A Case Study Research: Effectiveness of Storytelling based on the Social Stories of Gary on Social skills of Children with Conduct Disorder

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Abstract

Aim: This study aimed to assess the efficacy of utilizing social stories in story therapy to enhance the social skills of 8-10-year-old boys with behavioral disorders.

Method: The study utilized a single-case experimental design with one initial observation period and a follow-up after one month. It focused on boys aged 8-10 with behavioral issues in Zanjan City between 2020 and 2021. Through purposeful sampling, three boys aged 8-10 with conduct disorder were selected as participants. Following the baseline period, participants underwent a 10-session story therapy program based on social stories, three male students aged 8-10 with behavioral disorders and poor social skills were chosen from elementary schools in Zanjan province using the CSI-4 and Social Skills Rating Scale (Truscott, 1989). Statistical analysis techniques were utilized to evaluate changes in treatment, including graphical analysis methods.

Results: The findings showed that the initial participant had a recovery rate of 28% and 32%. The second participant demonstrated progress of 29.16% and 33.33%, and the third participant had a recovery rate of 28.57% in both assessments. In terms of treatment effectiveness, the effect size for participants respectively was 1.50, 1.45, and 1.76, all indicating a significant effect size according to the threshold of 1.15. The findings indicated during the 1-month follow-up period following the completion of treatment.

Conclusion: The Story-therapy has impacted four aspects of an individual and has resulted in enhancement. The narrative has successfully conveyed information and facilitated the problem-solving procedure, consequently influencing the cognitive aspect. It has influenced the emotional aspect through emotional healing and fostering hope, the interpersonal aspect through the establishment of human connections, and lastly the personal aspect by promoting a deeper self-awareness and comprehension of one's issues.

Keywords: Storytelling, Social skills, Children, Conduct Disorder

Introduction

Conduct disorder is a common childhood disorder that often leads to referrals to treatment centers. Approximately half of the clients at child and adolescent psychotherapy clinics have been diagnosed with conduct disorder or oppositional defiant disorder (Barker & Hawes, 2024). The prevalence of conduct disorder in the population ranges from 2% to more than 10%, with an average of 4%, yet only a small number of children with disruptive behavior disorder receive treatment (Handal, Quadlander-Goff, Abularach, Seghrouchni, & Baldwin, 2024). Various factors such as temperament, environment, genetics, and physiology contribute to the development of conduct disorder (Crone, Fochtmann, Attia, Boland, Escobar, Fornari, & Medicus, et al., 2023). Other sources also discuss the impact of temperament, early neurodevelopment, emotional regulation difficulties, parent-child interactions, social information processing, peer influence, and living environment on conduct disorder (Alpuğan, 2024). The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) states that conduct disorder is characterized by persistent behavior patterns that go against the rights of others or societal norms appropriate for the individual's age, falling into four categories. These categories are aggression towards people and animals, destruction of property, lying or theft, and serious violations of rules. At least three of these behaviors must occur within a year for a diagnosis to be made (Roehr, 2013).

Multiple pieces of evidence demonstrate that children who experience behavioral issues have difficulties responding appropriately to social situations. This lack of response hinders them from exhibiting suitable behavior in various settings. Disruptive and delinquent children, when compared to their peers, often struggle to find appropriate solutions to interpersonal challenges, as noted by several researchers (Sanders, 2024). Children with behavioral issues have traditionally been a challenge for parents, educators, and mental health experts because of their antisocial behavior. This behavior makes it hard to find effective treatments for these children (Ogundele, 2018). The struggle to process information accurately and the absence of social skills are key factors contributing to the development of conduct disorder in children (Viding, McCrory, Baskin-Sommers, De Brito, & Frick, 2024).

