Comparison of the Effectiveness of Narrative Therapy and Play Therapy Training on the Level of Compatibility, Attention and Concentration of Female Students Suffering from ODD

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ABSTRACT: This study has investigated the effectiveness of narrative therapy and play therapy strategies training on level of compatibility and attention and concentration of students suffering from Oppositional Defiant Disorder (ODD); it has compared these two methods in increasing the level of compatibility and attention and concentration of these students. The research method was experimental with pretest-posttest design with control group. The statistical population of the study consisted of female students in the 5th district of Tehran who were in eighth grade in the educational year of 2017-2018. In addition, they were selected by cluster sampling method and randomly assigned to two experimental and one control groups (a total of 3 groups). In pre-test and post-test, subjects were evaluated using the Sines & Singh Questionnaire (1993) and Toulouse-Pyrun Visual Concentration Test. The first experimental group was taught narrative therapy strategies in 8 sessions, and the second experimental group received 8 sessions of play therapy strategies. However, during this time, the control group received no training. The results of covariance analysis showed that there was a significant difference in narrative and play therapy in the experimental groups" levels of compatibility and attention and concentration comparing with control group in pre-test and post-test ($p<0.05$). There is no difference in increasing compatibility between the two methods. Nevertheless, the effect of play therapy was more than narrative therapy regarding the attention and concentration of students. Given the effectiveness of play therapy, it is recommended that the content of this program be held in the form of workshops for students.
Keywords: Narrative Therapy, Play Therapy, Compatibility, Attention and Concentration, ODD.

INTRODUCTION

Emotional or behavioral disorders include inappropriate behaviors and interactions between the individual and the social environment. According to the definition, these disorders are characterized as a disability that differs from emotional or behavioral responses consistent with age, cultural, and ethnic norms. Such disabilities go beyond the temporary and expected response to environmental stressful phenomena, and usually occur in school conditions (Hallahan & Kauffman, 2014, translated by Alizadeh, Saberi, Hashemi, and Mohieddin). Investigating emotional and behavioral disorders in children has always been the focus of researchers and psychologists. Different categories of behavioral disorders have been developed so far. One of the classifications is based on manifestations of internalizing behavior disorder or externalizing behavior disorder. Internalizing behavior disorder includes psychological or emotional conflicts such as depression and anxiety. However, externalizing behavior disorders are directed at others and involve disobedient and violent behaviors (Mash & Barkley, 2002).

Oppositional Defiant Disorder (ODD) is under the group of externalizing behavior disorders. Characteristic of ODD is a consistent pattern of negative, disobedience, and hostile behavior toward power holders, as well as failure to accept wrongdoing. This inability causes in blaming others. It also results in separate problems at school and in peer relationships (DSM-5)1. In the last few decades, research and discussion on behavioral disorders, especially disobedience disorder and conduct disorder has increased. Research has shown that ODD is one of the most common clinical disorders in children and adolescents (Keenan, 2012). Its prevalence has been reported in pre-school or early school age children in the pre-adolescence stage according to the type of evaluation and diagnostic criteria ranging from 2 to 16 percent. Research findings have reported a prevalence rate of ODD as 2.5% to 5%, which is 3% to 1% for boys and girls (Gomez, Hafetz, & Gomez, 2013). In a recent clinical study of parental reports, the prevalence of this disorder was 3.3% (Canino, Polanczyk, Bauermeister, Rohde & Frick, 2010).

Aggression, violence, resistance to others' desires and ignorance, disrespect for others' rights, excessive irritability and sensibility extreme need to control situations, sabotage, break things and fights, initiating and often winner in physical fights, pretentious, selfish, and leaving home and school without permission are common symptoms of ODD. Lack of proper and basic educational system in the family, presence of fight and conflict in the family, lack of affection and calmness, lack of respect for the child's personality, forcing the child to do things, encouraging or punishing unnecessarily, excessive support and creating a false personality for the child, repeated dictation and excessive expectations of the child, and failing to inform the child of the rational rights and desires of others are the most important causes of ODD (Chobdari, 2015).

