Effectiveness of cognitive behavioral narrative therapy on decreased symptoms of children's oppositional defiant disorder

Single-case design

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Abstract

Introduction: The present study has been done in order to study the effect of cognitive behavioral narrative therapy to reduce the oppositional defiant in the children. Method: The study used a semi-experimental single subject and multiple baselines design. Therefore, four subjects were chosen using purposive sampling method. Sample group took part in the 15 narrative therapy session of 90 minutes for 4 month the subjects completed oppositional defiant behavior inventory in the stage before treatment (baseline) and during the session and the one-month follow-up. Two methods, clinical significance and recovery percent formula are used for data analysis.. Datas: recovery percent for participants according to OBDI was 40%, 56.09%, 48.64% and 39.39%. And also total of recovery for children was 46.03%. And RCI formula was 4.34, 4.88, 2.94 and 3.15 . This result was significance in clinical.. Results: Results showed that cognitive behavioral narrative therapy had given decrease to the symptoms of Oppositional Defiant disorder in the subjects.

Keywords: narrative therapy, oppositional defiant disorder, children.
Introduction

Children's behavioral disorders are common and disabling disorders which created many problems for families, teachers and children themselves and are associated with many social problems (Najafi, Fouladchang, Alizadeh and Mohammadifar, 2011). The surveys conducted showed that the prevalence of childhood disorders is equal to 6% to 19% (Kaplan and Sadouk, 2009). Safari, Faramarzi and Abedi (2012), in their study reported that the prevalence of the disorder among children, and with the huge progress that has occurred at Psychopathology, has increased concern about children's mental health. According Safari et al. (2012), one of the most common children's disruptive behavior is oppositional defiance disorder. According to the fifth Diagnostic and Statistical Manual of Mental Disorders (DSM-5), oppositional defiant disorder is a consistent pattern of negative behavior, disobedience and stubbornness against authority (Ganji, 2013, p. 487). The prevalence of this disorder in children is between 2 to 16% (DSM-5, translated by Genji, 2013). According to Sadiq Khani ET al (2012), children with this disorder are usually fighting with adults, they are short-tempered, abusive, angry, irritable and sensitive, and irritated others and blame others for their mistakes. According to Jalali et al (2008), oppositional defiant disorder is gradual and chronic disorder that almost always interferes with interpersonal relationships and academic performance of children. According Safari et al (2012), children with oppositional defiant disorder symptoms often do not have cognitive, social and emotional skills to carry out the demands of adults. According to Faramarzi, Abedi and Ghanbari (2012), these children are weak in interpersonal relationships and have attention problems and defects in executive functions. These children often have no friend and comrade and human relations are not satisfying for them. Despite adequate intelligence, due to lack of participation and resistance to external demands and insist on solving problems with the help of others, they progress slowly and may fail at school (Abbasi Mavand et al, 2008, quoted by Charsya and Song Yang, 2006). Jalali et al (2008) point out in their study that the problems mentioned above would lead to decreased self-esteem, low tolerance for frustration, depressed mood and irritability attacks. This disorder can cause many problems in the lives of children and families, and for this reason, many researchers has attracted to methods of treatment of this disorder. Various treatment methods have been proposed for the treatment of oppositional defiant disorder. These methods can be generally categorized into three groups: pharmacotherapy, family-focused therapy and child-focused therapy (Association of Child and Adolescent Psychology of America, 2009). Considering the negative impact of oppositional defiant disorder on children's' mental health (Hamid and others, 2013), this study was followed up with a child-centered approach and emphasis on cognitive-behavioral interventions to reduce symptoms of oppositional defiant disorder in children; because the cognitive-behavioral interventions have been widely investigated the impact of problem solving and anger management (advanced relaxation techniques, cognitive restructuring, coping skills to control anger and other social skills) on children with the disorder (Hamid and others, 2013) and since different studies have proven the effectiveness of narrative therapy in reducing behavioral problems and increase positive behaviors in children (Rabjant and Fezel, 2010, Marlowe, 2010, Walter and Carey, 2009, Aptsyn, 2008, Ion, 2007, San'atnegar and others, 2012, Nasirzadeh and Roushan, 2010), this study aims to reduce the symptoms of oppositional defiant disorder through cognitive behavior narrative therapy. The result that most studies agree on it (Safari et al., 2012, Soutam Crow, 2003, Zolmajd et al., 2007, Matiz and Lachmann, 2010, Friedberg and Mac Claire, 2002), is that the most effective method for treating oppositional defiant disorder are cognitive behavioral methods. One of the methods of child-centered therapy is cognitive-behavioral interventions for oppositional defiant disorder.
Using Cognitive Behavioral Therapy, even without entering parents in the program, could reduce the severity of symptoms (Davison, 2005). For example, teaching cognitive skills of anger management significantly reduced aggressive behavior. In a training program, children are taught to use self-control in angry situations (Louchman and Wales in 1996, citing Davison, 2005). Cognitive problem solving skills training is done to reduce the incidence of oppositional behaviors in children through positive ways of response to stressful situations. Children with the disorder often only consider the negative ways of coping and responding to real life situations. The cognitive problem solving teaches them how to interpret and behold a situation and respond to it. Moreover, given that children with oppositional defiance disorder are outraged easily, lack cognitive and emotional necessary skills to meet all the demands of adult and lose rational capacity to express their emotions, it can be said that teaching social problem-solving skills and changing negative thoughts help them to strengthen their rational capacity and maintain a balance over emotional expressiveness. Problem solving skills seek to reduce cognitive deficiencies (such as impulse control) and cognitive distortions (such irrational beliefs).