Several treatments also focus on teaching social skills which has been a key area of research for psychologists. Many studies have shown the benefits of social skills training for children with externalizing disorders (Dong, Burke, Ramirez, Xu, & Bowman-Perrott, 2023; Beelmann, & Lösel, 2021; de Mooij, Fekkes, Scholte, & Overbeek, 2020; Mondi, Giovanelli, & Reynolds, 2021). Research indicates that a lack of social skills can negatively impact students' academic performance and contribute to learning and

adaptation issues (Günaydın, 2022). Social skills training programs are based on the idea that individuals may learn inappropriate behaviors that overshadow necessary social skills for effective interaction with others (de Mooij et al., 2022). The concept of social skills training suggests that children's behavioral problems are mainly interpersonal. Children often require intervention due to behaviors that harm others, such as aggression, disobedience, and temper tantrums. Maladaptive patterns of social interaction, such as antisocial behavior and social isolation, can lead to various issues like psychopathology, delinquency, expulsion from school, and antisocial behavior in adulthood (Dong etal., 2023; Beelmann, & Lösel, 2021).

One of the ways to teach social skills to children is through the use of social stories, which are stories that present positive social behavior. Carol Gray introduced the concept of social stories in 1991 as a method to improve social skills in individuals with autism spectrum disorder. Social stories are short narratives aimed at influencing behavior by providing information on social situations and their outcomes, usually written in response to challenging situations to provide necessary social information. There are four main types of sentences used in social stories: descriptive, reflective, positive, and directive, each serving a specific purpose in the story. Research has shown that storytelling has been effective in improving various social skills in individuals with different disorders, as indicated by several studies (Mahan et al., 2004; Raheel, 2002; Gaadan, 1999; Creswell, 2001; Crozier and Tinkani, 2006; Scotton, Wilczynski, and Robin, 2002).

Analyzing the studies on social skills training and storytelling reveals that while social skills training is effective in treating children's disorders, incorporating engaging methods like storytelling can be even more impactful in enhancing positive behaviors, improving social skills, and reducing issues in children. In light of this, the researcher raises the question of whether utilizing story therapy based on Carol Gray's social stories can improve social skills in children with behavioral disorders.   This study aims to assess how effective story therapy using Carol Gray's social stories is in enhancing children's social skills. Due to the significance of teaching social skills through story therapy and the lack of research on the effectiveness of this method, conducting studies on story therapy with Carol Gray's social stories could enhance the impact of treatment methods for behavior disorders in children, leading to improved learning, performance, generalization, and enhancement of social skills.

Research in Iran has been conducted on the impact of social skills training on various disorders, such as Feeling of loneliness in deaf adolescents (Movallali, & Hakimi-Rad, 2020), behavioral problems in adolescents with intellectual disability (Nesayan, & Asadi

Gandomani, 2016), and Social Skills of Preschool Children (Farid Marandi, Kakabaraee, & Hosseini, 2020).   However, there has been a lack of study on the use of story therapy to address social problems in those with behavioral disorders.   Therefore, this current research aims to fill this gap by investigating the effectiveness of story therapy in improving the social skills of children with behavioral disorders.

Method

The current research utilized a single-case experimental design with a single baseline. The statistical population consisted of 8-10-year-old boys with behavioral disorders in Zanjan city during 2020-2021. Three male children aged 8-10 years old with conduct disorder were selected as sample subjects through purposeful sampling method. These participants were randomly chosen and entered the baseline phase. The dependent variables were measured and recorded during the baseline stage (stage A), followed by the implementation of the intervention stage (stage B). In the intervention, the dependent variables were measured repeatedly and evaluation was conducted for a 1-month follow-up.   Single-case experimental designs do not include a control group, instead, each patient's baseline serves as their control. The individual in the experiment acts as both the participant and the control, allowing for the comparison of dependent variables before and after the independent variable is introduced to determine its effect. This method involves comparing responses before and after the implementation of the independent variable for each participant (Kazdin, 1992).

Three boys diagnosed with behavioral disorders and selected from a regular school in Zanjan city using questionnaires on social skills and children's disease symptoms were the participants of the study.   The first participant, Mobin, aged eight, had poor relationships with his classmates, leading him to leave school early on two occasions. His teacher noted that he lacked close friends due to his misbehavior, tendency to hit others, and inclination to lie. The next participant, Mohammad Mahdi, was a nine-year-old boy who frequently engaged in conflicts with his classmates, had a history of theft, and displayed aggressive behavior. His teacher noted his lack of social skills.   Another participant, Abolfazl, an 8-year-old boy, had limited interaction with his peers and teacher.   He was known for his tendency to fight with and physically harm his friends, as well as for his dishonesty.   The diagnoses of conduct disorder and low social skills were assigned to all three participants based on the CSI-4 forms and social skills questionnaires used in the study.   The research utilized the Children's Sick Symptoms Questionnaire (CSI-4) and a social skills rating scale.