Various studies, including Santos, Queiros, Barreto, and Santos (2016), have highlighted the consequences of children's and adolescent ODD on cognitive, social, and learning dimensions. The longitudinal study findings of Metsapelto et al. (2015) also showed that externalizing disorders in children are associated with poor school performance and avoidance of school assignments. Children with behavioral disorders in the classroom disturb the classroom order. This leads to distractions of other classmates and excessive pressure on the teacher (Seif Naraqi & Naderi, 2015). Children with ODD do not interact well with interpersonal relationships, including with their peers and teachers, or have poor relationships (Green, Biederman, Zerwas, Monteaux, Goring, & Faraone, 2002), and have attention problems and deficiencies in executive functions (Loeber, Burke, Lahey, Winters, & Zera,, 2000). They largely lack the cognitive, social, and emotional skills needed to fulfill the demands of the elderly (Hommersen, Murray, Ohan, & Johnston 2006). Their emotional adjustment is lower than that of normal children, and they also exhibit maladaptive social and educational behaviors. In other words, they are not easily adapted to their environment (Granero, Louwaars & Ezpeleta, 2015).

One of the ways to deal with the problems of ODD is to use narrative therapy. Narrative therapy has been introduced as one of the techniques of play therapy in recent years (Arad, 2004; quoted by Yousefiluyeh & Matin, 2006). The use of narrative therapy as a technique therapy does not only lead to the treatment of children's psychological problems (Desocio, 2005), but also educational-targeted stories help children learn new behaviors and modify their pre-trained behaviors. Douge (2010) states that problems are seen as part of the story of reference. Narrative therapy allows the author to highlight some details or add some parts that seem important. Since the narrative intervention method involves topics and concepts related to enhancing social cognition and the perception skills of others' intentions

[1]Diagnostic and Statistical Manual of Mental Disorders (DSM).

and the consequences of their actions, training these concepts cannot be effective in reducing extrinsic problems (disobedience / transgression and hyperactivity / impulsivity of childern (Falahnejad, Kazemi, Pezeshk, Majrezai, and Rasooli, 2016). Studies by Adamzadeh, Molavi and Amiri (2015); Asqarzadeh Salmasi and Poursharifi (2011); Homayi, Kajbaf and Siadat (2009); and Painter, Cook and Silverman (2016) investigated the effectiveness of storytelling and narrative therapy on the degree of compatibility of children of different age groups with different behavioral problems. The results of these studies have similarly shown that storytelling increases compatibility and reduces many behavioral problems. The results of Shah Moradi's (2012) study on the effect of storytelling on visual and auditory attention and social skills of primary school children showed that storytelling also effects on increasing of attention and hearing concentration and social skills of primary school children. Play therapy is also one of the therapeutic methods that can reduce the symptoms of this disorder and thereby reduce its negative effects on the child's life. The goals of the play refer to its growth, maturity and growth in communication. In the field of growth, children themselves use play to express their feelings and thoughts, discover their interests, and gain a sense of control over the environment (Meany Walen, Bratton & Kortman, 2014). In the maturation or ripeness process, play can be used to develop motor, cognitive, linguistic, and problem-solving skills that give children the opportunity to learn about their environment. Finally, playing with others and playing with a variety of play means can enhance children's social skills and their ability to empathize with others (Meany Walen et al., 2014).

Results of Safari, Faramarzi and Abedi (2014), Aryapouran and Eskandari (2016), Nikpour, Zarepour and Nikpour (2018), Nigussie (2011), Watanbaf, Shahsavari Shirazi, Azizi and Hosseini Mutlaq (2015), Bagherzadeh, Mohammadi Nasb and Goodarzvand (2015), Robinson, Simpson and Hott (2017) and El-Nagger, Abo-Elmagd and Ahmed (2017) showed the impact of play therapy on Increasing compatibility and attention and concentration of students suffering from ODD.

Since many of the behavioral problems of middle childhood can persist for future years, and during this time, one is still in the process of developing character, personality and learning, therapeutic intervention in these cases is necessary to promote the individual and the community mental health. In adolescence with physical puberty and many changes in the cognition of a person and their relationships with others, ODD can increase the severity of puberty symptoms and emotional changes, and if it becomes chronic, it intervenes in interpersonal relationships and school performance and causes many problems for the individual and society. Due to the high prevalence of anxiety disorders and its detrimental effects, and the importance of healthy students to society, and regarding that the research in Iran on the treatment of adolescent anxiety is very limited, most research has conducted interventions on the pre-school and primary school age groups. Therefore, this study aimed to compare the effects of two of these interventions (namely play therapy and narrative therapy) on the adolescent age group.

