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Effectiveness of Rational Emotive Behavior Therapy on Oppositional Defiant Disorder and Sexual Deviance in Working Children

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ABSTRACT

The present study aimed to investigate the effectiveness of Rational Emotive Behavior Therapy (REBT) on reducing oppositional defiant disorder and sexual deviance among working children in Tehran. This study employed a quasi-experimental design with pretest-posttest and control group. The statistical population consisted of male working children aged 9 to 11 years enrolled at Parto School affiliated with the Mehrafarin Charity Organization in Tehran during the 2025 academic year. Thirty participants were selected using convenience sampling and randomly assigned into experimental (n=15) and control (n=15) groups. The experimental group participated in eight 90-minute sessions of Rational Emotive Behavior Therapy conducted over four weeks, while the control group received no intervention. Data collection instruments included the Oppositional Defiant Disorder Questionnaire developed by Ahmadi (2013) and the Child Sexual Deviance Questionnaire developed by Rashidi (2013). Data were analyzed using analysis of covariance (ANCOVA) in SPSS version 26 after verifying statistical assumptions including normality, homogeneity of variances, and homogeneity of regression slopes. The results of ANCOVA demonstrated that Rational Emotive Behavior Therapy significantly reduced oppositional defiant disorder symptoms in the experimental group compared to the control group ($F=295.73$, $p<0.001$, $\eta^2=0.90$). Furthermore, the intervention significantly decreased sexual deviance behaviors among participants in the experimental group ($F=285.73$, $p<0.001$, $\eta^2=0.90$). The large effect sizes indicated that a substantial proportion of the variance in posttest scores was attributable to the REBT intervention. These findings confirmed both research hypotheses and demonstrated the strong effectiveness of REBT in improving disruptive and maladaptive behaviors among working children. The findings suggest that Rational Emotive Behavior Therapy is an effective and practical intervention for reducing oppositional defiant disorder and sexual deviance among working children. By helping children identify and modify irrational beliefs, improve emotional regulation, and develop adaptive coping strategies, REBT can significantly improve psychological and behavioral functioning in this vulnerable population.

Keywords: *Rational Emotive Behavior Therapy, Oppositional Defiant Disorder, Sexual Deviance, Working Children, Psychological Intervention.*

1. Introduction

Childhood is considered one of the most critical developmental stages in human life because cognitive, emotional, social, and behavioral foundations are established during this period. Healthy childhood experiences contribute significantly to emotional regulation, interpersonal competence, adaptive coping skills, and psychological well-being in adulthood. In contrast, exposure to chronic stress, deprivation, trauma, neglect, and unstable living conditions during childhood can disrupt normal developmental trajectories and increase the likelihood of psychological and behavioral disorders later in life (Ganji, 2025). Among the most vulnerable groups of children worldwide are working children who are forced to engage in labor due to poverty, migration, family dysfunction, parental addiction, homelessness, armed conflict, and socioeconomic instability. These children are often deprived of educational opportunities, emotional support, healthcare, and safe developmental environments, making them highly susceptible to various mental health and behavioral problems (Radfar et al., 2018).

Child labor remains a serious social and psychological concern in many developing countries, including Iran. Working children are frequently exposed to physical violence, emotional abuse, exploitation, discrimination, unsafe work conditions, and social marginalization. Such experiences place considerable psychological pressure on children and negatively affect their emotional and behavioral adjustment. Research has shown that working children often experience heightened levels of anxiety, depression, aggression, emotional dysregulation, impulsivity, and social maladjustment compared to non-working peers (Khanjani et al., 2021). Furthermore, prolonged exposure to stressful and traumatic environments can contribute to the development of maladaptive cognitive schemas and dysfunctional beliefs that reinforce behavioral disturbances and interpersonal difficulties (Lorzangeneh & Esazadegan, 2022).

One of the most prevalent behavioral disorders among vulnerable children is oppositional defiant disorder (ODD). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), oppositional defiant disorder is characterized by a persistent pattern of angry mood, irritability, argumentative and defiant behavior, hostility toward authority figures, and vindictiveness lasting for at least six months (American Psychiatric, 2013). Children with ODD often display frequent temper outbursts, refusal to comply with rules, blaming others for their mistakes, deliberate annoyance of others, and excessive sensitivity to criticism. These behavioral patterns significantly impair academic performance, family relationships, peer interactions, and social functioning. In severe cases, untreated oppositional behaviors may progress into more serious conduct-related disorders and antisocial tendencies during adolescence and adulthood (Ganji, 2025).

