



Islamic Guidance and Counseling-Based Assertive CBT for Students with Dyslexia Who Are Victims of Bullying

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Abstract

Islamic Guidance and Counseling-Based Assertive CBT for Students with Dyslexia Who Are Victims of Bullying. Dyslexia may interact with bullying experiences and contribute to secondary psychological distress, including learned helplessness, low self-efficacy, and social withdrawal. This study described the implementation of Assertiveness Training within Cognitive Behavior Therapy (CBT), integrated with Islamic Guidance and Counseling values of shabr and izzah, for a student with dyslexia who experienced bullying. A qualitative single-case study involved a 14-year-old female student identified as having dyslexia and experiencing verbal, physical, and social bullying. Six counseling sessions combined cognitive restructuring, modeling, role-playing, behavioral rehearsal, visual support, and assertive communication practice. Data were collected through observation, semi-structured interviews, documentation, and counseling notes. The findings indicated behavioral development reflecting stronger self-efficacy and assertiveness, particularly in rejecting negative treatment, seeking help, defending personal rights, and engaging more actively. The CBT-assertiveness integration with shabr-izzah values may support adaptive coping among students with special educational needs.

Keywords: Dyslexia; Bullying Victimization; Cognitive Behavior Therapy; Assertiveness Training; Self-Efficacy.

A. Introduction

In inclusive education, teachers of Guidance and Counseling (BK) hold a strategic position, since inclusive education requires schools not only to provide academic access for students with special needs, but also to ensure psychological safety, social acceptance, and developmental support that is responsive to individual needs. In this context, Guidance and Counseling (BK) teachers occupy a strategic position because BK services sit at the intersection of students' personal, social, learning, and career needs. This role becomes increasingly important when students have learning barriers that can affect their social experience at school. One relevant condition is dyslexia, a specific learning disorder primarily related to difficulties in the accuracy or fluency of reading, word recognition, and spelling (American Psychiatric Association, 2022). These difficulties are not merely an academic issue, because repeated experiences of failure can shape negative self-perception, performance anxiety, task avoidance, and low confidence in one's own abilities. Vulnerability increases when students also experience bullying. Studies show that reading difficulties can be associated with peer victimization and psychosocial adjustment challenges (Livingston et al., 2022; Turunen et al., 2021), while bullying victimization in childhood and adolescence is associated with broader psychological consequences, including low self-esteem, anxiety, depression, and disturbances in self-concept (Moore et al., 2017). Therefore, low self-confidence in students with dyslexia who are bullying victims should not be understood as a character weakness. This condition is more accurately viewed as the result of an interaction between neurodevelopmental needs, stressful academic experiences, unsafe social relationships, and the individual's interpretation of these experiences. This perspective shifts the direction of BK services from merely encouraging students to be 'braver' toward helping counselees understand their experiences, build more adaptive ways of thinking, acquire concrete interpersonal skills, and receive systemic support so that the school environment does not perpetuate victimization. An inclusive framework also requires schools not to place the entire burden of adjustment on students, but to organize learning

support, teacher responses, peer relationships, and protection against bullying as part of a safe educational ecosystem (UNESCO, 2021).

