An-Najah National University
Faculty of Graduate Studies

THE EFFECTIVENESS OF COGNITIVE BEHAVIORAL GROUP THERAPY PROGRAM TO INCREASE THE LEVEL OF PSYCHO-SOCIAL ADJUSTMENT AMONG ADOLESCENTS OF INSTITUTIONAL RESIDENTS IN JERUSALEM

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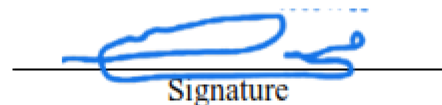
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Dedication

To the spirit of my beloved father, who never let go of my hand, even after his departure.

To the source of endless love and boundless giving, to the one who taught me that dreams become reality through perseverance and hard work—my dear mother.

To the one who has always been and continues to be my source of inspiration and comfort, to the one who made life more beautiful and easier with her presence by my side—my beloved wife.

To those who gave me hope and strength to continue this journey, to the treasures of my heart—my dear children.

To those who have always been my pillar of support, a light guiding my way in the darkness—my dear brothers and sisters.

To the companions who made the journey easier and brighter, thanks to their unwavering support.

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Additionally, my gratitude extends to everyone who offered me help and advice throughout my studies. You have my deepest thanks.

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

THE EFFECTIVENESS OF COGNITIVE BEHAVIORAL GROUP THERAPY PROGRAM TO INCREASE THE LEVEL OF PSYCHO-SOCIAL ADJUSTMENT AMONG ADOLESCENTS OF INSTITUTIONAL RESIDENTS IN JERUSALEM

Unless otherwise referenced, I declare that the work provided in this thesis is the researcher's work and has not been submitted elsewhere for any other degree or qualification.

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Date: 16/04/2025

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Abstract

Background: the study is based on development a cognitive behavioral program that aims to help adolescents of institutional residents to increase the level of their psycho-social adjustment. So, the study focused on building the program based on the cognitive behavioral therapy that cause stress and pressures for the individual, while using methods and strategies to train individuals to deal with these stresses and adapt to them.

Objectives of the study: This research aims to assess the effectiveness of the CBGTP in enhancing psycho-social adjustment among adolescents residing in institutional care in Jerusalem.

Method: The study involved 20 male adolescents residing in institutional care settings in Jerusalem, with participants selected from among those aged 15 to 21. The sample was purposive, adhering to specific inclusion and exclusion criteria to ensure participants had stable, meaningful experiences within their institutions. Adolescents included had been in institutional care for at least six months and had not moved between institutions more than once in the past six months, ensuring environmental stability. Informed consent was obtained from each participant, while those younger than 15, newly admitted, highly mobile, or lacking consent were excluded. The research sample was evenly divided into an experimental group and a control group, with 10 participants in each. A semi-structured interview was utilized for data collection, involving questions specifically designed to address the study's objectives..

Findings: The findings indicate that adolescents residing in institutional care in Jerusalem experience moderate psycho-social adjustment and mental well-being, with heightened levels of depression and lower self-esteem and self-concept, highlighting a need for targeted support. After implementing the cognitive-behavioral group

therapeutic program, significant improvements were observed across all areas of psycho-social adjustment, including mental well-being and self-identity, with a marked reduction in depressive symptoms. While the type of intervention group significantly influenced these positive outcomes, factors such as age and length of residency in institutional care did not have a noticeable impact, emphasizing the importance of initial psycho-social conditions in shaping the effectiveness of the intervention.

Keywords: CBGTP, Psycho-Social Adjustment, Adolescents, Institutional Care, Jerusalem**.**

Chapter One

Introduction and Theoretical Background

Introduction

Human is a social being by nature, and his life depends on the interaction between him and those around him from the groups to which he belongs of the same sex, Social interaction is the basis for achieving the individual's compatibility with himself and with others, The individual's personality grows and develops in its various aspects within the social and cultural framework in which he grows up (Ryan & Deci, 2017).

The individual is naturally exposed to many daily events that affect him, especially during adolescence, which specialists and educators describe as one of the most important and dangerous stages of life, as most of the physical and psychological changes (for example, rapid hormonal fluctuations, mood swings, and identity exploration) occur during this period at an accelerated pace. Proper development in adolescence requires the individual to be successful in his relationships and interactions with himself and others; otherwise, he becomes a withdrawn and isolated person who suffers from a lack of social skills and is exposed to various psychological and social pressures that will affect him in the subsequent stages of his life (Al-Bashir, 2014).

psychological adjustment occupies a prominent place in the life of the individual from childhood until the end of life, because of its great importance in the interaction, compatibility and communication of the individual with other individuals in society, The interest in the individual's ability to adapt is also attributed to the fact that it is one of the important elements that determine the nature of the daily interactions of the individual with those around him in various contexts, which, if characterized by competence, are among the pillars of psychological compatibility at the personal and societal levels (Abu Rumman, 2017).

Psychological and social adjustment is a set of responses through which an individual modifies their psychological structure or behavior to resolve internal conflicts, their behavior becomes appropriate, enabling them to establish positive social relationships with members of their group and to attain a good status through their contributions (Bensayah & Fatma, 2024).

The manifestations of psychological and social adjustment can be observed through an individual's external behavior, Typically, an individual seeks to align with and defend their group to ensure its security, which is considered a positive aspect of adjustment, On the other hand, deviating from the group's standards and joining harmful groups that negatively affect the community and its members is viewed as a negative aspect, An individual is also regarded as socially adjusted if they can form positive social relationships based on mutual respect, fulfilling their social needs, Human beings, by nature, are social creatures who adhere to the ethics and laws of society, adjusting their behavior to align with societal norms in an effort to balance themselves with their environment (Verdugo & Sánchez-Sandoval, 2022).

Cognitive behavioral program appeared in the last third of the twentieth century, this type of psychotherapy is concerned with the patient's emotional side and the social context around him through the use of cognitive, behavioral, emotional, social and environmental strategies to bring about this desired change, Cognitive behavioral program is one of the models of cognitive therapy, which is built on the rational idea of what people think and say about themselves and their perceptions (Knaus, 2008).

Both psychological and social problems are common among children in institutional care of all forms (e.g., orphanages, residential treatment centers, juvenile detention facilities), despite the fact that children in such institutions often lack social skills, which are a primary cause of these problems; there are few studies that have investigated these issues. Children in institutional care suffer from psychosocial problems, and various factors intersect in the upbringing of adolescents in such environments (Ståhlberg, Anckarsäter, & Nilsson, 2010). A study by Erol & Münir (2010) found that children living in institutional care in Turkey exhibited significantly higher rates of psychological disorders such as depression and anxiety compared to their peers raised in family settings. Adolescents in institutional care are exposed to numerous psychological and social challenges, which impact all aspects of their lives and futures, making them vulnerable to feelings of anxiety—especially future anxiety—in addition to depression and a lack of psychological security.

These adolescents also exhibit signs of social and psychological adjustment, an inability to adapt, and poor adjustment with themselves and other segments of society.

Consequently, adjustment and compatibility disorders become clearly evident among them within institutional care settings. For instance, Ranasinghe, Devanarayana, Benninga, van Dijk, & Rajindrajith (2017) reported that approximately 62% of adolescents in institutional care showed significant levels of psychological maladjustment, and over 55% demonstrated social adjustment difficulties, highlighting the widespread prevalence of these issues within such settings.

Institutional care facilities serve as shelters for those deprived of family care due to orphan hood or family disintegration, Some classify these institutions into permanent care facilities, which provide care for children who have no one in society to support or sponsor them, and temporary care institutions, which provide care for ordinary children on a temporary basis, whether for a specified period (a week, days, or hours of the day), This is not due to the loss of the natural family, but rather because of a parent's illness, their being busy or traveling, or the mother's work and the absence of relatives to provide this care (Nnama-Okechukwu & Okoye, 2019).

The institution aims to provide various forms of social, educational, health, vocational, religious, and recreational care for adolescents whose family circumstances prevent them from growing up in their natural families, It is essential to create an appropriate environment for them that is healthy, psychological, and social, while also raising them in a religious, moral, and athletic manner, The institution provides them with the necessary level of general education, culture, and national awareness, works on training them professionally and technically, encourages them to pursue their hobbies, motivates them to excel, and prepares them to be productive members of society (Rusmaniah, Mardiani, Handy, Putra, & Jumriani, 2021).

The basic concept of cognitive behavioral program is based on thoughts and feelings that play a fundamental role in behavior, and the goal of cognitive-behavioral counseling is to teach individuals that while they cannot control every aspect of the world around them, they can control how they interpret things and deal with them in their environment, The cognitive behavioral program is a heuristic method that includes a set of counseling strategies aimed at changing old patterns of beliefs, negative thoughts, and bad expectations, and replacing them with others; where the individual learns how to face difficult things by controlling himself (Al-Khatib, 2020).

The adolescent suffers in general from the fear of failure in front of others, and that he does not behave well in social occasions, and he also suffers from a tendency to isolation, and he develops an internal psychological conflict that is manifested by instability, severe anxiety and dissatisfaction with life, and he may drop out of school or withdraw from his family and friends, perhaps he will not accept any profession for himself for the sake of his future private life (Akacan & Secim, 2015).

Hence, this study aims to develop a cognitive behavioral group therapy program to increase the level of psycho-social adjustment among adolescents of institutional residents in Jerusalem, and help them overcome the problems in order to grow, develop, and integrate into social life, thereby improving their abilities and readiness to become productive and successful individuals in all aspects of life.

Theoretical Framework and Related Studies

Psycho-social adjustment

Adolescents today are subjected to high levels of psychological stress, which has an impact on their capacity for psychological adjustment and general life satisfaction, A major topic in psychology, the idea of psycho-social adjustment has drawn a lot of interest from scholars and continues to be the subject of numerous current investigations, These research have uncovered a number of shifts and problems that cast a shadow over people and have an adverse effect on society as a whole, Teenagers are under more psychological strain, which has resulted in increased social isolation and psychological deterioration (Al-Bashir, 2014).

According to some psychologists, mental health is defined as an individual's self-harmony and social adjustment, where adjustment is a state in which there is a harmonious relationship between the individual and the environment, It is a common concept in psychology because psychology is a science that explains human behavior and their adjustment with the environment, As a result, psychology does not focus on behavior or harmony alone, but rather on how to achieve adjustment and the nature of the processes through which harmony and disharmony are achieved, Family adjustment is regarded as the key factor in achieving psychological adjustment for the individual because of the nature of interactions and relationships within the family, which in turn affect the individual's psychological adjustment outside of their family in the society

they live in, Adolescents' level of psycho-social adjustment is clearly reflected in this relationship, which allows the individual to satisfy their needs while accepting the demands imposed by the environment (Abu Rumman, 2017).

One of the most significant phenomena in human life at all stages is psychological and social adjustment, which is a constant, dynamic process in which a person tries to change their behavior in order to achieve balance between themselves and the society around them, Adjustment is a key idea in psychology in general and mental health in particular, at the individual level, it takes the form of attempts to achieve social or personal adjustment and is the result of a quick interaction between the person, their environment, their potential, and the opportunities that exist there (Akacan & Secim, 2015).

Psychological and social adjustment is a necessary need at all stages of an individual's life, it is a psychological state that refers to the conditions and changes that arise from individuals' activities and their acceptance in order to maintain a state of satisfaction within them.

In this section, the researcher discusses the concept of psycho-social adjustment, its dimensions, characteristics, as well as its importance and the most important explanatory theories for it.

The concept of psycho-social adjustment

Actually, Psychological adjustment is the process by which a person tries to attain a state of balance between their needs, motivations, and the demands of their surroundings by providing the proper physical, psychological, and emotional reactions to the pressures imposed by the surrounding social environment as well as by meeting internal requirements, According to Abu Jado (2010), Psychological adjustment is a collection of responses in which a person alters his behavior or psychological makeup in response to new experiences or environmental circumstances.

It is understood that psychological adjustment is related to change, and while facing psychological pressure is challenging, it necessitates careful observation and evaluation of the relationship between how individuals and a group of mental health professionals look at the demands accumulated on them and the coping method they use to control

psychological anxiety and get rid of it or avoid it, Psychological adjustment is defined as the individual's attempt to control the external and internal environmental demands and conflicts that exhaust the sources of his adjustment; in other words, it includes the individual's efforts to control the internal and external environments and the relationship that is linked to them, Therefore, psychological stress occurs when the individual is not efficient in adapting to the sources of psychological stress (Chinaveh, 2013).

The process by which a person attempts to preserve a degree of psychological and physiological equilibrium, which includes a positive relationship between the individual and his surroundings, is also known as psychological adjustment, This process involves finding and implementing behavioral strategies that are suitable for the environment or changes in it, As a result, one of the most notable expressions of mental health is psychological adjustment, which describes an individual's attempt to arrange his life, resolve his disputes, and face his issues in order to achieve what is known as mental health or harmony with others and himself, Then the ill-adapted individual lives in the family and in the organizations in which he is involved while he is in a state of instability and disharmony (Whitfield, 2010).

The ability of an individual to meet the majority of their physical and social needs or to satisfy the majority of their needs and behaviors in response to the demands of their physical and social environment is known as psychosocial adjustment, It is a state of harmony and alignment with the environment, This concept makes it clear that a person's self-knowledge and awareness of others are key to achieving psychosocial adjustment (Nasser, 2018).

Furthermore, the ability to build social relationships with people around oneself and feel content in their company, whether alone or with others, is referred to as social adjustment, it also includes the ease with which one can ask for help when necessary and the willingness to voluntarily provide support and assistance to others (Maimouna, 2022).

In addition to self-acceptance, the capacity to take charge and make decisions, and the ability to regulate one's emotions and behavior, examples of good adjustment include a person's sense of security and stability, social relationships, and success in all facets of life, Non-adjustment manifests itself in a number of ways, including the person feeling

miserable, having a poor opinion of himself, feeling alone and alienated, and feeling incapable of taking responsibility and making decisions (Almonaimi, 2013).

According to Al-Khatib (2020), psychological adjustment is the state of being content with oneself and one's life, It is an essential procedure that aims to bring the different facets of a person's behavior into alignment, help them overcome challenges, create a life free from psychological conflicts and tensions, and lessen anxiety, Emotional equilibrium and self-satisfaction follow as a result, Individuals who are mentally adjusted display traits, forms, signs, and manifestations that set them apart from those who are not, Having a positive self-concept, psychological comfort, contentment and self-confidence, and the capacity to accept responsibility are some of these markers.

According to the researcher, psychosocial adjustment is the capacity of an individual to balance their needs and wants with societal expectations, as discussed previously, A person's sense of personal and social security, worth, belonging, liberty, mental health, and freedom from tendencies that go against social norms are all examples of its manifestations, It also symbolizes a person's psychological well-being, sense of community, and escape from social ills that go against accepted social norms, Therefore, we deduce that psychosocial adjustment refers to a person's ability to balance and make peace with their surroundings, fulfill social demands and motivations, and accomplish social objectives.

Dimensions of psycho-social adjustment

Psycho-social adjustment has several dimensions and areas which can be presented in four main dimensions (Zenzan, 2020):

Personal adjustment: A person's psychological health is the main focus of personal adjustment, It entails meeting one's psychological needs, having a true self-perception, accepting oneself, and having confidence in oneself, A person who reaches personal adjustment is accountable, able to solve difficulties, make decisions, and reach objectives, Emotional regulation, or the ability to control one's emotions and lead a life free from undue stress or conflict, is another aspect of personal adjustment, This dimension shows how content a person is with who they are, how they don't doubt themselves, and how free they are from psychological problems like worry, guilt, or poor self-esteem.

Emotional adjustment: Self-control and emotional equilibrium are traits of emotional adjustment, It entails having the capacity to control emotional reactions in trying circumstances and to express feelings in a suitable manner, The lack of psychological conflicts including feelings of guilt, worry, or inadequacy is a crucial component of emotional adjustment, This aspect emphasizes how crucial emotional stability is to a person's general mental health and wellbeing.

Family adjustment: refers to an individual's ability to adapt and thrive within the family environment, which plays a significant role in psychological well-being. It involves being part of a family that fulfills one's emotional needs, resolves personal challenges, and provides love, empathy, and respect. Effective family adjustment requires active and positive involvement in family life, characterized by open communication, mutual respect, and understanding. Furthermore, it fosters a harmonious atmosphere in which trust and emotional bonds are nurtured between parents, children, and other family members. This supportive environment contributes to psychological stability, fostering a sense of unity and security within the family (Walsh, 2007).

Social adjustment: The ability to connect well with others, conform to social standards, and advance the common good is known as social adjustment, It entails upholding moral principles, honoring social norms, and preserving wholesome interpersonal relationships, People who succeed in social adjustment actively engage in communal life and strive for social well-being, fostering integration and social health.

The Importance of Psycho-social adjustment

The significance of psychosocial adjustment manifests itself across various domains, including the following (Al-Khouly, 2020).

Psychology field: A crucial idea in psychology is psychological adjustment, which focuses on how people adapt to life's pressures and deal with them, It entails taking into account ongoing changes in situations and comprehending how people adjust to their own personal and social needs, Since psychology studies how people relate to their surroundings and how they behave in response to various life circumstances, psychological adjustment is essential to psychology, It is a practical procedure that aids in people's adaptation and integration into their environment in addition to being a field

of study, All facets of life are impacted by this process, which represents a continuous attempt to attain balance between a person and their surroundings.

Mental health field: Since mental health relies on a person's capacity to find balance in their relationships and surroundings, adjustment is the cornerstone of mental health, One way to lessen stress brought on by an imbalance between internal demands and external pressures is through psychological adjustment, Essentially, it safeguards mental health by guaranteeing that there are no psychological conflicts, Therefore, a key component of mental health is psychological adjustment, Its importance stems from its ability to change behavior, ease tensions and conflicts that can result in psychological diseases, and strike a balance between a person's basic needs and those of their social surroundings.

Education sciences field: According to researchers, education is "everything an individual does for themselves, or is done for them by others, with the aim of bringing them closer to a level of perfection that allows them to adapt to their environment and fulfill their potential," Achieving psychological adjustment is therefore crucial for academic success since it encourages kids to participate in their education, builds strong bonds with teachers and peers, and has a beneficial impact on academic accomplishment, Stress and psychological distress are experienced by students who have poor psycho-social adjustment, and this can result in negative self-perception, fear, anxiety, lack of confidence, disengagement, and violence, Their academic performance and lives are adversely affected by these problems, Thus, psychological adjustment and student success or failure are intimately related.

Educational guidance field: One of the most important ways to assist people in their academic lives is through educational guidance, It includes services aimed at helping people make the most of their surroundings, use their potential, talents, aptitudes, preparedness, and inclinations, and comprehend themselves and their issues, People can attain harmony with society and themselves by carefully selecting the right approaches, which will maximize their integration and personal development, By demonstrating how to overcome academic obstacles, showcasing their skills, and promoting their growth, educational coaching helps students achieve psychological adjustment, Students benefit from this process by learning to balance their personal and professional lives.

Domains and characteristics psycho-social adjustment

Happiness with others, social balance, and adherence to social norms are all components of psycho-social adjustment, As a member of a community, a person adopts the culture and behaviors of the group in accordance with dominant cultural norms, while also influencing and being impacted by others, Through active engagement in social activities, this process—known in social psychology as social normalization—contributes to social well-being, Thus, harmonious relationships with the environment, including the capacity to meet social demands, coexist peacefully with others, interact socially, and cultivate fruitful relationships that result in self-fulfillment, are indicative of psycho-social adjustment.

Three primary domains comprise psycho-social adjustment, according to Ammar (2020), The first is physical adjustment, which is the ability to maintain physiological balance and fend off health issues brought on by inferiority complexes, It is impacted by self-actualization, mental well-being, and the capacity to face challenges and fulfill desires, The second is social adjustment, which entails managing feelings and living a conflict-free life free from mental disorders like depression and anxiety, The third is self-adjustment, which emphasizes meeting one's own needs, knowing oneself, gaining self-assurance, accepting responsibility, and making choices that will help one reach objectives.

According to Al-Khouly (2020), psycho-social adjustment has several essential features, first, holistic adjustment highlights how the human-environment relationship is dynamic and functional, with adjustment being a continuous process aimed at reestablishing equilibrium and easing tensions, achieving harmony with oneself and others, as well as maintaining psychological stability to handle disruptions, are the second goals of functional adjustment.

Features and aspects of psycho-social adjustment

The ability of the person to draw on prior problem-solving experiences, which results in psychological ease and self-satisfaction, is one measure of psycho-social adjustment, they are also able to adjust to the demands of both internal and external needs, demonstrate high moral standards in social situations, achieve academic success, and grow in their social and cognitive abilities (Kashmar, 2017).

According to Nasser (2018), people who have achieved psycho-social adjustment display a number of characteristics, such as:

1. Keeping all facets of the person in balance through psychological integration, which links elements of the person's beliefs, drives, and experiences.
2. The capacity of the individual to live in social harmony, form moral habits, adjust to their surroundings, favorably influence its actions, and feel content and happy.
3. The person's emotional life should be steady, unaffected by unimportant factors, and capable of accepting accountability.

A person's self-concept, which is influenced by how other people see them, is another component of psycho-social adjustment, The way a person interacts with their community, as well as how satisfied and connected they are to others, shapes this idea, In order for psycho-social adjustment to be successful, the aims of the individual must be in line with the goals and values of society, adhering to social norms and promoting the common good, which in turn promotes social well-being, The results of psycho-social adjustment include the improvement of community cohesion and the unifying of communal goals, Social adjustment is a continuous dynamic process that addresses behavior and the social environment until a balance is reached between the individual and their surroundings since it is a fundamental component of all societal changes (Maimouna, 2022).

According to Badawi (2018), the various facets of psychosocial adjustment can be comprehended by utilizing a few essential traits, A well-adjusted person uses their energy realistically, which enables them to recognize unsuccessful attempts and roadblocks, This shows efficiency and efficacy, Additionally, they are flexible and adaptive, able to change and adapt their behavior as needed, Such a person also gains from social effectiveness and experiences, seeing the events they go through as teaching moments that they can use in other settings, Last but not least, they exhibit a high degree of self-esteem, a sense of security and confidence, and an appreciation of their own value.

