

# **The Effectiveness of Cognitive Behavioral Therapy in Alleviating the Severity of Behavioral Problems Among Deaf Kindergarten Children**

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### **Abstract:**

The current research aimed to test the effectiveness of cognitive behavioral therapy in alleviating the severity of behavioral problems among deaf kindergarten children aged (4-6) years. The study was applied using a quasi-experimental approach, relying on an experimental group consisting of (10) deaf children enrolled in kindergarten. Children affiliated with the Egyptian Society for the Care of the Deaf in Heliopolis. The results indicated that the therapeutic program based on cognitive-behavioral therapy has contributed to alleviating the severity of behavioral problems in these children, including withdrawal, aggressive and stubbornness. Various therapeutic techniques, such as restructuring, cognitive training, self-instruction and modeling, role-playing, emotional control and anger management.

**Keywords:** cognitive behavioral therapy - kindergarten children - the deaf - behavioral problems - withdrawal behavior - aggressive behavior - stubbornness - modeling - role playing - cognitive restructuring.

### **First: The research problem and its importance:**

Early childhood is one of the most important periods of human life. During this time, in significant learning takes place, and the child acquires experiences, educational situations, social and life skills. These skills enable a child to interact and cooperate with others and succeed in dealing with developments in different situations. This is a crucial stage in shaping the dimensions of the child's development from the physical, mental, emotional, and social aspects.

The kindergarten stage, which starts from the age of (3-6) years, or as some consider it from (4-6) years, is considered the stage of preparation for school. This stage aims to provide a solid base of experiences and important information for children, which helps them learn in the later stages. It also raises their motivation to learn by providing opportunities that develop various skills, curiosity and self-esteem.

In the kindergarten stage, the child's mastery of language begins, and the stage of imagination, questioning and active motor performance begins. Control of the muscles also begin during this stage. The child tends to develop friendship, participation and traditional and collective play. This is a sensitive stage that requires caution and attention with regard to the child's feelings and the experiences that are provided to them. Considerations include the

quality of the experiences, how they are presented and monitored, and when it is appropriate to intervene. This must take into account the child's need for more independence, as well as the need to provide experiences knowledge, and answers to their inquiries in proportion to their abilities. It is also important to encourage the child to think and rely on themselves, and to treat them as an individual with unique privacy from others.

These goals can be achieved through an environment and educational materials, as well as an educational method commensurate with the level of development of children at this stage. This helps protect the children and provide everything that contributes to their progress (Ibrahim, 2018, p.143).

If we consider the above applies to ordinary children, it is of course different for disabled children in general, and deaf children in particular. These children suffer from a lack of hearing, which is one of the most important senses that helps the child learn language and communicate with those around him. The lack of hearing for the kindergarten-aged child increases their suffering from many social, psychological and behavioral problems that hinder his growth and social performance significantly.

Many of the usual behavioral problems and disorders arise through the requirements of daily life imposed by the family on the child. Strict restriction, rigid stereotype, overprotection, interference in most of the child's behaviors - even in the selection of their friends, toys, clothes, etc. - are important factors that push the child to rebel and try to get out of what adults want. The nature of family relationships is another factor leading to problematic behavior, such as psychological instability of parents, strong differences between them, and family disintegration like the absence of one of the parents or conflicts in the style of upbringing, all of which have negative effects on the child's behavior (Ibrahim, 2013, p.78).

Behavioral disorders have a more significant impact on disabled children compared to their typically developing peers because of their disability. This disability constitutes a problem of deficiency and impairment. Many studies and research have indicated the impact of hearing, visual or motor disability, resulting in a substantial loss of language ability. This impact is particularly pronounced among hearing-impaired individuals, negatively affecting many behavioral manifestations of Rahm as it transforms that disability. Without sound linguistic, mental, psychological and social

development, disability can significantly shape a child's behavior (Abu Halaweh, 2017, p. 90).

