

Psychological Foundations For Building A Cognitive-Behavioral Therapeutic Program To Alleviate Depression Among Survivors Of Traffic Accidents

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Abstract

Traffic accidents are among the most traumatic events that can significantly affect the psychological health of survivors. Studies indicate a high prevalence of depression following such experiences, which calls for specialized therapeutic intervention. In this context, the present article aims to provide a theoretical foundation for the psychological principles underlying the construction of a cognitive-behavioral therapeutic program targeting depression among traffic accident survivors.

The article is based on an analysis of a set of explanatory psychological theories, primarily Beck's cognitive theory, Seligman's learned helplessness theory, and the theory of coping with trauma, in addition to behavioral principles and the role of social support. It also outlines how these theoretical foundations can be translated into practical therapeutic components that combine the modification of negative thoughts, activation of adaptive behavior, and development of effective coping strategies.

The article emphasizes the importance of grounding psychological intervention programs in solid theoretical frameworks when addressing trauma-affected populations, as this greatly enhances the applicability and effectiveness of such programs.

Keywords: Depression, Cognitive Behavioral Therapy, Traffic Accidents, Psychological Foundations, Psychological Trauma.

Introduction:

Traffic accidents are among the most common incidents in the modern era, and with the increasing complexity of life and the speed of transportation, they have become one of the leading causes of death and injury worldwide. Despite efforts in road safety and infrastructure, both international and national statistics continue to record high rates of road accidents, making them a recurring phenomenon that carries serious consequences beyond physical aspects, affecting mental health, social relationships, and quality of life.

Survivors of these accidents do not emerge psychologically unscathed; they develop complex emotional responses ranging from anxiety and post-traumatic stress disorder to depression, which may worsen in the presence of disability, job loss, or difficulties in returning to previous lifestyle patterns. Clinical and psychological studies agree that depression in this group is not a transient symptom but may become a chronic condition that negatively impacts the individual's therapeutic and social trajectory, requiring specialized psychological care that takes into account the specific nature of the trauma and its psychological and cognitive complications.

In this context, the therapeutic program emerges as a necessary tool to promote psychological adaptation and reduce the severity of depressive symptoms among survivors. However, the effectiveness of any therapeutic program in such a context fundamentally depends on the psychological foundations upon which it is built, especially given the interplay between cognitive, behavioral, and emotional dimensions within the personality of the accident-affected individual. Cognitive-behavioral foundations rank among the primary therapeutic approaches due to their ability to address distorted thoughts and avoidant behaviors that often accompany post-traumatic depression. Furthermore, psychological theories such as Beck's cognitive theory of depression, Seligman's learned helplessness theory, and the theory of adaptation contribute to understanding the psychological response mechanisms generated after accidents, enriching the design of an intervention based on a deep understanding of the affected psychological functions.

Moreover, the social environment and surrounding psychological support play a crucial role in reconstructing the individual's internal balance after the experience, calling for an intervention design that not only corrects thoughts and behaviors but also considers environmental factors and contextual triggers. Hence, the consideration of building an integrated therapeutic program based on scientific psychological foundations becomes a clinical and humanitarian necessity imposed by the nature of the psychological suffering resulting from traffic accidents.

Problem Statement:

Traffic accidents are sudden life crises that can leave deep psychological imprints on individuals, especially when they result in serious physical injuries, loss of close persons, or lead to radical changes in the survivor's lifestyle. Numerous psychological and clinical studies have shown that survivors of traffic accidents often suffer from severe psychological disorders, foremost among them depressive symptoms that may persist for months or years, causing deterioration in personal and social functioning, and threatening the individual's quality of life and internal stability.

Depression in this context is characterized by different features compared to typical depression, as it often arises from a traumatic experience and feeds on feelings of helplessness, loss of control, dissociation from the self, and recurring cognitive distortions that trap the individual in gloomy thoughts and a negative outlook on life and the future. Additionally, the surrounding environment — whether social support is present or absent — plays a central role in shaping the individual's response to the experience and the extent of their development or recovery from it.