Ammar (2021) asserts that a number of essential personality qualities are involved in psychosocial adjustment, Emotional stability, which is a socially acquired quality, enables people to control their emotions, including fear and wrath, with patience, People

that are broad-minded are able to think freely, evaluate situations, and discern between positive and bad aspects, The degree to which one's perception of oneself and that of others coincide is reflected in one's self-concept, Feeling accountable to others and society on the basis of common values is a component of social responsibility, People that are flexible are better able to make balanced decisions and stay away from extremism, Well-adjusted people are guided by positive social attitudes, such as commitment to societal ideals and respect for one's job, Finally, psychosocial adjustment is further supported by a value system based on humanitarian ideals like love, compassion, and bravery.

From the above, we can conclude that possessing these traits indicates the individual's positive adjustment by feeling responsible and being able to face various situations, or with the community in which they live by respecting its customs, traditions, and prevailing laws.

Functions of the psychosocial adjustment process

According to Abu Rumman (2017), psychosocial adjustment entails adapting behavior to changes in the environment and coming up with new strategies to satisfy desires in light of these changes, The provision of basic necessities for survival and psychological equilibrium, such as food, water, and shelter, are important determinants of this process, For psychological stability and development, secondary demands like success, love, and security must be met, In order to motivate people and maintain mental comfort, self-acceptance and happiness are essential, and their failure might result in maladjustment, Adjustment is also impacted by adjusting to society and its values, notwithstanding their flaws, In the end, attaining mental health necessitates striking a balance between one's inner wants and outside influences in order to maintain psychological equilibrium and make a smooth transition to life.

It is evident from the discussion above that a number of characteristics, including mental health, societal adaption, and self-acceptance, are closely related to an individual's well-being. People who feel satisfied and accepted by themselves are more able to bounce back from setbacks and adjust to new situations, which fosters constructive social relationships and personal growth (Baysal, 2022). Social cohesion requires conformity to society norms; however it's important to distinguish between

beneficial conformity and destructive adherence to corrupt norms (Schiefer & Van der Noll, 2017). Successful adjustment ultimately leads to mental health, highlighting the significance of balancing individual preferences with social norms, In order to attain psychological fulfillment and overall well-being; these observations emphasize the necessity of striking a balance between personal requirements and social norms.

Psycho-social adjustment theories

Psychoanalytic theory: According to psychoanalytic theory, a person's first five years of life serve as the foundation for either positive or negative psychological adjustment, Freud concentrated on the subconscious aspects of the person, so he thought that the adaptive person was the one who could reconcile the "is," the "me," and the "higher me," and that the "me" was in charge of his personality, In other words, learning to manage internal conflicts, minimizing guilt, and gratifying inclinations all contribute to adjustment (Kashmar, 2017).

Humanistic Theory : Because they believe that human nature and experience are crucial to learning and that people have free will to make their own decisions, humanistic psychologists concentrate on emotional experiences, This theory holds that people are inherently good, constantly strive for the best for themselves, and have the freedom to choose how they behave, It also holds that people can realize who they are, that each person lives in the world of their own experiences, and that the way they adjust is through their self-concept, This view acknowledges that an adjustment is favorable when the ideal self and the perceived self-fit well, but if the match is weak, the adjustment is negative (Al-Qadan, 2018).

Behavioral theory: Since human behavior is taught, an individual would engage in a particular behavior because he has learnt to reinforce it, which means that he has learned to adapt, According to behaviorists, a person's capacity for adaptation results from the development of a set of socially acceptable habits and behaviors that he has been reinforced to adopt, Behaviorists believe that a person is a particular arrangement of taught or acquired behaviors, Therefore, adjustment is the process by which the person develops suitable and useful behaviors that aid in his interactions with others, This approach makes use of techniques like modeling, reinforcement training, gradual desensitization, and reinforcement (Whitfield, 2010).

Cognitive theory: Cognitive theory emphasizes the role of thinking in shaping human experiences. It implies that an individual's thoughts rather than outside circumstances are the primary cause of stress and psychological distress. As per this viewpoint irrational thought patterns and cognitive distortions that affect an individual's perception and interpretation of life events are the root cause of adjustment difficulties. The theory also emphasizes the value of self-regulation arguing that a person's overall adjustment is greatly influenced by their capacity to control their thoughts and discriminate between irrational and rational ideas (Kashmar, 2017).

Cognitive Behavioral Group Therapy (CBT)

Definition of CBT

The focus that Cognitive-Behavioral Therapy (CBT) places on both behavioral techniques and cognitive processes sets it apart from other mental health treatments. Psych education which helps people better understand their mental health condition its underlying causes and the available treatment options is a crucial component of cognitive behavioral therapy. Furthermore, skills training gives patients useful methods for efficiently managing their symptoms. People can significantly reduce their symptoms and improve their everyday functioning by adopting healthier coping mechanisms and confronting negative thought patterns (Rubel, Wucherpfennig, Hollon, & Lutz, 2017).

Development and History of CBT

Behaviorism which concentrates on observable behaviors in both humans and animals became the predominant psychological approach in the 1950s. Fundamentally learning theory posits that maladaptive behaviors arise in reaction to upsetting events. Because symptoms are viewed as learned reactions to particular environmental triggers behavior analysis is crucial to comprehending mental health issues within this framework. By offering different reactions to upsetting circumstances therapy based on this method seeks to assist people in substituting harmful behaviors with more adaptive ones. Peoples psychological well-being and general mental health can be enhanced by embracing new behavioral patterns (Beck, 2016).

With over 60 years of empirical support cognitive behavioral therapy (CBT) has been shown to be an extremely effective treatment for a wide range of mental illnesses

including depression PTSD addiction psychosis and anxiety disorders (panic OCD GAD SAD and phobias). It has also shown promise in treating medical conditions like diabetes heart disease sleep disorders sexual dysfunction and chronic pain. In addition to clinical problems CBT can help with issues like anger management assertiveness and self-esteem (Taube-Schiff, Suvak, Antony, Bieling, & McCabe, 2007).

Principles of CBT

While it is essential for therapy to be customized to meet individual needs, Judith Beck has delineated ten fundamental principles that serve as the foundation for cognitive behavior therapy across all patients, These principles are discussed in her book, Cognitive Therapy: Basics and Beyond (Newman, 2020; Rathbone & Prescott, 2017; Fenn & Byrne, 2013):

- The Basis of Changing Concepts: The foundation of cognitive behavior therapy is a dynamic comprehension of the patient's problems and a unique cognitive conceptualization for each person, Therapists evaluate the patient's troublesome habits and thought processes while they are in therapy, It's important to consider a number of things, such as the patient's early experiences and current therapeutic experiences, Therapists use this data to create a thorough conceptualization of the patient's condition, which is then improved and modified during each session as new information becomes available
- The Value of a Therapeutic Alliance: Successful treatment depends on a strong and dependable therapeutic alliance, the therapist needs to establish a setting that encourages professionalism, warmth, empathy, and care, for therapy to make significant progress, patients must feel comfortable and understood which is provided by this supporting relationship.
- Cooperation and Active Involvement: Cognitive behavior therapy encourages cooperation during sessions, allowing the patient and therapist to jointly determine the main areas of treatment and how often to meet, Since it enables individuals to actively participate in their own healing process, the patient's active involvement is essential to promoting long-lasting changes.
- Goal-Oriented and Problem-Focused Approach: At the beginning of therapy, patients are guided to set specific, personal goals. These goals serve as a foundation

for identifying thought patterns that may interfere with their development. Having clear aims makes it easier to recognize and challenge negative thinking, which can support meaningful progress in treatment.

- Focus on the Present: Patients' present problems and particular upsetting circumstances are the main focus of cognitive behavior therapy, Only when the patient shows a strong willingness to do so or when looking back at their early years can help them reframe dysfunctional attitudes that are contributing to their current problems is the past examined,
- Educational Component: Cognitive behavioral therapy also includes an educational part where patients gradually learn to take on the role of their own therapist. They work on recognizing and questioning their own thoughts and beliefs, gaining insight into how these mental patterns affect how they feel and act. Along the way, they also start planning small behavioral shifts that help them become more emotionally resilient.
- Time-Constrained Nature: CBT is typically delivered over a limited period and follows a structured plan. For individuals dealing with mild depression or anxiety, the process may span about 6 to 14 sessions. However, in cases involving deeper psychological challenges or long-standing belief systems, therapy may need to continue for several months or even longer depending on each person's unique situation and progress.
- CBT sessions generally follow a set routine to stay focused and effective. A typical session starts with a quick check-in looking at how the patient is feeling, reviewing the past week, and deciding what to focus on that day. The main part often involves talking through previous exercises, working on current concerns, and setting new tasks. Before finishing, the therapist usually asks for the patient's thoughts on how the session went. While the format is structured, there's still room for flexibility to match the patient's needs and therapy goals.
- Identifying Dysfunctional Thoughts: CBT supports individuals in becoming more aware of thoughts and beliefs that may be holding them back. Therapists work with patients to recognize common thinking patterns and explore ways to reshape them into more realistic and balanced perspectives. Through guided questioning, patients are encouraged to reflect on how they think. In some cases, therapists also suggest

practical exercises called behavioral experiments to test out these beliefs in everyday life.

- Cognitive behavior therapy employs a variety of techniques to modify feelings actions and thought patterns. The therapist's perspective of the patient the specific problems being addressed and the objectives set for each session all affect the tactics they employ.

The CBT Techniques

Cognitive-behavioral theory states that effective treatment should focus on a person's thoughts, emotions, and behaviors. By changing negative thinking and behavior patterns, people can better manage symptoms like anxiety and depression (Hupp, Reitman, & Jewell, 2008). The theory also highlights the value of helping individuals see themselves and their situations more realistically, which improves how they handle challenges. It stresses the impact of current thoughts and actions on future experiences. For long-term recovery, therapy must support the full range of a person's emotional and mental health (Blagys & Hilsenroth, 2022). This chapter also looks at how individual CBT has developed and how its methods have been successfully used in group therapy settings.

Although there are some challenges in adapting individual CBT techniques for a group context as exemplified by the example of a group for people with panic disorder CBGT has unique therapeutic benefits above individual CBT. CBGT is a desirable alternative for mental health services because it offers substantial financial advantages without compromising therapeutic efficacy. Additionally because participants split the cost groups held in private offices or agencies are usually more cost-effective for clients. Cognitive-behavioral group therapy (CBGT) has been successfully adapted from individual CBT protocols for the treatment of a number of diseases including OCD depression social anxiety disorder (SAD) eating disorders psychosis and substance abuse.

To ensure successful adoption at least one group leader must receive specialized training and give careful consideration to modifying individual CBT protocols for group delivery. Specialized knowledge is essential because many anxiety disorders have unique protocols especially when dealing with various subtypes. Because CBGT

typically involves a set number of sessions protocol adaptation may involve rearranging treatment components for a group setting. Similar modifications are needed for other diseases like OCD and depression as seen in the case of panic disorder (Burlingame, Strauss, & Joyce, 2013).

Therapeutic Processes in CBT

The active and directive role of the therapist in directing therapy is emphasized by the cognitive-behavioral framework, In contrast to other therapeutic models, it recommends that in order to efficiently manage the process, therapists should conduct sessions by adhering to a set agenda (Hollon & Beck, 2013). The therapist is crucial in guiding conversations and instructing clients in symptom management techniques, The approach also encourages patients to participate in activities during therapy sessions in order to prepare them for events in the future, Therapy-based skills are thought to assist patients deal with anxiety and depression in stressful situations in the future (Greer, Park, Prigerson, & SafreN, 2010; Rakovshik & McManus, 2010).

Effectiveness of CBT

Giving patients practical coping skills is a fundamental component of cognitive behavioral therapy (CBT), even though other elements including a solid therapeutic alliance and patient involvement are also important, Better results are directly associated with giving people these abilities, as research has repeatedly demonstrated, According to Tzavela, Mitskidou, Mertika, Stalikas, & Kasvikis (2018), patients who actively engage in CBT interventions may have a decrease in quantifiable symptoms that affect their thoughts, actions, and general functioning.

Literature review Previous Studies

Yalçın, Arıtürk, Görgü Akçay, & Tekinsav Sütcü (2024) explored how effective cognitive-behavioral group therapy (CBGT) can be in helping juvenile delinquents manage anger. The intervention took place in a juvenile detention center in Turkey and involved eight sessions. These sessions focused on techniques such as relaxation, self-guidance, cognitive restructuring, and assertiveness training. Sixty participants aged 14-18 were involved (30 in the treatment group and 30 in the control group). To measure outcomes, the State-Trait Anger Expression Inventory (STAXI) and the Brief Symptom Inventory (BSI) were used before and after the intervention. After dropout from among

the participants, data on 35 subjects (20 from the therapy and 15 from the control group were analyzed). Mixed ANOVA results showed that participants in the therapy group demonstrated a significant decrease in the level of trait anger, expression of anger, hostility, and a significant increase in the management of anger, in comparison with the control group. This finding shows that CBGT seems to be an effective tool in managing anger among juvenile delinquents in Turkey.

This work by Chen & Jiang (2024) sought to assess the effectiveness of modified CBGT in promoting social adjustment and alleviating parental stress in children with an ADHD diagnosis. The study, conducted in Fuzhou Children's Hospital of China, had 20 child-parent pairs with children aged 9-14 with DSM-V criteria for ADHD. For the purpose of the study, the pre- and post-intervention evaluation was executed using SNAP-IV, Conners' Rating Scales, Barratt Impulsivity Scale, and Parenting Stress Index-Short Form. Over three months there were 10 group sessions for children and 4 for parents, and the intervention included elements of Dialectical Behavior Therapy (DBT). Statistically significant improvement was found in children's Attention (SNAP-I, $p=.001$), Hyperactivity/Impulsivity (SNAP-HI, $p=.009$), Oppositional behavior (SNAP-O, $p=.001$), Conduct Problem (Conners-CP, $p<.001$), and Impulsivity (Barratt-N, $p=.009$). There was also a significant reduction in parenting stress (PSI-Total, $p=.007$). The fact that 85% of the participants also had comorbid ODD constitutes strong evidence that the intervention has a high likelihood of reducing core ADHD symptoms and relieving parental burden without adjusting medication treatments, providing evidence for CBGT as a potential non-pharmacological intervention.

The purpose of this study conducted by Haji Sattari Mamqani (2021) was to study the effectiveness of parent-centered mindfulness cognitive behavioral therapy on personal-social adjustment and self-differentiation of mothers of children with ADHD in Tehran. The quasi-experimental pre-test-post-test control group design was chosen for this study among mothers of hyperactive children aged 3 to 7 years. The sample consisted of 30 subjects selected by convenience and then divided equally into experimental (n=15) and control (n=15) groups. This experimental group received CBT with a parent-centered mindfulness approach over eight sessions, while the other group was left untreated for this period. The California Individual-Social Adjustment Questionnaire and the Differentiation of Self Inventory were used to collect data. Analysis was done using

SPSS 23 with independent t-tests and MANOVA. The results showed clear improvement in both individual-social adjustment and self-differentiation in the experimental group, showing the intervention was effective. These findings support the idea that mindfulness-based CBT can help mothers of children with ADHD improve their adjustment and self-differentiation.

This meta-analysis, conducted by (Thielemann, Kasparik, König, Unterhitzenberger, & Rosner (2022), evaluated the efficacy of TF-CBT, based on the manual by Cohen, Deblinger, & Mannarino (2009) on pediatric posttraumatic stress symptoms (PTSS) as a primary outcome measure, with depression, anxiety, and grief as secondary outcomes. The total number of participants from 61 studies (28 RCTs and 33 uncontrolled trials) reporting trauma exposure was 4,523 aged between 3 and 21 years. An eligible intervention program should consist of at least eight sessions of TF-CBT that feature active psychoeducation, coping skills training, and trauma processing. The data were collected from various databases for the purpose of treatment effects from pretest to posttest and across different control conditions. The analyses showed very large pre-post improvements in PTSS (g=1.14), and significant effects over control conditions (g=0.52), with larger benefits found in group therapy formats. This clearly marks the worldwide applicability and cost-effectiveness of TF-CBT and also supports that very few treatments are superior to TF-CBT in the treatment of trauma-related symptoms in youth, where PTSDoccurs in about 15.9% among trauma-exposed children and near half of these have co-occurring conditions.

The purpose of Wang, Chen, & Zhang (2023) was to assess the effectiveness of TF-CBT in maltreated children and any potential moderating factors affecting treatment outcome. For this purpose, the authors conducted a systematic review with meta-analysis, using eight electronic databases. The total number of 18 studies, which included 11 randomized or quasi-randomized controlled trials with 965 maltreated children, was analyzed in the random-effects model. The results found large effect sizes on posttraumatic growth and emotional regulation, whereas moderate-to-large effects were reported in the amelioration of PTSD and depression symptoms. Smaller but significant effect sizes were reported for anxiety, internalizing behavior, sexualized behavior, and parenting practices. Importantly, these positive effects were sustained over follow-up periods of 3-12 months. The analysis additionally conveyed that older

children benefited more from TF-CBT, while factors such as TF-CBT modification, delivery format, number of sessions, and treatment duration were not found to have a statistically significant impact on overall effectiveness. In conclusion, these results stress the efficacy of TF-CBT in reducing trauma symptoms and improving psychosocial functioning in maltreated youth.

In their 2023 meta-analysis, Perkins, et al. (2023) reviewed Acceptance and Commitment Therapy, Compassion-Focused Therapy, Mindfulness-Based Cognitive Therapy, and Metacognitive Therapy for third-wave cognitive behavioral therapy treatment modalities designed for a healthier psycho-functionally active childhood and adolescence. Based on four electronic databases, this study included 50 randomized controlled trials with a total sample of many youths. Results indicated significant reductions in emotional/internalizing problems ($g = -0.68$, $N = 3265$) and behavioral/externalizing difficulties ($g = -0.62$, $N = 1659$) along with significant improvements in well-being/flourishing ($g = 0.76$, $N = 1303$), third-wave processes ($g = 0.39$, $N = 1900$), and health/pain ($g = 0.72$, $N = 1171$). However, effects on quality of life were non-significant ($g = 0.62$, $N = 1271$). Large studies that meet a standard of moderate-to-high quality exhibit significant effects on internalizing symptoms, well-being, interference by challenges, and quality of life; behavior problems and physical health cease to produce significant results, however. Favorable as the outcomes may be, the review exposes enormous heterogeneity and a deficient follow-up period, causing concerns about generalizability and long-term impact.

The study conducted in this systematic review and meta-analysis by Wergeland, Riise, & Öst (2021) was on the use of Cognitive Behavioral Therapy (CBT) for internalizing disorders-in children and adolescents-with anxiety, depression, OCD, and PTSD, in a routine clinical care setting. This study reviewed 58 studies with 4618 participants and conducted randomized controlled trials and open trials using PRISMA and AMSTAR 2 guidelines. CBT effectiveness was measured by within-group comparisons (pre- vs. post-treatment) with respect to symptom reduction and remission. The post-treatment effect sizes were large ($g = 1.28$-2.54) and follow-up effect sizes were also considerable ($g = 1.72$-3.36)..Remission rates were found to fall between 50.7% and 77.4% (post-treatment) and between 53.5% and 83.3% (follow-up). OCD had the greatest effect size, while PTSD had the highest remission rate. The attrition rate was fairly low (12.2%)

and outcomes mirrored those from controlled efficacy trials. These findings testify to the strength and generalization of the benefits of CBT beyond the research setting, although some methodological variation and publication bias existed in effect size estimates.

In their study "The effects of cognitive behavioral psychological group counseling program on the psychological resilience and emotional flexibility of adolescents," İme & Ümmet (2024) sought to determine how a cognitive-behavioral psychological group counseling program affected the psychological resilience and emotional flexibility of adolescents, Twenty-eight teenagers participated in the study and were randomized to either the experimental or control groups, The Emotional Flexibility Scale and the Adolescent Psychological Resilience Scale were used to gather data, The control group did not receive any intervention, whereas the experimental group attended 12 weekly sessions of the cognitive-behavioral group counseling program, Assessments were carried out both immediately following the intervention and two months later using an experimental approach, The results revealed that adolescents in the experimental group showed significant improvements in both psychological resilience and emotional flexibility, with these gains being sustained at the follow-up compared to the control group, This study underscores the effectiveness of cognitive-behavioral psychological group counseling in enhancing psychological resilience and emotional flexibility among adolescents.

Riise, Wergeland, Njardvik, & Öst (2021) carried out a systematic review and meta-analysis examining the use of Cognitive Behavioral Therapy (CBT) for treating internalizing disorders in children and adolescents. Their findings showed a notable reduction in symptoms, although results varied depending on the quality of the studies and the methods used.

A study by Osborn, Wasil, Venturo-Conerly, Schleider, & Weisz (2020) evaluated the efficacy of a group intervention designed to lower anxiety and depression in teenagers in Kenya, a region beset by issues like a lack of mental health facilities and high levels of social stigma, "Shamiri" (meaning "thrive") was the name of the four-week intervention, which included activities centered around value affirmation, gratitude, and growth mindset, The Shamiri program and a control intervention focused on study skills

were randomly assigned to adolescents from an urban region in Nairobi who had moderate-to-severe symptoms of anxiety or sadness, When compared to the control group, the Shamiri program, which was taught by qualified recent high school graduates, resulted in considerable improvements in both academic performance and mental health symptoms, Additionally, participants in the Shamiri program reported feeling more supported by their friends, The study emphasizes the potential of short, community-based interventions provided by non-specialists to successfully address mental health issues and academic difficulties among adolescents in Sub-Saharan Africa, despite the fact that no significant effects were found on perceived control or overall social support, To assess the intervention's long-term effects, more study is advised to confirm these results with bigger sample sizes and longer follow-up times.

Christ et al. (2020) conducted a systematic review to assess how effective computer- and internet-based CBT is in treating depression and anxiety among teenagers and young adults. The review compared CBT with both active and passive control treatments, while also considering accessibility in mental health care for older populations. Overall, the study found that CBT helped reduce symptoms of anxiety and depression, though its long-term effects were unclear due to mixed findings and possible bias.