The emergence of oppositional defiant behaviors in working children can be understood within the context of chronic environmental adversity and emotional deprivation. Working children are frequently subjected to controlling, punitive, and hostile interactions by employers, caregivers, and society, which may reinforce anger, distrust, resistance, and defiance toward authority figures. Experiences of humiliation, rejection, neglect, and social injustice may contribute to maladaptive emotional responses and dysfunctional cognitive interpretations of social situations. Research indicates that childhood trauma and emotional dysregulation are strongly associated with maladaptive personality traits and behavioral problems in vulnerable populations (Norouzi & Zemestani, 2020). Similarly, emotion dysregulation and dissociative symptoms have been linked to impaired personality functioning and maladaptive coping strategies among psychologically distressed individuals (Norouzi & Zemestani, 2021).

Another serious concern among working children involves sexually deviant thoughts and behaviors. Sexual deviance refers to maladaptive, inappropriate, or socially unacceptable sexual attitudes, fantasies, or behaviors that emerge as a result of distorted learning experiences, environmental exposure, trauma, or inadequate supervision (Ganji, 2025). Working children are particularly vulnerable to sexual exploitation, exposure to inappropriate sexual content, peer victimization, and sexual abuse due to the unsafe environments in which they often live and work. Limited parental supervision, lack of proper sexual education, and exposure to deviant peer groups may further contribute to the development of unhealthy sexual attitudes and behaviors. Rashidi identified multiple environmental sources contributing to sexual deviance among adolescents, including family dysfunction, peer influence, media exposure, and inadequate educational guidance (Rashidi, 2013).

Behavioral disturbances such as oppositional defiant disorder and sexual deviance are often rooted in dysfunctional cognitive structures and maladaptive emotional processing. Cognitive theorists argue that children exposed to adverse environments develop irrational beliefs

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and distorted cognitive schemas that influence their emotional reactions and behavioral responses (Carr & Francis, 2010). Early maladaptive schemas formed during childhood may create rigid and unrealistic beliefs regarding self-worth, trust, control, relationships, and emotional expression. Such schemas increase vulnerability to anger, aggression, impulsivity, shame, and maladaptive interpersonal behaviors. Research examining maladaptive schema domains has shown that childhood trauma and dysfunctional family experiences significantly predict cognitive distortions and maladaptive emotional functioning (Lorzangeneh & Esazadegan, 2022). Therefore, interventions targeting irrational beliefs and maladaptive cognitions may be particularly beneficial for vulnerable children exposed to chronic psychosocial stressors.

One of the most influential cognitive-behavioral approaches designed to modify irrational beliefs and dysfunctional emotional responses is Rational Emotive Behavior Therapy (REBT), developed by Albert Ellis. Ellis proposed that emotional and behavioral disturbances are not directly caused by external events themselves, but rather by individuals' irrational beliefs and interpretations regarding those events (Ellis, 1994). REBT is based on the ABC model, in which "A" represents activating events, "B" refers to beliefs, and "C" denotes emotional and behavioral consequences. According to this model, maladaptive emotional reactions and problematic behaviors emerge primarily from irrational, rigid, and absolutist beliefs rather than objective events. REBT aims to help individuals identify, challenge, and replace irrational beliefs with more rational, flexible, and adaptive cognitions (Terjesen et al., 2009).

Rational Emotive Behavior Therapy has demonstrated substantial effectiveness in reducing behavioral and emotional problems among children and adolescents. This therapeutic approach combines cognitive restructuring, emotional awareness, behavioral rehearsal, problem-solving skills, and self-acceptance techniques to promote healthier emotional regulation and adaptive functioning. REBT interventions often emphasize recognizing irrational self-talk, disputing dysfunctional assumptions, increasing frustration tolerance, and developing realistic coping strategies (Ellis, 1994). Because working children frequently internalize beliefs such as "life must always be fair," "others must never reject me," or "I cannot tolerate frustration," REBT may be especially useful in helping them develop healthier cognitive and emotional patterns.

