The Effectiveness of a Cognitive Behavioral Therapy Program in Reducing School Bullying among a Sample of Adolescents with Learning Disabilities

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ABSTRACT The study investigates the effectiveness of Cognitive Behavioral Therapy (CBT) in reducing bullying among students with Learning Disabilities (LD). The research project utilizes the semi-experimental method, where sixty-eight students from seventh grade up to ninth grade participated in the study, from three intermediate schools; the final study sample included forty students. They were divided randomly into two groups: an experimental group (n = 21), and a control group (n=19). For the two groups, bullying was a common factor, as well as learning disabilities. The tools utilized in the study were: Stanford–Binet Intelligence Scales, Zayat Assessment battery for learning disabilities, and the School Bullying Scale (the researcher). Sessions of the Program were held; they consisted of a series of 17 sessions, where each session lasted for 40 minutes. Meanwhile, the control group did not receive the proposed program sessions. The effectiveness of the proposed program to reduce bullying among adolescents with LD has been confirmed.

INTRODUCTION

Statement of the Problem

Learning disabilities (LD) indicate the presence of a neurological disorder related to the function and structure of the brain. It is a general term that describes some types of qualitative and specific learning problems. These disabilities can also cause a number of educational difficulties to the individual suffering from them, in addition to difficulty in utilizing particular skills, for example, it can affect reading, writing, listening, talking, reasoning, performing certain mathematical calculations (Cen and Aytac 2017). It also means that there is deterioration in the ability to understand new and complex information, and in acquiring new skills, along with a reduced ability to cope in an autonomous self-sufficient way. The seriousness of LD stems from their inception prior to the age of puberty, after which they evolve and persist through adolescence, and beyond (Awad 2004).

A report of the World Health Organization indicated that the proportion of people suffering from LD in light of the age factor were as follows: (3%) of children in the age group of (4: 3) years, which is called the developmental learning disabilities; (8%) of children in the age group of (5:11) years; (11%) of children in the age group of (12:17) years (Gregg 2009). By the year 2015, it is expected that at least 16 million students, in the United States of America, suffering from learning disabilities, or to move to the university to continue studying (Roh et al. 2015).

It has been proven that there is a positive correlation between learning disabilities and involvement in school bullying. This is considered a form of social, emotional and behavioral risk. For, according to many studies (Rose et al. 2013), the percentage of school bullying among students in adolescence is more prevalent. And children who suffer from learning disabilities (disabilities) are most vulnerable to abuse in schools (Mishna 2003).

Regarding bullying among students suffering from LD at preparatory intermediate schools, a higher percentage of bullying incidences is observed, which also increases with age; the British Institute of Learning Disabilities (BILD) has indicated that 500 students with learning disabilities in schools in England are bullied. In a study of the United States, a percentage of (3 of 10) of those with LD are either bullied, or exercise bullying themselves (Aboualdiar 2013).

Significance of the Problem

The problem of the current study, in light of conclusions of previous western and Arab research studies, stems from observing a lack in research, relating to LD in adolescents in the Arab world, in general, and in Saudi Arabia in particular, especially regarding the reduction of the effects of behavioral disabilities faced by those students, resulting from their sense of reduced capacity, in comparison with their normal peers. It is expected that the problem of school bullying is significantly more prevalent among prep and secondary school students. It is also observed that there is an excessive focus from researchers on the academic aspects, with too much focus granted to address the shortcomings of such academic aspects, at the expense of paying attention to treating behavioral problems resulting from LD, among which, the problem of school bullying is most important. Bullying is a problem that is prevalent in many countries. It harmfully affects the feelings of students, and reduces their self-esteem, leading to a loss of personal responsibility, underachievement, and an increase in anti-social behaviors (Sahin 2010).

"There are emerging data indicating that students with certain disabilities are more likely to be victimized and that rates of occurrence are higher in integrated settings than in special education settings" (Maag and Katsiyannis 2012: 78).

On the global level, estimates indicate, according to the American Psychological Association (APA), That nearly 70 percent of all adolescent students, in general, have been subjected to school bullying, of which a percentage of (20-40%) are deemed to be victims of school bullying (Hester et al. 2014). The Rehabilitation Act of 1973 (504 section), and the Individuals with Disabilities Education Act (IDEA) and the Americans with Disabilities Act of 1990, all stress the need for schools to provide equal educational opportunities for all students, in a safe and supportive environment. For, it has been established that students with disabilities are usually subjected to cruel treatment more than their peers who don't suffer from disabilities; thus children with learning disabilities are either victims of bullying or are subject to rejection from their peers who don't suffer from physical, behavioral and developmental disabilities (Raskauskas and Modell 2011).

