

Cognitive Counselling Effectiveness: Assertive Approach to Deal with Stereotype and Prejudice in Early Childhood

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ABSTRACT

Hateful behavior, driven by stereotypes and prejudice related to ethnicity, gender, religion, politics, aggression, and sexuality, frequently manifests in educational settings. Addressing these issues in early childhood is crucial to fostering inclusive environments. This study employed a quasi-experimental design to evaluate the effectiveness of a Cognitive Behavioral Therapy (CBT)-assertive training intervention in reducing stereotypes and prejudice in early childhood education. Seventy children were sampled, with 20 children each assigned to an experimental and a control group. The findings reveal that children, even at a young age, exhibit stereotyped behaviors of low intensity, and some demonstrate prejudice. The CBT-assertive training intervention significantly reduced these behaviors in the experimental group. Notable outcomes included a marked decrease in stereotyped behaviors and a positive shift in attitudes among children who participated in the training. These results suggest that CBT-assertive training is an effective method for reducing stereotypes and prejudice in early childhood education. Incorporating this approach into early education curricula has the potential to promote social and emotional well-being. CBT-assertive training holds promise as a practical strategy for fostering inclusivity and addressing bias in early childhood. Future research should examine the long-term impact and broader applicability of this intervention in diverse educational settings.

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1. INTRODUCTION

Recent global events have highlighted the persistent prevalence of hateful behaviors, even within educational environments. Disturbingly, early childhood education—an essential stage intended to cultivate peace, joy, and a nurturing atmosphere—has not been immune to these challenges (Gustiana, 2019; Nuraeni et al., 2019). Research indicates that hatred can manifest in various forms, including verbal, non-verbal, and physical aggression, all of which pose significant risks to children's social and emotional development (Agustin et al., 2016, 2018, 2020). These disruptions not only hinder interpersonal relationships but also affect children's long-term psychological well-being and academic progress. Therefore, addressing hateful behaviors in early childhood education is imperative to fostering inclusive, empathetic, and supportive learning environments that nurture holistic child development.

The origins of such hateful behaviors can be attributed to entrenched stereotypes and prejudice, which are frequently rooted in differences related to ethnicity, gender, religion, politics, aggression, and sexuality (Gordijn et al., 2001; Sarwono, 2006). These behaviors are deeply interconnected and mutually reinforcing, often escalating into social conflict. In severe instances, they contribute to sustained hostility and even prolonged wars, with devastating consequences for individuals and communities (Amodio, 2014; Falanga et al., 2014). Addressing these issues during the formative years of childhood is critical to preventing the perpetuation of prejudice and fostering harmonious, inclusive societies.

In Indonesia, stereotypes and prejudice are prevalent in inter-ethnic and racial relations. Terms like "Jawa kowek" (a derogatory term for Javanese people), "Batak supir angkot" (stereotyping Batak people as drivers), and "Cina licik" (stereotyping Chinese people as sly) illustrate this issue. While some stereotypes, such as "pious Sundanese" or "Cianjur people are polite," may have positive connotations, many are harmful and contribute to ethical, racial, religious, and sexual discrimination. Historically, prejudice and stereotypes have been exploited as political tools to incite conflict and divide nations (Supriadi, 2001).

Research underscores the importance of addressing stereotypes and prejudice early in childhood to foster inclusive environments (Psychological Medicine, 2023). Cognitive Behavioral Therapy (CBT), especially when combined with assertive training, has been shown to be effective in reducing these negative behaviors (British Journal of Psychiatry, 2023; African Journal of Biomedical Research, 2023). By implementing such interventions in early childhood education, we can potentially mitigate the harmful effects of stereotypes and prejudice, promoting healthier social and emotional development.

In educational contexts, including early childhood education, the prevalence of prejudice and stereotypical behaviors is a growing concern. These behaviors often involve the segregation, discrimination, and derogation of certain ethnic groups. Beyond ethnic discrimination, prejudice and stereotypes in schools manifest as gender-related abuse, including harassment, insult, and discrimination based on gender, as well as a feeling of superiority over certain groups. Additionally, these behaviors extend to religious discrimination, such as labelling individuals as infidels, asserting the superiority of one's religion over others, and defaming particular religious beliefs. Socially, this can also be reflected in the discrimination of certain professions, with individuals proclaiming that their occupation is superior (Amodio, 2008; Cottrell & Neuberg, 2005; Olson & Fazio, 2006; Sarwono, 2006).