Empirical studies have supported the effectiveness of REBT for disruptive behaviors and emotional disturbances in young populations. A meta-analysis conducted by Gonzalez and colleagues demonstrated that rational emotive therapy significantly reduced disruptive and maladaptive behaviors among children and adolescents across multiple settings (Gonzalez et al., 2004). Similarly, Terjesen and colleagues emphasized that REBT is developmentally adaptable and particularly effective for children and adolescents because it teaches concrete coping skills and cognitive restructuring techniques in a direct and structured manner (Terjesen et al., 2009). Research conducted by James and Omondi further demonstrated that behavioral therapies and REBT significantly reduced conduct disorder symptoms among juvenile delinquents in rehabilitation settings (James & Omondi, 2021). These findings suggest that cognitive-behavioral approaches may be highly effective in reducing disruptive behavioral patterns among vulnerable youth populations.

In addition to reducing behavioral problems, REBT may also improve emotional regulation and self-awareness among children exposed to adverse conditions. Working children often experience chronic anger, frustration, fear, helplessness, and low self-esteem due to ongoing social and economic hardships. Irrational beliefs regarding self-worth, trust, and emotional control may intensify maladaptive emotional responses and increase the likelihood of behavioral acting-out. REBT encourages children to replace self-defeating beliefs with more adaptive and rational alternatives, thereby improving emotional resilience and psychological adjustment (Ellis, 1994). Previous studies examining interventions for vulnerable children have shown that resilience-based and cognitive-behavioral approaches can significantly improve mental health outcomes among working children (Khanjani et al., 2021).

Despite the growing body of evidence supporting REBT, relatively few studies have specifically examined its effectiveness for oppositional defiant disorder and sexual deviance among working children. Most previous research has focused on general behavioral problems, conduct disorder, anxiety, maladaptive schemas, or emotional dysregulation in broader child and adolescent populations (Aflakian et al., 2023; McCart & Sheidow, 2016). Furthermore, research involving working children remains limited despite the substantial psychosocial vulnerabilities experienced by this population. Given the increasing prevalence of child labor and the associated psychological

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risks, identifying effective, low-cost, culturally adaptable, and evidence-based interventions is critically important.

The present study was therefore designed to address this gap in the literature by examining the effectiveness of Rational Emotive Behavior Therapy on oppositional defiant disorder and sexual deviance among working children in Tehran. The findings of this study may contribute to the development of more effective psychological interventions for vulnerable children and provide practical guidance for counselors, psychologists, educators, and social service organizations working with child labor populations. Therefore, the aim of the present study was to investigate the effectiveness of Rational Emotive Behavior Therapy on oppositional defiant disorder and sexual deviance among working children in Tehran.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental research design with pretest-posttest assessment and a control group. The dependent variables, including oppositional defiant disorder and sexual deviance, were measured before and after the intervention in both groups. The study population consisted of all male working children aged 9 to 11 years who were enrolled during the 2025 academic year at Parto School, a specialized educational center for child laborers affiliated with the Mehrafarin Charity Organization in Tehran, Iran. The participants were initially identified by the school psychologist as exhibiting symptoms related to oppositional defiant disorder, sexual deviance, or both behavioral conditions. A total sample of 30 children was selected using convenience sampling based on the inclusion criteria of the study. The participants were then randomly assigned into an experimental group (n=15) and a control group (n=15). Inclusion criteria included being between 9 and 11 years old, demonstrating symptoms of oppositional defiant disorder or sexual deviance according to clinical judgment, not receiving any concurrent psychological treatment, and obtaining informed consent from parents or legal guardians. Exclusion criteria included absence from more than two intervention sessions or withdrawal from participation at any stage of the study.

2.2. Measures

The Oppositional Defiant Disorder Questionnaire developed by Ahmadi (2013) was used to assess symptoms of oppositional defiant disorder among the participants. This instrument was designed based on the diagnostic criteria outlined in the DSM-IV and evaluates behavioral characteristics such as aggression, irritability, anger, argumentative behavior, disobedience toward authority figures, and blaming others for personal mistakes or misbehavior. The questionnaire has been widely used in studies involving Iranian children and adolescents and has demonstrated acceptable psychometric properties. Previous studies reported a Cronbach's alpha coefficient of 0.83, indicating satisfactory internal consistency and reliability. Higher scores on this instrument indicate greater severity of oppositional and defiant behaviors.