From a cognitive-behavioral perspective, repeated negative experiences can shape automatic thoughts and maladaptive beliefs that subsequently influence emotions and behavior. In students who are repeatedly mocked, excluded, or subjected to demeaning physical and social treatment, interpretations such as 'I am weak', 'I am different', or 'I cannot change the situation' can develop into patterns that sustain anxiety and avoidance. This pattern aligns with the concept of learned helplessness, a condition in which individuals increasingly lose confidence that their active responses can produce change. In the school context, learned helplessness can be reflected through staying silent when mocked, reluctance to ask for help, avoiding eye contact, withdrawing from groups, and passivity in learning. The counselee's initial condition in this study showed a similar pattern: the counselee felt different because of her reading difficulties, was afraid to reject peers' negative treatment, and tended not to defend her rights. Cognitive Behavior Therapy (CBT) is relevant because it places the relationship between situation, interpretation, emotion, and behavior as the target of intervention. Cognitive restructuring helps counselees identify negative automatic thoughts, examine the evidence supporting or contradicting them, and build more realistic alternative appraisals (Beck, 2021). More broadly, CBT remains one of the most empirically robust psychotherapeutic approaches because cognitive and behavioral change are positioned as mutually reinforcing processes (David et al., 2022). For bullying victims, cognitive change serves an important function: negative experiences are no longer treated as evidence that they are worthless or incapable of acting. However, changes in thinking need to produce real behavioral experience so that new beliefs gain concrete evidence. For this reason, this study did not use cognitive restructuring alone, but linked it with behavioral exercises that allowed the counselee to try new responses in situations resembling actual social experiences. This approach also creates space for understanding that self-confidence is not merely a positive feeling about oneself, but a belief that is realized through choices

of action, the ability to ask for help, defend one's rights, and engage in school activities.

This cognitive change was translated through Assertiveness Training, an exercise in clearly expressing one's needs, feelings, boundaries, and rights without becoming passive or aggressive. For bullying victims, assertive skills are important because the challenge they face is not only how to reduce fear, but also how to provide interpersonal responses that are safe and applicable. Empirical evidence shows that problem-solving and assertiveness training can improve self-esteem and mental health among female adolescents (Golshiri et al., 2023), while a scoping review of assertiveness therapy for adolescents indicates its potential benefits in reducing the impact of bullying and developing interpersonal skills (Yosep et al., 2024). Findings within the Indonesian context also show that assertiveness training can support the self-esteem and confidence of bullying victims (Nafwari & Qudsyi, 2024; Wardani & Trisnani, 2025). Nevertheless, applying these techniques to students identified as having dyslexia requires adaptation. CBT and assertiveness training often rely on worksheets, thought records, lengthy verbal instructions, or abstract discussion. These demands can become less accessible when the counselee experiences barriers in written-language processing and must formulate responses under emotional pressure. Bullying situations unfold quickly; the counselee must understand a peer's actions, identify feelings, determine boundaries, choose a response, and articulate it almost spontaneously. Therefore, this study used brief instructions, concrete examples, direct modeling, visual support, repetition, role-playing, behavioral rehearsal, eye-contact practice, body-position adjustment, and simple response sentences. This adaptation is not intended to conclude that the counselee has a specific neuropsychological deficit, since the study did not conduct formal neuropsychological testing. The adaptation is positioned as a principle of accessibility: counseling techniques are delivered in ways that are easier to understand, remember, and practice. Thus, the counselee gained the opportunity to build responses through direct experience, rather than solely through conceptual explanation or written tasks.

The cognitive-behavioral approach in this study was also situated within the framework of Islamic Guidance and Counseling (BKI). Integrating modern psychotherapy with Islamic psychology allows the mechanisms of psychological change to be maintained while still considering values, spirituality, meaning, and self-conceptions relevant to Muslim counselees (Haque et al., 2016; Keshavarzi & Haque, 2013; Rothman & Coyle, 2018). In this study, the values of shabr and izzah were used as a reinforcing framework. Shabr is not interpreted as passivity or tolerating bullying, but as the ability to manage emotions, restrain impulsive responses, and choose constructive actions. Izzah is understood as an awareness of one's dignity and self-worth, so that having dyslexia is not seen as a reason for others to demean the counselee. This integration is important because bullying victims may internalize negative experiences into highly global self-judgments. Cognitive restructuring helps separate the fact of having a learning difficulty from maladaptive conclusions about self-worth; assertiveness training provides a behavioral means to defend one's rights firmly yet politely; while shabr and izzah provide a psychospiritual orientation that positions self-control and dignity as sources of coping. Hikmah et al. (2025) affirm the relevance of developing CBT approaches within the context of Islamic Guidance and Counseling, while broader frameworks of Islamic psychotherapy also emphasize the need to integrate religious values contextually and non-reductively (Keshavarzi & Haque, 2013; Rothman & Coyle, 2018). In this article, the values of shabr and izzah are not claimed as subjective spiritual experiences explicitly voiced by the counselee, since the interviews were not recorded verbatim. Both are instead positioned as an intervention and interpretive framework. Conceptually, the counselee's success in performing new responses through role-playing and behavioral rehearsal can be viewed as a mastery experience that strengthens self-efficacy: the more the counselee experiences being able to say no, ask for help, or defend her rights, the more evidence becomes available to challenge the belief of helplessness.