RESEARCH METHOD

The research design of this quasi-experimental study was pretest-posttest with control group in which the effect of two independent variables namely narrative therapy and play therapy on dependent variables namely compatibility, attention and concentration in students with ODD has been investigated. The sample of this study was 45 female high school students with ODD who were in eighth grade in the school year of 2017-2018. The sample was selected in such a way that at first 5th district of Tehran was selected by available sampling method. After obtaining permission from the University and the Department of Education to conduct research, the list of the first female elementary secondary schools was prepared.

Then, two schools were randomly selected from the first 62 female secondary schools in the district. In most research projects, factors such as financial constraints, time, and manpower limit the sample size required for the study. According to Delavare (2017) in causal-comparative and experimental methods, the minimum sample size should be 15 people per group. Accordingly, eighth grade teachers and their parents were interviewed and using the Swanson, Nolan, and Pelham tests (parent and teacher forms), out of 180 eighth-grade students, 45 subjects were selected to be divided into different groups. These students were randomly assigned to 15 subjects in each group (2 experimental and 1 control groups). Then, the level of educational compatibility and attention and concentration of all three pretest groups were measured. After intervention, i.e. narrative therapy for the first experimental group and play therapy for the second experimental group, all three groups were re-evaluated using research instruments.

The following instruments were used to collect the required data:

1. Swanson, Nolan and Pelham Rating Scale(forth edited) (SNAP-IV) Grading Scale: This scale was developed by Swanson, Nolan, and Pelham (1983) to quantify symptoms of hyperactivity disorder/attention deficit, and ODD. The short form of this scale has 30 items, the first 20 items are used to diagnose hyperactivity disorder/attention deficit, and the other 10 items are used to diagnose ODD. Each item is scored on a 0 to 2 point scale. The score for each of the subscales is calculated based on the mean scores of the items. In the case of the ODD subscale, if the mean score on the 10 items is 1 or more, the individual has the necessary criteria to diagnose the disorder. Swanson, Nolan, and Pelham have standardized the SNAP-IV rating scale (parent and teacher form). Factor analysis has shown that this scale consists of three factors: attention deficit, hyperactivity / impulsivity, and ODD. Various studies, including Safari, Faramarzi, and Abedi (2012) have reported the internal consistency of this scale from good to excellent. The present study used the parent form of this scale. The reliability coefficient of the scale was 0.75 using Cronbach's alpha.

2. Adjustment Inventory for School Students (AISS): is a self-report pencil-paper tool created by Sinha and Singh to determine adjustment in three social, emotional, and educational areas of secondary school students (age group 14 to 18). The questionnaire has 60 questions and measures students' compatibility with 20 questions in each of the domains of emotional adjustment, social adjustment, and educational adjustment (each containing 20 items). The score for this test is zero and one. That is, for answers that indicate compatibility, a score of 1 is given and otherwise zero. High score indicates compatibility and low score indicates incompatibility. The total score of the questionnaire reflects the individual's overall compatibility. The validity of the original form of the questionnaire was correlated by rating its total scores to a rating of 60 students at three adjustment levels per subscale of 0.51. The reliability coefficient in the original form of the questionnaire for the total score of compatibility with test-retest was 0.93 and for each of the domains (emotional, social and educational adjustment) were reported as 0.96, 0.90, and 0.93, respectively. In the research of Khankhani Zadeh and Bagheri (2012), the reliability of social adjustment subscale with Cronbach's alpha was 0.75. The content validity of the test was confirmed by 20 psychologists. In the present study, the total reliability coefficient of the questionnaire was 0.78 and the reliability coefficients of emotional, social and educational adjustment were 0.69, 0.51 and 0.75, respectively.