The Child Sexual Deviance Questionnaire developed by Rashidi (2013) was utilized to measure sexual deviance-related behaviors and sources of sexual information among working children. This questionnaire consists of 20 items scored on a Likert scale and assesses four major dimensions, including family-related sources of sexual information (items 1–6), peer and friend influences (items 7–11), media exposure (items 12–16), and school-related influences (items 17–20). Higher scores indicate stronger maladaptive sexual attitudes and greater influence of inappropriate sexual information sources on the child's perceptions and behaviors. Previous psychometric evaluations demonstrated acceptable reliability for the instrument, with Cronbach's alpha coefficients for the subscales ranging from 0.71 to 0.82, confirming the adequacy of the measure for research purposes involving Iranian child populations.

2.3. Intervention

The experimental group participated in a Rational Emotive Behavior Therapy (REBT) intervention program conducted in a group format over a four-week period. The intervention consisted of eight sessions, each lasting approximately 90 minutes, and sessions were held twice per week. All sessions were administered by a trained therapist certified in cognitive-behavioral therapy approaches. The content of the intervention was developmentally adapted for children aged 9 to 11 years and incorporated child-friendly therapeutic techniques such as storytelling, games, drawing activities, role-playing exercises, and group discussions to facilitate engagement and comprehension. The initial sessions focused on establishing rapport, introducing group rules, and teaching the ABC model of REBT using simple and relatable examples. Subsequent sessions emphasized identifying irrational beliefs, recognizing negative self-talk,

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understanding the relationship between thoughts, emotions, and behaviors, and challenging maladaptive beliefs through Socratic questioning and evidence evaluation. Additional sessions focused on replacing irrational beliefs with rational alternatives, promoting unconditional self-acceptance, improving emotional regulation and anger management skills, and enhancing social problem-solving abilities in high-risk situations. The final session was dedicated to reviewing the learned concepts, consolidating therapeutic gains, and discussing practical applications of the acquired skills in daily life. During the intervention period, the control group received no psychological treatment and remained on a waiting list until the completion of the study.

2.4. Data Analysis

The collected data were analyzed using SPSS software version 26. Descriptive statistical methods, including mean and standard deviation, were used to summarize participant characteristics and study variables. Prior to conducting the primary inferential analyses, the assumptions underlying parametric statistical tests were examined. The Shapiro-Wilk test was used to evaluate the normality of score distributions, Levene's test was conducted to assess homogeneity of variances between groups, and the homogeneity of regression slopes assumption was also examined. Following confirmation of these assumptions, one-way analysis of covariance (ANCOVA) was performed to compare posttest scores between the experimental and control groups while controlling for pretest differences. The significance level for all statistical analyses was set at $p < 0.05$.

3. Findings and Results

The present study investigated the effectiveness of Rational Emotive Behavior Therapy on oppositional defiant disorder and sexual deviance among working children. Descriptive statistics were first calculated to examine the distribution of scores across groups and assessment stages. Subsequently, the assumptions underlying analysis of covariance were evaluated, followed by inferential analyses to determine the effectiveness of the intervention.

Table 1

Means and Standard Deviations for Oppositional Defiant Disorder and Sexual Deviance Scores in Experimental and Control Groups at Pretest and Posttest

Variable	Group	Pretest Mean (SD)	Posttest Mean (SD)
Oppositional Defiant Disorder	Experimental	5.64 (1.15)	2.93 (0.62)
Oppositional Defiant Disorder	Control	6.14 (0.86)	6.14 (0.86)
Sexual Deviance	Experimental	4.46 (1.14)	3.28 (0.53)
Sexual Deviance	Control	5.22 (0.76)	5.24 (0.66)

The mean age of the participants was 9.8 years. In the experimental group, 9 children were between 9 and 10 years old, while 6 participants were between 10 and 11 years old. In the control group, 12 participants were between 9 and 10 years old and 3 participants were between 10 and 11 years old. As shown in Table 1, the mean score of oppositional defiant disorder in the experimental group decreased substantially from 5.64 at pretest to 2.93 at posttest following participation in the REBT program. In contrast, the control group showed no observable change, with the mean score remaining constant at 6.14 across both assessment stages. Similarly, the mean score of sexual deviance in the experimental group decreased from 4.46 before the intervention to 3.28 after the intervention, whereas the control group demonstrated almost no change, with scores increasing only slightly from 5.22 to 5.24. These descriptive findings provide preliminary evidence that the REBT intervention contributed to reductions in both oppositional defiant behaviors and sexual deviance among working children.

