Storytelling on Aggression and Academic Performance in children with Oppositional Defiant Disorder

Vahid Kuhi[1]; Aqdas Khosravi[2]; Soheila Baghaei[3]; Maryam Nayebzadeh[4]; Masumeh Janfaza[5*]; Javad Seyyed Jafari[6]

[1] Islamic Azad University
[2] Master of general psychology, department of psychology, faculty of psychology and educational sciences, Yazd University, Yazd, Iran
[3] Department of Psychology, Faculty of Psychology, Yazd Branch, Islamic Azad University, Yazd, Iran
[4] Master of General Psychology, Department of Humanitis ،Islamic Azad University Electronic Campus, Tehran, Iran.
[5] M.A in clinical psychology, Department of Psychology, Kharazmi University, Tehran, Iran. Corresponding Author: masumehjanfa@gmail.com
[6] Ph.D. candidate in Psychology, Allameh Tabataba'i University, Tehran, Iran

Abstract

Aim: Behavioral and emotional problems are the most common form of child psychiatric pathology. The aim of the present research is the effects of therapeutic storytelling on aggression and academic performance in children with oppositional defiant disorder. **Method:** This experimental study was a pretest-posttest with the control group, which consisted of 24 children with an oppositional defiant disorder based on a multi-stage sampling method was selected and randomly allocated to experimental (n=12) and control (n=12) groups. Storytelling intervention training provided for twelve weekly 45-minute sessions to participants in the study group. At the start of the study, after 12 weeks all participants were tested using the Aggression Questionnaire (AGQ). In addition to descriptive statistics, one-way (MANOVA) was used to analyze the results and all analyzes were carried out using SPSS-23 software. **Result:** Based on the MANOVA, therapeutic storytelling was significantly more effective than non-treatment in reducing aggression (p <0.05). Moreover, storytelling training was able to increase the Academic Performance among children with an oppositional defiant disorder, significantly (p <0.05). **Conclusion:** Consequently, we can determine that the practice of storytelling therapy seems to be a promising area of intervention, not only for decreasing aggression but also for enhancing academic performance among oppositional defiant disorder.

Keywords: Storytelling, Aggression, Academic Performance, Oppositional Defiant Disorder.

Introduction

Externalizing behavior problems (EBP) include demonstrating disruptive behaviors such as noncompliance,   , 2013; Shapiro, 2015). It is reported that these difficulties often develop in young childhood and lead to a host of negative outcomes with negative trajectories such as difficulties with interpersonal interactions, learning and academic difficulties, and comorbidities with other diagnoses (e.g., depression, anxiety, substance use). From a diagnostic perspective, aggressive and oppositional behavior has been subsumed under the diagnoses of oppositional defiant disorder (ODD) (American Psychiatric Association, 2013; Kersten et al, 2016). Aggressive and oppositional behavior problems in children are widespread, with prevalence rates ranging from 1% to 11% for oppositional defiant disorders (ODDs) (Goertz-Dorten et al, 2019). During childhood and adolescence, the oppositional child may be rejected by non-deviant peers and tends to attract other deviant ones. The affiliation with deviant peers was more likely to reinforce mutual antisocial behaviors (Boivin et al, 2013). Poor social skills and lack of prosocial behaviors were common among children with ODD (Georgiades et al, 2019). Concerning differential correlates, irritability was uniquely associated with physical victimization and withdrawn/depressed symptoms, whereas defiant behavior was uniquely associated with proactive aggression and hyperactive-impulsive symptoms. Further, reactive aggression was more strongly linked to irritability than to defiant behavior. These findings provide further support for a multidimensional conceptualization of ODD symptoms within the school context and suggest that irritability and defiant behavior have important implications across several domains of children's social-emotional development (Evans, et al, 2016).

Moreover, aggressive behavior problems often persist from childhood to adolescence, and children with early aggressive problem behavior have a higher risk of adverse developmental outcomes in adolescence and adulthood, such as ongoing mental health problems, academic underachievement, and substance use (Goertz-Dorten et al, 2019). Studies about aggression usually focus on the children and their families and little attention is given to school environment contingencies. Preventive actions against aggressive behaviors must be based on multidisciplinary approaches discussing values, lifestyle, and citizenship. Health promotion in schools is a current concern. An effective school health program can be one of the most cost-effective investments a nation can make simultaneously to improve education and health (Gonçalves et al, 2017; Da Fonseca et al, 2010).