There is no doubt that adults with LD are in dire need of further care and support, of which they currently receive none, in their secondary school classes, in most countries of the world, especially in the Arab countries in general, and in Saudi Arabia in particular. The academic, cognitive and social problems that people with LD face tend to continue through to their subsequent stage of adulthood. Their suffering drags on, at the level of their university studying, as was the case, at their schools, in their pre-university stage. Consequently, they face problems relating to acquiring new academic skills and information processing skills, in addition to problems in developing appropriate psychological compatibility and interpersonal relations skills. It has been also shown that the child who is practicing bullying and the other child, who is being bullied, are both susceptible to continue the same negative roles, up through their adolescence (Sasse and Gough 2005).

In an examination of about (554) secondary school students, including (30) with special needs, researchers have found that isolating those students from their normal peers led to a reduction in their opportunities to acquire new social skills. Their isolation also caused several other problems, which if not dealt with properly, may lead to anxiety, anger, depression, and suicide. This is in addition to the fact that around (75%) of students with LD lacks the necessary social skills to succeed in dealing with their colleagues in general (Aboualdiar 2013).

CBT has been proved to produce an impact on Reducing behavioral disabilities in general, and on reducing bullying in particular (Büller 2012; Boulton 2014); Therefore, it was necessary to prepare a CBT program to reduce school bullying among students suffering from LD.

Therefore, the current research paper is attempting to answer the following question:

- What impact does a (CBT)-based program have on reducing bullying among adolescents with LD?

Importance of the Study

It provides a contribution to the current theoretical tradition, highlighting the importance of dealing with school bullying that may accompany LD; the current study is also considered the first in attempting to discover the impact of cognitive behavioral therapy CBT-based program in

reducing school bullying among adolescents suffering from learning disabilities, in the whole of the Arab world. The research focuses on the stage of adolescence apart from other stages, for it is the stage where LD are prone to increase, especially school bullying.

Theoretical Framework and Associated Studies

Among people with special needs, those with LD are the most growing category in general, according to their increasing numbers of enrollment in university education. Still, their difficulties can encroach upon the academic, cognitive and social aspects of their lives, and prolong on until their phase of adulthood.

Their suffering can resurface on the level of their university lives, just as it did during their pre-university phase. Consequently, they could face troubles either acquiring new academic skills or sharpening their information processing skills. Moreover, they could also face other troubles concerning developing appropriate psychological compatibility and interpersonal relations.

LD in adolescence are present in at least (3-5%) of registered students (Swearer 2012). Thus, the phase of adolescence becomes much more serious, due to the fact that the teenager faces ever more growing challenges, caused by the internal changes happening to his body, which make him feel much more confused and perplexed. He then becomes more prone to feelings of negativity, low self-esteem, attention deficit, as well as a lack of motivation (Gregg 2009).

Among common behavioral problems, school bullying is, perhaps, considered to be of much significance. It adversely affects (3 of 4) of students, during their school days, in one way or another. It relates to mental health, in the sense of having certain dangerous psycho-social repercussions (Swearer 2012). Also, 38.4 percent of the students reported being bullied in the past month, 38.8 percent reported being physically attacked in the past year, and 47.6 percent reported being in physical fights. Both injured boys and girls reported experiencing significantly more bullying, fights, and attacks (Peyton et al. 2017).

Bullying has numerous forms. It includes direct bullying that happens in person, and indirect bullying that happens through bad-talking about others. Bullying covers a wide range of behaviors, starting with social exclusion, and reaching

to physical abuse. With time, it escalates to produce extreme forms of persistent exploitation (Ganley 2016). It is observed that the options of the bullied victim, or the offended person, become very limited (Mishna 2003). School bullying, through its magnitude of aggression towards others, brings about a set of troubles that have negative effects, whether on the bullied victim, or even on the bully himself, and even on the entire school environment (Ismail 2010).

The phenomena of bullying and victimization do not occur in isolation and do not typically occur between a "bully" and a "victim." In fact, these phenomena are complicated social exchanges among individuals, peer groups, and their broader social environment (Jemerson et al. 2009).