Language is the first and basic means of social communication. A deaf child cannot express himself and his needs in various settings, such as family, school, work or social environments. This difficulty can significantly impact his mental status and lower his educational achievement level, leading to a loss of human energy. This issue arouses the interest of many, including those interested in the educational process and parents alike (Ahmed, 2020, p.56).

Also, deaf children are more prone to problems, behavioral disorders and maladjustment than their peers with normal hearing. This is confirmed by many Arab and foreign research and studies, including those by (Al-Qahtani, 2015), Al-Bahdal & Muhammad (2015), Ismail (2019), Al-Rabi (2020), (Fung, 2021), Hyde Merv (2022), Veronica Tran. (2023), Beard & sugai (2023), and Anderson (2024). The results of these studies collectively indicate that deaf kindergarten children experience many problems and behavioral disorders, including isolation, introversion, stubbornness and others. Therefore, they are in dire need of more treatment programs and technical activities, especially those provided by the social work profession, as it contributes to addressing their problems and managing their troubled behavior.

The individual work method is one of the approaches in the social work profession. It aims to help individuals and their families improve their performance of their social functions and face their problems, including behavioral problems. This includes its various models and treatment methods implemented through a range of programs and activities.

Cognitive-behavioral therapy is a therapeutic model in the social case work that integrates cognitive therapy with its multiple techniques and behavioral therapy, including its techniques. It deliberately deals with various disorders from a three-dimensional perspective: cognitively, emotionally and behaviorally. That is, it deals with problems or behaviors as resulting from a set of incorrect ideas and information, which then lead to a range of emotions, and finally, behavior. It employs many techniques from cognitive, emotional or behavioral perspectives. It also depends on establishing a cooperative therapeutic relationship between the social worker and the client, as well as applying a variety of therapeutic methods such as cognitive reconstruction, training on self-instructions, role play and modeling.

Among the clients who suffer from these problems are deaf children. Based on the above, the current study focuses on determining the relationship between practicing a cognitive-behavioral therapy program in the social case work and alleviating behavioral problems in deaf kindergarten children.

## **Second: Research Objectives:**

### **Main Objective:**

Testing the effectiveness of cognitive behavioral therapy in alleviating the severity of behavioral problems among deaf kindergarten children.

### **Sub-objectives:**

1. Identifying the incorrect knowledge and ideas that deaf children have, which lead them to exhibit behavioral problems such as aggression, stubbornness, and withdrawal behavior.
2. Teaching children to correct their wrong and irrational thoughts and knowledge related to the behavioral problems they experience.
3. Helping deaf children learn and acquire new skills and encouraging them to practice these skills.
4. Helping deaf children reduce the severity of the emotional disturbance they experience as a result of the behavioral problems they face.

In order to achieve these required changes, the researcher uses many therapeutic methods that help children in the process of learning patterns and habits of healthy and logical thinking. The modification of these abnormal thoughts leads to the alteration of abnormal behavior, which is represented in problems (withdrawal behavior - aggression - stubbornness).

## **"Thirdly: Research Concepts:**

### **1- The concept of behavioral problems:**

Behavioral problems are defined as negative behavioral habits that are incompatible and contrary to sound social norms and cause harm to the individual or those around him. This necessitates the need for special counseling and treatment services in order to become more adaptive and compatible with society and those around him (Al-Roussan, 2020, p.23). They are also defined as undesirable behavioral patterns that appear in students and clearly represent non-consensual behavior by them, disrupting the classroom system and offending these students religiously, morally, and socially (Al-Khayyat, 2022, p78). There are many behavioral and emotional problems. It is a broad concept that includes many problems, each of which has a different impact that is reflected on the child's family, social and educational

life. The researcher clarifies what is meant by behavioral problems procedurally in the current research through. The concept of withdrawal behavior: It means the child's self-centeredness and inability to interact positively with his peers and colleagues and his refusal to participate in various events and situations, as well as facing difficulty in making decisions as a result of hearing loss.