Before conducting the primary inferential analyses, the assumptions of analysis of covariance were examined. The Shapiro–Wilk test demonstrated that the distribution of scores for all variables did not significantly deviate from normality ($p > 0.05$). Levene's test also confirmed the homogeneity of variances across the experimental and control groups for oppositional defiant disorder ($p = 0.064$) and sexual deviance ($p = 0.401$). In addition, the interaction effect between group membership and pretest scores was not statistically significant for oppositional defiant disorder ($F = 23.77$, $p = 0.630$) or sexual deviance ($F = 21.67$, $p = 0.631$), indicating that the assumption of homogeneity of regression

slopes was satisfied. Therefore, all assumptions necessary for performing ANCOVA were met.

Table 2

ANCOVA Results for Oppositional Defiant Disorder and Sexual Deviance

Variable	Source	Sum of Squares	df	Mean Square	F	p	η²
Oppositional Defiant Disorder	Pretest	9.94	1	9.94	52.77	<0.001	0.95
Oppositional Defiant Disorder	Group	55.68	1	55.68	295.73	<0.001	0.90
Oppositional Defiant Disorder	Error	4.71	25	0.19	—	—	—
Sexual Deviance	Pretest	8.84	1	8.84	42.76	<0.001	0.95
Sexual Deviance	Group	45.68	1	45.68	285.73	<0.001	0.90
Sexual Deviance	Error	3.71	25	0.15	—	—	—

The results of the one-way analysis of covariance revealed that, after controlling for pretest scores, there was a statistically significant difference between the experimental and control groups in posttest oppositional defiant disorder scores ($F = 295.73$, $p < 0.001$). The effect size was very large ($\eta^2 = 0.90$), indicating that approximately 90% of the variance in posttest oppositional defiant disorder scores could be attributed to the REBT intervention. Likewise, a significant difference was observed between the two groups in posttest sexual deviance scores ($F = 285.73$, $p < 0.001$), with a similarly large effect size ($\eta^2 = 0.90$). These findings indicate that Rational Emotive Behavior Therapy was highly effective in reducing both oppositional defiant disorder symptoms and sexual deviance behaviors among working children.

4. Discussion

The present study aimed to investigate the effectiveness of Rational Emotive Behavior Therapy (REBT) on oppositional defiant disorder and sexual deviance among working children in Tehran. The findings demonstrated that REBT significantly reduced symptoms of oppositional defiant disorder as well as sexual deviance behaviors in the experimental group compared to the control group. The large effect sizes obtained in both variables indicate that the intervention had a substantial impact on improving the behavioral and emotional functioning of working children. These findings suggest that REBT can serve as an effective psychological intervention for vulnerable child populations exposed to chronic stress, emotional deprivation, and maladaptive environmental experiences.

One of the major findings of the present study was the significant reduction in oppositional defiant disorder symptoms following the REBT intervention. Children in the experimental group demonstrated lower levels of aggression, irritability, disobedience, argumentative behavior, and hostility toward authority figures after participating in the intervention sessions. This finding is theoretically consistent with the cognitive foundations of REBT proposed by Ellis, who argued that irrational beliefs and dysfunctional interpretations of life events are central causes of maladaptive emotional and behavioral reactions (Ellis, 1994). According to the REBT framework, children exposed to adverse social conditions may develop rigid and absolutist beliefs such as “Others must always treat me fairly,” “I should never experience frustration,” or “People are always against me.” These irrational beliefs intensify anger, hostility, and oppositional reactions when environmental expectations are not met. REBT attempts to identify and challenge such irrational cognitions and replace them with more rational, flexible, and adaptive beliefs. Consequently, children become more capable of regulating emotions, tolerating frustration, and responding to interpersonal conflicts in constructive ways.

The findings of the present study are consistent with previous research emphasizing the effectiveness of REBT for disruptive and behavioral disorders among children and adolescents. Gonzalez and colleagues reported in their meta-analysis that rational emotive interventions significantly reduced disruptive behaviors and emotional problems among young populations (Gonzalez et al., 2004). Similarly, Terjesen and colleagues emphasized that REBT is particularly suitable for children because it employs structured, directive, and skill-oriented strategies that are developmentally adaptable for younger populations (Terjesen et al., 2009). The results of the current study also align with the findings of James and Omondi, who demonstrated that REBT and behavioral therapies effectively reduced conduct disorder symptoms among juvenile delinquents in rehabilitation settings (James &

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Omondi, 2021). Since oppositional defiant disorder and conduct disorder share common features such as aggression, defiance, emotional dysregulation, and hostility toward authority figures, it is reasonable that interventions targeting irrational cognitions and maladaptive emotional responses would improve both conditions.