Gayoles & Magno (2020) looked into how group counseling based on Cognitive Behavioral Therapy (CBT) could support college students who engage in self-harm. Their findings showed that students in the experimental group reported noticeable improvements in their psychological well-being. These results suggest that integrating CBT-focused group counseling into school guidance services may be a valuable approach.

Keles & Idsoe (2018) conducted a meta-analysis to assess how effective group Cognitive Behavioral Therapy (CBT) is in treating depression among teenagers. Their analysis showed that CBT had stronger effects than control conditions in reducing depressive symptoms. However, the benefits tended to decline over time, as longer follow-up periods showed smaller effect sizes. Interestingly, studies that used inactive control groups reported larger effects.

Vigerland et al. (2016) examined the effectiveness of online cognitive behavioral therapy (CBT) for children and adolescents, focusing specifically on the AFFIRM program designed for sexual and gender minority youth. Their pilot study found notable improvements in participants' coping skills, along with decreases in depression and perceived stress, suggesting promising potential for future use.

Wood, et al. (2015) conducted a randomized controlled trial to evaluate cognitive behavioral therapy (CBT) for adolescents aged 11 to 15 who had clinical anxiety and autism spectrum disorder (ASD). Among the 33 participants, half received 16 CBT sessions that included exposure therapy and ASD-specific strategies, while the other half were placed on a waitlist. The results showed significant decreases in anxiety symptoms for those who received CBT. Parents also reported some reduction in autism-related behaviors, though the ASD diagnosis itself remained unchanged. The study suggests that CBT can effectively reduce anxiety in adolescents with ASD, but more research is needed.

Le Grange, Lock, Agras, Bryson, & Jo (2015) conducted a randomized clinical trial comparing family-based treatment for bulimia nervosa (FBT-BN) with adapted cognitive behavioral therapy for adolescents (CBT-A). The study involved 130 adolescents aged 12 to 18 with bulimia nervosa or partial bulimia nervosa. Both treatments included 18 outpatient sessions over six months, and outcomes were measured at the start, end of treatment, and at 6- and 12-month follow-ups. Results showed that FBT-BN was more effective than CBT-A in helping participants stop binge eating and vomiting at the end of treatment and at the 6-month check. However, by the 12-month follow-up, the difference between the two treatments was no longer significant. This suggests that while FBT-BN had stronger short-term effects, the long-term results of both treatments were similar.

Sütcü, Aydın, & Sorias (2010) studied the effectiveness of a cognitive behavioral group therapy (CBGT) program designed to reduce anger and aggression in Turkish adolescents. The program used techniques like distraction, relaxation, and self-study to address these behaviors. The research involved seventh and eighth graders at a secondary school in Izmir, Turkey, and used tools such as the State-Trait Anger Expression Inventory (STAXI) and the Children's Behavioral Tendency Scale (CATS)

to measure outcomes. Analysis of variance (ANOVA) was applied to compare participants' self-reports before and after treatment. The results showed that improvements were evident not only in the adolescents' own reports but also in observations made by others around them.

Cohen, Deblinger, & Mannarino (2009) investigated the effects of short-term cognitive behavioral group therapy on adolescents facing attachment issues caused by child abuse or neglect. The study focused on youth in foster or adoptive care. Fourteen adolescents were split into gender-specific groups and took part in six therapy sessions. Participants completed the Reynolds Adolescent Adjustment Screening Inventory (RAASI) before and after the program. Results showed that the therapy was helpful, with most participants and their parents wanting to continue. This positive reaction was especially significant given the stigma often associated with group therapy, particularly among male adolescents. The study concluded that the therapy's success was largely due to the youths' ability to connect with others who had similar experiences.

Straub, et al. (2014) conducted a pilot study titled "A brief cognitive behavioral group therapy program for the treatment of depression in adolescent outpatients" to evaluate the feasibility and clinical outcomes of a six-session group therapy program for adolescent depression, Between October 2010 and May 2011, 15 outpatients aged 13 to 18 years were divided into three groups and participated in the study, Feasibility was assessed through participation, user feedback, fidelity and treatment response, and assessment of depressive symptoms, quality of life, and suicidal ideation, Results showed high feasibility with a mean attendance of 5.33 sessions and a fidelity of 93%. Clinically, significant reductions in depressive symptoms, improvements in quality of life, and reductions in suicidal ideation were observed, although there were no changes in the Parent Depression Rating Scale or the Clinical Global Impression Scale.

Hyun, Chung, & Lee (2005) conducted a study titled "Effects of Group Cognitive Behavioral Therapy on Self-Esteem, Depression, and Self-Efficacy among Korean Residential Runaways" to examine the effects of cognitive behavioral therapy (CBT) on these psychological factors among runaways in a home in Seoul, Korea, The study adopted a control group pre-post design, and 27 male participants were randomly assigned to an experimental group (n = 14) and a control group (n = 13). The

experimental group received an eight-week, eight-session CBT program, The results showed that CBT significantly reduced depression (z = -2.325, p = 0.02) and improved self-efficacy (z = -2.098, p = 0.03), while no significant changes in self-esteem (z = -1 .19, p = 0.23) were observed, no significant changes were observed in the control group, The cognitive behavioral therapy program is considered to be potentially helpful in meeting the psychological needs of institutionalized runaways.

The commentary on previous studies

The efficacy of cognitive-behavioral therapy (CBT) and its group interventions in addressing a variety of mental health issues among adolescents has been demonstrated in recent studies, İme & Ümmet (2024) examined a CBT group counseling program that significantly improved psychological resilience and emotional flexibility among 28 adolescents over a 12-week period, Their findings are consistent with those of Riise, Wergeland, Njardvik, & Öst (2021), who conducted a systematic review of 58 studies and found that CBT has significant effect sizes in reducing anxiety and depression symptoms in children and adolescents in clinical settings, Osborn, Wasil, Venturo-Conerly, Schleider, & Weisz (2020) further demonstrates the potential of community-based interventions by evaluating the "Shamiri" program in Kenya, which involved 51 adolescents and resulted notable reductions in anxiety and depression and improved academic performance, Similarly, Christ et al. (2020) reviewed internet-based cognitive-behavioral therapy (CBT) for adolescents, finding it effective in reducing symptoms compared to passive controls, although less so than traditional interventions, indicating a need for further exploration of long-term outcomes.

This finding was supported by Keles & Idsoe (2018), who observed that group CBT interventions for adolescent depression were effective both immediately after treatment and during follow-ups, emphasizing the value of group settings in mental health care. Additionally, Vigerland et al. (2016) demonstrated that an internet-based CBT intervention specifically targeting sexual and gender minority youth led to significant reductions in depression and stress. Wood et al. (2015) also explored the use of CBT for adolescents with autism spectrum disorders and clinical anxiety, showing notable improvements in anxiety severity, although they suggested that more tailored approaches may be needed for this group.

Le Grange, Lock, Agras, Bryson, & Jo (2015) compared family-based treatment for bulimia nervosa with an adolescent-adapted form of CBT. While family-based treatment led to higher initial rates of abstinence, both therapies showed similar outcomes in the long term. Sütcü, Aydın, & Sorias (2010) also emphasized the importance of tailored interventions, demonstrating that a cognitive-behavioral group therapy (CBGT) program was effective in reducing anger and aggression in adolescents. Additionally, Cone, Golden, & Hall (2009) explored the impact of short-term CBT group therapy on adolescents dealing with attachment issues due to abuse or neglect. Their findings showed positive results, with participants expressing greater interest in continuing the therapy. This highlights the potential benefits of group therapy, particularly for vulnerable adolescents.

The researcher's benefit from previous studies

These studies collectively provide compelling evidence of CBT's efficacy and the positive impact of structured group interventions on various psychological challenges faced by adolescents, they underscore the importance of addressing mental health issues, particularly in community and institutional settings, paving the way for the current research.

The distinction of the current study from previous studies

This study specifically examines the effectiveness of the Cognitive Behavioral Group Therapy Program (CBGTP) in improving the psychosocial adjustment of adolescents living in institutional care in Jerusalem. By exploring factors such as group type, age, and length of stay, the research aims to address important gaps in the existing literature and provide a deeper understanding of how targeted interventions can support these youths' psychosocial well-being.

Problem Statement

Cognitive Behavioral Group Therapy Programs (CBGTPs) are commonly used to help adolescents cope with psychosocial challenges, especially those under high stress or in unstable environments (İme & Ümmet, 2024; Yalçın, Arıtürk, Görgü Akçay, & Tekinsav Sütcü, 2024). These programs work by changing negative thoughts and behaviors through techniques like cognitive restructuring, emotional regulation, and social skills training (Chen & Jiang, 2024). Studies have shown that CBGTPs can

improve emotional flexibility, build psychological resilience, and enhance social functioning across different groups of young people (Haji Sattari Mamqani, 2021; Wergeland, Riise, & Öst, 2021).

Despite their widespread use worldwide, few studies have looked at how Cognitive Behavioral Group Therapy Programs (CBGTPs) affect adolescents living in institutional care in Jerusalem. These youths face many challenges, including parental separation, neglect, trauma, and limited psychosocial support. Most research so far has focused on groups like juvenile delinquents (Yalçın, Arıtürk, Görgü Akçay, & Tekinsav Sütcü, 2024), children with ADHD (Chen & Jiang, 2024), or trauma survivors (Wang, Chen, & Zhang, 2023). However, little is known about the unique experiences of institutionalized adolescents dealing with complex social and psychological pressures.

Given the high emotional demands, limited coping skills, and low autonomy in institutional care, it is important to study structured therapy programs designed for these adolescents. Existing international evidence confirms the potential of CBGTPs to foster psychosocial adjustment by enhancing self-regulation and reducing internalizing and externalizing symptoms (Perkins, et al., 2023; Thielemann, Kasparik, König, Unterhitzenberger, & Rosner, 2022). Yet, the generalizability of these findings to the specific cultural and contextual conditions of institutional care in Jerusalem remains empirically unverified.

Accordingly, this study emerges from research gap rather than anecdotal observation. It aims to examine the effectiveness of a structured CBGTP in enhancing psycho-social adjustment among adolescents in institutional care in Jerusalem, guided by a growing body of international evidence and an urgent local need for contextually appropriate psychological interventions. This research seeks to contribute to both theoretical understanding and practical applications of cognitive-behavioral therapy in marginalized adolescent populations under institutionalized settings.

The main study question can be formulated by:

What is the effectiveness of the CBGTP in enhancing psycho-social adjustment among adolescents residing in institutional care in Jerusalem?

Research Questions

In light of the presentation of the statement of the problem, the following sub-questions branch out from the main question as follow:

1. What is the level of psycho-social adjustment among adolescents residing in institutional care in Jerusalem?
2. Are there significant differences between the medians of psycho-social adjustment in the pre-test and post-test in the experimental group among adolescents residing in institutional care?
3. Are there significant differences between the medians of psycho-social adjustment in the post-test according to group type, age, and duration of residency in institutions among adolescents residing in institutional care?

Research Hypotheses

The following is an overview of the main hypotheses of the present study:

- There are no statistically significant differences at the significance level ($\alpha = 0.05$) between the medians of psycho-social adjustment in the pre-test and post-test in the experimental group among adolescents residing in institutional care.
- There are no statistically significant differences at the significance level ($\alpha = 0.05$) between the medians of psycho-social adjustment in the post-test according to group type, age, and duration of residency in institutions among adolescents residing in institutional care.

Significance of the research

The importance of this study is evident in that it is one of the limited studies that deals with the efficiency of cognitive behavioral program to raise the level of psychological adaptation of the teenagers residing in the internal institutions in Jerusalem governorate, especially within the target age group, it is expected that this study will provide new information and data that may help teenagers and parents and internal institutions in the

future direct their evaluation strategies more effectively. In the theoretical field, this study is focusing on the efficiency of cognitive behavioral program to increase the level of psycho-social adjustment among adolescents of institutional residents in Jerusalem.

This study holds significant importance in the field of mental health and therapeutic interventions, especially in the complex social and psychological contexts that adolescents in institutional care settings experience. The significance of this study can be highlighted in several aspects:

- Adolescents in institutional care face unique psychological and social pressures, such as the loss of family support and exposure to chronic psychological trauma. Therefore, this study is crucial as it aims to improve the psycho-social adjustment of these adolescents through the implementation of a Cognitive Behavioral Group Therapy Program. Through this, the study seeks to provide practical solutions to enhance the quality of life of these adolescents and mitigate the negative effects of their unstable environments.
- While Cognitive Behavioral Therapy (CBT) has proven effective in various international contexts, its application to adolescents residing in institutional care in Jerusalem remains underexplored. Thus, this study contributes to the body of evidence on the effectiveness of CBT in local settings, enriching the ability to adapt and refine it to meet the specific psychological and social needs of adolescents in these institutions.
- This study is of great importance to practitioners in the fields of psychology and psychotherapy, as it provides a practical model that can be adopted for treating adolescents in institutional care. Additionally, it offers practical insights that could help enhance other psychological intervention programs that may prove effective in similar settings.

Research Objectives

This research aims to assess the effectiveness of the CBGTP in enhancing psycho-social adjustment among adolescents residing in institutional care in Jerusalem. In addition, the research also aims to achieve sub-objectives as follow:

1. To determine the level of psycho-social adjustment among adolescents residing in institutional care in Jerusalem.
2. To analyze the potential differences between the medians of psycho-social adjustment in the pre-test and post-test within the experimental group among adolescents residing in institutional care.
3. To examine the potential differences in the medians of psycho-social adjustment in the post-test according to group type, age, and duration of residency in institutions among adolescents residing in institutional care.

Limitation of the Study

The researcher clarifies the limitation of the study into four: locative, temporal, human and topical limitations.

- Locative limitation: The study covers Jerusalem city.
- Temporal limitation: The researcher carried out this study in the scholastic year 2023/2024.
- Human limitation: The sample of the study was the adolescents of institutional residents in Jerusalem.
- Topical limitation: The study was conducted to examine the effectiveness of cognitive behavioral group therapy program to increase the level of psycho-social adjustment.

Definition of Terms

- **CBGTP:** GCBTP is a rationale-based intervention delivered in a closed group format. It is designed for the treatment of patients with misophonia and applies behavioral and cognitive methods, including task-focused exercises, naming the positive, stimuli control, arousal reduction, re-evaluation of sound-related standards (e.g., eating sounds), and stress reduction techniques. Educational and training sessions for family members are part of such a program and provided by qualified therapists through weekly sessions involving combined psychotherapy and psychomotor therapy to reduce misophonia symptoms and enhance quality of life (Jager, Vulink, Bergfeld, van Loon, & Denys, 2021).

- **Psycho-Social Adjustment:** Psycho-social adjustment refers to an individual's ability to effectively cope with daily life situations by enhancing self-confidence, enduring difficulties, fostering self-reliance, and fulfilling required responsibilities. It manifests in the person's capacity to adapt to surrounding social and environmental pressures in a way that ensures psychological balance and behavioral stability, preventing social withdrawal—particularly within academic settings that demand flexibility in facing life stage challenges (Ghafoor, 2019).
- **Adolescents:** Adolescence is described as the period of physical, intellectual, emotional, and social change from childhood to adulthood. During this developmental stage, adolescents are significantly influenced by both internal factors, such as their developmental needs and interactions with parents and teachers, and external factors, including economic conditions and peer pressure. This stage is marked by a quest for identity, growing independence from parents (Chemnad, et al., 2023).
- **Institutional Care:** Institutional care refers to the placement of young children often orphaned, abandoned, or removed from parental custody due to poverty or instability into residential facilities staffed by shift-working caregivers. These settings are typically characterized by high child-to-caregiver ratios, low individualization, regimented routines, and limited emotional investment from caregivers. Such environments are structurally and psychologically misaligned with young children's developmental needs (Dozier, Zeanah, Wallin, & Shauffer, 2012).

Chapter Two
Research Methodology

Introduction

This chapter outlines the research methodology, study design, and procedures followed in this study. It details the population and explains how the sample was chosen. The chapter also describes the data collection tools, including their reliability and validity. Additionally, it covers the therapy sessions, the statistical analyses used, and the types of variables examined.

Study Design

This study aimed to improve the psychosocial adjustment of adolescents in institutional care in Jerusalem using a cognitive behavioral group therapy program (CBGTP). A quasi-experimental design was used, comparing an experimental group that took part in CBGTP with a control group that did not. Both groups completed pretests and posttests to measure the program's impact. The results were analyzed to assess the effectiveness of the intervention.

1. G_{exp} $O_{pre\text{-}exp}$ X $O_{post\text{-}exp}$
2. G_{con} $O_{pre\text{-}con}$ ---- $O_{post\text{-}con}$

Where the symbols refer to:

G_{exp}: The experimental group that participated in the CBGTP program.

G_{con}: The control group that did not receive any treatment.

$O_{pre\text{-}exp}$: Pre-test measuring psycho-social adjustment for the experimental group participants.

$O_{pre\text{-}con}$: Pre-test measuring psycho-social adjustment for the control group participants.

X: The CBGTP program intervention administered to the experimental group.

$O_{post\text{-}exp}$: Post-test measuring psycho-social adjustment for the experimental group participants.

$O_{post\text{-}con}$: Post-test measuring psycho-social adjustment for the control group participants.

Study Population

The study population is male adolescents living in residential care institutions in Jerusalem. The adolescents, between 12 and 21 years of age, live in orphanages, shelters, residential treatment centers, or similar facilities that offer constant supervision and support. They cannot live with their families due to family issues, financial problems, loss of parents, or other reasons which make it impossible for them to be in a typical family setup.

They are admitted into various residential institutions where they remain for one and a half to two years on average. For some, the period of stay lengthens much more as they are transferred from one institution to another depending on family circumstances and readiness for reunification. Additionally, their ability to return to the family home of origin, along with their social and psychological condition, are considerations for whether or not they can depart the institution or remain. There are eleven residential institutions in Jerusalem:

Table 1

Study population description

Name of the Residential Institution	Male	Female
Friends of Dar Al-Aytam Al-Islamiya Association	70	0
Arab Institute School	150	0
Industrial Islamic Orphanage School	108	0
Jil Al-Amal School and Association	29	0
Beit Eliazer	0	7
Dar Al-Awlad	9	0
Beit Al-Zahraa	0	48
Al-Ghad Hostel	9	7
Beit Al-Hanan	25	15
Arfad Institution	88	62
Total	488	139

Sampling and Sample Size

The sample type in this study was a purposive sample. To select a purposive sample from male adolescents, it is important to establish clear inclusion and exclusion criteria that align with the research objectives. Below are the suggested criteria:

a. Inclusion Criteria:

- Age Range: Adolescents aged 15-20 years old.
- Length of Stay: Adolescents who have been in the institution for at least six months to ensure they have had substantial experience within the institutional setting.
- Institutional Stability: Adolescents who have not moved between institutions more than once in the past six months to ensure a level of stability in their current environment.
- Consent: Adolescents who provided informed consent to participate in the present study.

b. Exclusion Criteria:

- Age Outliers: Adolescents younger than 15 years.
- Recent Admissions: Adolescents who have been in the institution for less than six months.
- High Mobility: Adolescents who have moved between institutions more than once in the past six months.
- Lack of Consent: Adolescents who did not provide informed consent to participate in the present study.

A total of 20 participants were evenly divided into two groups: the experimental group and the control group, with 10 participants in each. The table below shows the sample size and describes the adolescents in terms of age and duration of residency in institutions for each group.

Table 2

Participants' description (n = 20)

Demographic Variables	Variables Level	Group Type			
		Experimental Group		control Group	
		Frequency	Percentage	Frequency	Percentage
Adolescent age	15 to 17	5	50%	6	60%
	18 to 20	5	50%	4	40%
	Total	10	100%	10	100%
Residency duration	< 1 year	3	30%	5	50%
	1 to 2 years	4	40%	3	30%
	> 2 years	3	30%	2	20%
	Total	10	100%	10	100%

This table indicates that in the experimental group, 50% of the subjects fall in the age group 15 to 17 years and 50% in the age group 18 to 20 years. Similarly, in the control group, 60% of the subjects fall in the age group 15 to 17 years and 40% in the age group 18 to 20 years. Of length of residency, 30% of the experimental group have resided in institutions for less than 1 year, 40% for 1 to 2 years, and 30% for more than 2 years. For the control group, 50% have been in institutions for more than 1 year, 30% for 1 to 2 years, and 20% for less than 2 years.

Overall, the two populations are quite homogeneous in age structure and have some common tendencies in length of residency, which ensures an even comparison between the experiment and control group.

Instrumentation

The researcher utilized various psychological scales, for instance, mental well-being, depression, self-concept, and self-esteem to evaluate the psychosocial adjustment of the adolescent youths living in institutions within Jerusalem. Additionally, he utilized the generic psycho-social scale. The research strategy aims to capture an exhaustive description of the factors and dimensions of psychosocial adjustment among the male youths who live in care institution settings in Jerusalem. It must be mentioned that all the scales combined complement each other to provide a panoramic view of

psychological and social states of the teenagers. The descriptions of each of these scales are as follows:

The Generic Psycho-social Scale

The present study employed the Almahaireh & Omar (2021) Generic Psycho-Social Scale (GPSS), which was developed to evaluate the psychosocial adaptation of adolescents residing in protective and care homes. This scale comprises (38) items divided into two domains: psychological adjustment (PA) (20 items) and social adjustment (SA) (18 items). Responses are rated on a five-point Likert scale (strongly agree = 5, agree = 4, neutral = 3, disagree = 2, strongly disagree = 1). Reverse-scored items were adjusted as follows: (strongly agree = 1, agree = 2, neutral = 3, disagree = 4, strongly disagree = 5). In the study by Almahaireh & Omar (2021), the scale demonstrated good psychometric properties and allows for computation of three scores: total score, psychological adjustment subscore, and social adjustment subscore.

The Psycho-social adjustment Scale validity

In this study, the validity of the GPSS was assessed through evaluation by judges. Five experts from the Psychology Departments of An-Najah National University, Quds University, and Hebron University reviewed the scale. They proposed clarifying unclear items and rephrasing text to improve understanding for adolescents in institutional care. Despite their recommendations, no items were removed, and thus, all items were retained in the GPSS during this phase of evaluation.

