techniques were employed, such as lectures, developing awareness of thought processes, muscle relaxation methods, emotional and emotional release, cognitive reconstruction, modeling, and role-playing under the guidance and supervision of the mentor. The program focused mainly on cognitive counseling techniques, but some behavioral and emotional techniques were also utilized. These techniques were: (a) cognitive techniques, including developing awareness of thinking processes, cognitive restructuring, problem-solving, dialogue and discussion, homework, and lists of pros and cons, (b) emotional techniques, including emotional release, role-playing, and theatrical acting, and (c) behavioral techniques, including relaxation, self-affirmation, positive support, internal self-dialogue, and reinforcement.

The program consisted of 14 sessions, two sessions per week, and each session lasted (50) minutes over seven weeks. Participants were trained on a set of skills, behaviors, and coping strategies that work to improve their cognitive distortions. It was presented to a group of reviewers and specialists in psychological counseling and program design to ensure the validity, suitability, and clarity of the program's content. It was also presented to a group of psychological counselors. Modifications were made regarding the content, sequence of the sessions, and timing.

Cognitive Distortion Scale

Previous research on cognitive distortion scales was reviewed to develop the cognitive distortion scale (e.g., Briere, 2000; Covin et al., 2011). The scale assesses five dimensions of cognitive distortions: Dichotomous reasoning (DR) (8 items), Emotional reasoning (ER) (7 items), Overgeneralization (OG) (8 items), Self-blame (SB) (6 items), and Selective abstraction (SA) (7 items). The scale consists of 36 items, and each item is rated on a 5-point Likert scale: 1 (Never), 2 (Rarely), 3 (Neutral), 4 (Very often), and 5 (Always). The total score on the scale is between 36 and 180. High scores on the cognitive distortion scale indicate high cognitive distortion. The reliability of the dimensions of the cognitive distortion scale ranged from 0.83 to 0.86, and the reliability of the whole scale was 0.95.

Data Analysis

Before data analysis, data normality and variance were checked, and they were normal. Arithmetic means, and standard deviations were calculated. Also, a paired-sample T-test was run to investigate the significance of the differences between the mean scores of the experimental group in the pre- and post-applications. Cohen's d was calculated to identify the effect of the counseling program in reducing cognitive distortion. Moreover, the Modified Blake's Gain Ratio was run to determine the counseling program's effectiveness.

RESULTS

First Hypothesis

To test the first hypothesis, *"There are statistically significant differences at ($\alpha \leq 0.05$) between the mean scores of the experimental group in the pre-and post-measurements on the cognitive distortions scale in favor of the post-measurement."*, the paired-samples T-test was run as shown in Table 1.

Table 1 The results of the paired-samples T-test for the differences between the pretest and posttest of cognitive distortions

Cognitive distortions	Pairs	N	Mean	SD	t	df	Sig.
Dichotomous reasoning	Pretest	30	32.30	2.01	48.49	29	0.01
	Posttest	30	12.33	1.58			
Emotional reasoning	Pretest	30	28.53	2.00	36.24	29	0.01
	Posttest	30	10.93	1.20			
Overgeneralization	Pretest	30	32.63	2.16	45.33	29	0.01
	Posttest	30	12.93	1.66			
Self-blame	Pretest	30	25.43	1.74	38.82	29	0.01
	Posttest	30	9.73	1.64			
Selective abstraction	Pretest	30	28.60	3.04	31.35	29	0.01
	Posttest	30	10.43	1.25			

Table 1 shows statistically significant differences at ($\alpha \leq 0.01$) between the pretest and posttest mean scores on all cognitive distortions dimensions in favor of the post-administration. The highest t value was for dichotomous reasoning [$t=48.49$], followed by overgeneralization [$t=45.33$], then self-blame [$t=38.82$], emotional reasoning [$t=36.24$], and finally selective abstraction [$t=31.35$].

Second Hypothesis

To examine the second hypothesis, "The cognitive-behavioral counseling program has a statistically significant effect in reducing cognitive distortions", Cohen's d for the effect size of the counseling program (d) was calculated. The Modified Blake's Gain Ratio was calculated to determine the counseling program's effectiveness in reducing cognitive distortions, as displayed in Table 2 and Table 3.

Table 2 Values of Cohen's d for the effect size of the counseling program in reducing cognitive distortions

Cognitive distortions	t	df	Cohen's d	Value
Dichotomous reasoning	48.49	29	18.01	Large
Emotional reasoning	36.24	29	13.46	Large
Overgeneralization	45.33	29	16.84	Large
Self-blame	38.82	29	14.42	Large
Selective abstraction	31.35	29	11.64	Large

Table 2 shows that the effect sizes (Cohen's d) for all dimensions of cognitive distortions were large, indicating a large effect of the counseling program in reducing cognitive distortions. The highest effect size of the counseling programs was for dichotomous reasoning ($d=18.01$), and the lowest effect size was seen for selective abstraction ($d=11.64$).