All these data indicate that ODD symptoms affect a significant number of children and adolescents worldwide. This high rate is even more alarming when we realize that children and adolescents up to the age of 19 represent one-third of the world's population. If left unchecked these problems, they can severely influence children's development and consequently, a society that is aging as a whole (Piqueras, & Rama-Victor, 2020). One of the exceedingly effective instructional strategies to develop communication skills and nourish positive attitudes is storytelling. Storytelling is the most ancient form of human expression (Juraid, & Ibrahim, 2016). Story-telling has always been conceived as the spine of primeval instruction. It has been a part of instruction throughout recorded times

and it has a history as long as the spoken word has been traced. Likewise, it will continue to evolve through time. Besides, storytelling is considered to be the oldest form of entertainment as well a useful communication tool. Storytelling began with the advent of civilization. Before that time, storytelling was the primary source of literary instructional entertainment. In addition to its entertainment benefit, some storytelling advocates believe that it has great potential as an educational tool.

The role of storytelling in the foreign language classroom has captured the attention of many teachers and scholars. Storytelling has been proposed as a key teaching strategy for the achievement of the goals of education for a sustainable future (Juraid, & Ibrahim, 2016; Gonçalves et al, 2017). Storytelling as an instructional medium is broadly used in today's education and training of all types, such as dentistry, military, aviation, general medicine, law, and business depends substantially on storytelling as a strategy for teaching key principles of their rules and regulations. Storytelling is also used to build analytical abilities in students and trainees (Juraid, & Ibrahim, 2016). In general, several studies have been confirmed the effect of storytelling on various issues like mitigating anxiety levels (Sekhavatpouret al, 2019; Yati, Wahyuni, & IslaeIsraeli7), behavioral problems (Gonçalves, Voos, Almeida, & Caromano, 2017), increasing academic performance (Hidayati, 2019; Alkaaf, & Al-Bulushi, 2017), improving social skills, resolving behavioral problems (Roshan Chesli, 2012), preventing ODD (Fallahnejad, Kazemi, & Pezeshk, 2018), reducing adolescents' disorders (YavandHasani, Farahbakhsh, & ShafiAbadi, 2014), and improving social problems, aggressive behaviors, and law-breaking behaviors (Javdan, & Morovati, 2020). Accordingly, the present study aims to examine the efficacy of storytelling treatment on aggression and academic performance in children suffering from an oppositional defiant disorder. In particular, we hoped to see an improvement in academic performance and a decrease in aggressive behavior during the intervention phase as compared to the preceding waiting period.

Methods

Using a pre-test and post-test design with a control group, the research design was indeed an experimental study. The statistical population consisted of children with an oppositional defiant disorder who attended Tehran's elementary school (aged 8-12) from October 2019 to January 2019, 24 children with an oppositional defiant disorder were selected according to a multi-stage sampling method and randomly assigned (by selecting odd and even numbers) to experimental (n=12) and control (n=12) groups. Students with oppositional defiant disorders were identified via interviews by a diagnostic psychologist from the school and a pediatric pathology questionnaire. For sample size calculation, in humanities and social sciences research in a theoretical and practical book for the study of experimental, is recommended at least 15 subjects per group (Delavar, 2005).

Participants had to meet the following criteria to enter the research: They had to have an oppositional defiant disorder in the 8-12 age range (as determined by an interview with

a school counselor), they could not have participated in story therapy sessions before, and they had to attend a training session to complete a questionnaire. Researchers who fail to complete questionnaires after more than two training sessions are excluded from the study. To conduct this study, four districts (8,12,16,19) were randomly selected after receiving the necessary permission. These districts were divided into two regions (eight and sixteen), and from each region, two elementary schools for girls were selected. In addition, the researchers visited four elementary schools for girls, where the purpose of the study was explained. Researchers became acquainted with children with an oppositional defiant disorder with the help of school counselors during this period. It should be mentioned that to measure academic performance the grade point average was used to measure academic performance.

Before interventions, the children with an oppositional defiant disorder of the two participating groups and the coordinator were trained for eight hours by another researcher (not the same who gave instructions about storytelling classes) to register in a diary the episodes of verbal or physical aggression, based on the observation of students and parents' complaints. The records were performed for four months: two months before and two months after the interventions. The pretest was administered to both groups before the intervention. Experimental and control groups completed questionnaires and performed an aggression questionnaire. Storytelling intervention training was provided for twelve weekly 45-minute sessions to participants in the study group (Table 1 outlines the group's content). Following the intervention, a post-test was conducted on all variables immediately after the intervention. The variance measurement tool (MANOVA) was used as well as descriptive statistics to interpret the results. The SPSS-23 program was used for all analyses.