Certain steps have been using in this method which include:

1. Stand up, keep calm and think before acting
2. Say the problem and say what you feel?
3. Consider a positive purpose
4. Forward thinking to achieve results
5. Go ahead and try to choose the best option

Finally, the belief that education is the primary goal of reducing cognitive distortions, is effective in reducing symptoms of behavioral disorders (Soutam Crowe, 2003). Other effective methods in the treatment of children with behavioral problems are indirect methods such as narrative therapy (Kedasen and Schaeffer, translated by Vakili and Saberi, 2003). Many therapists believe that because stories do not face these children directly with the symptoms of the disease, so they do not resist. When children complete a semi-finished story, in fact they go towards their conflicts. They may unconsciously apply the skills and solutions used by the character of the story, to deal with their own problems. Children should not infer from the story, they easily can enter to the story through their imagination and this power of imagination would lead to alter and treat (Apston, 2008). Among the important aspect of narrative therapy, questioning has a specific role in the process of storytelling, it is important that the therapist draw the child's attention to the feelings and thoughts of the characters and the story and express their feelings and thoughts. Talk about important points of stories, causal relationship, identify problems and ways to solve problems or pass different problems and issues, ask the child to deduce morals points from stories and express their results could be one of the issues the therapist and child to pay attention (San'at Negar et al., 2012).

Cognitive behavioral narrative therapy approach uses a variety of storytelling approaches which have been proposed for the treatment and through these stories, the techniques for the treatment of behavioral problems in children can be implemented (Friedberg and Mac Claire, 2002). With respect to the treatment of children with oppositional defiance disorder and prevent the growth of an increasingly negative impact on mental health, the aim of this study is to investigate the effectiveness of cognitive behavioral narrative therapy order to decrease the oppositional defiance disorder.

**Methodology**

In this study, single-case design for multiple baseline design is used. In two weeks without treatment were presented at a basic level to be maintained constant at a basic level.
passing the basic level course, the cognitive behavioral narrative therapy was performed on a weekly basis. The independent variables in this study was the cognitive behavioral narrative therapy and the dependent variable was changes in treatment resulting from the application of this therapeutic method in the scale of oppositional defiant. The study population consists of all patients with symptoms of oppositional defiant referred to the Curious Child Counseling Center in the center of Tehran. Sampling was available and purposeful. Four references were used for this study according to plan. Based on the criteria considered, narrative therapist chose eligible children, their mothers were informed and the consent forms were given to them. After approval and signing the form mentioned, children entered to the treatment process as a research sample. Entry criteria were: (1) identifying oppositional defiant disorder according to ODBI questionnaire and confirmed by the SCID-IV Structured Clinical Interview; 2. in the age range of 5 to 6 years.