3. Visual Concentration Test or Toulouse-Pyrun attention Test: The test tailed squares were developed by the famous French psychologist Henri Pyrun and revised by Toulouse-Pyrun (1986, quoting Irvanian, 2004). This test is one of the most applicable standard tests, culture dependent and a type of cross out test used to measure individuals' selective and voluntary attention. The test consists of a number of repeated tailed squares. In this test, 80

tailed squares are drawn on the sheet with no specific order, and the testee must identify and draw line on the three identified squares at the top of the screen at the designated time. One positive score for each correct choice and 0.5 negative score for each wrong or forgotten choice and their algebraic sum is the individual score. The reliability of the test was 0.75 using Cronbach's alpha test, and its validity was obtained using the Wechsler test (0.81) (Afrooz, Ghasemzadeh, Tajiki, Mohajerani & Dalvand, 2014). This test has been used by many researchers to measure attention and concentration, including Zabihi, Asadzadeh, and Hossein Mardi (2015), who reported the test retest reliability as 86% and obtained test validity by correlation with the Velson Gerlise test, 79% .

This test is given to the individual under specific circumstances and he / she is asked to select squares that are similar to the help squares. In this study, the test sheet was given to each participant for 5 minutes. The procedure was to give the subjects a pencil and explain to them from the form as follows: at the top of the page, there are three squares, each with a tail on one side. In the pictures below, there are squares, some of which look like above squares and some of them have tails in other directions. You should line the squares exactly like the squares at the top of the page quickly in a timely and accurate manner. A score is given for scoring for each of the squares that line up at the right time. False or forgotten squares are deducted half a point, and the obtained number indicates the subject's attention score during the experiment. The coefficient of test reliability was 0.94 using Cronbach's alpha. The contents of narrative therapy and play therapy sessions are listed below, which are adjusted based on behavioral and communication problems in children with ODD (Roshan Chesley, 2012), and through two types of treatment for experimental groups were run by a researcher. In this way, the first experimental group received the mentioned content in 8 sessions as a narrative, and the second experimental group received the same content as a play.

Table 1. Protocols of sessions 1-8 for experimental groups

Number of sessions	Summary of each session's content
session 1	Introducing, interacting with the subjects, motivating them, implementing the collaboration and workgroup program. With the goal of teaching this point that how to bring the group closer together to the target when they get involved in teamwork.
session 2	Identify the strengths and weaknesses, that is, students see themselves as unique individuals and identify their strengths, abilities and characteristics and understand their limitations in a positive and constructive way.
session 3	Self-awareness, that is, the recognition of one's emotions and abilities, and the relation between thoughts, feelings, and reactions.
session 4	Identifying and expressing emotions and feelings, tolerating intense emotions, and identifying effective ways to handle intense emotions such as anger and sadness.
session 5	Understanding the various components of active listening, and verbal and nonverbal communication.
session 6	Defining assertiveness and saying "no" in order to understand the difference between resolute, passive, and aggressive behaviors.
session 7	Critical thinking and training in the field of not accepting any information without thinking and reflection.
session 8	Problem solving and making the right decisions, and that some decisions are more important.

RESULTS

The scores obtained from pre-tests and post-tests were analyzed at both descriptive and inferential levels. At the descriptive level, the data obtained for the study of each of the

research variables were arranged in tables (by groups) and described through descriptive statistics. Covariance analysis2 test was used to test the hypotheses at the inferential level according to the level of measurement of data and statistical assumptions. At the level of descriptive statistics, mean and standard deviation were reported for each of the studied variables. The calculated descriptive indices (mean, standard deviation, range of variation, skewness and kurtosis) for compatibility scores and attention and concentration are presented in Table 2:

Table 2. Descriptive indices of experimental and control group scores on compatibility and attention and concentration

variable	statistics / group	Test	Number	Mean	SD	lowest score	highest score	skewness	kurtosis
level of compatibility	narrative therapy	pre-test	15	34.53	5.65	42	26	-0.38	-1.59
		post-test		42.33	11.61	59	24	0.005	-1.40
	play therapy	pre-test	15	33.73	5.53	43	26	0.25	-1.39
		post-test		42.33	9.31	57	25	-0.46	-0.78
	control	pre-test	15	34.60	5.40	44	28	0.44	-1.14
		post-test		33.40	7.38	42	21	-0.45	-1.21
attention and concentration	narrative therapy	pre-test	15	172.47	6.87	180	155	-1.14	1.42
		post-test		180.63	18.29	199	138	-1.23	0.73
	play therapy	pre-test	15	171.93	10.94	187	150	-0.65	-0.26
		post-test		181.80	12.80	197	157	-0.57	-1.04
	control	pre-test	15	171.60	10.86	191	153	-0.22	-0.40
		post-test		171.73	6.41	182.50	161	-0.12	-0.83