The construct validity of the GPSS was assessed using corrected item-total correlations (CITCs). Initially, the scale was administered to an exploratory sample comprising male adolescents residing in protective and care homes, who were not part of the final sample but belonged to the same population study. This distribution spanned ten days, involving 33 participants.

Pearson correlation coefficients were calculated between each item and its corresponding subscale, as well as with the overall score. All items exhibited significant correlations with both the total score (ranging from AP 0.44 to 0.86) and their respective subscales (ranging from SA 0.47 to 0.89). Furthermore, the Pearson correlation coefficients between the subscales and the GPSS were 0.77 (PA) and 0.68 (SA).

These results supported the retention of all scale items in the GPSS, affirming its adequate construct validity and its capability to effectively measure the intended underlying construct. The CITCs results of the PRS are presented in the table below.

Table 3

The construct validity of the GPSS (n = 33)

#	C.O. with PA	C.O. with GPSS	#	C.O. with SA	C.O. with GPSS
1.	0.47**	0.44**	21.	0.83**	0.75**
2.	0.89**	0.85**	22.	0.86**	0.85**
3.	0.62**	0.53**	23.	0.78**	0.70**
4.	0.61**	0.52**	24.	0.66**	0.58**
5.	0.68**	0.59**	25.	0.82**	.74**
6.	0.53**	0.44**	26.	0.83**	0.75**
7.	0.85**	0.76**	27.	0.55**	0.47**
8.	0.88**	0.79**	28.	0.85**	0.77**
9.	0.60**	0.51**	29.	0.89**	0.81**
10.	0.83**	0.74**	30.	0.85**	0.77**
11.	0.54**	0.45**	31.	0.74**	0.66**
12.	0.81**	0.72**	32.	0.65**	0.57**
13.	0.56**	0.47**	33.	0.74**	0.66**
14.	0.75**	0.66**	34.	0.89**	0.86**
15.	0.88**	0.84**	35.	0.89**	0.81**
16.	0.89**	0.86**	36.	0.88**	0.80**
17.	0.74**	0.65**	37.	0.72**	0.64**
18.	0.87**	0.83**	38.	0.58**	0.50**
19.	0.56**	0.47**		SA	0.68**
20.	0.71**	0.62**			
	PA	0.77**			

**(p < .01), C.O.: Correlation Coefficient.

The psycho-social adjustment scale reliability

The current study evaluated the internal consistency reliability of the GPSS and its subscales using the Cronbach's Alpha equation, resulting in a coefficient of 0.933 for the total score, which indicates strong reliability. The coefficients for the subscales were 0.910 (PA) and 0.888 (SA), respectively.

In light of the validity and reliability results, the scale retained 38 items that demonstrate suitability and are distributed across the following subscales:

- Psychological adjustment (PA): Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20. The reversed items are: 13, 15, 16, 17, 19, and 20..
- Social adjustment (SA): Items 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38.

The Mental Well-being Scale

The short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) is a self-report questionnaire designed to measure mental well-being among adolescents and adults. It was developed as a shorter version of the original Warwick-Edinburgh Mental Well-being Scale to provide a quick and efficient assessment tool (Shah, Cader, Andrews, McCabe, & Stewart-Brown, 2021). SWEMWBS is used to assess positive aspects of mental health and well-being rather than focusing on symptoms of mental illness. The scale consists of seven items, each representing a different aspect of well-being, such as positive affect, relationships, and personal functioning.

Respondents rate each item on a 5-point scale ranging from "none of the time" to "all of the time." Scores are typically summed up to provide an overall measure of mental well-being, with higher scores indicating greater well-being.

The mental well-being scale validity

In this study, the SWEMWBS's validity was examined through expert evaluation. Five experts from Psychology Departments at An-Najah National University, Quds University, and Hebron University reviewed the scale. They recommended clarifying ambiguous items and revising wording to enhance comprehension among adolescents in institutional care. Despite these suggestions, no items were removed, and thus, all original items remained in the SWEMWBS during this evaluation phase.

To assess construct validity, corrected item-total correlations (CITCs) were calculated. Initially, the scale was administered to an exploratory sample consisting of male adolescents residing in protective and care homes, who were not included in the final sample but were part of the larger population study. This phase spanned ten days and involved 33 participants.

Pearson correlation coefficients were computed between each item and the total score. All items showed significant correlations with the overall score (ranging from .56 to .84), supporting the retention of all scale items in the SWEMWBS. These findings affirm its adequate construct validity and its ability to effectively measure the intended underlying construct. The CITCs results are detailed in the table provided below.

Table 4

The construct validity of the SWEMWBS (n = 33)

#	C.O. with SWEMWBS
1.	0.58**
2.	0.77**
3.	0.84**
4.	0.73**
5.	0.56**
6.	0.62**
7.	0.76**

**(p < .01), C.O.: Correlation Coefficient.

The mental well-being scale reliability

In this study, the internal consistency reliability of the SWEMWBS was assessed using Cronbach's Alpha, yielding a coefficient of .915 for the total score. This indicates strong reliability of the scale in measuring mental well-being among the study participants.

The Depression Scale

The present study used the 6-item Kutcher adolescent depression scale (KADS-6) which is a brief self-report questionnaire designed to assess depressive symptoms specifically in adolescents. It was developed as a short version of the initial Kutcher adolescent depression scale (KADS) for use as a quick and efficient screening tool. KADS-6 is used for screening and severity assessment of depressive symptoms in adolescents. The scale consists of six items that measure a number of dimensions of depressive symptoms most commonly encountered in adolescents, such as sadness, loss of interest, changes in appetite or sleep, feelings of worthlessness or guilt, difficulty concentrating, and suicidal or self-injurious ideation.

Respondents rate each item on a 4-point scale reflecting the frequency of each symptom that has occurred in the last two weeks. Scores are typically added up to provide a total score with higher scores indicating more depressive symptoms.

The depression scale validity

In the present study, the KADS-6's validity was assessed through expert review. Five experts affiliated with Psychology Departments at An-Najah National University, Quds University, and Hebron University evaluated the scale. They suggested improvements such as clarifying ambiguous items and refining wording to enhance understanding among adolescents in institutional care. Despite these recommendations, none of the original items were removed, and all were retained in the KADS-6 during this evaluation phase.

To evaluate construct validity, corrected item-total correlations (CITCs) were computed. Initially, the scale was administered to a preliminary sample of male adolescents residing in protective and care homes, who were not part of the final sample but were included in the broader population study. This phase lasted for ten days and involved 33 participants.

Pearson correlation coefficients were calculated to assess the relationship between each item and the total score. All items demonstrated significant correlations with the overall score, ranging from 0.49 to 0.86. These results support the retention of all items in the KADS-6, confirming its adequate construct validity and its effectiveness in measuring the intended psychological construct. Detailed CITCs results can be found in the accompanying table.

Table 5

The construct validity of the KADS-6 (n = 33)

#	C.O. with KADS-6
1.	0.86**
2.	0.50**
3.	0.52**
4.	0.49**
5.	0.65**
6.	0.71**

**(p < .01), C.O.: Correlation Coefficient.

The depression scale reliability

In this study, the internal consistency reliability of the KADS-6 was assessed using Cronbach's Alpha, yielding a coefficient of 0.879 for the total score. This indicates very good reliability of the scale in measuring depression among the study participants.

The Self-Esteem Scale

The present study used the Rosenberg Self-Esteem Scale (RSES) is a widely used self-report instrument designed to measure self-esteem. Developed by sociologist Dr. Morris Rosenberg in 1965, it has been extensively validated and is considered a reliable tool for assessing an individual's self-worth and self-acceptance (Rosenberg, 1965). The scale measures global self-esteem, which reflects an individual's overall evaluation of their worthiness as a person and it consists of ten items, each of which addresses a different aspect of self-esteem, such as feelings of self-respect, self-worth, and overall satisfaction with oneself.

Each item is rated on a 5-point Likert scale ranging from "strongly agree" to "strongly disagree." Five of the items are positively worded (e.g., "On the whole, I am satisfied with myself"), and five are negatively worded (e.g., "At times I think I am no good at all"). The negatively worded items are reverse scored, and the scores are summed to obtain a total score. Higher scores indicate higher self-esteem. The present study used the Arabic version of RSES for (Abu Saad, 2023).

The self-esteem scale validity

In the present study, the RSES 's validity was assessed through expert review. Five experts affiliated with Psychology Departments at An-Najah National University, Quds University, and Hebron University evaluated the scale. They suggested improvements such as clarifying ambiguous items and refining wording to enhance understanding among adolescents in institutional care. Despite these recommendations, none of the original items were removed, and all were retained in the RSES during this evaluation phase.

To evaluate construct validity, corrected item-total correlations (CITCs) were computed. Initially, the scale was administered to a preliminary sample of male adolescents residing in protective and care homes, who were not part of the final sample

but were included in the broader population study. This phase lasted for ten days and involved 33 participants.

Pearson correlation coefficients were calculated to assess the relationship between each item and the total score. All items demonstrated significant correlations with the overall score, ranging from .52 to .87. These results support the retention of all items in the RSES, confirming its adequate construct validity and its effectiveness in measuring the intended psychological construct. Detailed CITCs results can be found in the accompanying table.

Table 6

The construct validity of the RSES (n = 33)

#	C.O. with RSES
1.	0.66**
2.	0.58**
3.	0.87**
4.	0.53**
5.	0.64**
6.	0.52**
7.	0.82**
8.	0.84**
9.	0.56**
10.	0.71**

**($p < .01$), C.O.: Correlation Coefficient.

The self-esteem scale reliability

In this study, the internal consistency reliability of the RSES was assessed using Cronbach's Alpha, yielding a coefficient of .849 for the total score. This indicates good reliability of the scale in measuring self-esteem among the study participants.

The Self-Concept Scale

The present study used the adolescents' self-concept short scale (ASCSS) which is a streamlined version of the Piers-Harris children's self-concept scale (PHCSCS). The ASCSS includes 30 items, each addressing a specific dimension of self-concept. The items are divided into six dimensions.

Respondents rate each item on a 6-point Likert scale, indicating how much they agree or disagree with each statement. The scale ranges from "strongly disagree" to "strongly agree.". The scores are summed to provide a total self-concept score, with higher scores indicating a more positive self-concept.

The self-concept scale validity

In this study, the validity of the ASCSS was assessed through expert evaluation. Five specialists from the Psychology Departments at An-Najah National University, Quds University, and Hebron University reviewed the scale. They suggested clarifying ambiguous items and rephrasing text to enhance comprehension for adolescents in institutional care. As a result, six items were removed, leaving 24 items in the scale during this evaluation phase.

To assess the construct validity of the ASCSS, corrected item-total correlations (CITCs) were calculated. Initially, the scale was administered to an exploratory sample of 33 male adolescents residing in protective and care homes, who were part of the broader population study but not included in the final sample. This phase lasted ten days.

Pearson correlation coefficients were computed between each item and its respective subscale, as well as the overall score. All items showed significant correlations with the total score, ranging from 0.38 to 0.77, and with their corresponding subscales, ranging from 0.44-0.85 where (ANX 0.39-0.53), (PHA 0.44-0.69), (BEH .52-58), (POP 0.42-0.62), (HAP 0.42-0.77), and (IS 0.43-0.61). Additionally, the Pearson correlation coefficients between the subscales and the ASCSS were .68 for (ANX), .68 for (PHA), 0.74 for (BEH), 0.65 for (POP), 0.77 for (HAP), and 0.75 for (IS).

These findings supported the retention of all items in the ASCSS, confirming its adequate construct validity and its effectiveness in measuring the intended construct. Detailed CITC results for the ASCSS are provided in the table below.

Table 7

The construct validity of the ASCSS (n = 33)

#	C.O. with ANX	C.O. with ASCSS	#	C.O. with PHA	C.O. with ASCSS
1.	0.53**	0.58**	2.	0.49**	0.54**
7.	0.46**	0.52**	8.	0.46**	0.51**
13.	0.49**	0.55**	14.	0.69**	0.74**
19.	0.39*	0.47**	20.	0.44**	0.51**
	ANX	.68**		PHA	0.74**
#	C.O. with BEH	C.O. with ASCSS	#	C.O. with POP	C.O. with ASCSS
3.	0.52**	0.57**	4.	.42**	0.47
9.	0.55**	0.62**	10.	.61**	0.65
15.	0.58**	0.65**	16.	.53**	0.58
21.	0.52**	0.57**	22.	.62**	0.65
	BEH	65**		POP	0.77**
#	C.O. with HAP	C.O. with ASCSS	#	C.O. with IS	C.O. with ASCSS
5.	0.62**	0.65**	6.	0.61**	0.66**
11.	0.75**	0.81**	12.	0.49**	0.54**
17.	0.77**	0.82**	18.	0.43**	0.48**
23.	0.42**	0.47**	24.	0.43**	0.48**
	HAP	0.77**		IS	0.75**

**(p < .01), * (p < .05), C.O.: Correlation Coefficient.

The self-concept scale reliability

The current study evaluated the internal consistency reliability of the ASCSS and its subscales using the Cronbach's Alpha equation, resulting in a coefficient of .947 for the total score, which indicates good reliability. The coefficients for the subscales were .848 for (ANX), .824 for (PHA), .860 for (BEH), .806 for (POP), .877 for (HAP), and .866 for (IS) respectively.

In light of the validity and reliability results, the scale retained (24) items that demonstrate suitability and are distributed across the following subscales:

- Anxiety (ANX): Items 1, 7, 13, 19.
- Physical Appearance (PHA): Items 2, 8, 14, 20.
- Behavior (BEH): Items 3, 9, 15, 21.
- Popularity (POP): Items 4, 10, 16, 22.

- Happiness (HAP): Items 5, 11, 17, 23.
- Intellectual Status (IS): Items 6, 12, 18, 24.

The reversed items are: 1, 3, 4, 7, 9, 10, 11, 13, 15, 16, 19, 20, 21, and 22.

Scales translation

The researcher adapted the SWEMWBS, KADS-6, and ASCSS for the Palestinian context, drawing on the methodology recommended by Pan and Dae La Puente (2005) for translating and adapting scales. This method involves five steps: preparing, translating and back-translating, pretesting, revising, and documenting. The Arabic translation of the scales was reviewed by three experts: one psychologist and two specialists proficient in Arabic and English languages, all affiliated with An-Najah National University.

A therapeutic program based on CBGTP to enhance the psycho-social adjustment of adolescents residing in institutional care.

a. CBGTP Description:

Adolescents living in institutional care often face challenges that affect their psychosocial adjustment and overall well-being, such as emotional difficulties, behavior problems, and strained relationships. Addressing these issues requires a therapy program tailored to their unique needs. One effective approach is a group therapy program based on cognitive-behavioral principles (Darsana, 2022; Joiner & Buttell, 2018; O'Donnell, et al., 2014; De Swart, et al., 2012).

This program also considers the impact of the institutional environment on adolescents' experiences and behaviors. Interventions are designed to fit this setting, aiming to create a supportive atmosphere that encourages healthy growth. By teaching practical skills and fostering a positive group dynamic, the program works to boost resilience, self-esteem, and overall psychosocial adaptation.

The key goals include improving mental well-being, reducing depression, and strengthening self-concept through resilience, coping strategies, and healthy social relationships. Combining cognitive-behavioral therapy (CBT) with group work, the

program helps adolescents manage emotions, handle social challenges, and develop more adaptive thinking.

Central to the program is addressing both distorted thoughts and unhelpful behaviors that limit coping. In a structured group setting, participants learn to challenge their beliefs, practice problem-solving, and try out new behaviors with peer support. This environment promotes acceptance, belonging, and peer learning, which are vital for growth and understanding:

- Cognitive-Behavioral Therapy (CBT) Principles: The program integrates core CBT techniques such as identifying and challenging negative thought patterns, promoting cognitive restructuring, and teaching adaptive coping skills. These techniques are adapted to be developmentally appropriate for adolescents.
- Group Therapy Format: Sessions take place in a group setting to benefit from peer support, shared learning, and social encouragement. The group is carefully managed to ensure a safe and supportive space where participants feel comfortable sharing, learning from one another, and practicing new skills.
- Psychoeducation: Participants learn the basics of CBT, including how thoughts, feelings, and actions are connected. They also explore the ideas behind different therapy techniques. This knowledge helps adolescents understand their own mental processes and take an active role in their therapy.
- Skill Building: The program focuses on teaching practical skills like managing emotions, solving problems, being assertive, communicating effectively, and handling stress. These skills help teenagers better cope with relationships and everyday challenges.
- Goal Setting and Monitoring: Participants work with the researcher to create personal goals related to their psychosocial adjustment. Progress is tracked during the program, allowing time for reflection, adjusting strategies, and celebrating successes.
- Behavioral Activation: The program includes activities that encourage engagement in positive and rewarding behaviors. This helps counteract withdrawal, depression, and similar symptoms by promoting active involvement in meaningful tasks both inside and outside the institution.

- Relapse Prevention: Participants learn how to recognize early signs of relapse and strategies to maintain the progress they've made. This helps teenagers stay on track independently after completing the program.
- Collaboration with Institutional Staff: The program works closely with the institution's staff to maintain consistent therapy methods and provide support throughout the adolescents' daily lives.
- Evaluation and Feedback: Regular progress assessments and participant feedback are key parts of the program. This helps tailor the approach to individual needs, making the program more effective and relevant.

b. Objectives of the CBGTP:

The main goal of the Cognitive Behavioral Group Therapy Program (CBGTP) is to improve psychosocial adjustment among adolescents in institutional care. The specific objectives include:

- Increase understanding of self-concept and its role in shaping personal identity, including factors affecting self-perception.
- Promote self-acceptance and support positive personal growth.
- Help adolescents understand depression, differentiate it from normal sadness, and recognize its causes.
- Encourage open discussion of emotions and seeking help when feeling depressed.
- Teach early signs of depression for timely recognition and intervention.
- Provide strategies to manage and reduce depression effectively.
- Enhance positive thinking, self-motivation, and resilience.
- Build self-confidence and equip adolescents with problem-solving skills.
- Raise awareness about mental health care and ways to maintain it.
- Identify common psychological pressures faced by adolescents.
- Teach effective stress management techniques.
- Explain social-emotional adjustment and its importance.

- Promote building positive, healthy relationships.
- Develop communication skills and empathy towards others.
- Guide adolescents on how to create and maintain supportive relationships.

c. The importance of the CBGTP:

The Cognitive Behavioral Group Therapy Program (CBGTP) is a structured approach designed to improve the psychosocial adjustment of adolescents in institutional care. It focuses on practical skills like cognitive restructuring, problem-solving, and communication to help teens manage stress and build healthy relationships. The supportive group setting allows participants to share experiences, learn from peers, and feel understood.

The program emphasizes building resilience by teaching effective coping strategies to handle challenges. It also raises awareness about mental health issues such as depression, anxiety, and stress, helping adolescents access timely support.

By addressing negative thoughts and promoting self-acceptance, CBGTP fosters a positive self-concept and identity. The skills learned are applied to everyday life, supporting lasting behavioral changes and stronger coping abilities, which encourage continued personal growth.

Collaboration with institutional staff ensures a consistent therapeutic environment, strengthening support across different areas of the adolescents' lives.

Overall, CBGTP aims for a long-term positive impact by improving psychosocial adjustment during adolescence. It equips participants with resilience and coping skills that contribute to better mental health and well-being in adulthood, fostering sustained psychosocial health for youth in institutional care.

d. CBGTP stages:

CBGTP for the enhancement of the psycho-social adaptation of adolescents in institution care was divided into three broader stages: the first stage, the middle treatment stage, and the last stage of treatment.

Initial Stage

The initial phase focused on the development of a trust foundation and a therapeutic alliance among the participants, the therapist, and laying the ground for the alliance process. Orientation to the core concepts of Cognitive-Behavioral Group Therapy and the particular aims of the program was introduced to adolescents during this phase. Orientation, pre-test ratings, and the setting of individual and group goals were some of the core activities.

The subjects received exercises that were meant to foster self-reflection and began to analyze their thoughts, feelings, and actions. The researcher tried to create a welcoming and nonthreatening environment so that teens could freely disclose their experiences and problems.

Middle Treatment Stage

Middle phase of treatment is the core program, in which the majority of therapeutic activity took place. The stage involved intense skill practice and cognitive restructurings intended to target the adolescents' individual issues. The participants acquired convenient strategies for the management of stress, emotional control, and developing effective communication.

Group discussion, role-play, and group problem-solving were utilized to enhance these skills. There is a special emphasis placed on cultivating resilience, creating self-concept, and promoting healthy social relationships. The encouraging group environment helped the participants provide and receive feedback, share coping strategies, and foster a sense of belongingness.

End Stage of Treatment

The last treatment phase involved solidifying progress gained under the program and transitioning teens for future success subsequent to the therapy process. During this phase, the review of learned skills and strategies was involved, monitoring progress against personal and group goals (post-test), as well as getting ready to deal with subsequent challenges.