Despite the existence of many general psychological interventions for treating depression, most do not take into account the specific traumatic source of the condition, nor are they systematically built on psychological foundations derived from explanatory theories of trauma and psychological breakdowns. Therefore, there is a need to design targeted therapeutic programs adapted to the specific group, which consider the traumatic background and integrate cognitive, behavioral, and social components.

In this context, Cognitive Behavioral Therapy (CBT) gains particular importance as it is one of the most effective psychological approaches for dealing with psychological disorders following trauma, especially depression. However, its effectiveness remains contingent on the degree of understanding and adapting its theoretical foundations in light of the specific traumatic experience the accident survivor has endured.

Many scientific studies have given special attention to the psychological effects resulting from traffic accidents, especially depression, and have sought to test the effectiveness of targeted therapeutic programs in alleviating these effects. For instance, in a study titled "The efficacy of cognitive behavioral therapy in reducing depression and anxiety among motor vehicle accident survivors," conducted by Blanchard et al. (2003), the effectiveness of CBT in reducing symptoms of depression and anxiety among traffic accident survivors was evaluated, showing a significant decrease in psychological symptoms compared to general support groups.

Similarly, the study by Beck et al. (2020), entitled "Predictors of psychological outcome following road traffic accidents: A prospective study," aimed to identify psychological and contextual factors that explain the development of depressive symptoms in a sample of 155 survivors, highlighting the importance of cognitive factors and the role of social support in determining depression severity.

In a clinical trial titled "Brief cognitive-behavioral intervention for posttraumatic distress after motor vehicle accidents: A randomized controlled trial," Bryant et al. (2012) conducted an experimental study to assess the impact of a short-term cognitive-behavioral intervention among survivors at risk of developing psychological disorders after the accident, finding that participants showed significant improvements in coping indicators and self-satisfaction.

On the other hand, Robinson et al. (2016) performed a comprehensive systematic review titled "Early psychological interventions for post-trauma distress in motor vehicle crash victims: A systematic review," aiming to determine the effectiveness of early interventions in preventing the worsening of psychological disorders, confirming the efficacy of CBT as an effective preventive measure.

In another review entitled "Psychological treatments for post-traumatic stress disorder following motor vehicle accidents: A literature review," prepared by Wells et al. (2008), the most prominent psychological treatments used for survivors of accidents were reviewed, concluding that the effectiveness of therapeutic programs is linked to how much they are based on clear theoretical backgrounds that consider the traumatic context and the nature of the psychological responses generated.

From this arises the central problem addressed by this article in the following question: **What are the theoretical psychological foundations that should be adopted in building a targeted cognitive-behavioral therapeutic program to alleviate the severity of depression among survivors of traffic accidents?**

First: The Conceptual Framework:

1. Definition of Traffic Accidents:

Some specialists define traffic accidents as all incidents that lead to loss of life, physical injuries, material damage, or all these outcomes combined as a result of vehicle use (Al-Rachidi, 2008, p. 17).

A traffic accident refers to any event occurring on the road in which a means of transportation is involved, resulting in physical or material damage or fatalities. This accident may be due to a collision between two or more vehicles, or between a vehicle and a road user such as pedestrians or cyclists. It can also happen due to a vehicle veering off and hitting a fixed obstacle like an electric pole, a tree, or any other object present on or near the road. The consequences of these accidents vary according to their severity, but they often cause human or material losses (Masani, 2018, p. 254).

2. Definition of a Traffic Accident Survivor:

A "traffic accident survivor" is an individual who was directly involved in a traffic accident and survived death, whether physically injured or physically unharmed. However, survivors often face delayed psychological effects, such as anxiety, post-traumatic stress disorder (PTSD), or depression caused by recalling event details or losing others during the accident. Survival is not limited to the physical dimension only but also includes emotional and cognitive aspects that impose deep psychological challenges on the survivor, especially when survival is linked with feelings of guilt, helplessness, or loss (Abdel Sattar Ibrahim, 2005, p. 412). The World Health Organization (WHO, 2018) has confirmed that survivors of traffic accidents are considered a group at high risk of chronic psychological disorders, which necessitates early psychological interventions that align with the nature of the trauma.