Another important explanation for the reduction in oppositional behaviors may involve the role of emotional regulation training provided throughout the intervention process. Working children are often exposed to chronic stressors including poverty, exploitation, social rejection, and emotional neglect. Such conditions contribute to heightened emotional reactivity, impulsivity, and frustration intolerance. Research has shown that emotional dysregulation is strongly associated with maladaptive personality functioning and behavioral disturbances (Norouzi & Zemestani, 2021). REBT helps individuals recognize the connection between thoughts, emotions, and behaviors, thereby improving emotional awareness and self-control. Through role-playing exercises, cognitive restructuring, and anger management techniques, participants in the present study likely learned healthier ways of responding to interpersonal conflicts and stressful situations. These improvements may explain the substantial decrease observed in oppositional and defiant behaviors following the intervention.

The findings may also be interpreted within the framework of maladaptive schemas and cognitive distortions. Children who experience chronic adversity often internalize dysfunctional beliefs regarding trust, self-worth, fairness, and interpersonal relationships. Such maladaptive schemas can contribute to hostility, aggression, and oppositional behaviors (Carr & Francis, 2010). Previous research has demonstrated that childhood trauma and maladaptive schema domains significantly predict cognitive distortions and emotional problems (Lorzangeneh & Esazadegan, 2022). Similarly, childhood trauma has been associated with impaired personality functioning and pathological behavioral patterns (Norouzi & Zemestani, 2020). REBT directly targets irrational and maladaptive cognitions by encouraging children to evaluate the accuracy and usefulness of their beliefs. As irrational schemas become weaker and more adaptive cognitions develop, emotional and behavioral functioning may improve substantially.

The second major finding of the present study was the significant reduction in sexual deviance behaviors among working children who participated in the REBT intervention. This finding is particularly important because sexually deviant behaviors among vulnerable children are often overlooked or inadequately addressed in psychological research and intervention programs. Working children are frequently exposed to inappropriate sexual experiences, unsafe environments, inadequate supervision, exploitative relationships, and distorted sources of sexual information. Rashidi emphasized that maladaptive sexual attitudes among adolescents may emerge from inappropriate family environments, peer influence, media exposure, and insufficient educational guidance (Rashidi, 2013). Because working children are more likely to encounter these risk factors, they may become especially vulnerable to developing distorted sexual beliefs and maladaptive sexual behaviors.

The effectiveness of REBT in reducing sexual deviance behaviors may be explained through several psychological mechanisms. First, REBT improves self-awareness and impulse control by helping individuals identify irrational thoughts and emotional triggers before acting impulsively. Children exposed to stressful or traumatic environments may engage in maladaptive sexual behaviors as a means of emotional escape, tension reduction, or attention seeking. By teaching children to recognize and challenge irrational beliefs related to shame, self-worth, anger, or interpersonal relationships, REBT may reduce impulsive and maladaptive behavioral responses. Second, REBT emphasizes unconditional self-acceptance and emotional responsibility. Many vulnerable children experience intense shame, guilt, and confusion regarding sexual thoughts or behaviors. These emotions may paradoxically reinforce secrecy, anxiety, and maladaptive coping strategies. REBT encourages children to understand that thoughts and emotions can be managed rationally without engaging in harmful or impulsive actions. This process may contribute to healthier emotional adjustment and behavioral self-regulation.

The current findings are also supported by broader evidence regarding the effectiveness of cognitive-behavioral interventions for disruptive and maladaptive behaviors. McCart and Sheidow identified cognitive-behavioral approaches as among the most effective evidence-based psychosocial treatments for adolescents with disruptive behavioral problems (McCart & Sheidow, 2016). Such interventions are particularly effective because they target the underlying cognitive, emotional, and behavioral processes responsible for maladaptive functioning. In the present study, children participated in interactive activities including storytelling, games, role-playing, and group discussions, which likely enhanced engagement and

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facilitated emotional learning. The group-based format may also have contributed positively to treatment outcomes by reducing feelings of isolation and promoting peer support among participants who shared similar life experiences.