Aggression Questionnaire (AGQ): This questionnaire includes multiple-choice 30 questions. In this questionnaire, 14 questions measure "anger"; 8 questions measure "offensive" and 8 questions measure "implacability". Every question of this questionnaire is a multiple-choice question based on Likert-type (never, rarely, sometimes, and always) and the scores are considered 1, 2, 3, and 4 respectively. A score equal to or greater than 75 is considered an aggressive person. This questionnaire is normalized by Najarian in Iran and the reliability of this questionnaire has been reported at 85%. Cronbach's alpha Method used to re-determine the reliability coefficient. The amount of this coefficient was gained to 0.775 that is a suitable reliability coefficient (Najjarian, 1996). Also, a study on 120 nursing personnel of pediatric departments in Isfahan medical sciences hospitals gained Cronbach's alpha of the questionnaire about 0.88 – 0.93 (Mostafaei, Hosseini, & Jenaabadi, 2014). In this study, Cronbach's alpha of this questionnaire was about 0.78.

Storytelling using metaphors: the heroes of these stories have problems similar to the students' problems and they have used the skills and confrontation techniques to

overcome the difficulties. The end of all stories is always positive and full of success and instead of frustrations and disappointments emphasize hope and solutions.

Table 1. Description of The number of sessions of storytelling

Session 1: This session is conducted in the presence of the experimental and control groups. The counselor will introduce themselves and after getting to know one another and creating a cordial atmosphere, the attendees will be welcomed and the pre-test questionnaires will be filled out by them with an explanation provided by the therapist. Members of the group are familiar with each other and complete an introductory questionnaire. Explanation of activities and programs the children will participate in and acquaintance with different emotions.

Session 2: The therapist presents the children with smiles on the card to convey the emotions identified in the previous session. When the children are told a story in which the hero has experienced different emotions, they want to mark the hero's feelings with smiles. With the help of the children, he examines the cause of the feeling and its consequences. Lastly, he asks the children to share similar experiences.

Session 3: Confronting the child with the feelings his confrontational behavior creates.

Session 4: Become familiar with new methods of coping and learn the four steps of problem-solving

Session 5: Being aware of the negative consequences of maladaptive behavior, such as stubbornness and seeking different solutions.

Session 6: Familiarity with the negative consequences of maladaptive behavior such as stubbornness and thinking about solutions.

Session 7: By teaching social skills, making heroes accountable, and clarifying their duties.

Session 8: A familiarity with different emotions, with an emphasis on anger, its causes, and effects, as well as the ability to understand others from their perspective, especially their unintentional behaviors.

Session 9: Training in coping skills (how to deal with insults, to gain guidance and support from others, to find a more effective solution)

Session 10: Educate the child about their feelings by emphasizing anger and resentment, highlighting procrastination during anger and solving problems, and discussing the consequences of maladaptive behavior.

Session 11: An overview of pleasant events and positive aspects of topics, teaching problem-solving skills with a focus on positive thinking, and exploring the use of creativity.

12: Review of previous sessions and conclusion

Results

The number of children with oppositional defiant disorders in this study was four girls and twenty-one boys. Participants (N = 24) were children (M age = 8.95; SD = 1.059), There were no statistically significant differences on any of the study variables between those excluded and the included sample.

Table 2. Descriptive indicators of pre-test scores - posttest aggression and academic Performance in experimental and control groups

Groups	Variables	Pre-test Mean ±SD	Post-test Mean ±SD
Experimental	Aggression	53.87±7.972	45.00± 5.542
	Academic Performance	35.80± 11.651	42.93± 10.430
Control	Aggression	54.20±6.259	54.00± 4.914
	Academic Performance	35.87± 10.875	36.60± 10.960

According to Table 2, a significant difference was observed between the two groups in terms of aggression (53.87±7.972) and academic Performance (35.80± 11.651) in pre-test scores, and post-test scores (45.00± 5.542) and (42.93± 10.430), respectively.