The research gap lies in the still-limited number of studies that explain in depth the process of psychosocial change among students with dyslexia who are

bullying victims, particularly within the context of inclusive schools in Indonesia. Much research focuses on regular populations, tests effectiveness through score changes, or discusses bullying interventions at the school-program level, while the individual mechanisms linking cognitive restructuring, assertive behavioral training, adaptation to learning needs, and psychospiritual values have not been extensively described in an integrated manner. International literature shows that school-based anti-bullying programs can reduce victimization and perpetration (Gaffney et al., 2021), and that students with disabilities require an educational environment that not only demands individual adjustment, but also provides systemic protection and support (Ručman & Šulc, 2025). Based on this gap, this study departs from the case of a 14-year-old female student in grade VIII D who was identified as having dyslexia and experienced verbal, physical, and social bullying at SMP Negeri 33 Makassar. The study aims to describe the dynamics of change from patterns of negative self-talk and helplessness toward more adaptive and assertive responses over six sessions of BKI-based assertive CBT. The novelty of this study lies in integrating cognitive restructuring with experiential behavioral rehearsal adapted through modeling, visual support, simple sentences, and repetition, as well as the use of shabr-izzah as a framework for emotion regulation and appreciation of self-dignity. The study does not aim to establish a new clinical diagnosis or determine the severity of dyslexia. Its focus is to understand the mechanism of change based on evidence from observation, interviews, documentation, and counseling process notes. Theoretically, this study seeks to enrich the psychology of children with special needs with the proposition that psychosocial intervention needs to combine cognitive change with accessible direct behavioral experience. Practically, the findings are expected to serve as a basis for developing inclusive BK services, school-family collaboration, and individual education planning that incorporates social-emotional skills and protection against bullying.

B. Method

1. Type and Approach of the Study

This study used a qualitative approach with a single case study design. This design was chosen because the study focuses on a contextual understanding of the experience, counseling process, and change of a single participant during the intervention. The case study design allows for the simultaneous use of multiple sources of evidence and preserves the school context as part of the interpretation of the phenomenon (Crowe et al., 2011; Hyett et al., 2014). The study was conducted at SMP Negeri 33 Makassar during the even semester of the 2025/2026 academic year. The analytical focus was directed at the mechanisms of change from an initial condition of negative automatic thoughts, helplessness, avoidant behavior, and passive communication toward more adaptive self-appraisal and more assertive interpersonal responses. The intervention was carried out over six individual counseling sessions covering identification of automatic thoughts, cognitive restructuring, modeling, role-playing, behavioral rehearsal, practice in saying “no,” defending one's rights, asking for help, as well as evaluation and reinforcement of skills. Material was delivered briefly, concretely, repeatedly, and with visual support to reduce the demands of reading and lengthy verbal explanation.

2. Population and Sample

The study population comprised all grade VIII students at SMP Negeri 33 Makassar. Participants were selected purposively based on the fit between case characteristics and the study's objectives. The main participant was a 14-year-old female student in grade VIII D who was identified as having dyslexia based on information and documentation available within the school environment, and who experienced verbal, physical, and social bullying. The study did not establish a classification of mild, moderate, or severe dyslexia, since no standardized

psychological examination specifically determining the severity of dyslexia was available. Dyslexia status was treated as a case characteristic already identified within the school context, not as a new clinical diagnosis established by the researcher. Participant selection criteria included being identified as having dyslexia, experiencing bullying, showing psychosocial impacts such as withdrawal or difficulty defending one's rights, and participating in the full series of counseling sessions. Supporting informants consisted of the BK (guidance and counseling) teacher and homeroom teacher who were familiar with the counselee's social and academic condition.