Another important factor contributing to the effectiveness of the intervention may involve the developmental appropriateness of the therapeutic techniques used throughout the sessions. REBT concepts were adapted to the cognitive and emotional capacities of children aged 9 to 11 years through simplified explanations, practical examples, drawings, and interactive exercises. This adaptation likely improved comprehension and participation among children who may have limited educational opportunities due to child labor conditions. Terjesen and colleagues emphasized that REBT interventions for children are most effective when abstract cognitive concepts are translated into concrete and understandable activities (Terjesen et al., 2009). Therefore, the child-centered and activity-based structure of the intervention may have significantly enhanced treatment effectiveness.

The large effect sizes reported in the present study further highlight the potential value of REBT for working children. Effect sizes exceeding 0.90 are relatively uncommon in psychological intervention studies and suggest that the intervention accounted for a substantial proportion of behavioral improvement. One explanation for these strong effects may involve the severe unmet psychological needs of working children. Because many participants had likely received little or no prior psychological support, the intervention may have produced particularly meaningful emotional and cognitive changes. Additionally, the structured and supportive therapeutic environment may have provided participants with a rare opportunity for emotional expression, social acceptance, and skill development. Previous studies have shown that resilience-oriented and cognitive-behavioral interventions can substantially improve the mental health of working children exposed to chronic adversity (Khanjani et al., 2021).

The findings of the present study also have important theoretical implications. The results provide additional support for cognitive-behavioral theories emphasizing the central role of irrational beliefs and maladaptive cognitive processing in the development of behavioral disorders (Ellis, 1994). The study demonstrates that interventions focused on cognitive restructuring, emotional regulation, and rational thinking can effectively improve behavioral functioning even among highly vulnerable populations exposed to severe environmental stressors. Furthermore, the findings support the argument that behavioral disorders among working children should not be understood merely as disciplinary problems, but rather as complex psychological responses to chronic deprivation, trauma, and maladaptive learning experiences (Radfar et al., 2018). Therefore, psychological interventions addressing cognitive and emotional processes may be more beneficial than punitive or purely behavioral management strategies.

5. Conclusion

The present study contributes to the existing literature by addressing an understudied population and examining the effectiveness of REBT for both oppositional defiant disorder and sexual deviance simultaneously. Previous studies have primarily focused on anxiety, maladaptive schemas, emotional regulation, or conduct problems in broader child populations (Aflakian et al., 2023). In contrast, relatively little research has specifically examined psychological interventions targeting behavioral and sexual maladjustment among working children. Therefore, the current findings may provide valuable evidence for psychologists, social workers, educators, and policymakers seeking effective mental health interventions for vulnerable child populations.

One limitation of the present study was the relatively small sample size and the inclusion of only male working children aged 9 to 11 years from a single educational center in Tehran. Therefore, caution should be exercised when generalizing the findings to female children, different age groups, or working children living in other geographical and cultural contexts. Another limitation involved the absence of a long-term follow-up assessment, making it difficult to determine whether the observed improvements remained stable over time. In addition, the study relied primarily on self-report and behavioral questionnaires, which may be influenced by response biases or social desirability. Finally, several potentially influential variables such as severity of trauma exposure, family functioning, socioeconomic status, and duration of child labor were not controlled during the study.

Future research should examine the long-term effectiveness of REBT interventions through follow-up assessments conducted several months after treatment completion. Researchers are also encouraged to include larger and more diverse samples involving female working children and adolescents from different social and cultural backgrounds. Comparative studies investigating the effectiveness of REBT relative to other therapeutic

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approaches such as acceptance and commitment therapy, trauma-focused interventions, play therapy, and mindfulness-based interventions may also provide valuable information regarding the most effective treatment methods for vulnerable children. In addition, future studies may explore the mediating roles of emotional regulation, maladaptive schemas, self-esteem, and resilience in explaining the effectiveness of REBT on behavioral outcomes among working children.

The findings of the present study have several important practical implications for mental health professionals, educators, and social service organizations working with child labor populations. Psychological support programs designed for working children should incorporate structured cognitive-behavioral interventions aimed at improving emotional regulation, cognitive flexibility, frustration tolerance, and interpersonal skills. Specialized schools, shelters, and child welfare centers may benefit from integrating REBT-based group programs into their routine psychological services. Training counselors, teachers, and social workers in basic REBT techniques could also improve early identification and intervention for behavioral problems among vulnerable children. Furthermore, developing culturally appropriate and developmentally tailored REBT materials specifically designed for working children may enhance treatment accessibility and effectiveness in underprivileged settings.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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