3. Definition of Cognitive Behavioral Therapy (CBT):

Cognitive Behavioral Therapy is defined as a method aimed at stopping active negative thought patterns while simultaneously reinforcing positive thoughts that align with reality through actual interaction. This therapy encourages patients suffering from depressive symptoms to choose positive thoughts and engage in beneficial activities, in addition to modifying internal feelings associated with the psychological state, with the goal of uncovering the meanings by which the person interprets unwanted events (Kahla, 2009).

Beck defines cognitive behavioral therapy as a constructive, time-limited, directive approach effectively used to treat some psychological disorders such as anxiety, depression, anger, and others (Al-Sayed, 2019, p. 251).

CBT is also defined as a therapeutic approach that focuses on dealing with current problems and difficulties rather than dwelling on past events and their associated disorder symptoms. According to Clark and Reinecke, this therapy is based on three fundamental assumptions: simplicity, reliance on the empirical method by testing the validity of its models and the effectiveness of its results, as well as achieving clinical benefit and efficacy in treatment (Sadki& Saleh, 2021, p. 657).

Cognitive Behavioral Therapy can be defined as a constructive, directive, and time-limited psychological therapeutic method aimed at helping individuals recognize negative thought patterns and replace them with more realistic and positive thoughts, by focusing on solving current problems instead of digging into the past. This therapy relies on scientific and experimental principles and combines cognitive interventions to modify distorted thoughts with behavioral techniques to change maladaptive behaviors, thereby enhancing clinical effectiveness in treating a wide range of psychological disorders such as depression, anxiety, and anger.

4. Definition of Depression:

Ahmed Abdel Khalek defines depression as an emotional state that may be temporary or persistent, characterized by feelings of sadness, constriction, and distress, dominated by feelings such as worry, sorrow, pessimism, despair, helplessness, and anguish. This state affects various psychological aspects, manifesting symptoms that impact emotional, cognitive, behavioral, and physical domains. Among its most prominent manifestations are decreased motivation and inability to perform effectively. This state also appears in loss of enjoyment of life, weight loss, poor concentration, and decline in performance efficiency, and in some cases may lead to suicidal thoughts (Hamouda, 2020, p. 145).

Lotfi Al-Sharbini defines depression as "one of the psychological disorders characterized by psychological and physical aspects, and it is considered one of the natural mood fluctuations that a person may experience as a reaction to painful life situations, such as losing a friend or suffering a financial loss" (Al-Sharbini, 2001, p. 12).

Beck defines depression primarily as a disorder of thinking rather than an affective disorder. He believes its cause lies in cognitive distortions that lead to the formation of a negative view of the self, the world, and the future, resulting in the emergence of depressive symptoms.

Second : Psychological Theories Explaining Depression after Traffic Accidents

1. Behavioral Theory: Behavioral theory explains depression from the perspective of the interaction between behavior and the environment. Proponents of this approach, such as Lewinsohn, believe that depression results from a lack of positive reinforcements in the surrounding environment, which leads to the individual withdrawing from social and enjoyable activities that used to provide a sense of satisfaction. After a traffic accident, the injured person may lose the ability to engage in their usual activities, suffer from chronic physical pain, or be forced into isolation due to physical or psychological constraints, leading to the absence of positive reinforcement and a gradual decline in mood. Thus, the condition develops into depression characterized by persistent sadness, loss of interest, and reduced activity, and this pattern continues if sources of reinforcement are not reintroduced into the individual's life.

2. Cognitive Theory: From the perspective of cognitive theory, founded by Aaron Beck, depression is attributed to negative thinking patterns that arise in the individual following exposure to a traumatic event. Beck calls these patterns the "negative cognitive triad," which includes a negative view of the self, the world, and the future. After a traffic accident, the individual may develop automatic thoughts such as: "I am the cause of what happened," "I will never recover," or "My future is ruined," leading to lowered self-esteem and surrender to negative feelings. These distorted cognitive interpretations become a continuous source of psychological distress and fuel depressive feelings. This theory serves as the basis for cognitive-behavioral therapy (CBT), which aims to modify these negative thought patterns.