The direct impact of prejudice and stereotypes is hatred, which can manifest in school environments as bullying, violent brawls, and other acts of violence. For instance, Susanti (2016) reported 1,880 incidents of school violence between 2011 and 2015, including the tragic case of an elementary school student who died due to a bullying-induced brain haemorrhage. In early childhood education, the tendencies of prejudice and stereotype often start to emerge, expressed through verbal, emotional, and physical abuse (Agustin et al., 2016).

Given these issues, effective solutions are urgently needed to address prejudice and stereotypes in schools. One promising approach is the Cognitive Behavioral Therapy (CBT)-assertiveness training program. Bond and Dryden (2008) explained that CBT is based on an educational model and supported by scientific research on behavioral and emotional responses. This therapy helps students learn to replace unwanted reactions with new, positive ones. CBT emphasizes education and has long-term benefits,

making it a suitable method for addressing negative behaviors in children. This study employs a CBT-assertiveness training approach, which is crucial for helping children manage prejudice and stereotype tendencies. Assertiveness training is important to be taught to the children so that prejudice and stereotype tendency can be handled. Typically, children victimized by prejudice and stereotypes lack assertiveness, making them more vulnerable to acts of violence. Therefore, it is common for them to be victims of acts of violence. Oemarjoedi (2003) highlighted that CBT-assertiveness training is effective for addressing psychological issues, including the psychological impact of prejudice and stereotypes. This training helps students become more adept and confident in handling such situations, based on the principle that children have the right to develop their potential and grow without facing discrimination, intimidation, or violence (Khalim, 2016).

While numerous studies have demonstrated the effectiveness of Cognitive Behavioral Therapy (CBT) and assertiveness training in addressing psychological issues such as school-related stress, learning boredom, violence, prejudice, and stereotyping (Banaji & Hardin, 1996; Burkley et al., 2016; Clark et al., 2015; Pediatrics, 2016; Educational Psychology in Practice, 2024; BMC Psychology, 2019), research specifically targeting their application in early childhood education remains limited. Existing literature primarily focuses on older children and adolescents, leaving a critical gap in understanding how these interventions can be tailored to younger populations during their formative years.

This study seeks to address this gap by exploring the application of CBT-assertiveness training to reduce prejudice and stereotypes in early childhood education. The research aims to answer the following questions: (1) To what extent do young children exhibit prejudice and stereotyped behaviors? (2) How effective is CBT-assertiveness training in mitigating these behaviors? (3) Can this approach be integrated into early childhood education curricula to promote inclusivity and social-emotional development?

The primary aim of this research is to evaluate the effectiveness of a CBT-assertiveness training approach in reducing prejudice and stereotypes among young children. By focusing on this understudied population, the study intends to contribute to the development of evidence-based strategies for fostering inclusive and harmonious learning environments from an early age.

2. METHODS

2.1 Research Design

A quantitative approach using a quasi-experimental design was employed in this study. This design was chosen because random assignment to groups was not feasible due to practical constraints in the educational setting. Quasi-experimental designs allow for a more naturalistic examination of interventions, which is crucial in educational research (Furqon, 2002).

2.2 Participants

The participants were early childhood education students from one facility in Bandung Regency. The sample consisted of 70 children, aged 4 to 6 years. Out of these, 20 children were randomly assigned to the experimental group and 20 to the control group, ensuring that each child had an equal chance of being placed in either group, thereby minimizing selection bias.

2.3 Intervention

The intervention involved a Cognitive Behavioral Therapy (CBT)-assertive training program aimed at reducing stereotyped behavior and prejudice. The training included structured sessions over 8 weeks, conducted twice a week. Activities involved:

- Role-playing to encourage empathy and understanding.
- Positive reinforcement exercises to promote inclusive behavior.
- Assertiveness training to build self-esteem and reduce victimization.

Each session lasted approximately one hour and was tailored to address specific stereotypes and prejudices identified in the initial assessment phase.

2.4 Measurement Tools

Two primary tools were used for data collection:

- Questionnaires: Utilized established scales such as the Children's Social Behavior Questionnaire (CSBQ) and the Prejudice and Stereotype Scale (PSS). Items included statements like "I feel comfortable playing with children who are different from me," rated on a Likert scale.
- Observation Guidelines: Structured checklists recorded instances of stereotyped behavior and prejudice. Observers were trained to ensure consistency and reliability.