The results presented in Table 2 show that there is no significant difference between the mean scores of the experimental and control groups in the pre-test phase. However, in the post-test phase, the mean scores of the experimental groups increased compared to the mean scores of the control group. The increase in compatibility was similar in both experimental narrative therapy and play therapy groups. Nevertheless, the increase in attention and concentration in the experimental play therapy group was more than the narrative therapy group. The range of scores in the pre-test of the three groups is approximately the same. At post-test, the range of scores of the experimental groups showed a greater increase than the control group. Considering the normality of the dependent variable distribution, if the values of skewness and kurtosis are zero or near zero, the distribution is normal, and values greater than or less than + 2 and 2 indicate abnormal distribution (Habibi, 2016). Examination of the data in Table 1 illustrates that the skewness of the pre-test scores of the experimental and

[2]ANCOVA.

control groups is within the normal range of +2 and +2, that is, the distribution is in terms of normal symmetry. Kurtosis values are also in the range of +2 and -2. This indicates the distribution of compatibility, attention and concentration have normal kurtosis. Therefore, parametric tests can be used to examine the significance of differences between the means of compatibility, attention and concentration of the experimental and control groups. To analyze the covariance, its assumptions were first examined. The results of the normality distribution of the scores based on the Shapiro-Wilk test are presented in Table 2.

Table 3. Examination the normality of data distribution using Shapiro-Wilk test in research variables

varriable	Statistics / group	Value	df	Sig.
compatibility	narrative therapy	0.86	15	0.05
	play therapy	0.93	15	0.27
	control	0.94	15	0.44
attention and concentration	narrative therapy	0.87	15	0.06
	play therapy	0.92	15	0.17
	control	0.97	15	0.83

Based on the results of Shapiro-Wilk test on the scores of the dependent variables in the experimental and control groups since the test values in these variables were not significant at the level of 0.05, so the normality of the data distribution is established. Levene's test was used to determine the equality of variances between groups.

Table 4 .Investigation of homogeneity of variance within subjects' group scores in research variables

variable	est	f1	f2	ig.
compatibility	0/0		2	0/1
attention and concentration	1/9		2	0/1

Evaluation of homogeneity of variance assumption within groups using Levene's test shows that regarding that the level of F of compatibility, attention and concentration and educational self-regulation were not significant at the 0.05 level, so the data variance homogeneity assumption is established. The results of the assumption of homogeneity of the regression slopes are presented in Table 5.

Table 5. Pre-test results of regression coefficients

group	sum of squares	df	mean of squares	F	Sig.
Experimental and control group interaction	56.689	3	85.229	37.2	0.08
	90.894	3	30.298	61.1	0.20

The calculated F value in the group interaction and pretest was not significant for both studied variables (P> 0.05). Therefore, the homogeneity of the regression slopes is assumed for these variables and covariance analysis can be used. Boxes Test of Equality of Covariance Motrics (Box's M) is used for the evaluation of homogeneity in covariance. That tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups. Based on the F value, if the significance level is less than 0.05, the null hypothesis is rejected (Habibpour & Safari, 2011). The results of the box test in Table 6 show that it is not statistically significant. Therefore, the assumption of covariance equality has not been rejected (P = 0.36).

Table 6. Test results of Box's M test

Box's M.	14.72
F	1.10
df1	12
df2	8548.61
Sig.	0.36

The results of Pearson correlation coefficients of the investigated factors in the statistical samples are presented in Table 7.