3. Research Instruments and Data Collection

The researcher served as the primary instrument, while supporting instruments consisted of an observation guide, a semi-structured interview guide, BK service records, counseling process notes, relevant school documentation, and a behavior-monitoring matrix. Observation was directed at the courage to speak up, asking teachers for help, eye contact, the ability to say "no," the ability to defend personal rights and belongings, social interaction, involvement in groups, participation in discussion, and the tendency to withdraw. Semi-structured interviews were conducted with the counselee, the BK teacher, and the homeroom teacher to explore experiences of bullying, self-perception, emotional responses, experiences during counseling, and observable development at school. Interviews were not recorded verbatim; therefore, interview data are presented as narrative summaries based on the researcher's field notes and are not shown as direct quotations. This statement is included to maintain reporting transparency and to prevent reconstructed informant statements from being treated as authentic quotations. The study did not use the WISC, the Coopersmith Self-Esteem Inventory, the Rathus Assertiveness Schedule, or any other formal psychological scale not recorded in the initial study design. Accordingly, self-efficacy, social self-worth, and assertive behavior were treated as interpretive constructs based on behavioral indicators, rather than as psychometric scores.

Table 1. Six-Session Assertive CBT Intervention Protocol

Session	Focus	CBT/Assertive Technique	Adaptation for Dyslexia
1	Mapping bullying, thoughts, emotions, and behavior	Situation-thought-emotion-behavior formulation; distinguishing passive, aggressive, assertive	Brief instructions, emotion symbols, concrete examples
2	Recognizing negative automatic thoughts	Cognitive monitoring; identifying situations where refusal is difficult	Visual cards, short sentences, repetition
3	Forming adaptive alternative thoughts	Cognitive restructuring and self-statements	Concrete response choices, minimal writing
4	Linking thoughts and actions	Role-playing, behavioral rehearsal, eye contact, tone of voice	Modeling, gestures, repeated practice
5	Generalization to school situations	Coping rehearsal: refusing teasing, protecting belongings, asking for help	Concrete/visual scenarios, immediate feedback
6	Evaluation and reinforcement	Reviewing changes; re-practicing assertive responses	Visual summary and repetition

4. Data Validity and Trustworthiness

Data trustworthiness was developed based on the principles of credibility, dependability, confirmability, and transferability. Credibility was strengthened through source triangulation and technique triangulation. Information from the counselee was compared with observations from the BK teacher and homeroom teacher, while interview results were compared with observation, documentation, and counseling notes. Triangulation was used so that conclusions did not rest on a single source of information (Fusch et al., 2021). Summaries of the counselee's experience and development were confirmed using simple and concrete language. Dependability and confirmability were supported through systematic recording of

the initial assessment, session notes, strategy adjustments, observations, theme grouping, and the basis for interpretation. Transferability was strengthened through detailed description of the case context, forms of bullying, the intervention process, and behavioral change. Because this study is a single case study, the findings are not intended to be statistically generalized.

5. Data Analysis Technique

Analysis was conducted iteratively through data condensation, organization of evidence, presentation of change patterns, and verification of conclusions. Data were grouped into themes of negative automatic thoughts and helplessness, emotional responses to bullying, appraisal of self-ability, assertive communication behavior, ability to defend one's rights, social interaction, and academic participation. The analysis also attended to development across sessions, including the need for prompts, spontaneity of response, the ability to follow modeling, eye contact, and generalization of skills. The main focus was the relationship between cognitive restructuring, direct-experience-based behavioral training, experiences of success, and the development of assertive responses. Conclusions were drawn by comparing the consistency of evidence from observation, interviews, documentation, counseling notes, the BK teacher, and the homeroom teacher.