2.5 Data Analysis

Due to the non-normal distribution of data, a nonparametric approach was used. Specifically, the Mann-Whitney U test was employed to compare pre-test and post-test scores between the experimental and control groups. This test is suitable for small sample sizes and does not require normal distribution, making it appropriate for this study.

2.6 Validity and Reliability

The instruments were validated through a pilot study involving 20 additional children not included in the main study. Reliability was assessed using Cronbach's alpha, yielding values of 0.85 for the CSBQ and 0.88 for the PSS, indicating high internal consistency.

2.7 Limitations

The small sample size (10 children per group) is acknowledged as a limitation, affecting the generalizability of the results. Future studies should consider larger sample sizes to enhance the robustness of the findings.

Table 1. Cognitive behavioral therapy-assertiveness training approach effectivity test

Group	Pre-test	Treatment	Post-test
Experimental Group	O	X	O
Control Group	O	-	O

Table 2. Prejudice and Stereotype Behaviors in Early Childhood Education Instrument Plan

Variable	Behavioural area
Prejudice	Race
	Gender
	Religion
	Sex
	Politics
Stereotyping	Social category
	Social identity
	Conformity
	Attribution

The diagram below shows the steps in this study.

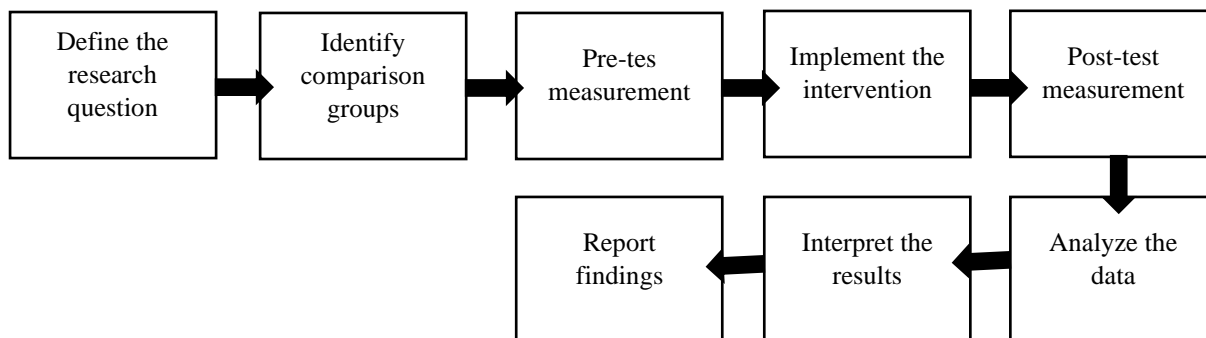


Figure 1. Steps of study

3. FINDINGS AND DISCUSSION

The finding includes the stereotype tendency in early childhood, prejudice tendency in early childhood, and the effectiveness of cognitive behavioral therapy-assertiveness training approach to deal with prejudice and stereotype in early childhood. The following findings are presented in the image below.