In this study, following approval from the university and a letter of introduction from the Department of Education, three male students aged 8-10 with behavioral disorders and limited social skills were identified through skill questionnaires. The participants were randomly assigned to treatment baselines and their social factors and CSI4 were considered before evaluation of dependent variables. A social skills therapy package was then administered to enhance social skills, competence, and communication skills in the children. This program consisted of 10 sessions lasting 45 minutes, along with supplementary activities for three children, followed by a one-month follow-up. Each individual went through one initial stage, ten therapy sessions, and thirty days, per all assumptions. The social skills program, created by a scientist, aimed to improve the social skills of kids with behavior issues and drew inspiration from a variety of sources on social stories and social skills (Gray, & Garand, 1993).

The main objective of this program is to instruct children in social skills through storytelling and accompanying activities. The aim is to enhance their social skills, communication abilities, and overall social competence, particularly in cases of behavioral disorders. To aid in the educational process, therapists read stories to the children and incorporate additional activities to ensure a higher level of understanding and effectiveness. After reading the story, the therapist asked questions based on the story's content to the child. The child was tasked with creating a story similar to the one they read and sharing it with the therapist. The therapist offered positive reinforcements after each story to encourage the child, and parents were asked to continue reading stories at home between sessions. This treatment plan consisted of 10 sessions lasting 45 minutes each, spread out over a month and a half. The therapist started each meeting by establishing positive communication to create a comfortable environment, then read stories based on the session's goals. Additional activities were incorporated into each session. At the end of each meeting, the child was bid farewell with encouragement for their next session, ensuring they left with a positive experience.   The treatment plan spanned ten separate sessions, all of which are detailed in table 1.

Statistical analysis techniques were utilized to evaluate changes in treatment, including graphical analysis methods. The fluctuation of the dependent variable was considered to determine the extent of change.   Along with graphical analysis, the percentage of recovery was utilized to assess clinical changes and establish clinical significance. The formula for calculating the recovery percentage was introduced by Blanchard and Squares for analyzing single-case experimental design data.   This formula involves subtracting the pre-test score from the post-test score, dividing by the pre-test score, and multiplying by 100 (Parker, Vannest, & Davis, 2011).

In this study, the researchers utilized the effect size for calculation purposes. They determined the effect size using a method based on the mean and standard deviation of the data, commonly known as Cohen's d. An effect size below 0.41 indicates a minimal effect size, while sizes between 0.41 and 1.15 represent an average effect size. Effect sizes between 1.15 and 2.7 indicate a large effect size, and anything higher than 2.7 is considered a significant effect size, potentially indicating a high therapeutic effect (Brown, 2023).

The Child Symptom Inventory-4(CSI-4): The questionnaire is a behavioral rating scale created by Sprafkin, Gadow, Salisbury, Schneider, & Loney (2002) to assess behavioral and emotional disorders in children between the ages of 6 and 14. It consists of two versions, one for parents with 112 questions screening for 11 disorders, and one for teachers with 77 questions screening for 9 disorders. Each section of the questionnaire focuses on a specific disorder such as ADHD, conduct disorder, anxiety disorders, and mood disorders. In this study, part C of the questionnaire, which targets conduct disorder, was used to screen for this disorder in students by both parents and teachers using a cutoff score of 3. The validity of the questionnaire was reported to be 0.89 by Gado and Spirafkin in 1994 and 0.67 specifically for conduct disorder in 1997. Additionally, Esmaeal (2002). in Iran conducted a similar questionnaire study for children aged 6-14 in Tehran, with the validity of questions regarding behavior disorders reported to be 0.76.