3. Learned Helplessness Theory: The learned helplessness theory developed by Martin Seligman offers an explanation of depression through the concept of helplessness and loss of control. The theory assumes that depression arises when an individual faces repeated situations they cannot change or control, learning that their efforts are futile, which leads to feelings of helplessness and despair. In the context of traffic accidents, the injured person may feel unable to change their physical or psychological reality or to restore their life as it was, thus stopping efforts to improve and developing withdrawal and negative emotional responses. These feelings are reinforced by internal attributions ("I am the cause"), stable attributions ("The situation will not change"), and global attributions ("My entire life is affected"), which are interpretative patterns strongly associated with depression according to the revised model of the theory.

4. Psychological Trauma Theory (Post-Traumatic Stress Disorder Model): Psychological trauma theory views depression as one possible reaction to traumatic events, especially if it develops into post-traumatic stress disorder (PTSD). Traffic accidents are among severe experiences that may create a sense of existential threat and loss of control, particularly if accompanied by serious injuries or loss of loved ones. Common symptoms of depression after trauma include sleep disturbances, loss of appetite, feelings of guilt or shame, and recurrent dark thoughts. The injured person may relive the accident daily through intrusive memories or nightmares, which consume their psychological energy and induce a depressive state. Depression here is explained as part of a complex psychological interaction between repeated neural arousal, avoidance of recall, and loss of a sense of meaning and safety.

5. Psychoanalytic Theory: The psychoanalytic theory, founded by Sigmund Freud, views depression as a form of pathological mourning resulting from a symbolic or real loss of something with high psychological value (a person, role, ability, self-image, etc.). In the case of traffic accidents, an individual may feel that they have lost their old self, independence, or social status, which generates an internal conflict between the desire to express anger and the resort to repressing this anger and directing it inward. This transformation leads to feelings of guilt, self-deprecation, and loss of self-esteem, which are central features of depression in the psychoanalytic model. Depression of this type is often deep and chronic and is difficult to treat without analyzing the unconscious roots of the suffering.

6. Sociocultural Theory: The sociocultural theory focuses on the role of society and environmental factors in shaping the psychological state. The individual does not live in a vacuum but constantly interacts with their culture and society, which impose expectations, roles, and standards that affect their self-perception. After a traffic accident, the injured person may face difficulties in social adaptation, especially if their physical or psychological condition becomes a cause of discrimination or marginalization. Some cultures may view disability or physical weakness with a kind of stigma, which increases the person's feelings of isolation and rejection. Additionally, the absence of social support or the lack of adequate psychological services may exacerbate feelings of sadness and anxiety, leading to the development of depression as a response to ongoing social pressure.

Table No. (01): Theories Explaining Depression

Theory Name	Theoretical Foundations	Basic Principles	Pioneers	Theory's View on Depression
Behavioral Theory	Derived from conditioning and reinforcement	Human behavior is shaped by reinforcement or punishment; depression results from a decrease in positive reinforcement	Skinner, Watson, Watson	Depression occurs due to a lack of rewards in the environment, leading to withdrawal, reduced activity, and loss of interest.
Cognitive	Cognitive	Automatic thoughts and	Aaron Beck,	Depression results from