They were encouraged to examine their progress and define areas that should be improved. The investigator co-operated with the adolescents in planning individual maintenance programs involving coping reactions, networks, and ways to obtain long-term mental health follow-up. Closeout or graduation ceremonies were witnessed to celebrate achievement and the strengthened sense of accomplishment. The aim of this final stage was to offer the adolescents the confidence and reassurance that they are able to apply what they have learned in their ordinary lives, resulting in sustained psycho-social adaptation and well-being.

e. The CBGTP timeframe:

This program consists of 13 sessions, scheduled every five days over a period of 60 days, with each session lasting approximately two hours.

f. Place and Tools:

The CBGTP program was conducted at “Al-Ghad Hostel Foundation” in Beit Hanina, Jerusalem. The sessions utilized LCD screen, laptops, pens, pencils, coloring pens, CBGTP cards, and some gifts to facilitate the program activities.

g. Content of the CBGTP program:

The following table shows the content of the thirteen-session CBGTP program that was applied on the experimental group:

Table 8

The content of the thirteen-session CBGTP

Session Number	Session Objectives	Session Duration
The first session	- Conduct orientation sessions, initial assessments (pre-test), and set individual and group objectives. - Build a foundation of trust and establish a therapeutic alliance between participants and the therapist. - Introduce adolescents to the basic principles of Cognitive-Behavioral Group Therapy and specific goals of the program.	2 hours
The second session	- Enhance understanding of self-concept and its role in shaping personal identity, considering factors influencing adolescents' self-perception.	2 hours
The third session	- Promote awareness of the importance of self-acceptance and facilitate positive growth in this area.	2 hours
The fourth session	- Understand depression, distinguishing it from transient sadness, and identify contributing factors to elevated depression levels in adolescents.	2 hours
The fifth session	- Raise awareness about the significance of discussing emotions and seeking help when experiencing depression.	2 hours
The sixth session	- Identify signs and symptoms of depression to facilitate early recognition and intervention.	2 hours
The seventh session	- Educate adolescents on learning strategies to effectively manage and reduce depression.	2 hours
The eighth session	- Enhance positive thinking skills, self-motivation, and resilience among adolescents.	2 hours
The ninth session	- Boost self-confidence and equip adolescents with skills to overcome challenges effectively.	2 hours
The tenth session	- Raise awareness about the importance of mental health care and develop strategies for its maintenance.	2 hours
The eleventh session	- Identify various psychological pressures faced by adolescents.	2 hours
The twelfth session	- Learn and practice effective strategies for managing psychological stress,	2 hours
The thirteenth session	- Define social-emotional adjustment and highlight its importance for adolescents, promote the importance of building positive, healthy relationships with others, learn effective communication skills and develop empathy towards others, identify practical steps to cultivate and maintain positive and supportive relationships. - Post-test.	2 hours

6. The Study Procedures

The following procedures were followed to achieve the objectives of the study:

- A comprehensive literature review was conducted to establish the theoretical foundation and review prior studies relevant to psycho-social adjustment, institutionalized adolescents, and Cognitive Behavioral Group Therapy Program (CBGTP).
- Development of the study instruments and therapeutic program grounded in Cognitive Behavioral Therapy (CBT) principles.
- Assessment of the instruments' validity and reliability through an exploratory sample of (33) institutionalized adolescents.
- Selection of the study sample using a purposive sampling technique. Pre-tests were administered to evaluate the psycho-social adjustment levels of the institutionalized adolescents.
- Informed consent was obtained from all adolescents, resulting in a sample of 20 participants.
- Participants were randomly divided into two groups: experimental (n=10) and control (n=10). Groups were matched by initial psychosocial adjustment, age, and length of stay in the institution.
- The experimental group received the CBGTP intervention; the control group did not receive any therapy.
- Post-tests were conducted for both groups after the intervention.
- Data were analyzed using SPSS software.
- Findings were discussed, and recommendations were made based on the results.

7. The Statistical Analysis:

After collecting and entering the data into SPSS software, the following statistical techniques were employed:

- Descriptive statistics including frequencies, percentages and medians for the study variables.

- The Pearson Product-Moment Correlation Coefficient was utilized to assess the validity of the psycho-social adjustment scales.
- The Cronbach's Alpha coefficient was applied to determine the reliability of the psycho-social adjustment scales.
- The Shapiro-Wilk Test was conducted to check the normality of the study variables, suitable for small sample sizes (fewer than 30 participants).
- The Mann–Whitney U test was used to assess the significance of differences between two independent medians for psycho-social adjustment for the both groups.
- The Wilcoxon Signed Rank Test was used for one sample to evaluate the level of psycho-social adjustment among institutionalized adolescents in Jerusalem.
- The Wilcoxon Signed Ranks Test for paired samples was also employed.
- Nonparametric Multivariate Analysis of Covariance (NPMANCOVA) was conducted to examine the significance of differences in post-test medians, considering the pre-test scores, group type, age, and duration of residency in institutions.

Study Variables:

- Independent variables: represented by the CBGTP, where the experimental group received the intervention while the control group received nothing. In addition, the independent variables included age, and duration of residency in institutions.
- Dependent variables: The dependent variable was the psycho-social adjustment in terms of mental well-being, depression, self-esteem, and self-concept.

8. The Equivalence of the Two Study Groups:

Before testing for the equivalence of the two groups, similarity of the two groups was achieved by using pre-test data regarding the levels of psycho-social adjustment to mental well-being, depression, self-esteem, and self-concept. Normality of psycho-social adjustment scores of the two groups was also established by the researcher to select the appropriate statistical tests to be used. With normally distributed data, the most effective are the parametric tests. On the other hand, non-parametric tests are used when the data are not normally distributed (Verma & Abdel-Salam, 2019). For sample

sizes smaller than 30, the Shapiro-Wilk test is the recommended test for normality (Field, 2013). The table below presents the results of the Shapiro-Wilk test.

Table 9

Testing the normality of the responses in psycho-social adjustment for both groups in the pre-test by the Shapiro-Wilk test

Group type	Dependent variable	Shapiro-Wilk test		
		Statistic	df	Sig.
Control (n = 10)	GPSS	0.742	9	0.003**
	SWEMWBS	0.815	9	0.014*
	KADS-6	0.872	9	0.021*
	RSES	0.859	9	0.019*
	ASCSS	0.874	9	0.023*
Experimental (n = 10)	GPSS	0.844	9	0.040*
	SWEMWBS	0.812	9	0.012*
	KADS-6	0.867	9	0.018*
	RSES	0.825	9	0.015*
	ASCSS	0.863	9	0.018*

**(p < .01), *(p < .05).

The Shapiro-Wilk test was used to assess the normality of the distribution of the dependent variables within each group. In the control group, the results showed that for GPSS (generic psycho-social adjustment), the p-value is (0.003), which is highly significant ($p < 0.01$). This indicates that the GPSS scores in the control group deviate significantly from a normal distribution. Similarly, for SWEMWBS (mental well-being), the p-value is (0.014), which is significant ($p < 0.05$), also indicating a deviation from normality. For KADS-6 (depression), the p-value is (0.021), which is significant ($p < 0.05$), indicating a deviation from normality. The RSES (self-esteem) scores have a p-value of (0.019), which is significant ($p < 0.05$), indicating a deviation from normality. Lastly, for ASCSS (self-concept), the p-value is (0.023), which is significant ($p < 0.05$), indicating a deviation from normality.

In the experimental group, the Shapiro-Wilk test results revealed that for GPSS (generic psycho-social adjustment), the p-value is (0.040), which is significant ($p < 0.05$), indicating a significant deviation from a normal distribution. For SWEMWBS (mental well-being), the p-value is (0.012), which is significant ($p < 0.05$), indicating a deviation from normality. For KADS-6 (depression), the p-value is (0.018), which is significant

(p < 0.05), indicating a deviation from normality. The RSES (self-esteem) scores show a p-value of (0.015), which is significant (p < 0.05), indicating a deviation from normality. Lastly, for ASCSS (self-concept), the p-value is (0.018), which is significant (p < 0.05), indicating a deviation from normality.

Therefore, in both the control and experimental groups, all the dependent variables (GPSS, SWEMWBS, KADS-6, RSES, and ASCSS) show significant deviations from normality. This suggests that none of these scores are normally distributed in either group. Consequently, non-parametric tests may be more appropriate for analyzing these data sets given the lack of normality.

To examine the equivalence of the two groups in psycho-social adjustment in the pre-test, differences between medians were tested using the Mann–Whitney U test. The following table presents the results.

Table 10

Results of the Mann–Whitney U test for psycho-social adjustment for adolescents residing in institutional care in the pre-test (n = 20)

Dependent Variables	Exp. Group (n=10)		Con. Group (n=10)		U	Z	P-value
	Mean Ranks	Sum of Ranks	Mean Ranks	Sum of Ranks			
GPSS	10.50	105.00	10.50	105.00	50.00	0.00	1.000
SWEMWBS	10.85	108.50	10.15	101.50	46.50	-0.266	0.791
KADS-6	11.35	113.50	9.65	96.50	41.50	-0.645	0.519
RSES	10.30	103.00	10.70	107.00	48.00	-0.152	0.879
ASCSS	9.70	97.00	11.30	113.00	42.00	-0.605	0.545

The results of the Mann–Whitney U test shows that; For GPSS (generic psycho-social adjustment), the U value is (50.00), the Z score is (z = 0.00, p > 0.05). This indicates no significant difference between the experimental and control groups for GPSS. In the case of SWEMWBS (mental well-being), the U value is (46.50), the Z score is (z = -0.266, p > 0.05). Thus, there is no significant difference between the groups for SWEMWBS. For KADS-6 (depression), the U value is (41.50), the Z score is (z = -0.645, p > 0.05). This indicates no significant difference between the groups for KADS-6.

Regarding RSES (self-esteem), the U value is (48.00), the Z score is ($z = -0.152$, $p > 0.05$). Therefore, there is no significant difference between the groups for RSES. Finally, for ASCSS (self-concept), the U value is (42.00), the Z score is ($z = -0.605$, $p > 0.05$). This indicates no significant difference between the groups for ASCSS.

Overall, the results indicate that there are no significant differences between the experimental and control groups for any of the dependent variables (GPSS, SWEMWBS, KADS-6, RSES, and ASCSS) in the pre-test. This suggests that the groups were equivalent in terms of psycho-social adjustment prior to any intervention.

Chapter Three
The Results

The main goal of this study was to investigate the effectiveness of the CBGTP in enhancing psycho-social adjustment among adolescents residing in institutional care in Jerusalem. Furthermore, this study aimed to examine the differences in psycho-social adjustment based on age and duration of residency in institutions. Accordingly, this chapter addresses questions related to these objectives:

The Results of the First Question

What is the level of psycho-social adjustment among adolescents residing in institutional care in Jerusalem?

To evaluate the level of psycho-social adjustment among adolescents residing in institutional care in Jerusalem, this study compared psycho-social adjustment scores across various dimensions, including generic psycho-social adjustment, mental well-being, depression, self-esteem, and self-concept. Predefined cut-off values, based on the midpoint between the minimum and maximum scores, were used for this comparison. The Wilcoxon Signed Rank test for one sample assessed whether the sample scores significantly differed from these cut-off values, which served as hypothetical medians.

Specifically, a cut-off value of 3.00 was used as the hypothesized median for GPSS, SWEMWBS, and RSES. For KADS-6, the hypothesized median was set at 2.50, while for ASCSS, it was 3.50. These cut-off values provided a benchmark to determine the level of psycho-social adjustment among the adolescents in the study. The table 11 in appendix G, summarizes the findings of the analysis.

As illustrated in the table above, the results indicate that there is a positive insignificant difference ($z = 0.374$, $p > 0.05$) between the GPSS sample median 3.07 and the hypothetical median (cut-off value = 3.00). In other words, there is a moderate level of psycho-social adjustment among adolescents residing in institutional care. For SWEMWBS (mental well-being), the results show a negative insignificant difference ($z = -0.214$, $p > 0.05$) between the sample median (3.00) and the hypothetical median (cut-off value = 3.00). This suggests that there is a moderate level of mental well-being among these adolescents.

In contrast, the KADS-6 (depression) results reveal a significant positive difference ($z = 2.60$, $p < .01$) between the sample median 3.00 and the hypothetical median (cut-off value = 2.50). This indicates a higher level of depression among the adolescents than what was expected, suggesting that they experience notable depressive symptoms. For RSES (self-esteem), the test results show a negative non-significant difference ($z = -0.842$, $p > .05$) between the sample median 2.90 and the hypothetical median (cut-off value = 3.00). This means that the adolescents' self-esteem levels are comparatively lower than the hypothetical median but not significantly so.

Lastly, for ASCSS (self-concept), the results show a significant negative difference ($z = -2.41$, $p < .05$) between the sample median 3.13 and the hypothetical median (cut-off value = 3.50). This can be interpreted that the adolescents have lower self-concept than expected, which indicates potential issues with self-identity and self-perception.

In summary, therefore, the Wilcoxon Signed Rank test results highlight that while the adolescents have moderate psycho-social adjustment and mental health levels, they have elevated depression levels and reduced self-concept and self-esteem levels compared to the hypothetical medians. The findings highlight the need to have focused interventions in these identified areas of concern among the adolescents in institutional care.

The Results of the Second Question

This question states, "Are there significant differences between the medians of psycho-social adjustment in the pre-test and post-test in the experimental group among adolescents residing in institutional care?

Before answering this question and to determine the appropriate statistical test to use since the study sample is small (less than 30), it is essential to assess the normality of the responses. Based on what was reported by Field (2013), the normality of the psycho-social adjustment responses in the pre-test and post-test for the experimental group was examined in order to choose the appropriate statistical methods. The Table 12 in appendix G, shows the results.

As shown in the previous table, the responses were not normally distributed in psycho-social adjustment for the experimental group in the pre-test and post-test, as the

Shapiro-Wilk test statistic was significant ($p < 0.05$). Consequently, nonparametric statistical methods should be used in this case.

To examine the differences in psycho-social adjustment between the pre-test and post-test of the experimental group, the medians of GPSS, SWEMWBS, KADS-6, RSES, and ASCSS were calculated. Additionally, the Wilcoxon Signed Ranks Test, a nonparametric test, to determine the significance of the difference between the medians of two related groups. Moreover, the effect size (r) was calculated using the Tomczak & Tomczak (2014) equation, which is specifically designed for calculating effect size with nonparametric tests. The equation is as follows:

$$r = \frac{z}{\sqrt{n}} \quad \ldots\ldots\ldots\ldots\ldots\ldots (1)$$

And the table 13 in appendix G, presents the results.

The results in the above table reveal that the GPSS median of psycho-social adjustment increased from (3.01 to 3.91) among adolescents in institutional care. The increase was statistically significant towards post-test direction with z-value of (-2.60, $p < 0.01$) and the effect size being 0.82. This is considered a combination effect since it implies that the cognitive-behavioral group therapy program had been successful at enhancing the psycho-social adjustment of participants in the experimental group. Specifically, (9) positive ranks represent that the psycho-social adjustment of (9) experimental group members was enhanced.

For mental well-being (SWEMWBS), the median increased from (3.07 to 4.00). The z-value was (-2.71, $p < 0.01$), and the effect size was 0.86, which is a strong effect. The positive ranks were (9), meaning that (9) participants in the experimental group experienced an improvement in mental well-being. Depression (KADS-6) reduced significantly, with the median dropping from (3.17 to 1.83). The z-value was (-2.81, $p < 0.01$) with an effect size of 0.89, which indicates a strong effect. There were (10) negative ranks, i.e., the level of depression decreased significantly for all the members of the experimental group.

Self-esteem (RSES) increased from a median of (2.90 to 3.95). The z-value was (-2.70, $p < 0.01$), with an effect size of 0.85, indicating a strong effect. The number of positive

ranks was (9), demonstrating that the self-esteem of (9) participants in the experimental group improved. For self-concept (ASCSS), the median increased from (2.98 to 3.48). The z-value was (-1.99, $p < 0.05$), with an effect size of 0.61, indicating a moderate effect. The number of positive ranks was (8), meaning that the self-concept of (8) participants in the experimental group improved.

Based on these results, the cognitive-behavioral group therapeutic program significantly improved psycho-social adjustment, mental well-being, self-esteem, and self-concept, while significantly reducing depression among adolescents residing in institutional care. The effect sizes indicate strong impacts across most variables, underscoring the effectiveness of the intervention.

The Results of the Third Question

This question states, "Are there significant differences between the medians of psycho-social adjustment in the post-test according to group type, age, and duration of residency in institutions among adolescents residing in institutional care?

To address this question and determine the appropriate statistical test for the small study sample (fewer than 30 participants), it was essential to first examine the normality of the post-test responses for psycho-social adjustment in both groups. Following the guidelines provided by Field (2013), the results of the normality tests are presented in the table 14 in appendix G.

As indicated in the previous table, the responses for psycho-social adjustment in the post-test were not normally distributed for both groups, as all Shapiro-Wilk test statistics were significant ($p < 0.05$). Consequently, nonparametric statistical methods were deemed appropriate. To investigate the differences in psycho-social adjustment in the post-test according to group type, age, and duration of residency among adolescents residing in institutional care, the researcher employed the Non-Parametric Three-Way MANCOVA. As outlined by Dunn (1972), this method serves as a nonparametric alternative to the Parametric Multiple Analysis of Covariance (MANCOVA). It involves converting responses into ranks and then analyzing these ranks using Parametric MANCOVA techniques. The results of this analysis are detailed in the table 15 in appendix G.

The Non-Parametric Three-Way MANCOVA test results demonstrate significant differences in psycho-social adjustment among adolescents residing in institutional care. Firstly, the group type significantly affected all dependent variables. For GPSS, the group type had a large effect ($F = 15.304$, $p < 0.01$, $\eta^2 = 0.522$), indicating a significant improvement in generic psycho-social adjustment for the experimental group. The SWEMWBS scores also showed a marked increase with a large effect size ($F = 24.883$, $p < 0.01$, $\eta^2 = 0.640$), suggesting a significant enhancement in mental well-being. Similarly, KADS-6 scores were significantly impacted ($F = 26.837$, $p < 0.01$, $\eta^2 = 0.657$) with a large effect size, indicating a reduction in depression levels.

The RSES scores revealed significant improvement in self-esteem ($F = 25.760$, $p < 0.01$, $\eta^2 = 0.648$), with a large effect size and ASCSS scores showed a large and significant improvement in self-concept ($F = 8.073$, $p < 0.05$, $\eta^2 = 0.366$). These results underscore the effectiveness of the intervention on various aspects of psycho-social adjustment.

In contrast, adolescent age showed no significant impact on the dependent variables. Specifically, for GPSS, the differences in medians were not statistically significant ($F = 0.038$, $p > 0.05$, $\eta^2 = 0.003$). Similarly, the differences were not significant for SWEMWBS ($F = 2.820$, $p > 0.05$, $\eta^2 = 0.168$), KADS-6 ($F = 0.627$, $p > 0.05$, $\eta^2 = .043$), RSES ($F = 0.477$, $p > 0.05$, $\eta^2 = 0.033$), and ASCSS ($F = 0.000$, $p > 0.05$, $\eta^2 = 0.000$). These results indicate that age does not play a significant role in influencing psycho-social adjustment outcomes in this study context

The duration of residency in institutional care did not show a significant influence on the dependent variables. Specifically, for GPSS, the differences were not statistically significant ($F = 1.696$, $p > 0.05$, $\eta^2 = 0.195$). Similarly, in SWEMWBS, the differences in medians were insignificant ($F = 0.899$, $p > 0.05$, $\eta^2 = 0.114$), as were the differences in medians for KADS-6 ($F = 0.046$, $p > 0.05$, $\eta^2 = .007$). The RSES scores also revealed no significant difference ($F = 2.162$, $p > 0.05$, $\eta^2 = 0.236$), and the differences in medians for ASCSS scores were not significant ($F = 1.054$, $p > 0.05$, $\eta^2 = 0.131$). These results suggest that the length of time adolescents have spent in institutional care does not have a meaningful impact on their psycho-social adjustment.

Finally, the pre-test scores of GPSS had a significant impact on several post-test variables. Specifically, the pre-test GPSS scores significantly influenced the post-test GPSS scores ($F = 12.197$, $p < 0.01$, $\eta^2 = 0.466$), indicating a strong effect. SWEMWBS scores showed a marginal impact ($F = 4.382$, $p > 0.05$, $\eta^2 = 0.238$). Pre-test GPSS scores also significantly influenced KADS-6 scores ($F = 7.330$, $p < 0.05$, $\eta^2 = 0.344$) and RSES scores ($F = 10.939$, $p < 0.01$, $\eta^2 = 0.439$), demonstrating substantial effects. ASCSS scores were similarly significantly impacted ($F = 7.452$, $p < 0.05$, $\eta^2 = 0.347$). These findings underscore the importance of initial psycho-social adjustment scores in shaping post-intervention outcomes.

Based on these findings, the intervention had a notable and substantial impact on enhancing psycho-social adjustment and its associated domains. Age and residency duration did not show significant influences on the outcomes, whereas pre-test scores played a crucial role in shaping post-intervention results. Consequently, the researcher computed estimated marginal rank means for GPSS, KADS-6, RSES, and ASCSS in the post-test. The table 16 in appendix G, presents these results:

The table presents estimated marginal rank means for various dependent variables in the post-test assessment of the experimental group after controlling for the pre-test effect. GPSS shows an estimated marginal rank mean of 3.94, suggesting participants ranked approximately 3.94 in terms of generic psycho-social adjustment. SWEMWBS has a mean of 4.18, indicating participants ranked around 4.18 for mental well-being. Similarly, KADS reflects a mean of 1.82 for depression scores, RSES shows 4.05 for self-esteem scores, and ASCSS has a mean of 3.61 for self-concept scores.

Chapter Four
Discussion and Recommendations

This chapter illustrates the discussion of the findings presented in chapter III and its relation to the previous literature. It also discusses the results of the research questions and testing of the hypotheses. Additionally, the conclusion of the chapter and the study recommendations.

Discussion

The Results of the First Question

What is the level of psycho-social adjustment among adolescents residing in institutional care in Jerusalem?

An assessment of psycho-social adjustment among adolescents living in institutional care in Jerusalem showed that the overall levels of adjustment and mental well-being were moderate. These results did not significantly differ from the expected averages for these factors. However, a disturbing trend was uncovered with depression levels being much higher than anticipated, pointing to a serious prevalence of depressive symptoms among the adolescents. In addition, the study discovered that the adolescents also possessed lower self-esteem and an underdeveloped sense of self-concept compared to what was desired, reflecting problems in self-identity and self-perception. These discoveries point to the need for urgent interventions in areas of depression-related issues, self-esteem, and self-identity specifically for the adolescents in care institutions.

The conclusions are that teenagers living in institution-based care in Jerusalem experience moderate levels of psycho-social adjustment and mental health. There were no important statistical disparities found when compared with the predicted averages on the factors. This implies that, against all odds, the teens are quite capable of managing their surroundings as well as their psychological issues to a satisfactory degree.