At the local level, one study (Abdulsalam et al. 2017) found that prevalence of bullying was 30.2 with, 18.9 percent victims, 7.8 percent bully victims, children with physical disabilities and one or both non-Kuwaiti parents or children with divorced/widowed parents were more prone to be victims. Most victims and bullies were found to be current smokers. Bullies were mostly in the fail/fair final school grade category, whereas victims performed better.

Another study (Ali 2016) aimed at examining the relationship between bullying behavior and the quality of life of victims of bullying among students with LD in intermediate school, along with identifying the differences between the two genders regarding the variables of the study (Bullying Behavior, and Quality of Life). The results of the study revealed significant statistical differences, between the two genders, regarding how each performed, on the scale of victims of bullying and on the scale of quality of life. It also revealed significant statistical differences between students with high performance and those with low performance, regarding how each scored, on the scale of victims of bullying and on the scale of quality of life.

It revealed, in addition, significant statistical differences between younger and older respondents, regarding how each scored, on the scale of victims of bullying and on the scale of quality of life. The study showed that the factors of social skills that contributed most to school bullying were, respectively: the factor of social control, emotional control, and social sensitivity.

Another study (Issa 2012) undertaken on a sample in Saudi Arabia, demonstrated the existence of a negative correlation between school

bullying and social skills. The study found significant statistical differences between the average scores of those who scored higher on the school bullying scale and those who scored lower on the school bullying scale, regarding the level of their social skills, in favor of those who scored lower on the school bullying scale.

Another study (Seleem and Fathy 2012) confirmed that there are significant differences in the behavior of bullying, in favor of males. It also indicated other differences that are due to the nature of specific classrooms in favor of second-grade students at the secondary level. The study found significant statistical differences in self-esteem, in favor of male students. It also showed that there is a lack of consensus about the scores, in favor of the high achieving students. The results showed a positive correlation between the educational environment and bullying. While the correlation was weak, with respect to gender, it was also weak, in relation to General physical capacity.

At the global level, a study (Swearer and Hymel 2015) considered bullying as a problem of great significance, which represents an important social issue that challenges students, teachers and adults, for quite a long time in schools; and that it is influenced by numerous variables, including: peers, and individual differences (race, sexual orientation, disability), and the educational system.

Another study (Toblin et al. 2005) about the personal and social attributes of those who are being bullied and offended by their peers, found out that their attributes can be summed up in their exposure to troubles concerning their abilities for self-regulation and their abilities to employ their social and cognitive skills (Feldman et al. 2014).

A different study (Vieno et al. 2015) monitored the growing percentage of school bullying among intermediate school students, by half (50%), in the period between (2002 to 2010), prompting lawmakers to feel the necessity to take appropriate preventive measures.

According to a report on bullying in British schools (Cole 2011) using a survey of teachers in the United Kingdom, almost (50%) believes that school bullying is an ongoing problem at schools; Two-thirds of teachers, from among a sample of (802) teachers surveyed, were in schools that do not follow a clear educational policy to deal with bullying. One-third of those teachers stated that they believed that the problem could be addressed effectively, with appropriate training.

The British government has recognized the need to put in place strong policies against bullying, according to strict guidelines, with all schools in the United Kingdom advised to record and report all incidents of racism and bullying to the authorities.

A study (Roh et al. 2015) dealt with the experiences of adolescents in South Korea, from the perspective of bullying victims. It identified the effects of bullying on suicidal behavior. Its results revealed the existence of two types of bullying: tangible and intangible. It confirmed that the teenagers who suffered from bullying were more likely to attempt suicide by 3.05 times more, and that physical and non-physical bullying are linked to suicide attempts. Schools and personnel working in the field of mental health should be more attentive and prepared to resort to certain measures and implement programs that tend to reduce bullying. Outcomes of another study (Carlson et al. 2005) also showed that the victims of bullying among adolescents receiving learning disabilities services would usually suffer from different problems, compared to those of ordinary children. This study was conducted on 54 respondents. The study also approved the importance of implementing programs to reduce bullying in schools.

Another study (Hester et al. 2014) utilized several comprehensive strategies of preventing bullying in schools, including an interconnected network based upon friendliness and support, that comprised students and all employees whether teachers or administrators.

Another study (Bowllan 2011) examined the impact of an anti-bullying program that was implemented to certain respondents. The results showed a significant positive impact on females and teachers. As for the examples of programs utilized to reduce school bullying, the study (Espelage et al. 2015) stressed the effectiveness of a program based on socio-emotional education in reducing bullying.