Theory	explanation of emotion and behavior	distorted cognitive schemas lead to negative feelings	Albert Ellis	negative thinking patterns about the self, the world, and the future (the cognitive triad).
Learned Helplessness Theory	Learning from failed experiences and lack of control over events	When an individual believes their efforts are futile, they learn helplessness and stop trying	Martin Seligman	Depression results from a general feeling of helplessness and despair caused by an uncontrollable trauma, such as traffic accidents.
Psychological Trauma Theory (PTSD)	Interaction between traumatic event and psychological response	Traumatic events cause a psychological disorder involving rumination, avoidance, and hypervigilance, leading to secondary or concurrent depression	American Psychiatric Association (APA)	Depression is part of a complex response to trauma following a traffic accident, manifesting as a psychological symptom accompanying PTSD.
Psychoanalysis	Unconscious dynamics and internal conflicts	Depression results from turning anger inward after a symbolic or actual loss, accompanied by self-criticism	Sigmund Freud	Depression is a pathological mourning state where the individual directs repressed aggression toward themselves due to the loss of something or someone of psychological value.
Sociocultural Theory	Influence of environment, society, and culture on the individual	Social interaction, family support, and societal perceptions affect mental health	Vygotsky (implicitly), Social Psychologists	Depression is influenced by social factors such as marginalization, lack of support, and stigma related to disability or injury after the accident.

Source: Prepared by the researcher based on the theoretical aspect

Third: Cognitive Behavioral Therapy

The therapeutic process in cognitive behavioral therapy (CBT) is a systematic procedure composed of several interconnected stages aimed at helping the client modify their maladaptive thoughts and behaviors. This process usually begins with an assessment and diagnosis phase, where the therapist collects accurate information about the client's psychological state and identifies thinking and behavior patterns contributing to the psychological disorder. Next, a therapeutic relationship based on trust and collaboration is established, encouraging the client's active participation, and clearly presenting the therapy model and its goals.

Following this, realistic and measurable therapeutic goals are set, focusing on reducing symptoms and improving psychological quality of life. At the core of the process is what is known as "cognitive restructuring," where the therapist assists the client in recognizing negative automatic thoughts and false beliefs, then works on modifying them through logical dialogue and behavioral experimentation. This phase is accompanied by behavioral interventions such as gradual exposure, learning relaxation skills, and problem-solving, aiming to strengthen adaptive behavior.

The effectiveness of therapy is periodically evaluated, allowing adjustment of the treatment plan based on the client's response. In the final stage, the client is trained in relapse prevention strategies by enhancing self-awareness and competence in managing future stress. Psychological literature shows that following this systematic sequence in CBT can achieve positive results in dealing with a wide range of psychological disorders, although the degree of effectiveness depends on multiple factors such as the client's commitment, nature of the problem, and therapist's expertise.

The CBT therapeutic process targets uncovering negative thoughts, analyzing their validity and logical consistency, and then offering logical alternatives to these thoughts with the aim of changing the individual's thinking pattern. In this context, the therapist's role lies in helping the patient adopt a critical stance toward absolute thoughts, shift toward relative thinking, abandon generalizations in favor of more specific thoughts, move from single-minded thinking to choosing among multiple alternatives, and test these alternatives through reality and practical experience. The outcomes of CBT are particularly positive when combined with appropriate medication and some behavioral techniques (Sarhan et al., 2001).

CBT is based on the idea that a person's life may contain experiences causing feelings of despair and helplessness due to encountering material and emotional setbacks. These experiences are individually evaluated according to each person's perspective and ability to cope, and may lead to cognitive distortions that significantly increase depressive symptoms, resulting in negative feelings dominating their view of themselves, their future, and the world around them. In this context, CBT plays a role in reshaping the patient's cognitive framework through a set of principles and procedures emphasizing that cognitive factors influence behavior, and thus changing these factors will lead to changes in the patient's behavior. Among the tasks the therapist must perform within CBT are:

- Teaching patients how to identify and evaluate their thoughts and imaginations, especially those related to disturbed or painful events and behaviors.
- Teaching patients how to correct false thoughts and cognitive distortions.
- Training patients on various behavioral and cognitive strategies and techniques to be applied in new life situations or when facing acute stress.