A multivariate covariance analysis was used to investigate the effectiveness of therapeutic storytelling training on aggression and academic Performance variables. To determine the normalization of the distribution of scores, the Shapiro-Gil Shapiro was used, which was confirmed due to the lack of significance obtained from the normal distribution of scores. The results of the test of pre-test regression gradient and post-test grades in the experimental and control group showed that the regression gradient in both groups was equal (P>0.05).

   The results of the Levene-Test for studying the variance of variables dependent variables in the groups showed that the variance of the aggression and academic Performance variables (P>0.05) in the group is equal. In this study, the box test for evaluating the equality of covariance matrix variables in the experimental and control groups also showed that the covariance matrix dependent variables in the groups were equal (F= 0.541, BOX M=3.680, P>0.05). After evaluating multivariate covariance analysis, the test results showed a significant difference between aggression and academic Performance groups and control groups (Wilks Lambda=0.114, F=64.691, P <0.01).

Table 3. The results of Univariate Analysis of Covariance to investigate the differences between experimental and control groups in aggression and academic Performance variables

Source	Dependent Variable	df	Mean Square	F	Sig.
Pre-test factor	Aggression	1	678.758	205.356	0.001
	Academic Performance	1	3075.320	642.610	0.001
Group factor	Aggression	1	576.644	174.462	0.001
	Academic Performance	1	306.749	64.097	0.001

According to Table 3 F for aggression (P<0.01, F=174.462) and academic Performance (P<0.01, F=64.097) are significant. Based on these findings, these variables differ significantly between groups. Taking these findings into consideration, it is possible to conclude that therapeutic storytelling training is effective at decreasing aggression and improving academic performance.

Discussion

The aims of the study included evaluating the effectiveness of the therapeutic storytelling training on aggression and academic performance of adolescents with oppositional

defiant disorder. This study showed that storytelling training reduced aggressive behaviors and improved academic performance in 8–12- children with an oppositional defiant disorder.

Several previous kinds of research showed similar facts. In research conducted by Susanti, (2013), the results showed that there is a significant effect of the activities of storytelling using Islamic storybooks on children's behavior at the age of 5-6 years. Research conducted by Musavi & Hejazi (2016) suggests that storytelling can play a significant role in preventing psychological or personality problems in pre-schools. According to another study by Based on the findings of Dewi, (2014) who conducted research in a kindergarten in Sleman, Central Java, Indonesia using Listening to Stories, it was concluded that storytelling is highly effective in reducing or controlling aggressive behavior. Additionally, previous results showed that a more positive change in behavior can be seen in how children begin to apologize when they do something wrong and show better behavior. Also, children tend to repay bad behavior they receive from their friends. Their understanding of how their behavior would affect them began to develop, and they started to decrease for actions that could physically hurt (Zeraatkar, & Moradi, 2019; Piqueras, & Rama-Victor, 2020). One researcher uses the storytelling method to reduce aggressive behavior because it can attract children's attention through characters in the story. These characters play a variety of behaviors that are right or wrong. Moreover, storytelling is one of the effective tools in providing direction for changing children's behavior (Musavi & Hejazi, 2016; Skharninda, & Setyowati, 2020).

Moreover, activities based on adults' expectations may lead to aggression as a form of resistance to frustration and academic failure (Gonçalves et al, 2017). Storytelling reduced the number of aggressive behaviors and improved academic performance in 6–8-year-old students attending elementary school. Our findings are in agreement with the ones reported in the literature, showing that storytelling decreases anxiety and provides joy, confidence, and relaxation (Schonert-Reichl et al, 2015). Storytelling stimulates creativity, language, and memory, promoting healthy development and coping processes in situations of social disorganization or illness (Isbell, Sobol, Lindauer, & Lowrance, 2004). Children aged 6–8 years are in the transition to the concrete operational stage, according to Piaget's theory of cognitive development (Piaget, J. (1977). This stage is characterized by the appropriate use of logic, with thoughts more mature and "adult-like," which can be extensively practiced in storytelling (Gonçalves et al, 2017). According to these results, telling stories and retelling them provides children with reflection and introspection by relating to the struggles of the characters, fighting their battles, and enjoying the thrill of defeating giants and monsters. Using these projections can improve empathy and cooperation and reduce aggression. Thus, storytelling seems to facilitate connections between people. Changes in social behavior and school performance were positively impacted (Gonçalves et al, 2017).