Structured Clinical Interview (SCID-IV): Structured Clinical Interview contains two versions. The research version was used in this research. This version is set based on DSM-IV diagnostic criteria and used for diagnosis of clinical disorders. Test-retest reliability was 0.85 for this specific instrument (First, Spitzer, Gibney, Williams, 2002; translated by Mohammad Khani, et al., 2005).

The questionnaire of oppositional defiant disorder (ODD): This questionnaire is made by Harada et al., in 2004, in Japan. The oppositional defiant questionnaire has 18 items, which must be completed by parents or guardian of the child and adolescent. Each question in the questionnaire has these options: Rarely (once a month or less), sometimes (once a week), frequently (two or three times a month), always (four times a week or more) and the weights of 0, 1, 2 and 3 have been considered for each option, respectively. The scores ranged from 0 to 54. Based on the responses of parents and guardians, if the score obtained is more than 20, this is the sign of oppositional defiant disorder. And whatever the score be closer to 54, the disorder would be more severe (Harada, 2004). The internal reliability in the test through Cronbach alpha and test-retest were obtained 0.96 and 0.82, respectively (Harada, 2006). This questionnaire has been translated by the author and to obtain reliability and validity in Iranian sample, and it was sent to 60 parents of 5 to 6 years old children who were randomly selected from a school and a kindergarten. Cronbach's alpha and split-half were used to calculate its reliability and Cronbach's alpha coefficient was equal to 0.84 and split-half was equal to 0.67.

Characteristics of participants
Participant 1: 6-year-old boy, 4-member family, he is incomparable with his twin sister. Has not been referred to counseling centers for treatment.
Participant 2: 6-year-old son, 6-member family, second child. Has not been referred to counseling centers for treatment.
Participant 3: 5-year-old boy, 4-member family, second child. Has not been referred to counseling centers for treatment.
Participant 4: 6-year-old girl, 5-member family, third child. Has not been referred to counseling centers for treatment.

Treatment plan: (educational program of cognitive-behavioral narrative therapy)
Since the study is trying to find symptoms of oppositional defiant disorder with child-centered approach, cognitive-behavioral program offered by Matiz and Lachmann (2010) that is designed to reduce oppositional defiant disorder and designed and combine it with different methods of storytelling has been used to solve behavioral problems in children. Therapy sessions are outlined as follows: Before the start of meetings: Based on cognitive - behavioral proposed by the Matiz and Lachmann (2010), to reduce oppositional defiant disorder, the first
step is to determine the behavioral goals. In the present study, long-term goal is to reduce the eight symptoms and short-term goals in each session is different and will be explained.

Part 1: Understanding the emotions: Based on cognitive - behavioral program proposed by the Matiz and Lachmann (2010), for the reduction of oppositional defiant disorder, during three sessions, we focus on becoming familiar with their feelings and naming them and children's emotional reactions in problematic situations.

First session
Objective: 1. Introduction members of the group 2. Duration of each session and executive activities 3. Gaining familiarity with their feelings and naming them. Description: 1. Introduce yourself 2. Introduces children 3. Describing the program and its quality 4. Expression Rules 5. The definition of a story where the different emotions of a child can be addressed 6. The discussion between the counselor and children about feelings of the protagonist and indeed the child's experiences in various fields.

Second session
Objective: 1. Familiarity with feelings of anger and anger control techniques 2. Introduction to the positive result of reflection and non-impulsive action. Description: 1. express anger-themed story 2. Children will be asked to recognize varying levels of anger that the protagonist had experienced (anger thermometer) 3. Children will be asked to identify various types of problems that cause different levels of anger.