Fourth: Cognitive Behavioral Therapy Techniques

Cognitive Behavioral Therapy (CBT) integrates both cognitive and behavioral methods within a comprehensive therapeutic program aimed at helping individuals examine and deeply understand the content of their thoughts. Subsequently, they are encouraged to distance themselves from these thoughts by treating them as testable hypotheses. In this context, a range of cognitive-behavioral techniques is employed:

Cognitive Schemas and Cognitive Structure:

Cognitive schemas refer to a set of beliefs, assumptions, expectations, meanings, and rules that an individual forms about events, others, and the surrounding environment. These schemas serve as the primary framework a person uses to understand themselves, the world around them, and their social relationships. This cognitive structure significantly influences how individuals perceive objects, people, and situations, and how they respond to them. Moreover, these schemas are responsible for the emergence, activation, and persistence of negative automatic thoughts (Houcin, 2007, p.114).

According to Meichenbaum, the cognitive structure includes the cognitive schemas, which in turn encompass beliefs, thoughts, and assumptions. This structure is modified in CBT by introducing new skills without eliminating the old ones, using multiple strategies such as: **absorption, integration, and displacement** (Butrus, 2008).

Internal Dialogue Modification Technique:

The technique of modifying internal dialogue is one of the effective methods in CBT, where the individual engages in self-talk aimed at directing their behavior and focusing their attention on what should be done. This mental dialogue helps in evaluating performance and extracting information about its efficiency. Weaver et al. (1988) pointed out a pattern of negative self-talk that focuses on weaknesses and critical events, which undermines positive self-support and lowers self-esteem. Therefore, the therapist plays a significant role in training individuals to replace this negative talk with positive impressions and expectations. Strategies for controlling self-dialogue include:

- Using verbal oral dialogues,
- Developing positive and optimistic cognitive structures,
- Mentally visualizing good events,
- Re-evaluating the self,
- And refraining from self-blame. (Hamdan05, 2024)

Negative Automatic Thoughts Identification Technique:

Cognitive Behavioral Therapy involves training the client to monitor their negative automatic thoughts and identify the impact of these thoughts on behavioral, emotional, and physical aspects. This training aims to enable the individual to observe their thoughts and feelings until this skill becomes part of their daily practices. This skill is achieved by training the client to:

- Identify automatic thoughts that hinder the achievement of their academic and life goals,
- Discover maladaptive beliefs,
- Recognize the cognitive distortions underlying those thoughts,
- Evaluate the impact of these thoughts and the individual's response to them,
- Record automatic thoughts on a daily basis,
- And learn how to modify negative thoughts into suitable and positive alternatives.

Thought Record Technique:

The thought record technique is considered one of the effective tools in self-monitoring, where the examinee is asked to record their thoughts, emotions, and behaviors using a daily journal or pre-prepared templates. This technique allows access to automatic thoughts and the nature of thinking and emotions associated with them. Studies (De Alga, 2000) have indicated that self-monitoring contributes to reducing the recurrence of undesirable behaviors and limits the examinee's tendency to recall failures at the expense of successes (Al-Mouharib, 2000, p. 118).

The information derived from the self-monitoring record is used in subsequent therapy sessions as a basis for discussion and analysis. This tool is considered acceptable and effective, as it leads to an increase in desirable behaviors and a decrease in unacceptable behaviors when monitored regularly (Askar, 2001).

The thought record also contributes practically to the cognitive reconstruction of the individual, as they are taught how to use it during the session and are assigned to complete it as homework between sessions.

Socratic Dialogue Technique:

The Socratic dialogue technique is a simple educational tool aimed at generating truths, improving thinking, and correcting it. It represents a communicative model that avoids direct guidance and preaching, and relies on a philosophical approach to exploring ideas, which helps the individual control their emotions and equips them with wisdom and rationality (Zaghbouch, 2007, p.10).

Socratic dialogue is also known as "guided discovery," where the therapist directs the examinee with carefully crafted questions that help them discover new ways of thinking and adopt alternatives that are more compatible with the situations they face. These questions contribute to reviewing negative thoughts and correcting maladaptive beliefs and assumptions (Zaghbouch, 2009, p. 93).