A Parents' Rating of Social Skill Scale (TRSS): The social skills rating scale is a test with 56 items that includes three subscales: social skills (30 items), social inadequacy (30 items), and communication with peers (15 items) from the Children's Personality Questionnaire (Truscott., 1989). The TRSS items were on the Likert scale. The social skills scale assesses different aspects of effective communication in childhood, such as leadership and followership capabilities, active engagement in organized activities, self-assurance and composure in social settings, social awareness, and interpersonal relationship skills. Parents are required to choose the correct or incorrect option to determine whether the statement applies to their child or not. The questionnaire consists of teacher and parent (Truscott., 1989). The questionnaire does not specify a cut-off score and high and low scores are indicative of the diagnosis in the subscales. It is important to recognize that some questions and statements are scored in multiple subscales. Each statement in the TRSSQ is meant to be rated on a Likert scale. The reliability of the TRSSQ falls between 0.65-0.93. In Iranian study, Cronbach's alpha value was calculated as 0.83 (Shahim, 1998). This study found a Pearson correlation coefficient of 0.76.

Table 1: Social skills training package based on socialization stories

Meetings	The content of the social skills training package
The first session	Purpose: to introduce yourself, learn about the child, and understand the concept of social stories.
The second session	The children were read the stories "How to hug someone" and "How to say hello". They participated in activities like games, role playing, and question and answer sessions. The main goal of this part was to teach the children how to hug and greet others, and to improve their communication skills.
The third session	The meeting was held with the aim of teaching proper etiquette when greeting others, including how to shake hands and express gratitude. To reach this objective, children were read the stories "handshake training" and "How do I say hello?" while engaging in supplementary activities for enhanced learning.
The fourth session	During the meeting, two stories titled "Observing while Listening" and "Ways to Bring Joy to Others" were presented. The children performed these stories as a live performance and engaged in a Q&A session afterward.
The fifth session	The main objective of this phase was to educate on the effective use of communication tools, enhance social interactions, and promote healthy communication among peers. During this particular session, the children were exposed to stories such as "How to Operate a Telephone" and "Learning to Play Nicely." The level of cooperation among the children was high.
The sixth session	At this point, we read stories about involving others in play and knowing when to apologize. The goal of reading these stories was to enhance social interaction and communication with friends, as well as teach the importance of saying sorry. Besides reading, we engaged in supplementary activities like asking questions, having the child share a similar story, and offering positive reinforcement.
The seventh session	The goal of introducing the seventh stage was to educate individuals on the importance of listening to others, taking turns respectfully, and communicating effectively.

The eighth session	During this session, the stories "Learning how to stay calm in the classroom," "Participating in class discussions," and "Seeking clarification by asking questions" were read aloud and acted out dramatically.
The ninth session	The intention of the ninth meeting was to educate on the importance of giving gifts, promoting social involvement, and assisting others.
tenth session	In the tenth session, the stories "Going to religious places" and "Nowruz Eid celebration" were read to three children. The important goals of this meeting were to learn about religious places and to observe religious and social customs, to learn about holidays and ceremonies, and to visit them. In this meeting, the questionnaire on social skills was implemented.

Results

The research focused on analyzing three children, aged 8 and 9, who have behavioral disorders and limited social skills. The demographic information of these children can be found in Table (2).

Table 2: The demographic information

Participants	Age	Gender	Educational level	Father's education	Mother's education
1	8	Male	second primary	diploma	third middle school
2	9	Male	second primary	bachelor's degree	diploma
3	8	Male	second primary	bachelor's degree	bachelor's degree

Table 3: The scores of the social skills subscale in three participants

Subscales	Participants	Follow-up	Last session	Session 8	Session 4	Baseline
Social skill	1	15	16	19	22	25
	2	17	17	21	22	26
	3	16	18	20	21	23
Communication skills with peers	1	5	6	8	9	12
	2	6	7	8	8	10
	3	5	7	8	10	11

Social adequacy	1	17	18	20	23	25
	2	16	17	20	22	24
	3	15	15	16	18	21

The scores for the three different aspects of interpersonal abilities - social skills, communication skills with peers, and overall social functioning - are shown in Table 3 for each of the baseline, fourth, eighth, final, and follow-up sessions.