Third session
Objective:
1. Familiarity with different emotions with an emphasis on feeling anger, its causes and consequences 2-understanding other people's emotional and social views with emphasis on unintentional behaviors of some people. Description: 1. among objects such as nails, hammers and sticks, one should be selected for storytelling. 2. Child is asked to pose an interesting story about this object and the story should be instructive. 3. Therapist try to develop a story similar to child's story and lead the story to conflicts and uncomfortable feelings of the protagonist.

Part 2: anger management and self-regulation: Based on cognitive - behavioral program proposed by the Matiz and Lachmann (2010), for the reduction of oppositional defiant disorder, during four sessions, we focus on anger management and self-regulation.

Fourth Session
Objectives: 1. Familiarity with emotion management and focus on self-awareness 2. Familiarity with physiological signs of anger. 3. The application of effective counter strategies (oppositional method "express themselves", distraction techniques and relaxation). Description: 1. Children be prepared for storytelling 2. Each of the children be familiar with their roles and read their dialogue and storytelling performed by the attitude of the hero and the method of oppositional "express themselves". 3. At the end of the story, they converse about difficult situations and how to deal with it by using the problem solving methods.

Fifth Session
Objectives: 1. overview pleasant and positive aspects related to topics 2. Problem-solving skills training or four steps. 3. Emphasizes the positive outcome of reflection when dealing
with problems. Description: 1. retelling the story by the therapist. 2. Similar experiences to children. 3. Retelling of the four stages of problem solving 4. Investigate two cases of children's issues in the four stages of problem solving.

Seventh session
Objectives: 1. familiarity with negative results of maladaptive behaviors such as stubbornness, 2. help to understand other people's emotional and social views, emphasizing the limited knowledge of the children about the existence of some vulnerable backgrounds. Description: 1. define the story of a boy who constantly saying "no" to elders, with an emphasis on the negative consequences of maladaptive behaviors of the protagonist. 2. The child is asked to guess the name of the story. 3. Group discussion about the treatment messages of the story and the consequences of ignoring some reasonable precautions of adults.

Part 3: Getting a positive attitude, identify problems and attribution retraining: Based on cognitive - behavioral program proposed by the Matiz and Lachmann (2010), for the reduction of oppositional defiant disorder, during four sessions, we focused on getting a positive attitude, identify problems and attribution retraining. Therefore, at the first meeting of this section, narrative therapy was carried out using metaphors, in the second and third sessions, emotion management was used, and at the last session of this section, the narrative therapy was carried out using the metaphor (Kdasn and Schaeffer, translated by Saberi and Vakili, 2003) which is described in the narrative therapy methods and techniques.

Eighth Session
Objective: 1. Familiarity with new methods of dealing with problems 2. Familiarity with the four steps of problem solving which include thinking and find the problem, thinking about different solutions, find the best way and evaluate it. Description: 1. story book should be used to create attractive and more objectivity. 2. The therapist will read stories for the children. 3. During storytelling, children provide solutions and predict possible outcomes of stories in the book.

Ninth Session
Objective: skills training to deal with issues (how to deal with insults, problem solving skills and achieve more effective response, planning, guidance and emotional support to attract others, entertain and play to avoid the anger). Description: 1. Based on the draw, five people to be prepared for storytelling. 2. Each of the children become familiar with their roles and read their own dialogue and storytelling method is performed. 3. At the end of the story, they converse about difficult situations and how to deal with it by using the problem solving method.

Tenth Session
Objective: skills training to deal with issues (how to deal with insults, problem solving skills and achieve more effective response, planning, guidance and emotional support to attract others, entertain and play to avoid the anger). Description: 1. Children be prepared for storytelling. 2. Each of the children become familiar with their roles and read their own dialogue and storytelling method is performed. 3. At the end of the story, they converse about difficult situations and how to deal with it by using the problem solving method.

Eleventh Session
Objectives: 1. teaching new skills to deal with issues (including the immediately finding the problem, thinking about different solutions to find the best way and evaluate it). 2. Focus on the consequences of violence as a dysfunctional strategy of confrontation. Description: 1. story book should be used to create attractive and more objectivity. 2. The therapist will read stories for the children. 3. During storytelling, children provide solutions and predict possible outcomes of stories in the book.
Part 5: Social Skills: Based on cognitive - behavioral program proposed by the Matiz and Lachmann (2010), for the reduction of oppositional defiant disorder, during four sessions, we focused on social skills.