C. Results and Discussion

1. Research Findings

a. Initial Condition: Helplessness and Avoidant Responses

The initial condition showed that the experience of bullying not only caused emotional discomfort, but was also related to how the counselee evaluated herself. Based on the interview and observation summaries, the counselee tended to view herself as different and less able to cope with her peers' treatment. When faced with teasing or disturbance, the more frequent response was to stay silent, avoid, and hold in her discomfort. In school activities, the counselee rarely asked teachers for help, avoided eye contact when speaking, was relatively passive in discussions,

and withdrew from social interaction. She was also not yet able to consistently refuse teasing or defend her personal belongings. The BK teacher described the counselee's initial condition as tending to give brief responses and having difficulty expressing feelings, while the homeroom teacher observed low social and academic engagement. The consistency across sources indicates that low self-confidence was reflected through interpersonal and academic functioning, forming a pattern resembling learned helplessness.

b. The Role-Playing and Behavioral Rehearsal Process

Change began to appear when counseling shifted from discussing negative thoughts toward practicing behavior. In the early exercises, the counselee still needed modeling and guidance to determine her responses (Hidayah et al., 2026). Process notes show that the counselee found it easier to follow the exercises when the counselor provided an example first, compared to when she had to spontaneously produce an abstract answer. The exercises used short, memorable responses: saying “no,” expressing discomfort, defending personal belongings, asking a teacher for help, maintaining body posture, using a clearer tone of voice, and making eye contact. In the early stage, responses still required prompting, but through repetition the need for guidance gradually decreased. This process shows that the change was not only a matter of cognitive understanding. The counselee gained the opportunity to try new behaviors in a relatively safe simulated situation, receive feedback, and repeat responses until they became more familiar. Modeling and visual support also helped shift the demand from abstract verbal explanation toward learning through example and action.

c. Post-Intervention Development

After six sessions, the counselee showed development toward more adaptive responses. Interview summaries indicate that the counselee began to more courageously say “no” and express discomfort rather than consistently choosing silence. The counselee also began to understand that her reading difficulty did not mean she had to accept demeaning treatment. This change did not indicate that all

fear or difficulty had disappeared; in certain situations, the counselee still appeared to need support. However, her range of alternative responses became broader, as she began to be able to refuse, defend her rights, or seek help. Post-intervention observation showed development in eye contact, openness in communication, courage to ask for help, ability to defend belongings, social interaction, and learning participation. The BK teacher observed an increase in the courage to speak, while the homeroom teacher noted that the counselee began to interact more with peers and engage in class activities. This change was treated as early post-intervention development, not as evidence of a long-term effect.

Table 2. Cognitive, Emotional, and Behavioral Changes in the Counselee

Aspect	Initial Condition	Intervention Process	Final Condition
Self-appraisal	Feeling different and powerless	Identifying negative thoughts and cognitive restructuring	Beginning to see herself as having abilities and rights
Response to bullying	Silence avoidance	Role-playing and behavioral rehearsal	Beginning to be able to refuse negative treatment
Verbal response	Difficulty responding spontaneously	Modeling, prompting, repetition	Simple responses emerge more easily
Emotional expression	Holding in feelings	Recognizing and expressing emotions	More open
Eye contact	Avoidant	Gradual practice	Beginning to be consistent
Defending rights	Not yet able	Simulation rehearsal	Beginning to be able
Asking for help	Rare	Practice within scenarios	More frequent
Social interaction	Withdrawn	Gradual practice	Beginning to increase
Learning participation	Passive	Reinforcement of successful experiences	Beginning to be more active