- A- The concept of withdrawal behavior: It refers to the child's self-centeredness and inability to interact positively with his peers and colleagues, his refusal to participate in various events and situations and his difficulty in making decisions as a result of hearing loss.
- B- The concept of aggressive behavior: It refers to the child's initiation of fighting, assault, disparagement, or ridicule, in order to punish his colleagues inside the kindergarten in order to control them and compensate for his sense of inferiority as a result of losing his sense of hearing.
- C- Stubborn behavior: It is intended to refer to the child's disregard of the directives and advice dictated to him by his parents or teachers in kindergarten, and doing the opposite of what is asked of him. Yet, he is determined to impose his opinions on those he interacts with, whether they are family members or peers.

## **2- The concept of cognitive behavioral therapy:**

Cognitive-behavioral therapy is defined as a type of therapy that helps the client to identify wrong and distorted thinking patterns that result in troubles and problems for individuals. It aims to weaken the link between these patterns and the client's reactions and wrong behaviors, and it provides him with correct ideas and information to learn the right behavior (John Winston Bush, 2015, p. 96).

It is also known as a type of psychotherapy aimed at identifying unhelpful thinking patterns and responses, modifying them and replacing them with more realistic and informative patterns. Cognitive-behavioral therapy is based on the idea of how we think (cognition), how we feel (emotion), and how we behave (behavior), and the integration that exists between each of them. It posits that our thoughts determine our feelings and behavior. Therefore, negative thoughts can cause a person a lot of trouble and disorders, resulting in a lot of problems (McCullough Jr, 2021, p. 67).

Aaron Beck defines it as an effective method that involves identifying and helping a person correct certain errors in the client's thinking, which results in negative or painful feelings. These wrong thoughts

also affect the person's behavior and illicit responses that express their poor adaptation. If modifications are made at the level of a person's thoughts and information, changes in their emotions and behaviors will follow. This is achieved through a set of methods such as cognitive reconstruction, relaxation training, role play, anger management, assertiveness, and self-control training (Avrahami E, 2022, p. 34).

From the above presentation, it is clear that cognitive-behavioral therapy is a type of treatment that aims to modify the cognitive content and wrong ideas that exist in the client's mind, which are the main reasons for his problem. If these ideas and knowledge are modified correctly, his behavior will moderate the abnormality. Given that the deaf kindergarten child exhibits a set of abnormal behaviors such as aggression, stubbornness and social withdrawal, believing that this will make him in control of his colleagues or serve as a kind of compensation for his feeling of inferiority as a result of deafness and hearing loss. This has prompted the researcher to set goals for the therapeutic program using cognitive behavioral therapy to alleviate behavioral problems in deaf children as follows:

- a) Help children identify misunderstandings and misconceptions that contribute to their behavioral problems.
- b) Help and teach children to correct their erroneous and irrational thoughts and knowledge related to their behavioral problems.
- c) Help children acquire new skills to assist themselves in achieving their goals, contributing to overcoming the problem of feeling inferior and developing their self-confidence.
- d) Help children practice and apply the new skills that have been acquired.
- e) Help children identify their own thoughts, become aware of their emotions, link their thoughts and emotions to behavior, and change wrong thoughts to more efficient ones.
- f) Help children reduce the severity of emotional disorder that they experience as a result of the problems they face.

Accordingly, the researcher believes that the intervention using cognitive-behavioral therapy aims to change the ideas, misinformation and inappropriate emotions expressed by them, and the abnormal behavior patterns resulting from these thoughts and emotions of customers. To achieve these necessary changes, the therapist uses many therapeutic methods that help the client in the process of



learning patterns and habits of sound and logical thinking. When these abnormal ideas are modified, this leads to the modification of abnormal behavior.

#### **Fourth: The methodological procedures of the research:**

**Type of research:** This research is considered quasi-experimental research. It relies on testing the relationship between cognitive behavioral therapy and alleviating the severity of behavioral problems among deaf kindergarten children, and beneficiaries of the services of the Egyptian Society for the Care and Rehabilitation of the Deaf and Hard of Hearing in Heliopolis.