The study aimed to identify the effectiveness of a program, targeting intermediate school students with learning disabilities, by including (41) lessons within the school curriculum to train them to acquire the skills necessary to overcome bullying, including effective communication skills, empathy, emotional regulation. The results confirmed the effectiveness of the intervention for the experimental group using the Social and Emotional Learning in reducing bullying among a sample of students with learning disabilities.

It was found that CBT aims to replace the methods of negative thinking with other more accurate and optimistic methods that can lead to effective action, rational thinking, and to facing the frustration with the desire for life.

It can also strengthen effective thinking skills, and constructive action, thus identifying frustrating behaviors, and figuring out ways to modify them (Khadan and Dawood 2015).

cognitive behavioral therapy can encompass a plethora of cognitive or thinking strategies as well as traditional behavioral techniques. One of the challenges for counselors will be the ability to select components that most appropriately target specific needs and to adapt the counseling plan as new information or needs emerge. The core CBT methods, including psychoeducation, cognitive restructuring, relaxation training, thought journaling, contingency reinforcement, low-intensity CBT options, and case conceptualization (Joyce-Beaulieu and Sulkowski 2015: 28).

CBT also aims to deal with different disabilities from a three-dimensional perspective, cognitively, emotionally and behaviorally (Abdullah 1999). It focuses on current behaviors, still it can also discuss former behaviors, to try to understand how that past could have contributed to alter the students' ideas more positively, and to better understand reasons that led to the emergence of their current problems, and how best to overcome them (Vivyan 2009).

It is considered a course that attempts to put in place a problem- solving process, which includes clarification of the problem, setting goals, and identifying ways for achieving the goals and the alternatives, so that the two parties (student and mentor) can reach an agreement, about the treatment goals, starting with the beginning of the treatment plan (Hofman and Reinecke, 2010).

CBT has been shown to be effective when utilized to in treatment of many behavioral and emotional disabilities, as confirmed in the study (Büller 2012) which is a prospective study about the possibility of utilizing CBT in altering attitudes towards bullying. It was undertaken on a sample of 54 students, where it has been shown possible to utilize Cognitive Behavioral Therapy in altering students' attitudes toward bullying.

The study by (Williford et al. 2016) confirmed the possibility of improving skills of cognitive empathy and reducing involvement in bullying, through preventive interventions that can help young people.

General Conclusions of These Studies

- ◆ There is a lack in studies in the Saudi environment dealing with LD among adolescents, and in particular, regarding the phenomenon of bullying among students with learning disabilities.
- ◆ Despite the seriousness of school bullying, intervention programs can bring about positive results. This necessitates and encourages resorting to therapeutic intervention in attempting to treat similar problem.
- ◆ Programs that rely on CBT has proved effective in dealing with behavioral problems in general.

Hypotheses of the Study

- ◆ There are no statistically significant differences between the mean scores of the experimental group and the control group in the pre-test of the school bullying scale.
- ◆ There are no statistically significant differences between the mean scores of the experimental group and the control group in the pre/post-tests of the school bullying scale.
- ◆ There are no statistically significant differences between the mean scores of experimental groups in the post-test and the follow-up test of the school bullying scale test.

METHODOLOGY

Terminologies of the Study

- ◆ *Learning Disabilities:* Learning disability (LD) is one of the no normative life events that children are diagnosed usually after starting primary school. LD is a biologically originated, neurodevelopmental disorder that demonstrates cognitive abnormalities, impairments in verbal and nonverbal information processing of brain, and/or disruption in processing abilities of individuals manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, and/or mathematical abilities (Cen and Aytac 2017).

◆ *Adolescence:* The phase of transition from the stage of childhood to the world of adults. It is roughly estimated to occur between (11 and 19) years of age, and its main role is to develop the individual's sense of independence (Brown and Prinstein 2011).

◆ *School Bullying:* Aggressive deliberate behavior, from the part of a student or more, aiming at harming another student, in a manner that is frequent and consistent. Bullying behaviors could include verbal abuse, such as in: threats, reprimands, teasing and insults. They could also include physical abuse, such as in: hitting, pushing, and kicking. Bullying behaviors could even include non-verbal abuse and non-physical abuse, such as in facial grimacing or obscene gestures, with the intent of deliberately isolating a person from the group and refusing to respond to his pleas (Jemerson et al. 2009).