2. Analysis and Interpretation of Findings

a. Assertive Responses in the Context of Dyslexia

The counselee's silent behavior cannot be adequately explained as a lack of courage. Dyslexia is primarily related to difficulties in reading skills and written-language processing (American Psychiatric Association, 2022). In bullying

situations, the demands faced become more complex because the counselee must understand a peer's actions, regulate her emotions, determine a response, and articulate it within a relatively short time. This study did not conduct formal neuropsychological examination and therefore cannot conclude that the participant has a specific deficit in working memory or language ability. However, the pattern observed during the intervention shows that the counselee responded relatively more easily when given concrete examples than when given only abstract questions. Therefore, the relationship between dyslexia characteristics and verbal response must be understood as a theoretical interpretation, not a new neuropsychological diagnosis. Modeling, visual support, role-playing, and repetition provide a learning pathway that does not rely entirely on abstract verbal formulation. The counselee could see, imitate, practice, and repeat responses. This adaptation supports the principle of inclusive education that psychosocial intervention needs to adjust access to the process of learning skills, not merely adjust the target outcomes. In this context, visual support functions as a cue that helps the counselee remember the sequence of responses, while role-playing transforms an abstract social scenario into a situation that can be observed and practiced. The use of short sentences also reduces the demand to construct complex verbal responses when emotions are heightened. Thus, adaptation can be understood as a way of reducing task burden without reducing the quality of the counseling target.

b. Mechanism of Change: From Learned Helplessness to Self-Efficacy

The findings allow for the formulation of a proposition on the mechanism of change. Repeated experiences of bullying are related to the formation of negative self-talk and the belief that the counselee's actions will not change the situation. This belief sustains silent, avoidant behavior and the inability to defend one's rights. Cognitive restructuring provides room to reassess these assumptions. However, the change became stronger when alternative thinking was translated through direct-experience-based exercises. When the counselee succeeded in

performing a new response, such as maintaining eye contact, saying “no,” defending her belongings, or asking for help, that success provided behavioral evidence contradicting the belief “I am not capable.” Repeated experiences of success can be understood as a mastery experience that strengthens self-efficacy. Conceptually, the mechanism can be formulated as: bullying experience → negative self-talk → learned helplessness → cognitive restructuring → experiential behavioral rehearsal → experience of success → reinforcement of self-efficacy → more adaptive assertive response. This framework is consistent with CBT principles that position cognition and behavior as mutually influencing systems (Beck, 2021; David et al., 2022), as well as research showing the benefits of assertiveness training for adolescents' self-esteem and psychological health (Golshiri et al., 2023; Yosep et al., 2024). The study's contribution to the psychology of children with special needs lies in affirming that cognitive change in students with dyslexia needs to be linked with accessible behavioral experience, so that the counselee obtains direct evidence of her ability. Thus, self-confidence is not treated as a construct that increases through persuasion alone, but as a belief built through a series of successful actions and reinforcement of the social context.

c. BKI Integration: Shabr, Izzah, and Polite Assertiveness

The BKI framework provides an additional interpretive layer to the change process. Integrating modern psychotherapy with Islamic psychology can preserve evidence-based mechanisms of psychological change while considering values, spirituality, meaning, and self-conceptions relevant to Muslim counselees (Haque et al., 2016; Keshavarzi & Haque, 2013; Rothman & Coyle, 2018). In this study, negative self-talk was not treated as a moral failing. Negative thoughts were understood as a psychological response that can form after repeated difficulty and victimization. Cognitive restructuring was used to help the counselee reassess these beliefs. The value of izzah then provided a framework that learning difficulties do not diminish a student's dignity or right to receive good treatment. Shabr was also not interpreted as staying silent in the face of bullying, but as the

ability to manage emotions so that the counselee does not become trapped in either a passive or an aggressive response. The relationship among the three can be formulated as: shabr for emotion regulation, izzah for the appreciation of dignity, and assertiveness as a behavioral form of defending dignity firmly yet politely. This framework is relevant to the development of contemporary Islamic counseling, which seeks to integrate psychological principles and religious values functionally (Hikmah et al., 2025). However, because the interviews were not recorded verbatim, the study does not claim that the counselee explicitly expressed a specific spiritual experience. Shabr and izzah are positioned as an intervention and interpretive framework, not as an undocumented spiritual-phenomenological finding. This stance is important so that the BKI integration remains conceptually robust while also being methodologically honest.