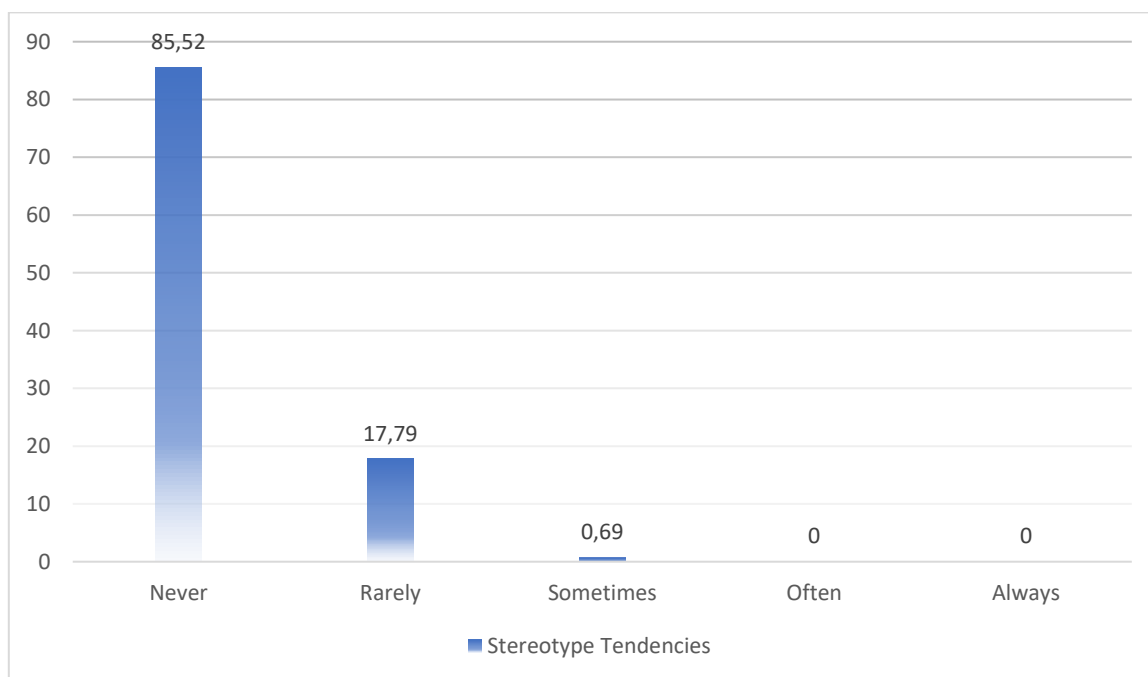


Figure 2. Stereotype Tendencies in Early Childhood

For greater clarity, the following table shows data on Stereotype Tendencies in Early Childhood.

Table 3. Stereotype Tendency in Early Childhood

Criteria	Interval	Frequency	Percentage
Never	4.21 – 5.00	124	85.52
Rarely	3.41 – 4.20	20	13.79
Sometimes	2.61 – 3.40	1	0.69
Often	1.81 – 2.60	0	0.00
Always	1.00 – 1.80	0	0.00
Total		145	100

Based on Table 3, the data indicates that most children (85.52%) never engaged in stereotyping behaviors, and only 0.69% exhibited such behaviors occasionally. These findings suggest that stereotyping tendencies are generally low in the studied population, which is consistent with research suggesting that explicit stereotyping behaviors often begin to develop as children become more cognitively aware of social categories between ages 5 and 7 (Bigler & Liben, 2007). Early interventions during this critical period, such as those targeting empathy and cognitive flexibility, can effectively prevent these tendencies from escalating.

Table 4. The Indicator of Stereotype Tendency in Early Childhood

No	Indicator	Criteria	Interval	Frequency	Percentage
1	Social Category	Never	4.21- 5.00	94	64.83
		Rarely	3.41- 4.20	46	31.72
		Sometimes	2.61- 3.40	5	3.45
		Often	1.81- 2.60	0	0.00
		Always	1.00- 1.80	0	0.00
2	Social Identity	Never	4.21- 5.00	74	51.03
		Rarely	3.41- 4.20	32	22.07
		Sometimes	2.61- 3.40	36	24.83
		Often	1.81- 2.60	3	2.07
		Always	1.00- 1.80	0	0.00
3	Conformity	Never	4.21- 5.00	38	26.21
		Rarely	3.41- 4.20	59	40.69
		Sometimes	2.61- 3.40	35	24.14
		Often	1.81- 2.60	13	8.97
		Always	1.00- 1.80	0	0.00
4	Attribution	Never	4.21- 5.00	89	61.38
		Rarely	3.41- 4.20	45	31.03
		Sometimes	2.61- 3.40	8	5.52
		Often	1.81- 2.60	3	2.07
		Always	1.00- 1.80	0	0.00

Based on Table 4, the stereotyping tendency in early childhood is broken down by indicators: social category, social identity, conformity, and attribution. The data reveals that children already exhibited some symptoms of stereotyping behavior, although the intensity was generally low.

The effectiveness of the CBT-assertive training approach was assessed through pre-test and post-test comparisons. The intervention included structured activities aimed at promoting empathy, understanding, and assertiveness, which are crucial for reducing stereotypical and prejudiced

behaviors.

The pre-test and post-test data showed a significant reduction in stereotyped behaviors and an improvement in inclusive attitudes among children in the experimental group. This aligns with existing research that supports the use of CBT in educational settings to address behavioral issues and enhance social-emotional development (Pediatrics, 2016; Educational Psychology in Practice, 2024). These results suggest that integrating CBT-assertive training into early childhood education can be an effective strategy for reducing prejudice and stereotyping. By fostering a more inclusive and empathetic environment, such interventions can have long-term benefits for children's social and emotional development.