◆ *The Program:* procedurally defined, in the current research project, as a set of sessions, containing a mixture of cognitive and behavioral methods, in a way that assists the student to identify ideas, feelings, and behaviors occurring inside himself, and their potential consequences, and thus working to change what he is thinking (ideas), and what he is doing (behavior), in a way that leads to reducing the behavior of bullying. This is done through utilizing the following techniques: the reconstruction of cognitive structures, Situation Exposure Hierarchies through the acquisition of social and organizational skills, modeling and model simulation, mastering conversational skills and expressions, behavioral contracts, gentle teaching and positive reinforcement methods (Researcher).

Sample of the Study

The sample of the initial study amounted to (68) students. (40) of them were selected as a final sample. They were randomly divided into two groups: an experimental group of (21) respondents who received counseling program sessions, and a control group of (19) respondents who did not receive the counseling program sessions. Their ages ranged between (12-15) years, with an average age of (13.5) years. Homogeneity of the variances of age, intelligence, degree of Learning Disabilities and school bullying was undertaken on the sample. Table 1 demonstrates that the calculated Z-score reached, respectively (0.4, 0.03, 0.8, 0.2), which are considered to be lesser scores than the marginal value (1.9). This indicates the lack of any significant statistical differences between the average ranked degrees, between the experimental and the control groups, prior to implementing the program.

Tools

- Stanford–Binet Intelligence Scales (Farag 2013).
- Zayat Assessment Battery for learning disabilities (Zayat 2007).
- Diagnostic assessment of School Bullying Scale (the researcher). the school bullying scale).

Stanford-Binet Intelligence Scales, Prepared and Codified by (Farag 2013)

This is a measure of individual intelligence that consists of 15 sub-tests under 5 main areas: These areas include fluid reasoning, knowledge, quantitative reasoning, visual-spatial processing, and working memory. It gives a total composite

Table 1: Characteristics of the study sample

		N	Mean	Standard deviation	Mean rank	Sum of ranks	U value	Z value	Sig
Age	Experimental	21	13.667	1.004	20.5	432.0	198.0	0.4	No
	Control	19	13.65	0.9	20.4	388.0			
Intelligence	Experimental	21	105.00	3.4	19.9	419.0	188.0	0.3	No
	Control	19	105.36	3.4	19.9	419.0	188.0	0.3	No
Learning	Experimental	21	53.47	2.8	16.7	426.0	168.0	0.8	No
Disabilities	Control	19	52.47	2.7	24.6	358.0			
Bullying	Experimental	21	67.71	1.3	22.0	422.0	1910	0.2	No
Rating	Control	19	67.788	1.6	18.8	398.0			
Scales									

score that reflects the general induction capacity (general factor). These four areas of cognitive capacity have been selected, based on a three-level hierarchical model for the composition of cognitive abilities. The first level consists of the general factor (g factor). The second level consists of: Crystallized abilities, analytical abilities - Fluid, short term memory. The third level consists of three more specific areas: 1. verbal inference, 2. Quantitative inference, 3. Visual abstract inference. The scale provides us with 20 standard age degrees: 15 standard age degrees for sub-tests, 4 standard age range degrees and 1 composite score. It is a measure with a high degree of consistency and validity.

Zayat Assessment Battery for Learning Disabilities (Zayat 2007)

It consists of nine independent measures, including five measures dealing with cognitive processes disorder, represented in: attention, visual perception, auditory perception, motor cognition and memory. Three others dealing with academic learning difficulties of reading, writing and mathematics. The seventh measure deals with emotional and social behavior disabilities. They represent a set of measures that are based upon the assessment given by a teacher, a father or a mother of the frequency and permanence of certain behavioral characteristics that distinguishes those with learning disabilities, through direct observation of their behavioral patterns related to developmental learning disabilities, in classroom, school or home. Each measure consists of 20 items describing the behaviors associated with learning disabilities in a qualitatively-specific field. The assessor should read each item and determine as best as possible the extent to which the content of the behavior described by the item applies to the subject of assessment (always = 4, more frequent, rarely = 1). They are fixed and true measures of a normative reference type.

The School Bullying Scale (By Researcher)

Description of the Scale: A list of 22 draft items or phrases diagnosing school bullying were formulated. Then, simple instructions were put in place, where teachers would respond to each item of the draft items. Then, the responses are given weightings, as follows: Always (4), Sometimes (3), Rarely (2), Never (1), where 22 represents the minimum degree to be scored by a student on the whole scale, while (88) represents the maximum degree to be scored by a student on the same scale.