**Research methodology:** In accordance with the type of research, the researcher relied on the quasi-experimental approach in this study. This was done through one experimental group by comparing the results of the behavioral problems scale for deaf children before and after implementing the program, to test the extent of its effectiveness in alleviating their behavioral problems.

The reason for choosing one group is due to the characteristics of the children. They suffer from hearing loss or severe weakness, and therefore it is difficult to control the criterion of equality between these children to form two experimental and control groups. There are some variables and factors that may be difficult to control to some extent, as well as to avoid the ethical problem related to deprivation. The control group was able to benefit from the professional intervention program. However, the experimental group was formed randomly by applying the behavioral problems scale to all (21) deaf children enrolled in the kindergarten under study. Numbers were assigned to each child, and then (10) children were randomly selected from those with the highest scores on the behavioral problems scale.

#### **Research Areas:**

**A- The human field (research sample):** The size of the study population of kindergarten children benefiting from the institution's services, according to the content of the records during the beginning of the current academic year 2023-2024, reached (21) children. The study was applied to a sample of 10 vocabulary from the kindergarten children who benefited from the services of the association and obtained the highest scores in the scale of behavioral problems, after excluding cases that do not have behavioral problems.

**B- Spatial field:** The professional intervention program was applied with the study sample at the Egyptian Nursery for the Care of the

Deaf and Hard of Hearing, based in the Egyptian Association for the Care and Rehabilitation of the Deaf and Hard of Hearing in Heliopolis

C- **Time Range:** The professional intervention program was implemented between 11/11/2023 to 15/2/2024.

### **Research Tools:**

The research relied on one tool, a "scale of behavioral problems for deaf children". The scale consists of (63) phrase measures three dimensions, namely social withdrawal, aggression, and stubbornness. Under each dimension, there are three indicators: an indicator of knowledge and ideas, an indicator of the emotional side, and an indicator of the behavioral aspect.

The preparation of paragraphs went through the following stages:

- a. The researcher reviewed the theoretical heritage of behavioral problems facing children in general and the disabled in particular. This was done through some scientific references and academic studies that dealt with the topic that all groups, including children, suffer from, in terms of concepts of behavioral problems, types, causes, and factors leading to them.
- b. The researcher reviewed some scales that dealt with behavioral problems in children, including measures of behavioral and emotional problems, Nihad Mahmoud (2015), Jarrar et al. (2016), Adel Abdullah (2019), and Salah Warda (2023).
- c. The researcher was able to determine the three dimensions of the scale and their indicators by reviewing the dimensions that make up most of the previous measures. The researcher noted that the majority of the scales determined an equal relative weight for all dimensions (20%) for each dimension, and thus determined the number of phrases that can consist of each dimension of the dimension (21 phrases for each dimension, 7 phrases for each indicator).
- d. The researcher formulated the phrases. The phrases for each dimension ranged between 20 and 21 phrases for each dimension, and each dimension includes 3 indicators and under each indicator (7) phrases. The total number of phrases is 63 phrases.

**To identify the validity of the scale, the researcher did the following:**

- Content Validity: The researcher presented the scale to a number of arbitrators in the field of social work. The opinions of arbitrators were taken into account regarding the items of the

scale, and some items were modified to suit the objectives of the program. The scale was also applied to children, as well as the professional intervention program, with the help of social workers working in the association because they are adept at dealing with children using sign language for ease of communication and interaction with children.

### **Sincerity of internal consistency:**

The researcher applied the scale of behavioral problems to a group of 20 deaf children, in order to ensure the stability of the scale. The alpha coefficient of Cronbach was calculated as follows:

The method of half segmentation was used to calculate the stability of the scale. The scale was divided into two halves, the first is related to individual phrases and the second related to even phrases. The result was 0.877, indicating that there is stability in the scale, as the alpha coefficient reached more than 85%, which is a high degree of agreement in responding to the scale statements.