d. Sustainability of Change: Transient or Sustained

The development observed after the sixth session cannot yet be equated with stable long-term change. The counselee gained successful experiences through practice and began to show behavioral generalization at school, but the study did not include a three- to six-month follow-up. Therefore, the findings are more accurately described as early post-intervention development rather than a sustained effect. The classroom environment can still affect the sustainability of assertive responses. Behavior that succeeded during role-playing may not necessarily always appear when the counselee faces the perpetrator of bullying, peer pressure, or an unsupportive bystander. Teacher support can also determine whether the counselee feels safe using the skills she has practiced. Thus, the sustainability of change is not only a matter of individual ability, but also of the quality of the school's social system. An important implication is that post-intervention monitoring needs to involve the BK teacher, homeroom teacher, special-needs assistant teacher (GPK) if available, and parents. Future research should conduct follow-up of at least three to six months to assess the stability of assertive performance, self-efficacy, and psychological resilience. This approach

would also help distinguish genuinely lasting change from change that may be influenced by the intensive attention received during the research process.

e. Findings within the Bullying and Inclusive Education Literature

The study's findings are consistent with literature showing a relationship between reading difficulties, victimization, and psychosocial adjustment (Livingston et al., 2022; Turunen et al., 2021). The impact of bullying has also been linked to a range of mental health consequences that extend beyond momentary distress (Moore et al., 2017). At the intervention level, Gaffney et al. (2021), through a systematic review and meta-analysis, showed that school-based anti-bullying programs can reduce perpetration and victimization. This finding is important because it affirms the limits of individual intervention: teaching victims to be assertive should not replace the school's obligation to stop perpetrators' behavior and build a safe climate. Studies on students with special needs also show that bullying within inclusive education needs to be understood as a relational and systemic issue, not merely an individual coping problem (Ručman & Šulc, 2025; Suriatika et al., 2025). This case study adds the perspective that individual support still has an important function when directed toward restoring the counselee's sense of agency. However, that sense of agency must be built alongside environmental change. Assertiveness helps the counselee have a choice of responses, while the school system is responsible for ensuring that such responses are not met with the risk of retaliation or neglect. Thus, the study's results do not support an approach that shifts the burden of stopping bullying onto the victim. Instead, the findings position individual intervention as one layer within a multilevel strategy that includes peer support, teacher response, school protection, and family involvement.

Based on the findings, psychosocial services for students with dyslexia who are bullying victims need to be integrated with individual education planning. In schools that use an Individualized Educational Plan (IEP) or a similar individual planning document, students' needs should not be limited to academic targets in reading and writing. The IEP can incorporate a social-emotional domain and assertive skills formulated operationally, such as the ability to recognize bullying situations, say "no," express discomfort, ask an adult for help, defend one's belongings and personal rights, make appropriate eye contact, engage in groups, and manage emotions when facing social pressure. Strategies for achieving these targets can utilize modeling, visual support, role-playing, behavioral rehearsal, and reinforcement of positive responses. Implementing the IEP requires collaboration among the BK teacher, homeroom teacher, special-needs assistant teacher (GPK) if available, subject teachers, and parents. The BK teacher focuses on psychosocial assessment and intervention; the GPK assists with learning and communication adaptation; the homeroom teacher monitors skill generalization; while parents reinforce responses at home. In addition to individual support, schools need to provide peer-sensitivity training that helps peers understand dyslexia, diversity in learning needs, empathy, and safe bystander behavior. Teachers' responses to bullying also need to be standardized through procedures for stopping the behavior, protecting the victim, documentation, follow-up with the perpetrator, and post-incident monitoring. This framework positions assertive CBT as an individual component within a broader school support system.