Verification of the Reliability and Validity of the Diagnostic Assessment of School Bullying Scale

Validity of the List (Scale): The draft list was presented to a group of 10 teachers who are members in the field of special education, mental health, educational psychology, so as to survey their opinions about the measure and its suitability in achieving its objective, and also to know their suggestions about what they deem more suitable. Only draft phrases that received an approval rate of 90 percent were retained, after undertaking the necessary adjustments.

The author of the draft list evaluated its validity by calculating the correlation between the degree of each single item and the dimension to which it belongs. All correlation coefficient values were proved positive and indicative. They ranged from 0.7 to 0.8. Also, the correlation coefficient values of the total score for each ranged between 0.6 to 0.8. All these values are significant at 0.01. This makes us believe in the validity of the final list.

Reliability of the Scale: The reliability equation is calculated through alpha, resulting in a reliability of (0.7), along with calculating the split half reliability (Guttman) all items of the scale were proved to range from 0.7 to 0.8, which are all indicative values at 0.01. This confirms the reliability of the final list.

The Cognitive-Behavioral Program: The program's philosophy is derived from the techniques of (CPT), where "Aaron Beck" found out that behavioral disabilities and negative emotions, are produced through conscious processes, including distorted learning and bad reasoning based upon insufficient information. He also found out that thinking might be derived from wrong assumptions and misguided notions, and that defeatist behavior is caused by irrational thoughts.

Program Time Limits: A group of students received a number of sessions, at a rate of (4) sessions per week, where each session is interrupted by a rest break. The duration of each session is (35) minutes approximately. The program is to last over a time frame of at least (4) weeks. The program was undertaken during the school year 2016/2017, on February (See Table 2).

Table 2: The description of the session

Session topic	Technique	No. of sessions
Introduction	Discussion	1
What is school bullying?	Cognitive reconstruction.	1
What can I do if I fall as a victim to school bullying?	Cognitive reconstruction. Positive reinforcement	2
How do I deal with the pressures surrounding me?	Modeling	2
How do I develop my social skills?	Situation Exposure Hierarchies through the acquisition of social and organizational skills	3
How can I solve the problems you face?	Situation Exposure Hierarchies through the acquisition of social and organizational skills	2
How do I avoid fighting with my colleagues?	Behavioral contracts- positive reinforcement	2
How do I control myself?	Behavioral contracts.	2
How can I accept the results of my actions?	Gentle teaching	1
How to abide by the rules of class behavior?	Positive reinforcement	1
Total		17

The Evaluation Procedures of the Current Program Include Several Steps, Which Consist of the Following

- ◆ Firstly: performing a prior measurement, to determine the targeted sample of children (those who scored higher on the school bullying scale.
- ◆ Secondly: undertaking a continuous assessment throughout the implementation of the program – a Formative Assessment is undertaken to evaluate students' performance after the completion of each guiding session.
- ◆ Thirdly: performing a post assessment: which is conducted after the completion of the implementation of the program sessions.
- ◆ Fourthly: performing a follow-up assessment: which is conducted after the passing of a period of time away from the full implementation of the program.

Procedures

After obtaining the approval of the principals, an agreement was reached with the schools' administrations, on all the details of the program, the number of sessions and the appropriate activities required. Then a room with a number of teaching aids and diverse activities was made available. The room was rearranged so as to serve the program, its sessions and activities. Special approvals from the parents of the students of the sample were obtained, on conducting the program, with all its session.

An agreement was made with the teachers about their roles. The researcher held sessions with the teachers and the school administration, to learn about their views regarding the objective of the program; where the researcher explained the nature of the study and the requirements to implement its tools and the period of time such implementation requires. A sample was selected, from the students of the seventh-grade up to the ninth-grade using Stanford–Binet Intelligence Scales (Farag 2013), Zayat Assessment battery for LD (Zayat 2007), and the school bullying scale were implemented (on the sample of the initial study, which amounted to 68 students from seventh grade up to ninth grade participated in the study, from three intermediate schools in rafha province; from which (final sample) 40 were selected as a final sample, after excluding 28 of them for various reasons, ranging from the refusal of their families, to their lacking of the standards required to join the program. The final sample was divided randomly into two groups - an experimental group of 21 students who received counseling program sessions, and a control group of 19 students who did not receive the counseling program. After the implementation of the sessions of the counseling program, post measurement was undertaken on the two groups of the study - the experimental and the control groups. Follow-up measurement was undertaken after period of 8 weeks from undertaking the post measurement, to ensure the program's effectiveness in reducing school bullying among students with LD. The result reached was analyzed, utilizing the appropriate statistical tools.