### **Research hypotheses:**

#### **The main hypothesis:**

There are statistically significant differences between the pre- and post-measurements of study cases on the scale of behavioral problems for deaf children as a result of professional intervention with cognitive-behavioral therapy. This is divided into a set of the following:

#### **sub-hypotheses:**

1. There are statistically significant differences between the pre- and post-measurements of study cases on the dimension of withdrawal behavior of deaf children as a result of professional intervention with cognitive-behavioral therapy.
2. There are statistically significant differences between the pre- and post-measurements of study cases on the aggressive behavior dimension of deaf children as a result of professional intervention with cognitive-behavioral therapy.
3. There are statistically significant differences between the pre- and post-measurements of study cases after the stubborn behavior of deaf children as a result of professional intervention with cognitive behavioral therapy.

#### **\* Quantitative and qualitative analysis methods for research**

The research relied on the following methods:

- Qualitative analysis method: This is commensurate with the nature of the research topic.

- Quantitative analysis method: The data was processed through the computer using the statistical program (SPSS), as well as relying on the Wilcoxon test. This is considered one of the statistical tests that are conducted on experimental studies with one sample and a small number, which is one of the non-parametric tests (i.e., those that are not distributed normally). Given that the current research sample is 10 cases, the Wilcoxon test is one of the most appropriate tests. The researcher found the differences between the two measurements before and after using this test. The following is the presentation and discussion of the results of the research in the light of this test.

### **The results of the main hypothesis:**

The hypothesis states that there are statistically significant differences between the pre- and post-measurements of study cases on the scale of behavioral problems of deaf children as a result of professional intervention with cognitive behavioral therapy.

**Table No. (1)** Differences between the scores of the study cases at the baseline “before the professional intervention” and the post-measurement in the scale as a whole

Ranks	Number of ranks	Mean Rank	Sum of Ranks	Calculated z value	Moral level
Negative Ranks	10	5.5	55	2.805	0.005
Positive Ranks	0	0	0		
Ties	0	0	0		
Total	10	5.5	55		

From the previous table, it is clear that there are statistically significant differences at a significant level of 0.005 between the scores of the study sample at the baseline (before professional intervention) and the dimensional measurement on the scale of behavioral problems for deaf children. The calculated Z value is 2.805, and that the number of negative ranks is 10, with zero positive and neutral ranks. The average ranks are 5.5, and the total ranks are 55. This indicates that there has been an amendment in the behavioral problems of the study sample through the modification of knowledge and misconceptions associated with the spread of negative behavior. By replacing them with correct knowledge and ideas, and helping the sample members to overcome the emotional reactions resulting from their hearing loss (such as fear, anxiety, anger, and tension) as well as helping them to abandon withdrawal behavior, and aggressive behavior and stubbornness or mitigate these behaviors, as a result of

professional intervention with them cognitive behavioral therapy and this is what was explained by the difference between measurement at the baseline (before professional intervention) and dimensional measurement (after the application of the therapeutic program).

**Results of the first sub-hypothesis:** There are statistically significant differences between the pre- and post-measurements of the study cases on the dimension of withdrawal behavior of deaf children as a result of professional intervention with them with cognitive behavioral therapy.

**Table No. (2)** Differences between the scores of the study cases at the baseline “before the professional intervention” and the “post measurement” in the dimension of withdrawal behavior

Ranks	Number of ranks	Mean Rank	Sum of Ranks	Calculated z value	Moral level
Negative Ranks	10	5.5	55	2.805	0.005
Positive Ranks	0	0	0		
Ties	0	0	0		
Total	10	5.5	55		

From the previous table, it is clear that there are statistically significant differences at a significant level of 0.005 between the degrees of the study sample measurement, line (before the professional intervention) and the dimensional measurement (after the application of the program), in favor of the dimensional measurement, on the dimension of withdrawal behavior among deaf kindergarten children. The calculated Z value is 2.805, and the number of negative ranks is 10, with zero positive and neutral ranks. The average ranks are 5.5, and the total ranks are 55. This indicates that there has been an adjustment in both cognitive, emotional and behavioral aspects associated with withdrawal behavior among deaf kindergarten children from the study sample through professional intervention with cognitive-behavioral therapy. This is what was explained by the difference between the baseline measurement and final measurement.