Twelfth session
Objectives: 1. Social skills training (follow the rules, cooperation and division of labor). 2. Add more attention to skills in responsibility. Description: 1. during the meeting, the members to run the story lines be selected 2. Spend a few minutes getting to know their role in the story and the therapist should tell them the story. 3. Finally, each of the children perform the activities foreseen in the story. 4. After finishing the story, they have to talk about difficult situations and how to deal with it by using the problem solving method.

Thirteenth session
Objectives: 1. Social skills training (follow the rules, cooperation and division of labor). 2. Add more attention to skills in responsibility. Description: 1. According to the draw, the next 5 person to play the story to be prepared. 2. After getting familiar with their roles, the story is read by the therapist and each of five children does activities anticipated in the story. 3. At the end of the story, they talk about difficult situations and how to deal with it by using the problem solving method.

Fourteenth session
Objectives: 1. Social skills training (follow the rules, cooperation and division of labor) 2. Accepting the consequences of ignoring the rules. 3. Respond in a timely manner and add to the skill and care in carrying out assigned responsibilities. Description: 1. According to the draw, the next 5 person to play the story to be prepared. 2. After getting familiar with their roles, the story is read by the therapist and each of five children does activities anticipated in the story. 3. At the end of the story, they talk about difficult situations and how to deal with it by using the problem solving method.

Fifteenth session
Objectives: 1. Familiarity with new methods of confrontation. 2. Familiarity with the four stages of problem solving which include find the problem, thinking about different solutions, find the best way and evaluate it. Description: 1. story book should be used to create attractive and more objectivity. 2. The therapist will read stories for the children, 3. During storytelling, children provide solutions and predict possible outcomes of stories in the book.

Data analysis:
Graphical representation, percentage of improvement ΔI and reliable change index (RCI) has been used to analyze the data. The objective of calculating the RCI was to determine the clinical significance of results using these parameters and cut-off point.

Results:
Descriptive data participating in research in the pre-test and post-test Measures and follow-up period are shown in Table 1. Based on the results of the scale, a significant reduction is observed in oppositional defiant intensity between the baseline, post-test and follow-up, though the scores tend to increase in the follow-up period.

Table 1. Mean and standard deviation of four participants in the pre-test, post-test and follow-up

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Standard deviation</td>
<td>Mean</td>
</tr>
</tbody>
</table>

Oppositional defiant disorder | 36.5 | 3.41 | 19.5 | 1.29 | 20 | 2.30

Changes in participants' scores and the percentage of improvement for the scores of oppositional defiant disorder based on ODBI questionnaire are shown in Table 2. Percent of overall improvement was equal to 46.03% based on DQ.

Table 2. Changes the scores and percent of improvement in the pre-test, post-test and follow-up