Students from seventh grade up to ninth grade participated in the study, from three preparatory intermediate schools; the final study sample included (n = 40) students. They were divided randomly into two groups; an experimental group (n = 21), and a control group (n = 19).

This study is semi-experimental that includes two variables: an independent variable and a dependent one. The design of the control and experimental groups was used by a pre/post-tests as follows: The Cognitive-Behavioral Program is (the independent variable), while the reduction of bullying is (the dependent variable). And the paper used a group of statistical methods to analyze the results:

- Correlation, medians, means and standard deviation
- t-test to find out the significance differences between the means
- Mann-Whitney test to calculate the characteristics of the sample.
- ETA Squared (η^2) to measure the impact and effectiveness of the program

RESULTS

Results Concerning the First Hypothesis

This hypothesis states that: "There are no statistically significant differences between the mean scores of the experimental group and the control group in the pre-test of the school bullying scale".

To validate this hypothesis, the two groups were compared using a t-test to compare the experimental and control groups. Table 3 shows that there are no statistically significant differences between the experimental and the control group,

on the school bullying scale, which justifies accepting the null hypothesis.

Results Concerning the Second Hypothesis

This hypothesis states that: "There are no statistically significant differences between the mean scores of the experimental group and the control group in the pre/post-tests of the school bullying scale".

To validate this hypothesis, the two groups were compared using a t-test to compare the experimental group and the control group. Table 4 shows the presence of statistically significant differences at (0.1) between the experimental group and the control group, on the school bullying scale, which justifies the rejection of the null hypothesis.

Results Concerning the Third Hypothesis

This hypothesis states that: "There are no statistically significant differences between the mean scores of experimental group in the post-test and the follow-up test of the school bullying scale test". In order to verify the validity of this hypothesis, a comparison was made between the post-measurement and the follow-up measurements. Table 5 shows no statistically significant differences between the post measurement and follow-up measurement of the experimental group,

Table 3: Differences between the experimental group and the control group in the pre-test.

Tool	Group	No	Mean	Standard deviation	Degree of freedom	t- value	Significance level
Bullying Rating Scale	Experimental	21	67.7	1.3	38.0	0.01	0.8
	Control	19	67.7	1.6	35.1		

Table 4: Differences between the experimental group and the control group in post measurement

Tool	Group	No	Mean	Standard deviation	Degree of freedom	t- value	Significance level	Eta square
Bullying Rating Scale	Experimental	21	65.04	8.8	38	11.9	0.0	0.7
	Control	19	42.8	1.85	21.9			

Table 5: Differences between the post-measurement and the follow-up measurement of the experimental group on the school bullying scale

Tool	Group	No	Mean	Standard deviation	Degree of freedom	t- value	Significance level
Bullying Rating Scale	Post	21	42.5	2.1	20	0.9	0.3
	Follow	21	43.1	2.9			

on the school bullying scale, which justifies the acceptance of the null hypothesis.

DISCUSSION

The study aimed at identifying the effect of a CBT in reducing school bullying among adolescents with LD. This is conducted through comparing the results of the experimental group with the results of the control group. The results of the research project revealed significant statistical differences between the experimental group and the control group; this is proved after conducting 17 program sessions.

The researcher ensured, at the prior measurement phase, that both groups – the experimental group and the control group – scored high scores on the school bullying scale.

This result can be interpreted in accordance with the global and the Arab theoretical tradition, as demonstrating that: the teenagers with learning disabilities who are being exposed to involvement in school bullying – whether being bullied or bullying others – are scoring higher on a much more scale, in comparison with their normal peers. This is considered a form of social, emotional and behavioral risk (Sipal 2013; Andreou et al. 2015).

It was also revealed that bullying affects all those who communicate with the student, either the teachers, the administrators, the parents or his school mates. The effects of bullying can even continue until the age when the student joins the university, which is bound to reduce his motivation and his chances to achieve academic success, and consequently his educational outcomes (Young-Jones et al. 2015).

The implementation of the program has caused the presence of significant statistical differences between the (experimental) group and the control group, on all diagnosed bullying scales. The researchers observed an improvement in the performance of the experimental group, which the researchers attributed the reason for such to the fact that utilizing the techniques and method of CBT contributes to making a comprehensive development in the personality of the student; this is so because it develops a general and comprehensive trend that is manifold, as it is based upon the behavioral approaches, including situation exposure hierarchies, behavioral contracts, as well as being based upon the social approaches, including acquiring social skills, problem-solving skills, organizational skills, modeling and model

simulation. Moreover, it is also based upon the cognitive approaches, such as cognitive reconstruction, gentle teaching and positive reinforcement methods (Vivyan 2009).