Table 3. Recommended IEP Domains and Systemic Support

Domain	Operational Target	Strategy	Parties Involved
Assertive communication	Saying no; expressing discomfort	Modeling, role-playing, short sentences	BK teacher, GPK/homeroom teacher
Self-protection	Defending rights/belongings; seeking help	Behavioral rehearsal, strategy cards	BK teacher, teachers, parents
Emotion regulation	Recognizing emotions and choosing constructive responses	Visual cues, shabr as a regulatory framework	BK teacher, parents
Social interaction	Participating in groups and safe communication support	Gradual practice, peer support	Homeroom teacher, peers
School environment	Reducing stigma and inconsistent responses to bullying	Peer-sensitivity training, teacher protocols	School, teachers, BK

This study has several limitations that must be taken into account when interpreting the results. First, the single case study design with N=1 limits generalization and does not allow causal claims regarding the effectiveness of the intervention. Second, the study did not conduct neuropsychological assessment or formal psychometric measurement of the severity of dyslexia, self-efficacy, or assertiveness. Third, interviews were not recorded and transcribed verbatim, so subjective experience could only be presented as a narrative summary based on the researcher's field notes; consequently, the phenomenological depth of the data is more limited compared to studies using complete transcripts. Fourth, there is not yet an adequate longitudinal follow-up to distinguish temporary change from stable change. Fifth, the possibility of a Hawthorne Effect cannot be ruled out — that is, the possibility that the counselee showed more positive performance because she received special attention and was aware that her development was being observed. These limitations require the findings to be understood as exploratory evidence regarding a potential mechanism, not confirmed evidence of effectiveness. Future research is recommended to use a quantitative Single-Subject Design with an A-B-A or A-B-A-B pattern. Such a design allows repeated

observation across baseline, intervention, withdrawal, and reintroduction phases, so that changes in level, trend, and stability can be evaluated visually. The analysis can be complemented with the Percentage of Non-Overlapping Data (PND) or other relevant non-overlap indices. A three- to six-month follow-up is also needed to assess the stability of assertive performance, self-efficacy, and psychological resilience within an inclusive school environment. On a larger scale, the BKI-based assertive-CBT model could be tested through multiple-case studies or quasi-experiments to assess the consistency of the mechanism across more diverse student characteristics.

D. Conclusion

This study puts forward the theoretical proposition that, for students identified as having dyslexia and who are bullying victims, cognitive restructuring combined with assertiveness training based on direct experience (experiential behavioral rehearsal) has the potential to break the cycle of learned helplessness by helping the counselee reappraise negative self-talk, concretely practice alternative responses, and obtain a mastery experience that strengthens self-efficacy; the contribution to the psychology of children with special needs lies in affirming that the success of psychosocial intervention depends not only on the content of CBT, but also on the accessibility of techniques through modeling, visual support, role-playing, repetition, and simple verbal responses, while the integration of the values of shabr and izzah provides a BKI framework for emotion regulation and appreciation of self-dignity. Practically, the findings can be translated into an IEP by incorporating a social-emotional and assertiveness skills domain that includes targets such as refusing negative treatment, asking for help, defending one's rights, managing emotions, and participating in social interaction, accompanied by coordination among the BK teacher, homeroom teacher, GPK, subject teachers, and parents. However, because the study used a single case study (N=1), did not use standardized psychological measurement, did not have verbatim transcripts or long-term follow-up, and cannot rule out the possibility of a

Hawthorne Effect, the results should be treated as exploratory findings. Future research is recommended to use an A-B-A or A-B-A-B Single-Subject Design with visual analysis, changes in level and trend, and the Percentage of Non-Overlapping Data (PND) or other relevant non-overlap indices, accompanied by a 3-6 month follow-up to test the stability of assertive behavior, self-efficacy, and psychological resilience, as well as testing the BKI-based assertive-CBT model on a broader group of participants.

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