**The results of the second sub-hypothesis:** This means that there are statistically significant differences between the pre- and post-measurements of the study cases on the distance of aggressive behavior of deaf children as a result of professional intervention with cognitive-behavioral therapy.

**Table No. (3)** The significance of the differences between the scores of the study cases at the baseline “before the professional intervention” and the “post” measurement in the dimension of aggressive behavior

Ranks	Number of ranks	Mean Rank	Sum of Ranks	Calculated z value	Moral level
Negative Ranks	10	5.5	55	2.805	0.005
Positive Ranks	0	0	0		
Ties	0	0	0		
Total	10	5.5	55		

From the previous table, it is clear that there are statistically significant differences at a significant level of 0.005 between the degrees of the study sample at the baseline (before the professional intervention) and the dimensional measurement (after the application of the program), in favor of the dimensional measurement on the dimension of aggressive behavior. The calculated Z value is 2.805 and the number of negative ranks is 10, with zero positive and neutral ranks. The average ranks are 5.5 and the total ranks are 55. This indicates that there is a change in the cognitive and emotional aspects and reactions to aggressive behavior, including irrational knowledge and thoughts, feelings of sadness, anger and emotion, and manifestations of physical and verbal aggression directed by the study sample towards their colleagues or peers in kindergarten, resulting from hearing loss, as a result of professional intervention with cognitive-behavioral therapy. This is what was explained by the difference between measurement at the baseline and measurement after the period of final professional intervention.

**The results of the third sub-hypothesis**, which states that there are statistically significant differences between the pre- and post-measurements of the study cases on the stubborn behavior of deaf children as a result of professional intervention with cognitive-behavioral therapy.

**Table No. (4)** The significance of the differences between the scores of the study cases at the baseline “before the professional intervention” and the “post” measurement in the dimension related to stubborn behavior.

Ranks	Number of ranks	Mean Rank	Sum of Ranks	Calculated z value	Moral level
Negative Ranks	10	5.5	55	2.807	0.005
Positive Ranks	0	0	0		
Ties	0	0	0		
Total	10	5.5	55		

From the previous table, it is clear that there are statistically significant differences at a significant level of 0.005 between the scores of the study sample at the baseline (before the professional intervention) and the dimensional measurement (after the application of the program), favoring the final measurement on the dimension associated with stubborn behavior. The calculated Z value is 2.807, and that the number of negative ranks is 10, with zero positive and neutral ranks. The average ranks are 5.5, and the total ranks are 55. This indicates that there has been a modification in the stubbornness behavior of the study sample and its associated cognitive and emotional aspects and negative reactions as a result of professional intervention with cognitive-behavioral therapy. This is what was explained by the difference between measurement at the baseline (before professional intervention) and the dimensional measurement (measurement after the period of professional intervention).

### **Discuss the results:**

The results found that the application of the therapeutic program, based on cognitive behavioral therapy, had a positive impact in alleviating behavioral problems among deaf kindergarten children. This was achieved through the contribution of therapeutic techniques such as cognitive reconstruction, modeling, role play, homework, self-instruction training and training on re-attribution. These techniques helped in modifying the knowledge and misconceptions of deaf kindergarten children from the study sample, which were associated with their practice of behavioral problems as a kind of compensation, so they can draw attention and keep up with their normal peers. The program's techniques also contributed to modifying the negative emotional aspects of these children, such as feelings of sadness, distress, anxiety, and others, as well as improving their negative reactions and behavior, represented in social withdrawal, aggression, and stubbornness, thereby contributing to their alleviation.

The results of the research also indicated that the professional intervention program with cognitive behavioral therapy had a positive impact in alleviating the problem of withdrawal behavior in the children of the research sample. Therapeutic techniques, especially methods such as cognitive reconstruction, training on re-attribution, modeling and role playing contributed to modifying the cognitive content and irrational ideas rooted in the minds of children. These modifications contributed to the formation of their withdrawal behavior as a result of hearing loss, as well as modifying the emotional aspects and negative reactions. Through the development of interaction and social communication skills and the implementation of many activities that are performed collectively, cooperation among all



members of the group was encouraged in their performance. This helped to alleviate the withdrawal behavior of deaf kindergarten children from the research sample.