3.1. Prejudice Tendency in Early Childhood

To better understand the prevalence of prejudice tendencies in early childhood, an analysis of behavioral frequency was conducted. The findings indicate that the vast majority of children exhibit no signs of prejudice, with 95.86% falling into the "Never" category. A small fraction, 4.14%, demonstrated rare instances of prejudiced behavior, while no children were categorized as "Sometimes," "Often," or "Always" displaying prejudice. These results suggest that early childhood settings in this study largely foster inclusive and accepting environments, minimizing the likelihood of prejudice formation. The detailed distribution of prejudice tendencies among children is presented in Table 5 below.

Table 5. Prejudice Tendency in Early Childhood

Criteria	Interval	Frequency	Percentage
Never	4.21- 5.00	139	95.86
Rarely	3.41- 4.20	6	4.14
Sometimes	2.61- 3.40	0	0.00
Often	1.81- 2.60	0	0.00
Always	1.00- 1.80	0	0.00

To gain deeper insights into the specific indicators of prejudice tendencies in early childhood, an analysis was conducted across various social dimensions, including race, gender, sex, religion, and politics. The findings reveal that prejudice based on race and sex is almost nonexistent, with over 96% of children categorized as "Never" displaying such biases. Gender-related prejudice, however, shows a slightly higher prevalence, with 28.97% of children categorized as "Rarely" exhibiting gender-based biases, and 3.45% falling under the "Sometimes" category. Similarly, religious prejudice is largely absent, though a small fraction (4.14%) of children demonstrated occasional bias. Notably, political prejudice is virtually non-existent, with 99.31% of children showing no inclination toward political bias. These results suggest that while early childhood settings generally promote inclusivity, subtle gender and religious biases may still emerge, warranting further attention in educational strategies. The detailed distribution of prejudice indicators is presented in Table 6 below.

Table 6. The Indicator of Prejudice Tendency in Early Childhood

No	Indicator	Criteria	Interval	Frequency	Percentage
1	Race	Never	4.21- 5.00	141	97.24
		Rarely	3.41- 4.20	2	1.38
		Sometimes	2.61- 3.40	1	0.69
		Often	1.81- 2.60	1	0.69
		Always	1.00- 1.80	0	0.00
2	Gender	Never	4.21- 5.00	98	67.59
		Rarely	3.41- 4.20	42	28.97
		Sometimes	2.61- 3.40	5	3.45
		Often	1.81- 2.60	0	0.00
		Always	1.00- 1.80	0	0.00
3	Sex	Never	4.21- 5.00	140	96.55
		Rarely	3.41- 4.20	4	2.76
		Sometimes	2.61- 3.40	1	0.69
		Often	1.81- 2.60	0	0.00
		Always	1.00- 1.80	0	0.00
4	Religion	Never	4.21- 5.00	139	95.86
		Rarely	3.41- 4.20	3	2.07
		Sometimes	2.61- 3.40	3	2.07
		Often	1.81- 2.60	0	0.00
		Always	1.00- 1.80	0	0.00
5	Politics	Never	4.21- 5.00	144	99.31
		Rarely	3.41- 4.20	1	0.69
		Sometimes	2.61- 3.40	0	0.00
		Often	1.81- 2.60	0	0.00
		Always	1.00- 1.80	0	0.00

The previous table shows children's prejudice behaviors tendency observed by its indicator. The indicator includes race, gender, sex, religion, and politics. From the data, it can be inferred that the children already exhibited prejudice behavior symptoms from an early age although the intensity was low.

3.2. Effectiveness of Cognitive Behavioral Therapy-Assertiveness Training Approach in Reducing Prejudice and Stereotyping Behaviors Tendency in Early Childhood

This section describes how the Cognitive Behavioral Therapy (CBT)-Assertiveness Training approach effectively reduces tendencies of prejudice and stereotyping behaviors in early childhood. The comparison between the CBT-Assertiveness Training approach and the conventional approach is presented in the following table:

Table 7. Difference of Assertiveness Training and Conventional Approach in Reducing Stereotype Behaviors

No	Area	Group	Mean	Standard Deviation	Mean Difference	T-test	Sig	H ₀
1	Social Category	Experimental Group	0.4900	0.23438	0.36500	4.030	0.001	Rejected
		Control Group	0.1250	0.16460				
2	Social Identity	Experimental Group	0.7420	0.30836	0.57900	4.729	0.000	Rejected
		Control Group	0.1630	0.23410				
3	Conformity	Experimental Group	0.6340	0.22931	0.40500	4.458	0.000	Rejected
		Control Group	0.2290	0.17311				
4	Attribution	Experimental Group	0.7660	0.17148	0.54100	8.305	0.000	Rejected
		Control Group	0.2250	0.11414				