<table>
<thead>
<tr>
<th>Treatment process</th>
<th>First participant</th>
<th>Second participant</th>
<th>Third participant</th>
<th>Fourth participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>35</td>
<td>41</td>
<td>37</td>
<td>33</td>
</tr>
<tr>
<td>First session</td>
<td>35</td>
<td>40</td>
<td>36</td>
<td>33</td>
</tr>
<tr>
<td>second session</td>
<td>35</td>
<td>40</td>
<td>36</td>
<td>32</td>
</tr>
<tr>
<td>second session</td>
<td>33</td>
<td>38</td>
<td>36</td>
<td>32</td>
</tr>
<tr>
<td>fourth Session</td>
<td>30</td>
<td>32</td>
<td>35</td>
<td>29</td>
</tr>
<tr>
<td>fifth meeting</td>
<td>29</td>
<td>31</td>
<td>31</td>
<td>28</td>
</tr>
<tr>
<td>Sixth Session</td>
<td>29</td>
<td>32</td>
<td>31</td>
<td>28</td>
</tr>
<tr>
<td>Seventh session</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>26</td>
</tr>
<tr>
<td>Eighth Session</td>
<td>26</td>
<td>27</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Ninth Session</td>
<td>24</td>
<td>22</td>
<td>26</td>
<td>18</td>
</tr>
<tr>
<td>Tenth session</td>
<td>24</td>
<td>26</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Eleventh Session</td>
<td>24</td>
<td>22</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Twelfth session</td>
<td>22</td>
<td>22</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>Thirteenth Session</td>
<td>21</td>
<td>20</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>Fourteenth session</td>
<td>22</td>
<td>18</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Fifteenth session</td>
<td>21</td>
<td>18</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>1-month follow-up</td>
<td>18</td>
<td>20</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>Percent of improvement</td>
<td>%40</td>
<td>%56.09</td>
<td>%48.64</td>
<td>%39.39</td>
</tr>
<tr>
<td>Overall improvement</td>
<td>%46.03</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percent of improvement based on the score obtained in the ODBC for each of the participants were 40%, 56.09%, 48.64% and 39.39%, respectively; and overall improvement was obtained 46.03% for four patients. RCI index for the participants obtained 4.34, 4.88, 2.94 and 3.15. It indicates that the results was not accidental due to measurement error. And given that the cut off point for four participants is lower than the cut-off score of 22, according to Jacobson& truax (1991), and it can be stated about the single case design that four references are improved. Charts related to the change scores of oppositional defiant disorder test of participants in the baseline, treatment and follow-up period are displayed in Figure 1.
Figure 1. Scores on the baseline, 15 sessions of narrative therapy and 1 month follow-up period

Discussion and conclusions
Results of this study showed that the cognitive-behavioral narrative therapy is effective in reducing symptoms of oppositional disorder. And these changes remain constant until the follow up period. According to the results of this study, we can state that the cognitive behavioral narrative therapy can be run in individual sessions for the clients with oppositional defiant disorder.