Guided Imagery Technique:

Imagination is considered a higher mental process and an important cognitive activity that contributes effectively to the development of individual thinking. Among its types is guided imagery, which requires the presence of a leader or guide who directs the examinee during the imagery process by reading a pre-prepared scenario that includes stimulating words or sounds to help the examinee form mental images of the situations or events presented to them. Kadhem (2011, p. 160) defines guided imagery as "an instructional and learning method that invests the tremendous potential of the human mind in imagination and insight into various topics." Galyean (1993) and Maamria (2009) also indicated that guided imagery is based on six main pillars: relaxation, concentration, body awareness, sensory awareness, practicing imagery, and finally expressing this imagery verbally, in writing, or through drawing. This enables the client to reach a stage of deep self-reflection through these mental images.

This technique goes through several essential steps, including:

1. Preparing the imagery scenario.
2. Initiating the imagery activities.
3. Performing the imagery activity (Al-Hammadi, 2015).

Brief Lecture Technique:

This technique is used to provide the client with essential information about the topic of depression. During the therapeutic program, the researcher explains new concepts and terms, in addition to presenting some therapeutic techniques through simplified and brief lectures that fall within the framework of psychoeducation and therapeutic teaching for the client.

Discussion and Dialogue Technique:

This technique is one of the cognitive methods used in therapy through the exchange of dialogue and discussion between the client and the therapist in a critical and flexible style based on free expression. It aims to identify and modify maladaptive thoughts and attitudes. The researcher plays the role of leader and facilitator in managing the discussion, presenting the lecture and guiding the conversation to serve the goals of cognitive therapy.

Relaxation Technique:

This technique is based on a fundamental assumption that relaxation is an opposite response to anxiety, as an individual cannot be both relaxed and anxious at the same time due to the incompatibility of the two states. Therefore, relaxation helps reduce the occurrence of anxiety responses and psychological stress (Salama, 2006).

Thought Stopping Technique:

Incorrect thoughts often lead to increased individual suffering, as one incorrect thought can trigger other incorrect ones. If these thoughts persist, the individual may become unable to respond effectively. Therefore, the therapist's role is to teach the examinee how to stop the flow of escalating thoughts using a sudden stimulus, whether real or imagined (Al-Zoghbi, 2010, p. 30).

This technique is based on the assumption that since an individual can think about a specific topic at a given moment, they are also capable of stopping the thought about the same topic at that same moment. This technique is used to help the client control illogical or negative thoughts and imaginations, by eliminating or blocking such thoughts—especially when the client is faced with intrusive or uncontrollable ideas. It is particularly useful with clients whose thoughts revolve around a past incident that cannot be changed.

Role-Playing Technique:

The role-playing technique in psychotherapy goes back to the psychiatrist Moreno, who introduced this method within the field of psychotherapy. It is used in individual therapy as a series of simple experiences in which the therapist guides the client to face situations related to the problem they are experiencing. Therapists typically use this method to assess problems related to social relationships and to enact roles as a therapeutic method (Abdel Rahman& Al-Shanawi, 2010). Role-playing is used in various areas, such as revealing automatic thoughts, forming logical responses, or modifying core and intermediate beliefs. It also helps in learning and practicing social skills (Houcin, 2007, p. 330).

Bibliotherapy Technique:

Bibliotherapists have worked for over half a century to define the scope of bibliotherapy, which initially emerged in hospitals and later expanded to include schools, prisons, and correctional institutions. "Schulz" defined bibliotherapy as "a dynamic interaction process between the reader's personality and intellectual production." Meanwhile, "Churchyard" viewed bibliotherapy as providing the right book at the right time for the right problem (Khalifa, 2000). In this context, reference can be made to the study by "Jamisonoskogin," which addressed the use of reading to treat depression in a sample of 80 individuals diagnosed with depression. They were divided into two groups: a control group and a treatment group. The bibliotherapy cognitive treatment program was applied to them, along with a depression scale. The results showed statistically significant differences in favor of the treatment group in reducing depression symptoms (Al-Dehdeha&Al-Bousaidi, 2014, p. 21).

Bibliotherapy is considered a beneficial therapeutic task, and the client should be encouraged to read, with monitoring of what is being read by asking questions that promote critical thinking about the content.