But the findings indicate that depression is much higher than expected, i.e., these youth are actually exhibiting considerable signs of depression. This rate of depression may be due to the psychological issues of living in an institution, e.g., loss of individual

identity, isolation, or struggle to adapt to the traditions and frameworks in the institution.

The study also shows that the self-concept and self-esteem are lower than expected levels, an aspect that can be related to the form of care which is institutional. The environment would limit the scope for the adolescents to build positive self-image and self-worth. This kind of instability and non-belonging in these settings may have a negative impact on the way they perceive themselves and their abilities. With these results in mind, it's clear that targeted interventions must be put into place. These must address the particular difficulties noted, such as offering specialized psychological support for depression management, implementing programs that enhance self-concept and self-esteem, and developing supportive climates that promote healthy self-identification.

The current study's findings, which indicate moderate levels of psychosocial adjustment and mental well-being, but higher levels of depression and lower self-esteem and self-concept among adolescents in institutional care, are consistent with various descriptive studies on adolescent psychosocial adjustment. For instance, Hyun, Chung, & Lee (2005) explored the psychological status of adolescents living in shelters and found moderate psychosocial adjustment levels in the absence of structured interventions, with increased reports of depressive symptoms and reduced self-esteem, similar to the current findings. This aligns with the evidence from institutional care settings where adolescents face significant emotional challenges but have yet to undergo targeted therapeutic interventions.

Additionally, Osborn, Wasil, Venturo-Conerly, Schleider, & Weisz (2020), though evaluating the impact of brief interventions on adolescents in resource-limited settings, noted similar baseline conditions where adolescents demonstrated moderate psychosocial adjustment but struggled particularly with mental health concerns such as depression and anxiety. This finding is relevant because, prior to interventions, these adolescents often exhibited similar psychosocial profiles, including lower self-esteem and difficulties in mental well-being, comparable to the results of the current study.

Similarly, Keles & Idsoe (2018) highlighted that adolescents with depression typically show low baseline psychosocial adjustment, including self-esteem and self-concept

difficulties, before undergoing group-based interventions. Their study emphasizes the need for support programs but also reflects the initial psychosocial struggles that align with the findings of this research, particularly the higher levels of depression and lower self-concept found in institutionalized adolescents.

The Results of the Second Question

This question states, "Are there significant differences between the medians of psycho-social adjustment in the pre-test and post-test in the experimental group among adolescents residing in institutional care?

The analysis of the second question, which examines whether there are significant differences between the medians of psycho-social adjustment in the pre-test and post-test for the experimental group, reveals noteworthy findings. Since the responses did not follow a normal distribution, nonparametric methods were employed. The Wilcoxon Signed Ranks Test showed significant improvements in psycho-social adjustment across various dimensions. Specifically, the median for general psycho-social adjustment (GPSS) increased from 3.01 to 3.91 ($z = -2.60$, $p < 0.01$, effect size = 0.82), indicating a strong effect. Mental well-being (SWEMWBS) also improved significantly from 3.07 to 4.00 ($z = -2.71$, $p < 0.01$, effect size = 0.86). Depression (KADS-6) decreased significantly from 3.17 to 1.83 ($z = -2.81$, $p < 0.01$, effect size = 0.89), showing a strong reduction in depressive symptoms. Self-esteem (RSES) rose from 2.90 to 3.95 ($z = -2.70$, $p < 0.01$, effect size = 0.85), and self-concept (ASCSS) increased from 2.98 to 3.48 ($z = -1.99$, $p < 0.05$, effect size = 0.61). These results highlight that the cognitive-behavioral group therapeutic program significantly enhanced psycho-social adjustment, mental well-being, self-esteem, and self-concept, while markedly reducing depression, with most changes exhibiting strong effects.

The Wilcoxon Signed Ranks Test results reveal a noticeable improvement in psycho-social adjustment among adolescents in the experimental group following the cognitive-behavioral therapeutic program. This progress can be attributed to the program's comprehensive design, which specifically targeted the unique psychological and social challenges faced by these adolescents in institutional care.

The program aimed to improve adolescents' self-esteem and overall psycho-social adjustment by teaching them cognitive restructuring techniques. By challenging

negative thoughts, participants changed harmful beliefs, which improved their self-image. This led to a notable increase in self-esteem scores on the Rosenberg Self-Esteem Scale. The program also taught coping skills that helped adolescents manage stress and anxiety, improving their mental well-being. As a result, they handled emotions better and stayed positive during difficult times.

The cognitive-behavioral group therapy addressed the psychological and social needs of adolescents in institutional care. It included cognitive restructuring, coping skills, social skills development, emotional regulation, peer support, and feedback. These elements improved relationships and social connections, making it easier for participants to adapt to institutional life. The General Psycho-Social Adjustment Scale (GPSS) scores rose from 3.01 to 3.91 after the program.

Emotional regulation techniques significantly reduced depressive symptoms. The group setting created a sense of belonging and mutual support, especially helpful for adolescents in care. Improvements in self-esteem and mental well-being highlight the importance of social support. Continuous feedback helped participants recognize progress, sustaining gains in self-concept scores (ASCSS), which increased from 2.98 to 3.48.

The study also found significant gains in psychological resilience and emotional flexibility after the intervention. This supports İme and Ümmet (2024), who reported lasting resilience improvements from cognitive-behavioral group counseling. Riise, Wergeland, Njardvik, & Öst (2021) showed in a meta-analysis that CBT greatly reduces internalizing symptoms in youth, with strong effects at post-treatment and follow-up, similar to this study.

Osborn, Wasil, Venturo-Conerly, Schleider, & Weisz (2020) found the "Shamiri" intervention effective in reducing depression and anxiety among adolescents in low-resource settings, supporting that group interventions can work across populations. Christ et al. (2020) confirmed that internet-based CBT improves mental health, showing both online and face-to-face CBT can enhance resilience and emotional flexibility.

Gayoles & Magno (2020) showed positive effects of CBT group therapy for self-injuring young adults, aligning with our findings on the value of group interventions.

Meta-analyses by (Keles & Idsoe, 2018; Vigerland, et al., 2016) also found group CBT effective for adolescent depression and anxiety, supporting the relevance of our results.

Together, these studies confirm the effectiveness of cognitive-behavioral programs in improving psychological resilience and emotional flexibility in adolescents. Our study adds to this evidence, highlighting how structured psychological programs help build mental wellness in at-risk youth.

The Results of the Third Question:

Are there significant differences between the medians of psycho-social adjustment in the post-test according to group type, age, and duration of residency in institutions among adolescents residing in institutional care?

The third question of research inquires if, in the post-test, statistically significant differences in medians for psycho-social adjustment exist, by controlling for type of group, age, and duration of residence for adolescents in care. This was addressed using normality tests for the data on the post-test, with results indicating the distribution for all measures in the control and experimental groups was non-normal. Thus, non-parametric statistical methods were employed, the Non-Parametric Three-Way MANCOVA, in order to compare differences in psycho-social adjustment among group type, age, and residency length.

The findings of the analysis showed significant differences in psycho-social adjustment across group type, with improvements in the experimental group being large in all areas: generic psycho-social adjustment (GPSS), mental well-being (SWEMWBS), levels of depression (KADS-6), self-esteem (RSES), and self-concept (ASCSS). Improvements were marked by large effect sizes. Interestingly, age and length of stay had no bearing on the psycho-social adjustment outcomes, suggesting that the variables had no significant contribution to make to the findings. Additionally, the pre-test scores significantly influenced the post-test outcomes, highlighting the importance of initial levels of psycho-social adjustment to determine intervention outcome.

In summary, the intervention profoundly and significantly improved psycho-social adjustment. Age and residency duration did not have a significant influence on the

outcome, with pre-test scores serving as the key determinant of the post-intervention outcome.

The intervention program's design itself was instrumental in driving the remarkable improvements observed within the experimental group. By merging cognitive-behavioral strategies, group sharing, and play-based activities, the program created a supportive context that fostered emotional growth and resilience. The program addressed discrete psycho-social needs, allowing individuals to form friendships with one another, share experiences, and provide support. This shared experience probably helped bring about the positive developments, since peer support is especially beneficial for teenagers who are going through similar issues.

Considering the substantial achievement in the experimental group, it is to be considered why demographic factors, including age and duration of residence, failed to generate significant differences in psycho-social adjustment results. One of the reasons for this may have been that the intervention was designed to be applied across the board and focused on basic psycho-social skills relevant to all teenagers, regardless of their age or duration of institutionalized care. By emphasizing emotional abilities such as coping, self-esteem, and interpersonal relationships, the program ensured that the benefits intersect across different phases of development.

In addition, not having significant differences based on time of residency is understandable from the perspective of resilience. Children in care all confront similar stressors regardless of duration of care. The program might have succeeded since it equipped students with coping abilities for these types of stressors, and then the duration in care did not matter to outcome. By addressing resilience, the intervention provided all the teenagers with psychological resources that helped them better adapt to their stay regardless of duration.

The salience of pre-test scores in predicting post-test outcomes emphasizes the variability in initial adjustment among participants at a psycho-social level. People enter the program with different levels of resilience, which influences how much they can grow. To maximize the impact of future interventions, support should be customized to meet these individual differences. Tailoring the approach to each participant's

psychosocial needs can strengthen the effectiveness and ensure all adolescents receive appropriate support.

In this study, the third research question examined how the intervention affected emotional flexibility and psychological resilience. The results showed significant improvements, consistent with previous research on the benefits of psychological interventions for adolescents. For example, İme & Ümmet (2024) found that cognitive-behavioral counseling significantly enhanced psychological resilience, similar to the gains in this study.

Riise, Wergeland, Njardvik, & Öst (2021) also reported large positive effects of CBT for internalizing disorders in children and adolescents, supporting the use of CBT in this area. Additionally, studies like Osborn, Wasil, Venturo-Conerly, Schleider, & Weisz (2020) reinforce these findings.

Conclusion

The study evaluates the psycho-social adjustment of institutionalized adolescent children, reporting modest levels of mental health and adjustment. However, concerns of high rates of depression and lower self-concept and self-esteem than the expected means are noted. These issues necessitate the application of targeted interventions for addressing depressive tendencies and challenges with self-identity and self-perception.

The cognitive-behavioral group therapy program was found to have a significant impact in improving psycho-social adjustment, mental health, and reducing depression among the experimental group. The results of the Non-Parametric Three-Way MANCOVA indicated that group type was a significant factor for psycho-social adjustment, with all the variables having significant improvement. Age and residency duration were not significant factors influencing the outcomes, showing that these variables had no influence on the program's effectiveness.

The study concludes that the cognitive-behavior therapy programme had a considerable improvement effect on psycho-social adjustment in institutionalized adolescents, which led to considerable improvement in mental well-being, self-concept, and self-esteem, and a noteworthy decrease in depressive symptoms. The study emphasizes developing

interventions specifically addressing the special psycho-social problems of adolescents in institutional care.

Recommendations

Based on the results of the study, the researcher suggests the following recommendations:

1. Create programs that specifically address concerns such as depression and self-esteem, these programs should include strategies for enhancing self-concept through both individual and group therapy sessions.
2. Expand the implementation of these programs in institutional care settings, they should be regularly provided to all adolescents to ensure sustained benefits in psycho-social adjustment.
3. Conduct regular assessments of the effectiveness of therapeutic programs and interventions, this includes pre-test and post-test evaluations to identify areas needing improvement and to ensure that the intended outcomes are being achieved.
4. Given the substantial impact of pre-test scores on post-test results, initial psycho-social adjustment indicators should be considered when designing and planning interventions, Comprehensive initial assessments can help tailor interventions to specific needs.
5. Since age and duration of residency did not significantly affect psycho-social adjustment outcomes, interventions should focus on individual differences in psycho-social adjustment rather than general demographic factors. Personal strategies that address individual needs of adolescents should be developed.
6. To reduce depression and improve self-concept, it is recommended to increase social support and guidance from institutional staff; this may include training staff on providing effective psychological and social support and enhancing interaction skills with adolescents.

Suggestions

In addition to the recommendations, the following suggestions may enhance the effectiveness of the proposed interventions:

1. Encourage family involvement in the therapeutic process to strengthen support systems for adolescents.
2. Incorporate evidence-based practices into the programs to ensure that the strategies used are supported by research and have demonstrated effectiveness.
3. Establish peer support groups where adolescents can share experiences and support one another, fostering a sense of community and belonging.
4. Provide workshops for adolescents focusing on coping skills, emotional regulation, and building resilience, which can complement therapy sessions.
5. Plan for long-term follow-up assessments to evaluate the sustainability of the benefits gained from the interventions and to make necessary adjustments.
6. Explore funding opportunities and partnerships with local organizations to enhance the resources available for implementing and sustaining these programs.

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Appendixes

Appendix A

The Initial Version of The Psycho-social adjustment Scale

الأخوة والأخوات

تحية طيبة وبعد

يقوم الباحث بإجراء دراسة بعنوان: فاعلية برنامج سلوكي معرفي جمعي في رفع مستوى التوافق النفس اجتماعي لدى المراهقين المقيمين في المؤسسات الإيوائية في القدس، استكمالا لمتطلبات الحصول على درجة الماجستير في علم النفس الإكلينيكي من جامعة النجاح الوطنية.

لذا يرجى من حضرتكم التكرم الإجابة عن فقرات الاستبانة أدناه، والتي ستستخدم نتائجها لأغراض البحث العلمي فقط.

وأشكركم على تعاونكم

الطالب: محمود ناصر

الجنس:

مدة الإقامة في المؤسسة:

العمر:

أولاً: مقياس التوافق النفسي الاجتماعي

الرقم	الفقرة	تنطبق بدرجة كبيرة جدا	تنطبق بدرجة كبيرة	تنطبق بدرجة متوسطة	تنطبق بدرجة قليلة	تنطبق بدرجة قليلة جدا
التوافق النفسي						
1	أصبر للحصول على غرضي.					
2	أسعى إلى حل المشاكل التي تواجهني.					
3	أعدل من أفكاري وسلوكي للأفضل					
4	أحب التواجد في الأماكن المنيرة.					
5	أشعر أنني قادر على تحقيق حلمي.					
6	اشعر بالفرح والسرور في معظم الأوقات.					
7	أشعر أنى ناجح في حياتي.					
8	أكون متماسكا وهادئاً في المواقف الحرجة.					
9	لا يصيبني اليأس بسهولة.					
10	أستطيع إدارة مصروفي على نحو جيد لا يدعني احتاج أحد.					
11	أشعر باستقرار وعدم تقلب بالمزاج.					
12	أرى البكاء وسيلة للتعبير عن شعوري بالحزن.					
13	أشعر بالراحة عند الاستمرار بأحلام اليقظة.					
14	أرى أن الهروب من الواقع ليس حلا للمشاكل.					
15	ينتابني الشعور بالكراهية نحو بعض الأفراد.					
16	أتعامل مع المواقف بحساسية عالية.					
17	أجد أن العنف وسيلة جيدة للدفاع عن نفسي.					
18	أضبط نفس ي وقت الغضب.					
19	تشغلني الأفكار إلى درجة لا أستطيع منها النوم					
20	ينتابني أفكار الشعور بالذنب					
التوافق الاجتماعي						
21	أحتفظ بعلاقات طيبة مع زملائي.					
22	أعرض المساعدة على من يحتاجها.					
23	أحب أن تكون لدي علاقات اجتماعية كثيرة					
24	اشعر بالانسجام مع الأشخاص الذين أعيش معهم					
25	أتمتع بعلاقة طيبة للغاية مع جميع الأفراد.					
26	أمتلك القدرة على بدء الحوار مع الآخرين.					
27	أستطيع إدخال السعادة والسرور على من حولي.					
28	اشعر أن زملائي يسعدهم أن أكون معهم.					

الرقم	الفقرة	تنطبق بدرجة كبيرة جدا	تنطبق بدرجة كبيرة	تنطبق بدرجة متوسطة	تنطبق بدرجة قليلة	تنطبق بدرجة قليلة جدا
29	أستطيع توضيح وجهة نظري للآخرين.					
30	أثق بالأشخاص الذين أتعامل معهم.					
31	أشعر أنني محبوب لدى الأشخاص الذي أتعامل معهم.					
32	أحاول تغيير الأجواء الكئيبة ونشر المرح.					
33	أشعر بجو من التفاهم في المكان الذي أعيش فيه.					
34	أهتم بالآخرين في حدود إمكانياتي.					
35	أتقبل ملاحظات الآخرين لي.					
36	أشعر بالراحة والأمان عندما أكون مع الآخرين.					
37	لا أتردد من طلب المساعدة من الآخرين وقت الحاجة.					
38	أستمتع بالحديث مع أشخاص لا أعرفهم.					

ثانياً: مقياس الصحة النفسية

	الفقرة	لا يحدث إطلاقا	نادراً ما يحدث	يحدث بين الحين والآخر	يحدث في غالب الأوقات	يحدث دائماً
1	لدي شعور بالتفاؤل في المستقبل					
2	لدي شعور بأنني ذو فائدة في الحياة.					
3	أشعر براحة البال وعدم التوتر.					
4	أعامل بكفاءة مع المشاكل التي تعترضني.					
5	عندما أفكر في أمر فإنني أفكر فيه بصفاء ذهني ودون تشويش.					
6	أشعر أن علاقاتي مع الآخرين ناجحة.					
7	لدي القدرة على اتخاذ قراراتي بنفسي.					

ثالثاً: مقياس الاكتئاب

	الفقرة	أبداً	أغلب الوقت	معظم الوقت	باستمرار
1	مزاج منخفض، حزن، شعور بالكسل، اكتئاب، ببساطة لا يمكن الاهتمام.				
2	شعور بعدم القيمة، اليأس، إحساس بأنك مخيب للآخرين، عدم شعورك بأنك شخص طيب.				
3	شعور بالتعب والإرهاق، انخفاض في الطاقة وصعوبة التحفيز، الحاجة إلى بذل مجهود لإنجاز الأمور، الرغبة في الراحة أو الاستلقاء بشكل متكرر.				
4	الشعور بأن الحياة ليست ممتعة كما هو معتاد، عدم الشعور بالارتياح عندما تكون عادة ما تشعر بالسعادة، عدم الاستمتاع بالأشياء الممتعة بنفس القدر الذي كنت عليه عادةً				
5	الشعور بالقلق، العصبية، الهلع، التوتر، الإثارة الزائدة، القلق.				
6	الأفكار أو الخطط أو الأفعال المتعلقة بالانتحار أو إيذاء النفس.				

رابعاً: مقياس تقدير الذات

	الفقرة	موافق بقوة	موافق بدرجة بسيطة	بين موافق وعدمها	غير موافق بدرجة بسيطة	غير موافق بشدة
1	في المجمل أنا راض حول نفسي.					
2	اعتقد أحيانا أنني جيد في كل شيء.					
3	اشعر بأنني لدي عدد من الأمور ذات النوعية الجيدة.					
4	قادر على أن اعمل أشياء جيدة كما معظم الناس.					
5	اشعر بأنه ليس لدي شيء الكثير لأخجل منه.					
6	بالتأكيد اشعر بعدم الفائدة في بعض الأحيان.					
7	اشعر بأنني شخص له قيمة أو على الأقل مساو لمستوى الآخرين.					
8	ارغب أن امتلك احترام أكثر مع نفسي.					
9	بشكل عام ,أميل إلى الشعور بأنني فاشل.					
10	لدي اتجاه ايجابي تجاه نفسي.					

خامساً: مقياس مفهوم الذات

	الفقرة	موافق تماما	موافق	موافق نادراً	غير موافق نادراً	غير موافق	غير موافق تماما
1	أنا غالباً ما أشعر بالخوف.						
2	أنا وسيم.						
3	غالباً ما أقع في مشاكل.						
4	أشعر بأنني متجاهل في الأمور.						
5	أنا شخص سعيد.						
6	أنا جيد في أعمالي المدرسية.						
7	أبكي بسهولة.						
8	لدي وجه مبهج.						
9	أنا أتورط في الكثير من المشاجرات.						
10	أنا من بين آخر الأشخاص المختارين في الألعاب.						
11	أنا غير سعيد.						
12	زملائي في المدرسة يعتقدون أن لدي أفكار جيدة.						
13	أنا عصبي.						
14	لدي شعر جميل.						
15	في المدرسة أنا حالم.						
16	زملائي في المدرسة يستهزئون بي.						
17	أنا مبتهج/مُبتسم.						
18	أستطيع تقديم تقرير جيد أمام الصف.						
19	أشعر بالتوتر عندما يستدعيني المعلم/المعلمة.						
20	مظهري يزعجني						
21	أقوم بأشياء سيئة كثيرة.						
22	من الصعب عليّ تكوين صداقات.						
23	أنا محظوظ.						
24	أنا عضو مهم في صفي.						
25	أنا خجول.						
26	أنا قوي.						
24	أنا أتصرف بشكل سيء في المنزل.						
28	في الألعاب والرياضة، أشاهد بدلاً من المشاركة.						
29	غالباً ما أكون حزيناً.						
30	أنسى ما أتعلمه.						