Furthermore, the research results confirmed the existence of a positive relationship between the professional intervention program with cognitive behavioral therapy and the alleviation of aggressive behavior in deaf children of the research sample. This was achieved through the application of a set of therapeutic techniques such as training on self-instructions, modeling, role play, positive and negative support and cognitive reconstruction. These methods contributed to modifying the wrong ideas and beliefs in research cases of deaf kindergarten children. The professional intervention program helped them realize the relationship between their negative and wrong ideas and their practice of aggressive behavior. It also contributed to the modification and replacement of those negative thoughts and beliefs with positive and correct ones, especially related to their self-perception, how others perceive them, their future outlook, and their interpretation of events and situations. Sound interpretation helped to overcome their emotional reactions, represented in sadness, anxiety, anger and others. This contributed to alleviating the problem of their withdrawal behavior.

In addition, the research results confirmed the existence of a positive relationship between the professional intervention program with cognitive-behavioral therapy and the alleviation of the stubborn behavior in deaf children in the research sample. This was achieved by helping children enhance verbal communication skills, change negative thoughts, and learn impulse control skills. The application of a set of therapeutic techniques, including methods of enhancing effective communication skills, reinforcement method, modeling, and role play.

The professional intervention program also contributed to the management of emotions in the study sample. Deaf kindergarten children had difficulties in expressing and managing emotions. Cognitive-behavioral therapy methods contributed to providing tools and techniques to help them understand emotions and deal with them correctly. These methods contributed to the development of skills to control anger, anxiety and tension, and taught them how to interact properly with both negative and positive emotions.

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sub-goals	"Topics and activities of professional intervention program	Strategies	Techniques	Researcher roles	Participants	Cognitive behavioral therapy and its methods	Duration period	Time by the hour
Defining the concepts of behavioral problems among deaf children and monitoring the factors and causes that lead to them	Topics and activities of the professional intervention program Explaining the importance of attending a professional intervention program - applying pre-measurement to determine the frequency of behavioral problems and their indicators (withdrawal behavior - aggressive behavior - stubbornness) among the study cases	Strategy for building knowledge and ideas (cognitive)	Cognitive reconstruction Role play Managing emotions	"teacher-expert - leader	"The researcher - the social workers	Professional relationship - cognitive reconstruction Role playing - self-instruction training Modeling - Homework - Managing Emotions	"The first month"	"From one and a half hours to two hours
Helping deaf children improve their relationships with their peers and develop methods of communication and integration with them, which helps them reduce the severity of withdrawal behavior.	Preparing and implementing various interviews and sessions with children inside the kindergarten with the help of a social worker who is proficient in using sign language to hold discussions between the researcher and the children about ways and methods to abandon the practice of negative behaviors.	Strategy for managing feelings and emotions (emotional)	Self-instruction training Role play Managing emotions	The interpreter/corrector The behavior modifier	The researcher Social workers	Professional relationship - cognitive reconstruction Role playing - self-instruction training Modeling - Homework - Managing Emotions	Second month	From one and a half hours to two hours
Helping deaf children to abandon aggressive and stubborn behavior towards their colleagues and provide them with various skills, including managing emotions, controlling emotions, and practicing group activities.	Preparing and implementing various activities and workshops and organizing various interviews to build relationships between children and their classmates to contribute to rebuilding their knowledge and irrational thoughts, improving their behavior and interaction with each other, as well as training them in the skills of managing emotions and controlling anger and emotion.	Behavior modification strategy (behavioral)	Modeling Role play Managing emotions	Teacher/Mentor Behavior modifier	Researchers' workers	Professional relationship - cognitive reconstruction Role playing - self-instruction training Modeling - Homework - Managing Emotions	The third month	From one hour to one and a half hours per case