Table 4: Effect size and recovery percentage of three participants

Subscales	Participants	Treatment recovery	Follow-up recovery	Effect size
Social skill	1	36	40	1.54
	2	34.61	34.61	1.62
	3	21.73	30.43	1.60
Communication skills with peers	1	50	33.58	1.73
	2	30	40	1.85
	3	36.36	45.45	1.46
Social adequacy	1	28	32	1.50
	2	29.16	33.33	1.45
	3	28.57	28.57	1.76

Based on the data presented in Table 4, it can be observed that the participants showed significant improvements in social skills, communication skills with peers, and social adequacy during the last treatment and follow-up sessions. The first participant demonstrated improvement percentages of 36 and 40, the second participant showed percentages of 34.61 and 34.61, while the third participant displayed percentages of 21.73 and 30.43. These results indicate acceptable progress. Additionally, the treatment effect sizes were found to be 1.54 for the first participant, 1.62 for the second participant, and 1.60 for the third participant. A treatment effect size exceeding 1.15 is considered large, therefore, it can be inferred that all three participants experienced a significant treatment effect.

Additionally, the percentage scores showing improvement in the final treatment session and follow-up for communication skills in children with behavioral disorders are as follows: the first participant showed a 50% improvement in the last session and 58.33%

in the follow-up, indicating successful treatment and symptom reduction. The second participant showed a 30% improvement in the final session and 40% in the follow-up. The third participant, a third grader, showed 36.36 in the final session and 45.45 in the follow-up, indicating slight improvement. The size of the treatment effect was 1.73 for the first participant, 1.85 for the second participant, and 1.45 for the third participant.

 Given that an effect size greater than 1.15 represents a considerable effect, it can be inferred that the effect size is significant for all three individuals. Additionally, since the post-treatment scores for all participants were lower than the baseline scores, resulting in a significant effect size and a satisfactory percentage of improvement, it can be deduced that story therapy utilizing socialization stories leads to an enhancement in communication abilities among children with behavioral disorders.

 Moreover, the final session of treatment and follow-up assessment of children with conduct disorder showed an improvement in social adequacy percentages.   The first participant had a recovery rate of 28% and 32%, indicating some progress. The second participant showed percentages of 29.16 and 33.33%, while the third participant had percentages of 28.57 and 28.57, demonstrating a slight improvement. In terms of treatment effectiveness, the effect size for participants respectively was 1.50, 1.45, and 1.76, all indicating a significant effect size according to the threshold of 1.15. In conclusion, the treatment had a large effect size for all three participants, leading to a noticeable improvement.   Additionally, the scores of all participants after treatment were lower than their baseline, indicating a high effect size and a satisfactory percentage of recovery. Therefore, it can be deduced that story therapy based on socialization narratives enhances the social competence of children with behavioral disorders.

Figure 7 exhibited a reduction in social skill subscale scores and development in communication skills over time. These suggests that the intervention is beneficial for children with behavioral disorders in enhancing their social and communication abilities.
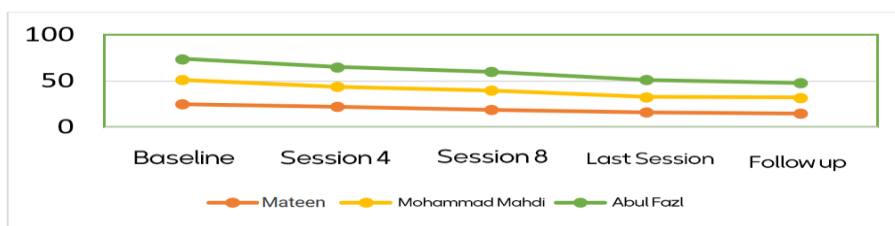

Figure 1: The pattern of changes in scores under the social skill scale in three participants
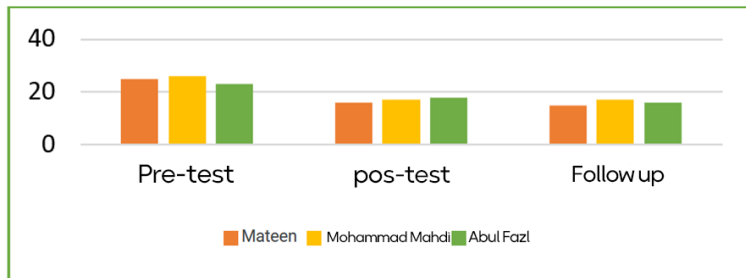
Figure 2: pre-test, post-test and follow-up scores of social skills in three participants
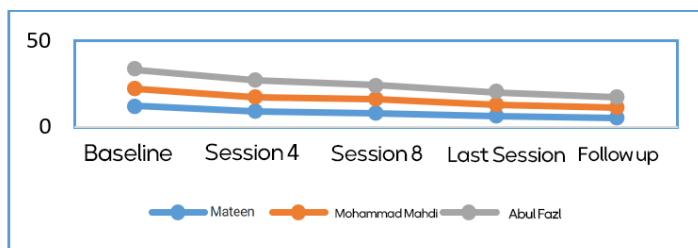