Appendix B

Panel of Expert Judges

No.	Name	University	Specialization
1	Dr. Wael Abu Al-Hasan	Arab American University	Clinical Psychology
2	Dr. Iyad Abu Baker	Al-Quds Open University	Mental Health
3	Dr. Ibrahim Masri	Hebron University	Psychological Counseling
4	Dr. Shadi Abu Al-Kebash	An-Najah National University	Psychological Counseling
6	Dr. Omar Ghannam	An-Najah National University	Educational and Psychological Measurement

Appendix C

Panel of Expert Judges for translation Validity

No.	Name	University	Specialization
1	Dr. Fayez Mahamid	An-Najah National University	Clinical Psychology
2	Dr. Ma'moun Mubarakah	An-Najah National University	Arabic Language
3	Dr. Basel Abdul-Razaq	An-Najah National University	English Language

Appendix D

The Final Version of the Psycho-social adjustment Scale

أولاً: مقياس التوافق النفسي الاجتماعي

الرقم	الفقرة	تنطبق بدرجة كبيرة جدا	تنطبق بدرجة كبيرة	تنطبق بدرجة متوسطة	تنطبق بدرجة قليلة	تنطبق بدرجة قليلة جدا
التوافق النفسي						
1	أصبر للحصول على غرضي.					
2	أسعى إلى حل المشاكل التي تواجهني.					
3	أعدل من أفكاري وسلوكي للأفضل					
4	أحب التواجد في الأماكن المنيرة.					
5	أشعر أنني قادر على تحقيق حلمي.					
6	اشعر بالفرح والسرور في معظم الأوقات.					
7	أشعر أنى ناجح في حياتي.					
8	أكون متماسكا وهادئاً في المواقف الحرجة.					
9	لا يصيبني اليأس بسهولة.					
10	أستطيع إدارة مصروفي على نحو جيد لا يدعني احتاج أحد.					
11	أشعر باستقرار وعدم تقلب بالمزاج.					
12	أرى البكاء وسيلة للتعبير عن شعوري بالحزن.					
13	أشعر بالراحة عند الاستمرار بأحلام اليقظة.					
14	أرى أن الهروب من الواقع ليس حلا للمشاكل.					
15	ينتابني الشعور بالكراهية نحو بعض الأفراد.					
16	أتعامل مع المواقف بحساسية عالية.					
17	أجد أن العنف وسيلة جيدة للدفاع عن نفسي.					
18	أضبط نفس ي وقت الغضب.					
19	تشغلني الأفكار إلى درجة لا أستطيع منها النوم					
20	ينتابني أفكار الشعور بالذنب					
التوافق الاجتماعي						
21	أحتفظ بعلاقات طيبة مع زملائي.					
22	أعرض المساعدة على من يحتاجها.					
23	أحب أن تكون لدي علاقات اجتماعية كثيرة					
24	اشعر بالانسجام مع الأشخاص الذين أعيش معهم					
25	أتمتع بعلاقة طيبة للغاية مع جميع الأفراد.					

الرقم	الفقرة	تنطبق بدرجة كبيرة جدا	تنطبق بدرجة كبيرة	تنطبق بدرجة متوسطة	تنطبق بدرجة قليلة	تنطبق بدرجة قليلة جدا
26	أمتلك القدرة على بدء الحوار مع الآخرين.					
27	أستطيع إدخال السعادة والسرور على من حولي.					
28	اشعر أن زملائي يسعدهم أن أكون معهم.					
29	أستطيع توضيح وجهة نظري للآخرين.					
30	أثق بالأشخاص الذين أتعامل معهم.					
31	أشعر أنني محبوب لدى الأشخاص الذي أتعامل معهم.					
32	أحاول تغيير الأجواء الكئيبة ونشر المرح.					
33	أشعر بجو من التفاهم في المكان الذي أعيش فيه.					
34	أهتم بالآخرين في حدود إمكانياتي.					
35	أتقبل ملاحظات الآخرين لي.					
36	أشعر بالراحة والأمان عندما أكون مع الآخرين.					
37	لا أتردد من طلب المساعدة من الآخرين وقت الحاجة.					
38	أستمتع بالحديث مع أشخاص لا أعرفهم.					

ثانياً: مقياس الصحة النفسية

	الفقرة	لا يحدث إطلاقا	نادراً ما يحدث	يحدث بين الحين والآخر	يحدث في غالب الأوقات	يحدث دائماً
1	لدي شعور بالتفاؤل في المستقبل					
2	لدي شعور بأنني ذو فائدة في الحياة.					
3	أشعر براحة البال وعدم التوتر.					
4	أعامل بكفاءة مع المشاكل التي تعترضني.					
5	عندما أفكر في أمر فإنني أفكر فيه بصفاء ذهني ودون تشويش.					
6	أشعر أن علاقاتي مع الآخرين ناجحة.					
7	لدي القدرة على اتخاذ قراراتي بنفسي.					

ثالثا: مقياس الاكتئاب

	الفقرة	أبداً	أغلب الوقت	معظم الوقت	باستمرار
1	مزاج منخفض، حزن، شعور بالكسل، اكتئاب، ببساطة لا يمكن الاهتمام.				
2	شعور بعدم القيمة، اليأس، إحساس بأنك مخيب للآخرين، عدم شعورك بأنك شخص طيب.				
3	شعور بالتعب والإرهاق، انخفاض في الطاقة وصعوبة التحفيز، الحاجة إلى بذل مجهود لإنجاز الأمور، الرغبة في الراحة أو الاستلقاء بشكل متكرر.				
4	الشعور بأن الحياة ليست ممتعة كما هو معتاد، عدم الشعور بالارتياح عندما تكون عادة ما تشعر بالسعادة، عدم الاستمتاع بالأشياء الممتعة بنفس القدر الذي كنت عليه عادةً				
5	الشعور بالقلق، العصبية، الهلع، التوتر، الإثارة الزائدة، القلق.				
6	الأفكار أو الخطط أو الأفعال المتعلقة بالانتحار أو إيذاء النفس.				

رابعاً: مقياس تقدير الذات

	الفقرة	موافق بقوة	موافق بدرجة بسيطة	بين موافق وعدمها	غير موافق بدرجة بسيطة	غير موافق بشدة
1	في المجمل أنا راض حول نفسي.					
2	اعتقد أحيانا أنني جيد في كل شيء.					
3	اشعر بأنني لدي عدد من الأمور ذات النوعية الجيدة.					
4	قادر على أن اعمل أشياء جيدة كما معظم الناس.					
5	اشعر بأنه ليس لدي شيء الكثير لأخجل منه.					
6	بالتأكيد اشعر بعدم الفائدة في بعض الأحيان.					
7	اشعر بأنني شخص له قيمة أو على الأقل مساو لمستوى الآخرين.					
8	ارغب أن امتلك احترام أكثر مع نفسي.					
9	بشكل عام ,أميل إلى الشعور بأنني فاشل.					
10	لدي اتجاه ايجابي تجاه نفسي.					

خامساً: مقياس مفهوم الذات

	الفقرة	موافق تماما	موافق	موافق نادراً	غير موافق نادراً	غير موافق	غير موافق تماما
1	أنا غالباً ما أشعر بالخوف.						
2	أنا وسيم.						
3	غالباً ما أقع في مشاكل.						
4	أشعر بأنني متجاهل في الأمور.						
5	أنا شخص سعيد.						
6	أنا جيد في أعمالي المدرسية.						
7	أبكي بسهولة.						
8	لدي وجه مبهج.						
9	أنا أتورط في الكثير من المشاجرات.						
10	أنا من بين آخر الأشخاص المختارين في الألعاب.						
11	أنا غير سعيد.						
12	زملائي في المدرسة يعتقدون أن لدي أفكار جيدة.						
13	أنا عصبي.						
14	لدي شعر جميل.						
15	في المدرسة أنا حالم.						
16	زملائي في المدرسة يستهزئون بي.						
17	أنا مبتهج/مُبتسم.						
18	أستطيع تقديم تقرير جيد أمام الصف.						
19	أشعر بالتوتر عندما يستدعيني المعلم/المعلمة.						
20	مظهري يزعجني						
21	أقوم بأشياء سيئة كثيرة.						
22	من الصعب عليّ تكوين صداقات.						
23	أنا محظوظ.						
24	أنا عضو مهم في صفي.						

Appendix E

The Final Version of the Psycho-social adjustment Scale

Dear Brothers and Sisters,

Greetings,

The researcher is conducting a study titled: 'The Effectiveness of a Collective Cognitive Behavioral Program in Raising the Level of Psychosocial Adaptation among Adolescents Residing in Shelters in Jerusalem,' as part of the requirements for obtaining a master's degree in Clinical Psychology.

Therefore, kindly respond to the test items, which will be used for scientific research purposes only.

Thank you for your cooperation.

Gender:

Length of stay in the institution:

Age:

First: Psychosocial Adaptation Scale

No	Paragraph	Applies to a very large extent	Applies to a large extent	Applies to a moderate extent	Applies to a small extent	Applies to a very small extent
Psycho Adaptation						
1	I am patient to achieve my goal					
2	I strive to solve the problems I face					
3	I modify my thoughts and behavior for the better					
4	I enjoy being in well-lit places					
5	I feel capable of achieving my dreams					
6	I feel joy and happiness most of the time					
7	I feel successful in my life					
8	I remain composed and calm in critical situations					
9	I don't give up easily					
10	I manage my expenses well without needing help.					
11	I feel stable and emotionally balanced					
12	I see crying as a way to express sadness					
13	I feel comfortable when continuing daydreaming					
14	I see that escaping reality is not a solution to problems					
15	I feel hatred towards some individuals					
16	I deal with situations with high sensitivity					
17	I find violence a good way to defend myself					
18	I control myself when angry					
19	My thoughts preoccupy me to the point of insomnia					
20	I experience feelings of guilt					
social Adaptation						
21	I maintain good relationships with my colleagues					
22	I offer help to those who need it.					
23	I like to have many social connections.					
24	I feel harmony with the people I live with.					
25	I enjoy a very good relationship with everyone.					
26	I have the ability to start conversations with others.					
27	I can bring happiness and joy to those around me.					
28	I feel that my colleagues are happy to have me with them.					

No	Paragraph	Applies to a very large extent	Applies to a large extent	Applies to a moderate extent	Applies to a small extent	Applies to a very small extent
29	I can clearly explain my point of view to others.					
30	I trust the people I deal with.					
31	I feel that I am liked by the people I interact with.					
32	I try to change gloomy atmospheres and spread joy.					
33	I feel a sense of understanding in the place where I live.					
34	I care about others within my capabilities.					
35	I accept others' feedback about me.					
36	I feel comfortable and secure when I am with others.					
37	I do not hesitate to ask for help from others when needed.					
38	I enjoy talking to people I don't know.					

Second: Mental Health Scale

No	Paragraph	Never Happens	Rarely Happens	Happens Occasionally	Happens Most of the Time	Always Happens
1	I have a feeling of optimism about the future.					
2	I feel that I am useful in life					
3	I feel at peace and free from tension.					
4	I deal efficiently with the problems I face.					
5	When I think about something, I think about it with clarity and without confusion.					
6	I feel that my relationships with others are successful.					
7	I have the ability to make decisions by myself.					

Third: Depression Scale

No	Paragraph	Never	Most of the Time	Almost All the Time	Continuously
1	Low mood, sadness, feeling of lethargy, depression, simply can't care.				
2	Feeling worthless, hopeless, a sense of disappointing others, not feeling like a good person.				
3	Feeling tired and exhausted, low energy, difficulty motivating oneself, needing effort to get things done, wanting to rest or lie down frequently.				
4	Feeling that life is not as enjoyable as usual, not feeling comfortable when you would normally be happy, not enjoying things as much as you usually would.				
5	Feeling anxious, nervous, panicky, tense, overly excited, worried.				
6	Thoughts, plans, or actions related to suicide or self-harm.				

Fourth: Self-Esteem Scale

No	Paragraph	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
1	Overall, I am satisfied with myself.					
2	Sometimes I think I am good at everything.					
3	I feel that I have a number of good qualities.					
4	I am able to do things as well as most people.					
5	I feel that I don't have much to be ashamed of.					
6	I definitely feel useless at times.					
7	I feel that I am a person of value, or at least equal to others.					
8	I wish I had more self-respect.					
9	In general, I tend to feel like a failure.					
10	I have a positive attitude toward myself.					

Fifth: Self-Concept Scale

No	Paragraph	Strongly Agree	Agree	Agree Rarely	Disagree Rarely	Disagree	Completely Disagree
1	I often feel afraid.						
2	I am handsome.						
3	I often get into trouble.						
4	I feel that I am ignored in matters.						
5	I am a happy person.						
6	I am good at my schoolwork.						
7	I cry easily.						
8	I have a cheerful face.						
9	I get into a lot of fights.						
10	I am among the last ones picked in games.						
11	I am unhappy.						
12	My classmates think I have good ideas.						
13	I am nervous.						
14	I have beautiful hair.						
15	I am a dreamer in school.						
16	My classmates tease me.						
17	I am cheerful/smiling.						
18	I can give a good report in front of the class.						
19	I feel nervous when the teacher calls on me.						
20	I am bothered by my appearance.						
21	I do a lot of bad things.						
22	It is hard for me to make friends.						
23	I am lucky.						
24	I am an important member of my class.						

Appendix F
The CBGTP

Training Program

Introduction to the Training Program:

The program aims to provide a group cognitive behavioral therapy system to enhance the psychosocial adjustment of adolescents residing in shelters in Jerusalem. It seeks to help them overcome their challenges, aiming for their development and integration into social life, thereby improving their capabilities and readiness to become productive and successful individuals in all aspects of life. The program includes the following components:

1. **Needs Analysis:** An in-depth study of the needs of residing adolescents and the factors affecting their psychosocial adjustment.
2. **Program Design:** Establishing a structured training program based on knowledge and behavior to promote psychosocial adjustment.
3. **Program Implementation:** Delivering the training program systematically and organized, including both individual and group sessions.
4. **Outcome Evaluation:** Assessing the effectiveness of the program through specific indicators to determine its impact on psychosocial adjustment levels.
5. **Modification and Improvement:** Based on evaluation results, the program is adjusted to enhance its effectiveness in raising psychosocial adjustment levels.

Number of Sessions: 10 training sessions.

Program Duration: Two hours per session, totaling 20 training hours, distributed over 10 days.

Number of Participants in the Program: 10 adolescents residing in shelters in Jerusalem.

Session 1:

Title of the Session: Enhancing Self-Concept

Duration of the Session: Two hours

Objectives of the Session:

1. Understand the concept of self and its importance in shaping personal identity.
2. Identify the factors that influence adolescents' self-concept.
3. Enhance awareness of the importance of self-acceptance and work towards positive improvement.

Techniques:

1. Dialogue, discussion, and feedback.
2. Guidance and instructions.
3. Brainstorming.
4. Self-monitoring (homework).

Tools Used During the Session:

1. Paper and pens for writing exercises and personal notes.
2. Educational resources to aid understanding of the self-concept and its importance.
3. Presentation slides to visually present basic information.
4. Small groups for discussion and experience sharing among participants.

Activities of the Session: First, participants will be introduced, and the program title will be presented, along with an introduction to its goals and significance (presentation duration: 15 minutes). Then, the following activities will be implemented:

1. **Exercise "Mirror of Self":** (Activity duration: 30 minutes)

- Ask participants to write positive points about themselves and aspects they wish to improve.
- Discuss what participants have written collectively for mutual benefit.

2. **Workshop "Building Identity":** (Activity duration: 30 minutes)

- Discuss the concept of individual personal identity.
- Ask participants to design a personal identity tree that includes factors influencing their self-concept, such as family, friends, and hobbies.

3. **Guided Discussion:** (Activity duration: 20 minutes)

- Present a topic on self-acceptance and engage participants in a discussion.
- Encourage participants to share opinions and experiences on how to enhance self-acceptance.

4. **Positive Thinking Exercises:** (Activity duration: 20 minutes)

- Guide participants to practice positive thinking exercises to improve their self-perception and enhance feelings of confidence and positivity.

Conclusion: (Duration: 5 minutes)

Thank the participants for attending the session and inquire about their clarity regarding the meeting, encouraging them to participate more actively in the next session.

Session 2:

Title of the Session: Enhancing Self-Esteem

Duration of the Session: Two hours

Objectives of the Session:

1. Understand the concept of self-esteem and its importance in boosting self-confidence.
2. Identify the factors that influence adolescents' self-esteem.
3. Enhance awareness that individuals can improve their self-esteem through actions and positive thinking.

Techniques:

1. Dialogue, discussion, and feedback.
2. Self-instructions.

3. Relaxation techniques.
4. Self-monitoring (homework).

Tools Used in the Session:

1. Paper and pens for writing exercises and personal notes.
2. Educational resources to help understand the concept of self-esteem and its significance.
3. Presentation slides to visually present basic information.
4. Small groups for discussion and experience sharing among participants.

Activities of the Session:

Welcome the participants and then start implementing the following activities:

1. **Exercise "Strengths":** (Activity duration: 30 minutes)

- Introduce participants to the meaning of strengths, their benefits, and how an individual can discover them.
- Ask participants to write a list of strengths and skills they see in themselves, then share them with each other and provide encouragement.

2. **Workshop "Building Confidence":** (Activity duration: 20 minutes)

- Ask participants to write down small, realistic goals they can achieve and work towards to enhance their sense of competence and self-esteem.
- Discuss these goals collectively and evaluate them.

3. **Positive Thinking Exercises:** (Activity duration: 30 minutes)

- Guide participants to practice positive thinking exercises to improve their self-perception and enhance their self-esteem.

4. **Group Discussion:** (Activity duration: 30 minutes)

- Direct the discussion towards participants' experiences in improving their self-esteem and share useful tips and experiences.

Conclusion: (Duration: 10 minutes)

Thank the participants for attending the session, inquire about their clarity regarding the meeting, and encourage them to participate more actively in the next session.

Session 3:

Title of the Session: Reducing Depression -1 (Understanding Depression, Its Signs, and Symptoms)

Duration of the Session: Two hours

Objectives of the Session:

1. Understand the concept of depression and its distinction from transient sadness, and identify the factors contributing to increased levels of depression among adolescents.
2. Enhance awareness of the importance of discussing feelings and seeking help when experiencing depression.
3. Identify the signs and symptoms of depression.
4. Promote the awareness that individuals can learn strategies to manage and reduce depression.
5. Guide participants towards applying these strategies in their daily lives.

Techniques:

1. Discussion and dialogue.
2. Role-playing.
3. Brainstorming.
4. Relaxation techniques.
5. Visualization.
6. Homework assignments.

Tools Used in the Session:

1. Paper and pens for participants to jot down new concepts or share their ideas.
2. Presentation slides to visually present basic information.

3. A worksheet containing symptoms of depression for use in the "Discover Depression" game, allowing participants to identify applicable symptoms.
4. Educational resources such as brochures or pamphlets containing additional information about depression and how to cope with it.

Activities of the Session:

Welcome the participants and then start implementing the following activities:

1. **Discussion on the Concept of Depression:** (Activity duration: 15 minutes)

- Provide a definition of depression and ask participants to share their thoughts, experiences, or ideas about it.
- Request participants to give their own definitions of depression.

2. **Game "Discover Depression":** (Activity duration: 15 minutes)

- Present a list of depression symptoms and ask participants to identify which symptoms they believe apply to them.

3. **Case Analysis:** (Activity duration: 30 minutes)

- Share a short story about a person suffering from depression and ask participants to analyze the case and suggest how they could help.

4. **Practical Exercises:** (Activity duration: 25 minutes)

- Guide participants to perform simple practical exercises aimed at improving their mood and uplifting their spirits, such as deep breathing exercises or meditation.

Conclusion: (Duration: 10 minutes)

Thank the participants for attending the session, inquire about their clarity regarding the meeting, and encourage them to participate more actively in the next session. Ask participants to prepare a written card regarding their opinion about the program and activities, as well as any suggestions they may have, and bring it to the next meeting.

Session 4:

Title of the Session: Reducing Depression -2 (Applying Depression Reduction Strategies)

Duration of the Session: Two hours

Objectives of the Session:

1. Enhance positive thinking skills and self-motivation among adolescents.
2. Encourage participants to regularly apply strategies for dealing with depression.
3. Boost self-confidence and the ability to overcome difficulties.

Techniques:

1. Discussion and dialogue.
2. Role-playing.
3. Brainstorming.
4. Relaxation techniques.
5. Visualization.
6. Homework assignments.

Tools Used in the Session:

1. Paper and pens for writing down positive thoughts and personal goals.
2. Educational resources on enhancing positive thinking and self-motivation.
3. Practical exercises to practice positive thinking and apply it in the participants' lives.

Activities of the Session:

Start by reviewing the activities of the previous session and linking them to the objectives of this session (Duration: 10 minutes), then proceed with the following activities:

1. **Discussion on Depression Coping Strategies:** (Activity duration: 15 minutes)

- Present various strategies for coping with depression, such as exercising, relaxation techniques, and maintaining a healthy routine.

- Ask participants to discuss how they can apply these strategies in their daily lives.

2. **Practical Exercises:** (Activity duration: 30 minutes)

- Guide participants to perform simple practical exercises aimed at improving their mood and uplifting their spirits, such as deep breathing exercises or meditation.

3. **Card Game:** (Activity duration: 30 minutes)

- Distribute three cards to each participant.
- Invite participants to write three motivational phrases on the cards they have.
- Encourage participants to share their phrases with others and reinforce positive thinking and self-motivation.

4. **Success Stories:** (Activity duration: 30 minutes)

- Share success stories of individuals who have overcome depression and achieved their goals through positive thinking and hard work.

Conclusion: (Duration: 5 minutes)

Thank the participants for attending the session, inquire about their clarity regarding the meeting, and encourage them to participate more actively in the next session.

Session 5:

Session Title: Mental Health -1 (Understanding Mental Health)

Duration of the Session: Two hours

Objectives of the Session:

1. Understand the concept of mental health and its importance in daily life.
2. Identify positive and negative factors of mental health.
3. Raise awareness of the importance of caring for mental health and developing strategies to maintain it.

Techniques:

1. Discussion and dialogue.
2. Summarization.

3. Use of humor.
4. Interview techniques.

Materials Used During the Session:

1. Paper and pens for note-taking and ideas.
2. Educational resources about mental health and ways to care for it.
3. Presentation slides to visually present basic information.

Activities of the Session:

Welcome the participants, then proceed with the following activities:

1. **Discussion Circle:** (Duration = 30 minutes)

- o Divide the participants into two groups.
- o Prepare a discussion between the two groups about their experiences regarding the concept of mental health and ways to maintain and improve it.

2. **Exercises:** (Duration = 30 minutes)

- o Provide practical exercises such as meditation or yoga to enhance mental and physical balance.

3. **Workshop "Building a List of Positives":** (Duration = 30 minutes)

- o Guide participants to analyze stressors in their lives and apply strategies to deal with them correctly.

4. **Motivational Stories Workshop:** (Duration = 25 minutes)

- o Invite a speaker with successful experiences to share their journey regarding mental health and how they overcame challenges.