Social Skills Training:

Social skills training is based on a key component known as assertive behavior, which includes skills such as refusing requests, expressing disagreement, negotiation, and reconciliation. The program of positive assertiveness skills also involves abilities like expressing admiration, sharing emotions, and giving approval and appreciation.

Additionally, the training includes a third component—conversation—which involves interactive situations with strangers, friends, family members, and colleagues or classmates. The therapist uses techniques in this training such as "didactic training" and "component training," which include modeling, guided practice, and role-playing, followed by testing these skills in a natural environment to ensure their actual application in daily life (Abdel Rahman& Al-Shanawi, 2010).

Three-Column Technique:

The three-column technique is a specific procedure that involves organizing thoughts into three columns. In the first column, the patient documents the situation that caused anxiety or depression. In the second column, they record the automatic thoughts related to that situation. In the third column, they write the correct alternatives or responses in terms of thought and behavior.

By discussing the automatic thoughts with the patient during the session, the therapist can identify the cognitive distortions made by the patient. Then, the therapist works on challenging these distortions and developing new alternatives that reflect more balanced, positive, and logical patterns of thinking and response. This technique aims to help the patient overcome faulty thinking patterns, leading to reduced levels of anxiety or depression (Houcin, 2000, pp. 262–263).

These techniques can be summarized in the following figure:



Fifth: The Importance of Social Support and the Role of Environment in Alleviating Depression Among Survivors of Traffic Accidents

Both social support and the surrounding environment play a pivotal role in the recovery of individuals from psychological trauma resulting from traffic accidents, particularly in reducing symptoms of depression. Social support—whether from family, friends, or institutions—serves as a protective psychological resource, helping the survivor rebuild a sense of safety and belonging, while offering an opportunity to express emotions and reduce feelings of isolation (Taylor, 2011).

A socially supportive and understanding environment also contributes to reducing psychological stress and enhances the effectiveness of adaptive responses in the individual. On the other hand, a non-supportive environment or one burdened by social stigma may exacerbate the survivor's suffering and reinforce feelings of helplessness and despair, increasing the likelihood of falling into chronic depressive cycles (Thoits, 2011).

Therefore, the availability of a positive and supportive social environment is considered a critical factor in accelerating psychological recovery and improving the outcomes of therapeutic programs directed at trauma survivors.

Conclusion

Depression represents one of the profound psychological repercussions that may accompany survivors of traffic accidents, due to the feelings of loss, helplessness, and disconnection from the usual lifestyle that such experiences leave behind. Theoretical findings have shown that understanding this disorder cannot be separated from the cognitive and behavioral framework that defines how symptoms form and persist. Various psychological theories—such as Beck's cognitive theory, Seligman's learned helplessness theory, and the trauma adaptation theory—have demonstrated that effective therapeutic construction requires starting with an accurate diagnosis of the cognitive and behavioral systems the individual develops after the accident.

The theoretical discussion revealed that a therapeutic program based on cognitive and behavioral principles possesses a high capacity to intervene in cycles of negative thinking and withdrawal behavior, allowing the survivor to gradually regain psychological and social balance. Moreover, incorporating elements of social support within the structure of this program enhances its effectiveness and provides a supportive environment for recovery.

Based on the discussed content, the article concluded with several recommendations:

1. The importance of relying on a coherent theoretical background in designing psychological treatment programs for traffic accident survivors, ensuring both scientific and practical effectiveness of such interventions.
2. The integrated incorporation of cognitive and behavioral components in treatment programs, through restructuring negative thoughts, activating adaptive behaviors, and strengthening coping and resilience skills.
3. Developing a specialized clinical guide for therapeutic intervention targeting post-accident depression, based on the presented theoretical frameworks and adapted to the cultural and social characteristics of the target population.
4. Training psychologists and healthcare providers in the use of cognitive behavioral therapy (CBT) within the post-trauma context, especially in hospitals and psychological emergency units.
5. Encouraging the implementation of applied field research to measure the effectiveness of cognitive behavioral programs for traffic accident survivors, and to compare them with other types of interventions in Arab contexts.

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