Table 3 The Modified Blake's Gain Ratio for the effectiveness of the counseling program in reducing cognitive distortions

	Pretest Mean	Posttest Mean	Maximum Score	Blake's Gain Ratio
Cognitive distortions	147.49	56.35	180	1.24

Table 3 shows that the Modified Blake's Gain Ratio for the effectiveness of the counseling program in reducing cognitive distortions is greater than (1.20) indicating the effectiveness of the cognitive behavioral counseling program in reducing cognitive distortions. Thus, the alternative hypothesis is accepted.

DISCUSSION

The findings proved the counseling program's effectiveness in reducing cognitive distortion among residents of the Juvenile House in Taif. It was clear that dichotomous reasoning distortions were reduced due to the techniques used in the counseling program, such as reinforcement, identifying automatic thoughts, correct thoughts, and self-monitoring. The counseling program allowed residents to be aware of thinking errors, how to deal with them, and how to increase their awareness of life. Similarly, the counseling program effectively reduced emotional reasoning by increasing awareness of emotionally disturbed persons. Residents could distinguish between irrational thoughts that cause disturbance and rational thoughts, self-enhancement and reward, right and wrong, and controlling anger in life situations.

Likewise, the counseling program assisted residents in avoiding overgeneralization by training them on cognitive-behavioral strategies, such as self-dialogue, refuting ideas, emotional release, lectures, and discussions.

Equally, the residents' self-blame distortions were minimized after the intervention since their use of idea modification, problem-solving, self-control, lists of pros and cons, and cognitive restructuring helped them deal with cognitive distortions and how to get rid of them in different situations. Lastly, residents' selective abstraction distortions were reduced due to the cognitive strategies that the program provided, such as self-monitoring, visualization, modeling, self-control, and recording ideas, which helped residents promote correct ideas and work to refute wrong ideas. The cognitive-behavioral counseling program generally reduced all dimensions of cognitive distortions. These findings were consistent with the findings of the previous research (Abu-Hadros, 2015; Al-Ghamdi, 2020; Aljazi, 2016; Brazão et al., 2017; Demeter & Rusu, 2019; Washington et al., 2017), which revealed the effectiveness of various cognitive-behavioral counseling programs in reducing cognitive distortions.

Moreover, the findings revealed a large effect size of the counseling program in reducing cognitive distortions. These findings might be attributed to the program's reliance on Beck's theory, which is essentially based on a learning experience in which the therapist plays an active role in helping the client detect cognitive distortions and functionally ineffective assumptions and modify them. The cognitive theory relies on using cognitive methods represented by identifying automatic thoughts, identifying cognitive distortions, correcting them, and identifying the broad beliefs and assumptions underlying dysfunctional knowledge. It aims primarily to reduce the activity of the dominant and dysfunctional "schemas," and to support twin functions (Malika, 1990). Also, the cognitive-behavioral counseling program was based on counseling sessions that were organized and coordinated to achieve more significant benefits. The program succeeded in setting practical objectives and strategies for the counseling program, which helped residents apply what they learned during the sessions and converted them to daily life events. The program also established general foundations for the guidance program, such as the relative stability of human behavior, the ability of human behavior to be modified, the individual's right to guidance, the acceptance of mentors, and individual-collective human behavior. Besides, it included philosophical foundations, which considered individual and collective human behavior, with attention to the psychological and educational foundations of satisfying psychological, social, spiritual, and religious needs.

IMPLICATIONS

The current study indicated the effectiveness of the cognitive-behavioral counseling program in reducing cognitive distortions. The findings supported the previous research on the importance of decreasing cognitive distortions among various clients. The findings suggest the necessity of activating counseling centers in all institutions of the Kingdom of Saudi Arabia, such as social care homes, schools, and universities. Workers at the social observation houses should be educated on the processes of guiding clients to improve their cognitive distortions. Moreover, educators should pay attention to treating cognitive distortions in society regardless of its sects and ages. Guidance courses on how to improve cognitive distortions in light of these stressful changes are needed.

LIMITATIONS

The current study had some limitations. First, the study explored the effectiveness of a cognitive-behavioral counseling program in reducing cognitive distortions among residents of the Juvenile House in Taif. Thus, studies at different educational levels such as primary, secondary, and university are required. Second, this study employed the quantitative, experimental one-group design; this design may not be enough for truthful findings. So, other methods can be employed for further studies, i.e., mixed method approaches, qualitative approaches, and true experimental methods. Third, the counseling program was effective in reducing cognitive distortions; its effectiveness can be examined in other psychological cognitive traits.

CONCLUSION

The current study examined the effectiveness of a cognitive-behavioral counseling program in reducing cognitive distortions. The findings of the study extend the understanding of the impact of such cognitive-behavioral programs on cognitive distortions. These findings confirm the importance of adopting various counseling programs to help students get rid of negative psychological problems. In sum, these findings will be supportive for students, schools, universities, and researchers.

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