Conclusion: (Duration = 5 minutes)

- Thank the participants for attending the program and ask them about the clarity of the meeting, encouraging them to attend the next meeting more actively.
- Request participants to prepare a written card expressing their opinions about the program and activities, along with any suggestions they may have, to bring to the next meeting.

Session 6:

Session Title: Mental Health -2 (Dealing with Psychological Stress)

Duration of the Session: Two hours

Objectives of the Session:

1. Identify the types of psychological stress that adolescents face.
2. Learn effective strategies to deal with psychological stress correctly.
3. Encourage participants to apply the acquired strategies in their daily lives.

Techniques:

1. Discussion.
2. Dialogue.
3. Use of humor.
4. Debunking irrational thoughts.
5. Modifying self-statements.
6. Reinforcement.

Materials Used During the Session:

1. Paper and pens for noting exercises and personal observations.
2. Educational resources on managing psychological stress and applying coping strategies.
3. Practical exercises to practice emotional control and express emotions correctly.

Activities of the Session:

Welcome the participants and collect the cards they prepared from the previous session for review and evaluation, then proceed with the following activities:

1. **Educational Session on Expressing Stress:** (Duration = 30 minutes)

- Use paper and numbers for participants to write down some of the stressors they experience and how they affect them.

- Discuss the ideas presented by the participants, allowing each participant to read what they wrote and others to provide feedback.

2. **Positive Thinking Exercises:** (Duration = 20 minutes)

- Provide practical exercises to improve emotional expression skills, such as writing emotional journals.

3. **Workshop "Setting Plans":** (Duration = 40 minutes)

- Ask participants to write a list of goals in their lives.
- Guide participants to create plans that will help them achieve these goals.
- Consider the psychological stresses they may face while executing these goals and how to overcome them.

4. **Emotional Control Exercise:** (Duration = 20 minutes)

- Discuss a set of strategies for managing negative emotions and apply them in their daily lives.

Conclusion: (Duration = 10 minutes)

- Thank the participants for attending the program and ask them about the clarity of the session.
- Ask participants if there are any activities they would like to add to the program.
- Encourage participants to attend the next session more actively.

Session 7:

Session Title: Mental Health -3 (Enhancing Mental Health)

Duration of the Session: Two hours

Objectives of the Session:

1. Enhance positive thinking and self-motivation skills among adolescents.
2. Encourage participants to seek enjoyment and happiness in their daily lives.
3. Strengthen self-confidence and the ability to overcome difficulties.

Techniques:

1. Role-playing.
2. Role reversal.
3. Homework activities.
4. Reinforcement.
5. Summarization.
6. Feedback.

Materials Used During the Session:

1. Communication games to enhance relationships among participants and improve their mental health.
2. Paper and pens for noting exercises and personal observations.
3. Educational resources about positive thinking and enhancing mental health.

Activities of the Session:

Begin the session by welcoming participants and asking about their well-being, giving them a positive boost to start the session, then proceed with the following activities:

1. **Deep Breathing Exercises:** (Duration = 25 minutes)

- Ask participants about their knowledge of exercises that can enhance mental health.
- Guide participants to sit comfortably and breathe slowly and deeply, focusing on the sensation of air as they breathe.

2. **Workshop on Positive Thinking:** (Duration = 35 minutes)

- Divide participants into groups.
- Guide participants to analyze their negative thoughts and transform them into positive thoughts, focusing on the positive aspects of their lives.

3. **Awareness Session on Healthy Nutrition:** (Duration = 30 minutes)

- Raise awareness about the importance of healthy nutrition for mental health.
- Guide adolescents to recognize foods beneficial for mental health and how to incorporate them into their diets.

4. **Workshop on Emotional Control:** (Duration = 30 minutes)

- Learn skills for managing emotions and expressing them correctly.
- Guide adolescents to identify their feelings and express them positively without suppressing them.

Conclusion: (Duration = 5 minutes)

- Thank the participants for attending the program and ask them about the clarity of the session, encouraging them to attend the next meeting more actively.

Session 8:

Session Title: Social-Psychological Adjustment -1 (Understanding Social-Psychological Adjustment)

Duration of the Session: Two hours

Objectives of the Session:

1. Define social-psychological adjustment and its importance for adolescents.
2. Identify factors that can affect social-psychological adjustment.
3. Raise awareness of the importance of building positive and healthy relationships with others.

Techniques:

1. Guidance.
2. Role-playing.
3. Dialogue and discussion.
4. Homework.
5. Feedback.

Materials Used During the Session:

1. Presentation slides illustrating the concepts of social-psychological adjustment.
2. Paper and pens for noting observations and ideas.

3. Interactive models for analyzing factors affecting social-psychological adjustment.

Activities of the Session:

Welcome the participants and then proceed with the following activities:

1. **Understanding Social-Psychological Adjustment:** (Duration = 30 minutes)

- Present the topic and its importance.
- Ask guided questions to participants about their experiences and opinions regarding social-psychological adjustment.
- Stimulate and guide the discussion to analyze the influencing factors.

2. **Self-Awareness Exercises:** (Duration = 40 minutes)

- Guide adolescents to fill out a worksheet that helps them identify their feelings and thoughts.
- Encourage them to discuss their findings with others to increase self-awareness.

3. **Workshop for Analyzing Influencing Factors:** (Duration = 40 minutes)

- Present various models of influencing factors.
- Divide participants into groups to analyze specific factors and discuss them.
- Provide a brief report on the results and conclusions.

Conclusion: (Duration = 10 minutes)

- Thank the participants for attending the program and inquire about the clarity of the session.
- Ask participants to write down their observations about the activities and bring them to the next session.
- Encourage participants to attend the next session more actively.

Session 9:

Session Title: Social-Psychological Adjustment -2 (Applying Effective Communication Skills to Achieve Social-Psychological Adjustment)

Duration of the Session: Two hours

Objectives of the Session:

1. Learn effective communication skills and empathy with others.
2. Improve the ability to understand and positively respond to others' feelings.
3. Encourage participants to apply the skills learned in their daily lives.

Techniques:

1. Guidance.
2. Role-playing.
3. Dialogue and discussion.
4. Homework.
5. Feedback.

Materials Used During the Session:

1. Interactive worksheets to apply communication skills.
2. Educational materials on effective communication techniques.
3. Interactive activities to increase awareness of the positive effects of effective communication.

Activities of the Session:

Welcome the participants and collect the cards they prepared from the previous session for review and evaluation, then proceed with the following activities:

1. **Non-Verbal Communication Exercises:** (Duration = 30 minutes)

- Provide practical exercises to improve non-verbal communication.
- Observe participants while they perform the exercises and provide necessary guidance.

2. **Role-Playing Communication:** (Duration = 40 minutes)

- Assign different roles to participants to act out social situations.
- Discuss the performance and provide feedback after the role-play.

3. **Workshop to Improve Listening Skills:** (Duration = 40 minutes)

- Guide participants to practice effective listening skills.
- Provide immediate feedback after the exercises.

Conclusion: (Duration = 10 minutes)

- Thank the participants for attending the program and ask them about the clarity of the session, encouraging them to attend the next session more actively.
- Request participants to prepare a written card about their opinions on the program and activities, as well as any suggestions they may have, to bring to the next meeting.

Session 10:

Session Title: Social-Psychological Adjustment -3 (Building Healthy Social Relationships)

Duration of the Session: Two hours

Objectives of the Session:

1. Enhance adolescents' understanding of the importance of healthy social relationships.
2. Identify practical steps to build positive and supportive relationships.
3. Encourage participants to take effective steps towards improving their relationships.

Techniques:

1. Guidance.
2. Role-playing.
3. Dialogue and discussion.
4. Homework.
5. Feedback.

Materials Used During the Session:

1. Worksheets for creating action plans to build social relationships.
2. Interactive models for analyzing current social relationships and identifying areas for improvement.

3. Educational resources on the foundations of building healthy social relationships.

Activities of the Session:

Welcome the participants and collect the cards they prepared from the previous session for review and evaluation, then proceed with the following activities:

1. **Workshop for Analyzing Current Relationships:** (Duration = 30 minutes)

- o Guide participants to analyze their current relationships.
- o Encourage them to identify strengths and weaknesses in these relationships.

2. **Self-Esteem Building Exercises:** (Duration = 30 minutes)

- o Guide participants to apply exercises that enhance self-esteem.
- o Provide support and encouragement during the exercises.

3. **Workshop for Creating an Action Plan to Improve Relationships:** (Duration = 30 minutes)

- o Guide participants in creating an action plan that includes specific steps to improve their relationships.
- o Review personal plans and provide necessary advice.

Conclusion: (Duration = 30 minutes)

- Thank the participants for attending the program and provide final evaluations for the participants.
- Invite participants to share how they benefited from the program.
- Offer personal advice and motivate them for future improvement.

Session 11:

Session Title: Identifying Psychological Pressures Faced by Adolescents
Duration of the Session: Two hours

Objectives of the Session:

1. Help participants identify various psychological pressures they face.
2. Increase awareness of the sources and types of stress common during adolescence.

3. Encourage open expression and discussion of psychological challenges in a safe environment.

Techniques:

1. Guidance.
2. Brainstorming.
3. Group discussion.
4. Self-reflection exercises.
5. Feedback.

Materials Used During the Session:

1. Worksheets to identify types and sources of psychological pressures.
2. Case studies or scenarios illustrating adolescent stress situations.
3. Visual charts explaining stress categories.

Activities of the Session:

Welcome the participants and briefly review the previous session's outcomes. Then proceed with the following activities:

1. **Brainstorming Psychological Pressures:** (Duration = 30 minutes)
   o Encourage participants to list different types of psychological pressures they face.
   o Categorize pressures (school-related, family, social, internal expectations).
2. **Group Discussion of Common Stressors:** (Duration = 40 minutes)
   o Facilitate open sharing of participants' experiences.
   o Reflect on how these pressures affect their thoughts, behaviors, and emotions.
3. **Personal Reflection Activity:** (Duration = 40 minutes)
   o Guide participants to complete worksheets about their personal stressors.
   o Encourage participants to share anonymously or voluntarily and provide supportive feedback.

Conclusion:

(Duration = 10 minutes)

• Encourage participants to continue reflecting on their sources of stress.

• Ask them to prepare a list of personal coping mechanisms (if any) to bring to the next session.

Session 12:

Session Title: Learning and Practicing Strategies for Managing Psychological Stress
Duration of the Session: Two hours

Objectives of the Session:

1. Teach effective and practical stress management strategies.
2. Empower adolescents to apply these techniques in their daily lives.
3. Promote emotional regulation and resilience.

Techniques:

1. Cognitive-behavioral techniques.
2. Relaxation training.
3. Guided visualization.
4. Group discussion.
5. Feedback.

Materials Used During the Session:

1. Handouts describing different stress coping techniques.
2. Audio tracks or scripts for guided relaxation.
3. Worksheets for identifying stress triggers and coping responses.

Activities of the Session:

Welcome the participants and review the stressors identified in the previous session. Then proceed with the following:

1. **Introduction to Stress Management Strategies:** (Duration = 30 minutes)
   o Present basic strategies such as deep breathing, positive self-talk, and time management.
2. **Practice of Relaxation Techniques:** (Duration = 40 minutes)
   o Lead participants through deep breathing and guided imagery exercises.
   o Encourage feedback on how the techniques made them feel.
3. **Application Workshop:** (Duration = 40 minutes)

   o Guide participants to identify personal stressors and choose appropriate coping strategies.
   o Have them fill out worksheets linking a stressor with a suitable technique.

Conclusion: (Duration = 10 minutes)

- Summarize key techniques discussed.
- Ask participants to practice at least one technique daily and record their experiences for the next session.

Session 13:

Session Title: Understanding and Promoting Social-Emotional Adjustment + Post-Test
Duration of the Session: Two hours

Objectives of the Session:

1. Define social-emotional adjustment and highlight its importance.
2. Reinforce the importance of building healthy relationships and empathy.
3. Develop communication skills and practical strategies to sustain positive social connections.
4. Evaluate participants' development through a post-test.

Techniques:

1. Guidance.
2. Interactive discussion.
3. Role-playing.
4. Post-test.

Materials Used During the Session:

1. Summary handouts about social-emotional adjustment.
2. Role-play scripts and empathy-building activities.
3. Communication exercises.
4. Post-test questionnaire.

Activities of the Session:

Welcome the participants and briefly summarize the overall goals of the program. Then proceed with the following:

1. **Defining Social-Emotional Adjustment:** (Duration = 30 minutes)
   o Present an overview and key elements of emotional and social balance in adolescence.
   o Facilitate discussion about personal experiences.
2. **Empathy and Communication Activities:** (Duration = 40 minutes)
   o Conduct role-plays emphasizing empathy and effective communication.
   o Highlight behaviors that promote healthy interactions.
3. **Developing Positive Relationships:** (Duration = 30 minutes)
   o Lead a workshop on practical steps to maintain supportive relationships.
   o Encourage participants to set goals for building or improving connections.

Conclusion and Post-Test:

(Duration = 20 minutes)

• Administer the post-test to evaluate the program's impact.

- Thank participants for their involvement and provide encouraging closing remarks.
- Offer certificates of completion or small tokens of appreciation, if applicable.

Appendix G
Tables

Table 11

Results of Wilcoxon Signed Rank test for one sample for the difference between the psycho-social adjustment sample medians and the hypothetical medians (n = 20)

Variables	Sample median	Z-value	Sig.
GPSS	3.07	0.374	0.709
SWEMWBS	3.00	-0.214	0.831
KADS-6	3.00	2.60	0.009**
RSES	2.90	-0.842	0.400
ASCSS	3.13	-2.41	0.016*

**(p < .01), *(p < .05).

Table 12

Testing the normality of the responses in psycho-social adjustment in the pre- and post-tests for the experimental group by the Shapiro-Wilk test (n = 10)

Test type	Dependent variables	Shapiro-Wilk test		
		Statistic	df	Sig.
Pre-test (n = 10)	GPSS	0.844	9	0.040*
	SWEMWBS	0.812	9	0.012*
	KADS-6	0.867	9	0.018*
	RSES	0.825	9	0.015*
	ASCSS	0.863	9	0.018*
Post-test (n = 10)	GPSS	0.827	9	0.035*
	SWEMWBS	0.832	9	0.042*
	KADS-6	0.801	9	0.020*
	RSES	0.799	9	0.018*
	ASCSS	0.811	9	0.025*

*(p < .05).

Table 13

The results of paired samples t-Test of the differences between pre-test and post-test of psycho-social adjustment in the experimental group

Dependent variables	Median		Negative (n=1)		Positive (n=9)		Z	P-value	Effect Size
	Pre-test	Post-test	Mean Ranks	Sum of Ranks	Mean Ranks	Sum of Ranks			
GPSS	3.01	3.91	2.00	2.00	5.89	53.00	-2.60	0.009**	0.82
SWEMWBS	3.07	4.00	1.00	1.00	6.00	54.00	-2.71	0.007**	0.86
KADS-6	3.17	1.83	5.50	55.00	0.00	0.00	-2.81	0.005**	0.89
RSES	2.90	3.95	1.00	1.00	6.00	54.00	-2.70	0.007**	0.85
ASCSS	2.98	3.48	4.25	8.50	5.81	46.50	-1.99	0.043*	0.61

**(p < .01), *(p < .05).

Table 14

Testing the normality of the responses in psycho-social adjustment in the post-test a by the Shapiro-Wilk test (n = 20)

Group type	Dependent variables	Shapiro-Wilk test		
		Statistic	df	Sig.
Control (n = 10)	GPSS	0.841	9	0.032*
	SWEMWBS	0.852	9	0.045*
	KADS-6	0.833	9	0.028*
	RSES	0.846	9	0.039*
	ASCSS	0.857	9	0.048*
Experimental (n = 10)	GPSS	0.827	9	0.035*
	SWEMWBS	0.832	9	0.042*
	KADS-6	0.801	9	0.020*
	RSES	0.799	9	0.018*
	ASCSS	0.811	9	0.025*

*(p < .05).

Table 15

Results of the Non-Parametric Three-Way MANCOVA test for the significance of differences between the mean ranks of the post-test for psycho-social adjustment according to the independent variables among adolescents residing in institutional care (n = 20)

Independent Variables	Dependent Variables	Sum of Squares	DF	Mean Squares	F-Value	P-Value	Eta Squared / Effect Size
Group Type	GPSS	2.438	1	2.438	15.304	0.002**	0.522
	SWEMWBS	5.011	1	5.011	24.883	0.000**	0.640
	KADS-6	6.394	1	6.394	26.837	0.000**	0.657
	RSES	5.621	1	5.621	25.760	0.000**	0.648
	ASCSS	1.288	1	1.288	8.073	0.013*	0.366
Adolescent Age	GPSS	0.006	1	0.006	0.038	0.849	0.003
	SWEMWBS	0.568	1	0.568	2.820	0.115	0.168
	KADS-6	0.149	1	0.149	0.627	0.442	0.043
	RSES	0.104	1	0.104	0.477	0.501	0.033
	ASCSS	0.000	1	0.000	0.000	0.983	0.000
Residency duration	GPSS	0.540	2	0.270	1.696	0.219	0.195
	SWEMWBS	0.362	2	0.181	.899	0.429	0.114
	KADS-6	0.022	2	.011	.046	0.955	0.007
	RSES	0.943	2	0.472	2.162	0.152	0.236
	ASCSS	0.336	2	0.168	1.054	0.375	0.131
Pre-Test of GPSS	GPSS	1.943	1	1.943	12.197	0.004**	0.466
	SWEMWBS	0.882	1	0.882	4.382	.055	0.238
	KADS-6	1.746	1	1.746	7.330	0.017*	0.344
	RSES	2.387	1	2.387	10.939	0.005**	0.439
	ASCSS	1.189	1	1.189	7.452	0.016*	0.347

**(p < .01), *(p < .05).

Table 16

The estimated marginal rank means for the dependent variables in the post-test for the experimental group

Dependent Variable	Mean	Std. Error
GPSS	3.94	0.15
SWEMWBS	4.18	0.17
KADS	1.82	0.19
RSES	4.05	0.18
ASCSS	3.61	0.15

جامعة النجاح الوطنية

كلية الدراسات العليا

فاعلية برنامج سلوكي معرفي جمعي في رفع مستوى التوافق النفس اجتماعي لدى المراهقين المقيمين في المؤسسات الإيوائية في القدس

إعداد

محمود علي خليل ناصر

إشراف

د. فاخر الخليلي

د. محمد مرشود

قدمت هذه الرسالة استكمالا لمتطلبات الحصول على درجه الماجستير في علم النفس الإكلينيكي من كلية الدراسات العليا في جامعة النجاح الوطنية، نابلس– فلسطين.

2025

فاعلية برنامج سلوكي معرفي جمعي في رفع مستوى التوافق النفس اجتماعي لدى المراهقين المقيمين في المؤسسات الإيوائية في القدس

إعداد

محمود علي خليل ناصر

إشراف

د. فاخر الخليلي

د. محمد مرشود

الملخص

الخلفية: تستند هذه الدراسة إلى بناء برنامج علاجي سلوكي معرفي يهدف إلى مساعدة المراهقين المقيمين في مؤسسات الرعاية على تعزيز مستوى توافقهم النفسي والاجتماعي، حيث ركزت الدراسة على تصميم البرنامج استناداً إلى العلاج السلوكي المعرفي لمعالجة الضغوط والتحديات النفسية التي يواجهها الأفراد، باستخدام أساليب واستراتيجيات لتدريبهم على مواجهة هذه الضغوط والتكيف معها.

أهداف الدراسة: تهدف هذه الدراسة إلى تقييم فاعلية برنامج سلوكي معرفي جمعي في رفع مستوى التوافق النفس اجتماعي لدى المراهقين المقيمين في المؤسسات الإيوائية في القدس.

الطريقة: شملت الدراسة 20 مراهقاً من الذكور المقيمين في مؤسسات الرعاية في القدس، حيث تم اختيار المشاركين بعناية وفق معايير محددة شملت الفئة العمرية من 15 إلى 21 عاماً. تم اختيار العينة بطريقة هادفة، إذ تم استبعاد المراهقين الذين لم يقيموا في الرعاية المؤسسية لمدة لا تقل عن ستة أشهر أو الذين تنقلوا بين المؤسسات أكثر من مرة خلال الستة أشهر الماضية، وذلك لضمان استقرار البيئة التي يعيشون فيها. تم الحصول على موافقة مستنيرة من جميع المشاركين، وتم استبعاد من هم دون سن 15 عاماً أو الجدد أو كثيري التنقل أو من لم يحصلوا على موافقة. قسمت العينة بالتساوي إلى مجموعتين؛ مجموعة تجريبية وأخرى ضابطة، تضم كل منهما 10 مشاركين. استخدمت مقابلات شبه منظمة لجمع البيانات، تضمنت أسئلة مصممة خصيصاً لتحقيق أهداف الدراسة.

النتائج: أظهرت النتائج أن المراهقين المقيمين في مؤسسات الرعاية في القدس يعانون من مستوى متوسط من التوافق النفسي والاجتماعي ومن تراجع في الرفاه النفسي، حيث ظهر لديهم مستويات عالية من الاكتئاب وضعف في تقدير الذات وتكوين الصورة الذاتية، مما يبرز الحاجة إلى دعم مستهدف. وبعد تطبيق البرنامج العلاجي السلوكي المعرفي الجماعي، لوحظت تحسينات كبيرة في جميع مجالات التوافق النفسي والاجتماعي، بما في ذلك الرفاه النفسي وتكوين الهوية الذاتية، مع انخفاض ملحوظ في الأعراض الإكتئابية. وبينت النتائج أن نوع المجموعة العلاجية كان له تأثير كبير على هذه النتائج الإيجابية، بينما لم يكن للعمر أو مدة الإقامة في الرعاية المؤسسية تأثير يذكر، مما يؤكد أهمية الظروف النفسية والاجتماعية الأولية في تشكيل فعالية التدخل.

الكلمات المفتاحية: البرنامج العلاجي الجمعي السلوكي المعرفي، التوافق النفسي والاجتماعي، المراهقين، المؤسسات الإيوائية، القدس.