Figure 3: The pattern of changes in the sub-scale of communication skills with peers in three participants
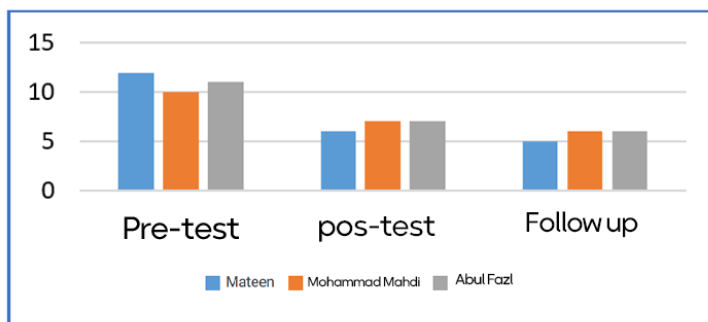

Figure 4: pre-test, post-test and follow-up scores of the peer communication skill subscale in three participants
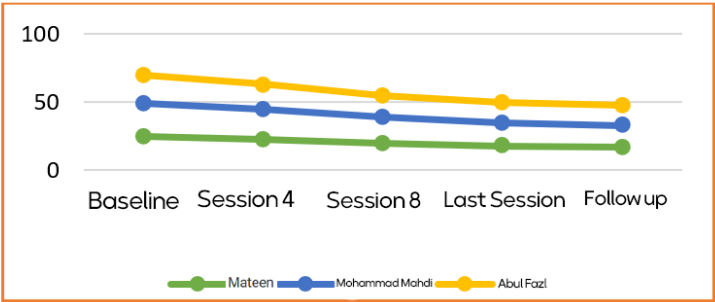
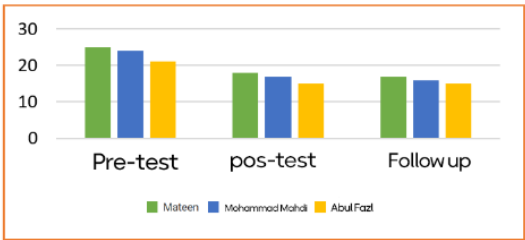**Figure 5:** The pattern of changes in scores under the social competence scale in three participants

Figure 6: Pre-test, post-test and follow-up scores of the social competence subscale in three participants
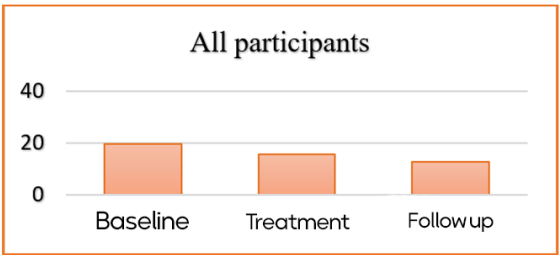

Figure 7: Trend of changes in baseline, treatment and follow-up scores of three participants in three subscales

Table 5: Total average of baselines, treatment sessions, follow-up

Participants	Baseline	treatment recovery	follow-up recovery	Effect size	treatment recovery percentage	Follow-up recovery percentage
1,2,3	99.66	15.40	12.55	1.61	32.71	38.8

Table 5 shows a decline in scores during the follow-up assessments in comparison to the initial baseline and treatment sessions. An effect size greater than 1.15 suggests a significant effect. The recovery percentage at follow-up is higher than the sessions, indicating a slight improvement in treatment effectiveness. The results demonstrate that story therapy utilizing social stories enhances the social skills of children with behavioral disorders.

Discussion

The primary aim of this research was to determine the efficacy of using story therapy in combination with social stories to improve the social skills of children with behavioral disorders. More specifically, the study sought to evaluate the effects of story therapy on enhancing social skills, improving communication with peers, and overall social competency in children. One important discovery from the study was that utilizing socialization stories for story therapy resulted in enhanced social skills for children with behavioral disorders. This discovery aligns with findings from previous studies conducted by Fakhe (2024), Dong et al (2023), de Mooij et al (2020), Beelmann & Lösel, (2021), and Nesayan et al (2016).