The use of storytelling is widespread. A story does more than simply transfer knowledge and understanding; it also motivates, engages, and interacts with students. The

teaching/learning process has been transformed by storytelling. Experience is organized, encoded, archived, and stored so that it can be retrieved in its authentic, contextual, and usable form. A story enlightens, informs, and inspires. These stories provide comfort and leisure, as well as stimulate the mind. As folk art, storytelling cannot be manipulated, intellectualized, or mass-produced. „Mirror Neurons" play a crucial role in effective storytelling. Human brains can generate a certain experience or action simply by watching it in another person. When people read a great novel or watch an engaging movie, their brain synchronizes with the story, causing them to experience fear, sadness, and joy as if they were their own (Juraid, & Ibrahim, 2016). Future studies should address some limitations of this study. In this study, the research samples were small, comprised of schoolchildren aged 8-12 years, and no groups were matched. In future research, it is hoped to examine the intervening demographic variables, such as age, educational level, and parents' occupations, which were not controlled in this study. Students' information can be verified by interviewing them in addition to filling out a questionnaire.

Conclusion

A storytelling effect can be observed in the ability to control aggressive behavior, as well as aggressive childhood. Storytelling is effective in improving academic performance in children with an oppositional defiant disorder. Using the storytelling method as a tool for daily learning can be recommended for institutions since education is not only about academics but also about attitudes.

ORCID

0000-0001-9668-9508

References

Alkaaf, F., & Al-Bulushi, A. (2017). Tell and write, the effect of storytelling strategy for developing story writing skills among grade seven learners. Open Journal of Modern Linguistics, 7(2), 119-141.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Pub.Shapiro, J. P. (2015). Child and adolescent therapy: Science and art. John Wiley & Sons.

Boivin, M., Brendgen, M., Vitaro, F., Forget-Dubois, N., Feng, B., Tremblay, R. E., & Dionne, G. (2013). Evidence genenvironmennt correlation for peer difficulties: Disruptive behaviors predict early peer relation difficulties in school through genetic effects. Development and Psychopathology, 25(1), 79-92

Da Fonseca, D., Cury, F., Santos, A., Sarrazin, P., Poinso, F., & Deruelle, C. (2010). How to increase academic performance in children with an oppositional defiant disorder? An implicit theory effect. Journal of Behavior Therapy and Experimental Psychiatry, 41(3), 234-237.

Delavar A. Basic theory of scientific research in human & social sciences. Tehran: Roshd; 2005.

Dewi, E. T. (2014). Upaya Mengatasi Munculnya Tingkah Laku Agresif Anak Melalui Mendengarkan Cerita Di Kelompok B Tk Aba Tegal Domban Tempel Sleman. Yogyakarta: Universitas Negeri Yogyakarta.

Evans, S. C., Pederson, C. A., Fite, P. J., Blossom, J. B., & Cooley, J. L. (2016). Teacher-reported irritable and defiant dimensions of oppositional defiant disorder: Social, behavioral, and academic correlates. School Mental Health, 8(2), 292-304.

Fallahnejad, M., Kazemi, F., & Pezeshk, S. (2018). Effectiveness of Visual Storytelling on the Reduction of Externalizing and Internalizing Behaviors in Children with Oppositional Defiant Disorder. Journal of Exceptional Children, 17(3), 5-18.

Georgiades, K., Duncan, L., Wang, L., Comeau, J., Boyle, M. H., & 2014 Ontario Child Health Study Team. (2019). Six-month prevalence of mental disorders and service contacts among children and youth in Ontario: evidence from the 2014 Ontario Child Health Study. The Canadian Journal of Psychiatry, 64(4), 246-255

Goertz-Dorten, A., Groth, M., Detering, K., Hellmann, A., Stadler, L., Petri, B., & Doepfner, M. (2019). Efficacy of an individualized computer-assisted social competence training program for children with Oppositional Defiant Disorders/Conduct Disorders. Frontiers in Psychiatry, 682

Gonçalves, L. L., Voos, M. C., Almeida, M. H. M. D., & Caromano, F. A. (2017). Massage and storytelling reduce aggression and improve academic performance in children attending elementary school. Occupational therapy international, 2017.

Graziano, P. A., Slavec, J., Ros, R., Garb, L., Hart, K., & Garcia, A. (2015). Self-regulation assessment among preschoolers with externalizing behavior problems. Psychological Assessment, 27(4), 1337.