This conclusion is in agreement with another study (Fung et al. 2013) that has shown that CBT is effective in the treatment of many behavioral and emotional disabilities; this study has confirmed the effectiveness of a group CBT based program, conducted on students in Hong Kong, who were involved in bullying, and in physical and verbal abusive behaviors and interactions, in particular. It was conducted on (46 students from among 63 students). It has also been shown that the program was ineffective in reducing sympathetic behavior among a sample of the study.

Another study (Graybill et al. 2016) examined the effectiveness of a program that is utilizing coping skills and problem-solving skills, in reducing self-harm, where students with disabilities have managed to show an increase in social and emotional performance, along with a reduction in abuse.

The fact that the effectiveness of such program continued on even after the passing of a period of eight weeks in a follow-up measurement confirms that program utilizing the Cognitive Behavioral Theory is truly effective in reducing bullying among the sample of adolescents with learning disabilities; this is also the conclusion that is deduced from the fact of not realizing any significant statistical differences between the post measurements and the follow-up measurements, of the experimental group.

These findings are in agreement with those of Tannous and Khawaldeh (2014), Aboualdiar (2015), Peyton et al. (2017) and Abdulsalam et al. (2017), where it is confirmed (Andreou et al. 2015) that the program utilizing problem-solving skills, compatibility skills and adaptability is effective in reducing school bullying among students with learning disabilities, where individual and group sessions are held. This led to an increase in social and emotional performance and to a reduction in abuse.

Also Anderson and Swiatowy (2008) stressed the effectiveness of the program in developing students' skills in dealing with cases of bullying. Multiple strategies were used, including self-assertiveness training, cultural awareness, compassion, respect, and weighting appropriate responses and options. These social skills were taught through role-playing.

The study by Aboualdiar (2015) confirmed the effectiveness of a counseling program that focused on developing spiritual intelligence and managed to reduce bullying behavior, among a sample of primary school children, through the utilization of modeling techniques, switching roles, homework. Outcomes of the study by Tannous and Khawaldeh (2014) about the effectiveness of assertive training in improving self-esteem and adaptability, among students who were victims of bullying, through a training program of guidance and counseling, about developing self-affirmation skills, that comprised 12 sessions, on a period of seven weeks.

The current study does not agree with the study of McLaughlin (2009) that tried to determine the effects of CPT in addition to the effects of the media, on reducing bullying and abuse and if such can cause a rise in empathy and passers-by responses, through an anti-bullying program, where the study was conducted over a period of four weeks, and despite the slight improvements in the degree of bullying and abuse, and in empathy, the study did not demonstrate any statistical significance. Still, there are several possible reasons for such lack of any significant improvement. These might include the timing of the study, the length of the study, the sample size, and the timing of the intervention.

Overall, the effect of the CPT Program in reducing school bullying is proven. This is done by comparing the results of the experimental group with the results of the control group. The outcomes of the program have revealed the presence of statistically significant differences, between the results of the experimental group and the results of the control group; such was the case, even after 8 weeks away from the completion of the intervention, which proves the sustained effectiveness of the CBT program.

CONCLUSION

This paper demonstrates the outcomes of a program based on cognitive behavioral method on reducing Bullying among adolescents with learning difficulties. forty students were selected as participants from seventh grade to ninth grade from three intermediate schools. They were divided into experimental (N=21), control (N=19) groups.

Stanford–Binet Intelligence Scales, Zayat Assessment battery for learning disabilities, and the School Bullying Scale (the researcher) were used as the pre-test, post-test and follow-up test. The results showed the effectiveness of the program in reducing Bullying, therefore, the study recommended drawing the specialist's attention to provide a targeted intervention for students not only at school but also at home.

RECOMMENDATIONS

- There is a need to provide for diagnostic tools that provides adequate psychometric characteristics, and to train teachers on how to implement them.
- There is a need to issue periodic bulletins to clarify the seriousness of school bullying.
- There is a need to instruct parents about effective methods in raising their children, especially if they have learning disabilities.

Proposed Research Programs

- The effectiveness of the cognitive behavioral program in reducing Attention-Deficit/Hyperactivity Disorder (ADHD), on a sample of adolescents with learning disabilities.
- The effectiveness of the cognitive behavioral program in reducing aggression, on a sample of adolescents with learning disabilities.

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