Based on the table, the probability score or significance (2-tailed) in all of the areas is lower than $\alpha = 0.05$. Therefore, H₀ is rejected. Based on the finding, the statistical difference in the area of cognitive behavioral therapy-assertiveness training and conventional approach in reducing stereotyping behaviors tendency in early childhood can be found. By observing the mean of the n of the two groups, the cognitive behavioral therapy group has a higher score compared to the conventional method group. Therefore, it can be inferred that the cognitive behavioral therapy-assertiveness training approach had a better result in reducing stereotyping behaviors in early childhood. In other words, cognitive behavioral therapy-assertiveness training approach could be employed to reduce stereotyping behaviors in early childhood.

3.3. Effectiveness of cognitive behavioral therapy-assertiveness training approach in reducing prejudice behaviors tendency in early childhood

The effectiveness of the Cognitive Behavioral Therapy (CBT)-assertiveness training approach in reducing the tendency toward prejudiced behaviors in early childhood is demonstrated in the data presented in the following table. This approach combines cognitive restructuring techniques with assertiveness training to address underlying biases and stereotypes in young children. By encouraging self-awareness, empathy, and constructive communication, CBT-assertiveness training fosters positive social interactions and reduces prejudicial tendencies. Furthermore, this intervention promotes emotional regulation, helping children to challenge automatic thoughts and behaviors rooted in stereotypes. The table below provides a detailed overview of the intervention's impact, highlighting key metrics such as reductions in stereotyped behaviors, improvements in attitude, and enhanced social-emotional skills. These findings support the potential of CBT-assertiveness training as an evidence-based strategy for fostering inclusivity and social harmony in early childhood education.

Table 8. Difference of Assertiveness Training and Conventional Approach in Reducing Prejudice Behaviors

No	Indicator	Group	Mean	Standard Deviation	Mean Difference	T-test	Sig	Ho																																										
1	Race	Experimental Group	0.9070	0.18379	0.56400	7.297	0.000	Rejected																																										
		Control Group	0.3430	0.16111					2	Gender	Experimental Group	0.8770	0.20210	0.41900	5.282	0.000	Rejected	Control Group	0.4580	0.14861	3	Sex	Experimental Group	0.9000	0.31623	0.61700	4.848	0.000	Rejected	Control Group	0.2830	0.24900	4	Religion	Experimental Group	0.9010	0.15941	0.43400	3.302	0.006	Rejected	Control Group	0.4670	0.38381	5	Politics	Experimental Group	0.8670	0.32180	0.38400
2	Gender	Experimental Group	0.8770	0.20210	0.41900	5.282	0.000	Rejected																																										
		Control Group	0.4580	0.14861					3	Sex	Experimental Group	0.9000	0.31623	0.61700	4.848	0.000	Rejected	Control Group	0.2830	0.24900	4	Religion	Experimental Group	0.9010	0.15941	0.43400	3.302	0.006	Rejected	Control Group	0.4670	0.38381	5	Politics	Experimental Group	0.8670	0.32180	0.38400	2.324	.032	Rejected	Control Group	0.4830	0.41177						
3	Sex	Experimental Group	0.9000	0.31623	0.61700	4.848	0.000	Rejected																																										
		Control Group	0.2830	0.24900					4	Religion	Experimental Group	0.9010	0.15941	0.43400	3.302	0.006	Rejected	Control Group	0.4670	0.38381	5	Politics	Experimental Group	0.8670	0.32180	0.38400	2.324	.032	Rejected	Control Group	0.4830	0.41177																		
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		Control Group	0.4670	0.38381					5	Politics	Experimental Group	0.8670	0.32180	0.38400	2.324	.032	Rejected	Control Group	0.4830	0.41177																														
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Based on the table, the probability score or significance (2-tailed) in all of the indicators is lower than $\alpha = 0.05$. Therefore, H_0 is rejected. Based on the finding, the statistical difference between cognitive behavioral therapy-assertiveness training and conventional approach in reducing prejudice behaviors tendency in early childhood can be found. By observing the mean of the n of the two groups, the cognitive behavioral therapy group has a higher score compared to the conventional method group. Therefore, it can be inferred that the cognitive behavioral therapy-assertiveness training approach had a better result in reducing stereotyping behaviors in early childhood.