The effects of social stories on the social interaction abilities of individuals diagnosed with autism spectrum disorder (Gray, & Garand, 1993; Alkinj, Pereira, & Santos, 2022). The findings showed that when compared to the control group, all subjects in the experimental group made notable progress in the post-assessment of the Autism Social Skills Profile, particularly in the areas of social reciprocity and social participation (skills Alkinj et al., 2022). Two male participants, aged 10 and 11, diagnosed with Autism Spectrum Disorder, were involved in a study. During the intervention stage, the first participant improved in raising hands before leaving his seat and engaging in play after using digital social stories. The second participant experienced an increase of 18% in sharing toys with peers as a result of using digital social stories (Safi, Alnuaimi, & Sartawi, 2022).

Roshan Chesli conducted a study to examine how using storytelling in social skills training can help enhance social skills and manage behavioral problems in children between the ages of 8 and 10 who have oppositional and oppositional defiant disorder (ODD). The findings showed that teachers in the experimental group noticed a considerable improvement in the overall social skills score and a notable reduction in the behavioral problems score of children with oppositional defiant disorder in comparison to the control group (Roshan Chesli, 2013). Other findings indicated that there was a significant difference in play therapy preparation between the experimental group and the control group. Specifically, play therapy preparation was found to enhance the self-esteem and social skills of preschool children from divorced families (Fakhe, 2024).

The results of the study indicate that including social skills training, specifically through storytelling, has been effective in supporting children with behavioral issues.   This method includes reading social narratives that describe particular situations and actions, as well as participating in additional activities to strengthen positive social behaviors. Social stories tackle difficulties that could impact a child's social interactions in various environments like home, school, or the community, assisting them in identifying proper social signals and grasping social standards (Fakhe, 2024; Shahrbabaki, Meymand, Soltani, & Tavakoli, 2019; Bakhshaei, Zeinaddiny Meymand, & Bakhshaei, 2017). Ultimately, this approach fosters self-reliance and improves understanding of social situations (Fakhe, 2024).   Conversely, the current program's features, such as teaching skills through storytelling and involving additional activities like group participation, and children sharing their own stories based on the real story, may have therapeutic effects as well (Shahrbabakiet al, 2019).

Another finding from the study revealed that utilizing story therapy with social stories has a beneficial influence on the communication skills of children with behavioral challenges, helping to improve and strengthen them.   This outcome is consistent with earlier research conducted by Amani-Babadi, Ghiasian, Zandi, & Ahadi (2022), Smith et al (2021), and Zabihi Hesari, Hoveizeh, Mokhtari Yousefabad, Hoseini, & Bahadori Jahromi (2019), and Javdan, Morovati (2020). Based on the findings, it was determined that there was a notable distinction between the experimental and control groups in terms of rule-breaking behavior related to the storytelling sessions as reported by parents and teachers. While the experimental group showed a difference in rule-breaking behavior, there was no significant variance observed in social problems and aggressive behavior between the two groups (Javdan and Morovati, 2020). The findings of the data analysis indicated that employing social skills training in school and classroom settings utilizing storytelling techniques is beneficial in enhancing overall social behavior scores and reducing loneliness among aggressive students. These results suggest that social skills

training combined with storytelling can serve as an effective method in training programs aimed at enhancing peer relations and diminishing feelings of aggression in students (Hossein Khanzadeh, Fallah Saravani, Imankhah, & Taher, 2018).