Given that the effect can be controlled in multiple baseline design, we can ensure that these changes were not spontaneous. This result is consistent with most research which implies the effect of cognitive behavioral methods on reducing symptoms of the oppositional defiant disorder (Zolmajd et al., 2007; Hashemi et al., 2009; Hamid et al., 2013, 2010). For example, reduce the symptoms of defiant disorder through cognitive behavioral therapy (Safari et al., 2012). Also, the reduction in symptoms of defiant disorder has been reported by child-centered cognitive behavioral therapy (Soutam Grove, 2003). In addition, the reduction in symptoms of defiant disorder has been reported by Sand therapy through cognitive-behavioral therapy. In this way, participants can make images using toys and small objects and vacate their impulses and emotions inside the sandbox (Borjali et al., 2007). Matiz and Lachmann (2010) designed the program of cognitive - behavioral therapy to alleviate the symptoms of oppositional defiant disorder. This study is consistent with research that story and its form been used as a vehicle for children's behavioral problems and increase positive behaviors. For example, we can mention the following: Reduce frustration and loneliness of children by narrative therapy (San'at Negar et al, 2012). The effectiveness of social skills training with storytelling, children's externalizing behavioral problems were assessed in a study that led to guide children toward greater self-control and more positive interaction with peers (Mahmoodi et al., 2012). Reduce violent behavior in the classroom has declined by narrative
therapy. (Téglási and Rothman, 2012). Malka (2010) examined the effect of narrative therapy in psychological problems such as aggressive and maladaptive behaviors and reduce the booster of these behaviors. (Roushan Chelsea, 2012). Stories employed in this treatment plan that are based on cognitive behavioral techniques, have been able to teach new behaviors to children and motivate them to act in a particular manner. It seems that children in the program through fictional characters were introduced to new behavior. For example, in the story of "angry cat", the child was exposed to deal with a new behavior; this means that sometimes other people do things that we do not like, and we become angry or upset. Instead of hurting them (beating, cursing, etc.), we can talk to them and tell them our feeling about their behavior. And we can tell them we are angry or upset for what they have done. Thus, the children in similar situations with the story will guide their behavior to the desired behavior (expression of emotions instead of feeling angry and aggression). In the story "nail of anger", the child learns that anger harms us and sometimes, the damage is too serious that people will remember it for a long time. Whatever you say in the times of anger is like banging nails into the wall. You can plunge a knife in a man's chest, no matter how many times you do it, but even you apologize, the wound left by the knife will remain forever. A verbal wound is as bad as a physical wound. Thus, the child in situations similar to the story will lead his thoughts to the desired thought (reflect and preoperative and thought to the result of behavior). In the story "the magic cahier", the child heard that a little bird had a magic cahier that can be used to solve problems. Always when there is a problem, he painted several solutions and then chose the best solution. In this way, the child learns that when he gets angry, he can paint in his magic cahier the different solutions that come to his mind. Then choose the best solution to solve the problem. He would think on every solution to be able to choose the best of them. Upon hearing other stories, children will learn to apply a variety of effective coping strategies (coping method "express themselves", distraction techniques and relaxation methods) and skills training to deal with issues (how to deal with insults, problem solving skills and get to effective respond, planning, guidance and emotional support to attract others, entertainment and play to avoid the anger). The intervention program in this way could reduce disorder symptoms in stubborn and disobedient children. Cognitive-behavioral narrative can be able the child to replace his maladaptive methods with more positive methods. He learns positive coping skills through modeling, positive self-talk, different stories and verbal expression of emotions. Therefore, they can generalize these skills in similar situations in real life and solve their social and emotional problems and abnormal behavior resulting from lack or shortage of these skills gradually disappear (DiMaggio et al., 2003). Also, narrative therapy provides an opportunity for children with complex ideas and messages that cannot be expressed otherwise, and they can communicate without the need for developed verbal skills. And express their thoughts, feelings, conflicts and fears through play and increase self-awareness, self-esteem and coping skills and their attitude becomes more flexible. For this reason, narrative therapy is an effective intervention approach in psychotherapy for all children with different cultures and has helped children who have experienced a wide range of emotional problems, social, behavioral, and learning problems associated with life stressors (Apston, 2008). In this way, children learn problem-solving approach: first, they can talk with adults in a logical manner, and secondly, instead of blaming others, they accept responsibility for mistakes. Also, instead of insults and threats and aggression, they express their emotions with phrases like "I feel that..." They learned to control their anger using cognitive restructuring techniques. For example, in therapeutic intervention in this study, children learn when he feels negativity, such as anger, anxiety, or sadness. In this situation, and get help from a cahier and to use the tools of cognitive
restructuring, and paint the following steps. 1. Painting a situation that creates negative thoughts and mood (naming feelings and symptoms in the first sessions of treatment) in the first column of the cahier. 2. Identify the mood in this situation: such as feel cheated and humiliated. 3. Identify automatic thoughts at a time when negative feelings. Like my mother thinks I'm bad and do not love me (Hot opinion). 4. Identify the evidence that supports these hot thoughts, for example: my mother without a reason has complained. 5. Identify evidence conflicting with hot thoughts: For example, evidence against hot thought is: taken objection was minor and I do not question his good principle. My mother had previously said I disagree with this behavior and have nothing to do with me. 6. Identify fair thoughts on a situation: At this stage, children may find that there are still significant points of uncertainty. If so, the child is required to clarify this uncertainty. Talk with those who have witnessed situations or have any information, can be a great help to the child. What is required to achieve a balanced view should be written in column 6. 7. Finally, mood and feelings should be considered when they think otherwise. At this point, if they look to their mood. They will notice the change and negative emotions disappeared or been improved. 8. The next step is about what they can do in this situation. Therefore, it can be accepted that the training program based on cognitive and behavioral techniques, will increase coping skills of these children and can reduce behavioral problems in these children. But this study has limitations such as lack of precise control variables in areas of unwanted variables because of the lack of random sampling, and short interval follow-up and post-test courses. Adopt detailed testing plans to determine the effectiveness of cognitive behavioral narrative therapy in the form of individual health and identify the main elements of the proposed program is also suggested.
References