Discussion

Based on the data found, it can be seen that the children employed as study subjects already exhibited tendencies toward prejudice and stereotype behaviors. These behaviors, defined as biased attitudes or actions toward individuals, groups, or communities, are particularly concerning in early childhood education due to their potential long-term impact on development and socialization. While stereotypes initially focused on ethnicity, their scope has expanded to include culture, religion, gender, and other domains (Kleiman et al., 2014; Supriadi, 2001). For instance, stereotypes may perpetuate misconceptions, such as assuming children from poor families are less intelligent than their wealthier peers, or reinforcing self-fulfilling prophecies that negatively shape behavior and self-perception.

Several studies have underscored the detrimental effects of stereotypes and prejudice, particularly their potential to hinder cognitive, emotional, and social development in children. Research by Forbes et al. (2012) and Telzer et al. (2013) highlights the neurological impacts of prejudice, showing that early exposure to biased attitudes can alter brain development, affecting areas related to empathy, decision-making, and emotional regulation. Additionally, prejudice and stereotypes foster environments of exclusion and conflict, which can further impair children's ability to form healthy social relationships and develop a positive self-concept. These effects can lead to lower academic performance, increased stress, and diminished emotional well-being.

The long-term consequences of unchecked prejudice in childhood extend beyond individual

development, contributing to societal division and perpetuating cycles of discrimination. Addressing these issues in educational settings is therefore critical, as schools provide an ideal environment for early intervention. Implementing strategies that actively challenge biases and foster inclusivity, such as through Cognitive Behavioral Therapy (CBT) and assertiveness training, can mitigate these effects. Such interventions not only support individual growth but also promote social cohesion and emotional resilience, making it essential to prioritize them in early childhood education. These findings emphasize the urgency of addressing prejudice and stereotypes during this formative stage to prevent their lasting and widespread ramifications.

The current study focused on implementing cognitive behavioral therapy (CBT) with assertiveness training to reduce these tendencies among children. The results indicate that this approach significantly mitigated prejudice and stereotyping behaviors, aligning with previous research by Nandang et al. (2012) and Afrianti (2014). However, it is essential to acknowledge the study's limitations. The sample size was relatively small and limited to a specific demographic, which may restrict the generalizability of the findings. Future studies should consider larger and more diverse samples to enhance the robustness and applicability of the results.

Moreover, while this study demonstrated the efficacy of CBT-assertiveness training in one context, its adaptability to other cultural and educational settings requires further exploration. Variations in cultural norms and values could influence the effectiveness of the approach, necessitating modifications to suit local contexts. Future research should also investigate longitudinal outcomes to assess the sustainability of behavior changes over time.

In conclusion, the findings of this study provide a promising foundation for reducing stereotypes and prejudice in early childhood education through CBT-assertiveness training. Nevertheless, addressing the limitations and exploring broader applications in diverse contexts will be critical for refining this intervention and ensuring its relevance across various educational environments.

4. CONCLUSION

This study revealed that even at low levels, prejudice and stereotyping behaviors are present in early childhood, posing risks of escalating into harmful behaviors such as hatred and violence if left unaddressed. Early intervention is therefore essential to mitigate these risks and promote positive social and emotional development. The findings demonstrated that the Cognitive Behavioral Therapy (CBT)-assertive training approach is highly effective in reducing stereotypes and prejudice among young children, highlighting its value as a tool for educators in fostering inclusive and empathetic classroom environments. Specifically, integrating activities such as social-emotional learning programs and diversity-focused storybooks into the curriculum can further nurture positive attitudes and behaviors. Additionally, the study emphasizes the importance of establishing formal, organized, and professional guidance and counseling services within early childhood education settings to provide essential support for both teachers and children. However, the study's limitations include its short-term focus and the lack of analysis on the sustainability of these interventions over time. Future research should investigate the long-term effects of CBT-assertiveness training, its scalability, and its integration with other inclusive educational practices. Such research will contribute to refining and enhancing these interventions, ensuring their effectiveness in supporting social and emotional growth in diverse educational contexts.

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Conflicts of Interest: The author declares that there is no conflict of interest regarding the publication of this article. The research was conducted independently, and no financial or personal relationships have influenced the outcomes of this study.

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