The form of a story includes descriptive sentences, which include the place of the event, the people involved in the event, what they do, and perspective sentences; It describes the feelings and responses expected from others. As for the directive sentences, they provide a solution, which are more directive and not just giving orders, and help the child to form sentences such as "I will try to…" and Control Sentences and are used to recall information in the story. Social, to reassure the child himself or determine his response (Smith et al., 2021). The findings implied that teaching social skills can boost children's ability to interact with peers and enhance their adaptability. The ability to control aggressive behavior and aggressive childhood can be influenced by storytelling. It has been shown to enhance academic performance in children with oppositional defiant disorder.   Institutions are advised to incorporate storytelling into daily learning as it is crucial for shaping both academic skills and attitudes among students (Kuhi et al, 2023). The use of words like usually and sometimes, alternative words and simple texts in social story writing, the inclusion of images to aid in understanding, and the utilization of four fundamental types of sentences- descriptive, perspective, positive, and instructional- all contribute to enhancing the communication abilities of children with disruptive behavior (Zabihi Hesari et al., 2019). Reading social stories containing descriptions of situations and traits helps teach positive social communication skills to children with disruptive behavior by encouraging them to listen and participate in related activities (Kuhi et al, 2023). By immersing themselves in the role of the main character in a story, a child may imitate the character's actions or behaviors. A child might brainstorm and seek solutions to the issues presented in the story. Through storytelling, children learn and experience emotions. Using a behavioral analysis method, storytelling can help in introducing new behaviors, enhancing and organizing current behaviors, inspiring children to behave in a specific manner, and indirectly promoting positive behaviors by demonstrating successful problem-solving through the story's main character (Zabihi Hesari et al., 2019).

Another discovery suggested that utilizing story therapy centered around socialization resulted in a noticeable enhancement in the social skills of children with behavioral issues. The results of this study align with the previous findings (Giudice, Lindenschmidt, Hellmich, Hautmann, Döpfner, & Görtz-Dorten, 2023; Øzerk, Özerk, & Silveira-Zaldivar, 2021). Stories were used to address common social and communication challenges faced by school children and to help them develop problem-solving strategies. The findings of the study confirmed the effectiveness of the program in improving peer

relationship skills and social competence. Children often struggle to identify and articulate their problems, making it difficult for them to benefit from direct therapy or conventional psychotherapy.   In such cases, some therapists utilize story therapy as a means of addressing these issues effectively (Øzerk, Özerk, & Silveira-Zaldivar, 2021).

The research findings suggest that social competence is dependent on the quality of relationships a child has with peers and parents (Junge, Valkenburg, Deković, & Branje, 2020). Children with social competence tend to be more sociable compared to their peers, forming stronger connections even with those who initially reject them (Glenn, Michalska, & Lee, 2021). Teaching children social skills through storytelling can enhance their social competence and communication abilities with peers (Giudice et al.,2023). Researchers suggested that prosocial actions are influenced by social competence (Øzerk et al., 2021). Moreover, a study suggested that peer violence is associated with lower prosocial behaviors and more behavioral problems. Also boys who are well-liked by their peers exhibit prosocial behaviors and refrain from using violence or aggression in resolving conflicts (de Sousa et al.,2024). It is also possible that children with behavioral issues have shown improvement in their social skills through narrative therapy, which has helped them learn how to communicate effectively, leading to enhanced social competence. Remembering rules and regulations and adhering to them is crucial for social competence.   In other words, teaching rules and regulations in both society and schools can enhance children's social skills (Giudice et al.,2023; Glenn, Michalska, & Lee, 2021; Øzerk et al., 2021).

 This study had some limitations. It was challenging to control three students and engage them in the intervention course sessions, despite efforts made to involve parents for assistance. The absence of a control group and long-term follow-up were also limitations. Additionally, the limitation of the group and the sample results to the male gender limits generalizability.   The lack of group homogenization due to demographic factors and intervening variables was another limitation. Not screening for co-occurring disorders in the students was also a limitation of this study.

Conclusion

Story therapy impacted four aspects of individuals, leading to improved social relationships and communication skills with peers. It influenced the emotional realm by refining emotions and instilling hope, the interpersonal realm through social relationships, and the personal realm by enhancing self-awareness and understanding of one's problems, as well as recognizing social competence. To enhance the applicability of findings from research, it is recommended to increase the sample size in future studies. Using different

stories for therapy and comparing outcomes with this study is also advised. Future research should focus on disorders like shyness and child isolation and incorporate long-term follow-ups post-intervention. Based on the literature and findings, it is proposed that story therapy, rooted in diverse ethnic cultures using ancient narratives, is beneficial. Implementing storytelling in schools for teaching and treating children's behavioral issues is recommended, along with providing training for school counselors on using story therapy effectively.

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