Hidayati, Y. (2019). The effect of storytelling on students speaking skills at X grade students of manurul haram in boarding school. Journal of Languages and Language Teaching, 7(2), 132-143.

Isbell, R., Sobol, J., Lindauer, L., & Lowrance, A. (2004). The effects of storytelling and story reading on the oral language complexity and story comprehension of young children. *Early childhood education journal*, *32*(3), 157-163.

Javdan, M., & Morovati, Z. (2020). The Impact of Storytelling on Improving Social Problems, Aggressive Behaviors, and Law-Breaking Behaviors of Primary School Children. Iranian Evolutionary and Educational Psychology Journal, 2(2), 81-88.

Juraid, R. A., & Ibrahim, M. M. (2016). The effect of storytelling on developing communication skills of EFL female students and their attitudes toward it. Educational Research International, 5(4), 71-131.

Kersten, L., Prätzlich, M., Mannstadt, S., Ackermann, K., Kohls, G., Oldenhof, H., ... & Stadler, C. (2016). START NOW-a comprehensive skills training program for female adolescents with oppositional defiant and conduct disorders: study protocol for a cluster-randomized controlled trial. Trials, 17(1), 1-16.

Mostafaei, H., Hosseini, M., & Jenaabadi, H. (2014). The Investigation of the Relationship between the Aggression and Addiction Potential High-school Male Students. Journal of Management and Accounting Studies, 2(01), 81-84.

Musavi, Z., & Hejazi, M. (2016). Effectiveness of Narrative Therapy in Reducing Aggression and Stubborn Preschoolers. 12(2), 173–179.

Najjarian, B. (1996). Constructing and Validity an Instrument of Measuring Aggression in Iranian Adolescents. Doctorate dissertation in general psychology school of psychology & educational science Shahid Chamran University. Ahvaz

Pan, L. Y., & Chen, K. H. (2019). A study on the effect of storytelling marketing on brand image, perceived quality, and purchase intention in ecotourism. Ecology, 28(107), 705-712.

Piaget, J. (1977). The role of action in the development of thinking. In *Knowledge and development* (pp. 17-42). Springer, Boston, MA.

Piqueras, J. A., & Rama-Victor, D. (2020). Neuropsychological deficits in internalizing and externalizing disorders: Implications for improving cognitive-behavioral therapy in children and adolescents.

Roshan Chesli, R. (2012). The Effect of Storytelling Based on Social Skills Training on Improving Social Skills and Behavioral Problems in 8-10-Year-Old Boy Students with Opiate and Disorder (ODD) Disorders. Quarterly Clinical Psychology, 3(9), 73-93

Schonert-Reichl, K. A., Oberle, E., Lawlor, M. S., Abbott, D., Thomson, K., Oberlander, T. F., & Diamond, A. (2015). Enhancing cognitive and social–emotional development through a simple-to-administer mindfulness-based school program for elementary school children: A randomized controlled trial. *Developmental psychology*, *51*(1), 52.

Sekhavatpour, Z., Khanjani, N., Reyhani, T., Ghaffari, S., & Dastoorpoor, M. (2019). The effect of storytelling on anxiety and behavioral disorders in children undergoing surgery: a randomized controlled trial. Pediatric health, medicine, and therapeutics, 10, 61.

Skharninda, R., & Setyowati, W. E. (2020). The Effect of Storytelling on Ability to Control Violence Behavior in Early Childhood. Jurnal Ners, 15(1Sp), 574-577.

Susanti, M. D. (2013). Pengaruh Kegiatan Bercerita Dengan Buku Cerita Islami Terhadap Perilaku Moral Anak. Jiv, 8(1), 38–45.

Yati, M., Wahyuni, S., & Islaeli, I. (2017). The effect of storytelling in play therapy on anxiety level in pre-school children during hospitalization in the general hospital buy button to public Health of Indonesia, 3(3), 96-101.

YavandHasani, A., Farahbakhsh, K., & ShafiAbadi, A. (2014). Effectiveness of Cognitive-Behavioral Therapy on the Treatment of Adolescent Behavioral Disorders. Journal of Clinical Psychology and Research, 4(7), 71-94.

Zeraatkar, H., & Moradi, A. (2019). The effect of problem-solving skills training based on storytelling on different levels of aggressive behaviors in students. Quarterly Journal of Child Mental Health, 6(2), 68-80.