Table 7. Pretest results of regression coefficients

Variables	Compatibility	Sig.	Attention and concentration
compatibility	1		
Attention and concentration	0.17	0.26	1

Since the Pearson correlation coefficients calculated in the variables are not significant, the assumption of a linear relationship between the factors and covariates with the dependent variables is not established and multivariate analysis of covariance (MANKOVA) cannot be used. For this reason, one-way analysis of covariance (ANCOVA) was used. The results of the univariate analysis of covariance for the compatibility variable in the experimental and control groups are presented in Table 8.

Table 8. Results of covariance analysis of narrative therapy and play therapy for compatibility variable

	Source of variations	Sum of squares	df	Mean of squares	F	Sig.	$\eta 2$
Narrative therapy	Experimental	903.73	1	49.174	69.1	20	
	Group	583.81	1	75.603	91.6	1	17
	Error	4914.34	27	31.87			
	Total	6988.75	30				
Play therapy	Experimental	3987.20	1	12.485	78.6	1	14
	Group	764.29	1	47.622	70.8	6	17
	Error	2840.20	27	51.71			
	Total	8288	30	49.147	69.1	20	

The data in Table 8 show that the calculated F value for compatibility in the experimental groups is significant at $\alpha = 0.05$ level and the scores of compatibility of the experimental groups are different with the compatibility score of the students in the control group. Based on this result, it can be said that narrative therapy and play therapy were effective in increasing the mean scores of post-test compatibility of the experimental group. Eta chi square also shows that both narrative therapy and play therapy have been able to increase the compatibility scores of secondary school students with ODD by 17%. The results of the univariate analysis of covariance for the variables of attention and concentration in the experimental and control groups are presented in Table 9.

Table 9. Results of covariance analysis of story therapy and game therapy for attention and concentration variables

	Source of variations	Sum of squares	df	Mean of squares	F	Sig.	$\eta 2$
Narrative therapy	Experimental	903.73	1	903.73	4.96	0.03	0.12
	Group	583.81	1	583.81	3.21	0.08	
	Error	4914.34	27	182.01			
	Total	6988.76	30				
Play therapy	Experimental	3987.20	1	3987.20	37.90	0.001	0.48
	Group	764.26	1	764.59	7.27	0.01	0.09
	Error	2840.26	27	105.09			
	Total	8288	30				

The data in Table 9 show that the F value in the narrative therapy and play therapy groups is significant at α = 0.05 level and the scores of attention and concentration of the students participating in the experimental groups are different from the control group. Based on this result, it can be said that independent variables were effective in increasing the mean scores of post-test attention and concentration of students in experimental groups. Eta chi square also indicates that play therapy has been able to increase the attention and concentration scores of female secondary school students with ODD more than story therapy.

DISCUSSION

The main purpose of this study was to compare narrative therapy and play therapy techniques on compatibility and attention and concentration of female students with ODD who were studying in the eighth grade. The findings of this study showed that both experimental groups (story therapy group and play therapy group) had higher compatibility and attention and concentration in post-test compared to the control group. In other words, narrative and play therapy significantly increased compatibility and attention and concentration in the experimental groups compared to the control group. Most research on the effectiveness of narrative and play therapy has reported positive effects. Among them, Homayi, Kajbaf and Siadat (2009); Asgharzadeh Salmasi and Poursharifi (2011); Shahmorad (2011); Safari, Faramarzi and Abedi (2014); Adamzadeh, Molavi and Amiri (2015); Ariapouran and Eskandari (2016); Nikpour, Zarepour and Nikpour (2018); Nigussie (2011); Meany Walen, Bratton, and Kortman, (2014); Bagherzadeh, Mohammadi Nasab, and Goodarzand (2015) ؛ Vatan Baf, Shahsavari Shirazi, Azizi, and Hosseini Motlaq (2015); Paniter, Cook, and Silverman (2016); Robinson, Simson, and Hott (2017); El-Nagger, Abo-Elmagd and Ahmed (2017) have confirmed the effectiveness of using the narrative and play therapy on increasing compatibility and attention and concentration.

As shown in Table 8, the effect of narrative and play therapy on student compatibility was the same. It can be said that stories have long been educational in addition to entertainment. Throughout history, narrative has been one of the most important ways to communicate and convey a message between parents and children. Most parents always pass on their experience to the next generation through stories. Moreover, narratives indirectly teach the child the benefits of ethical behavior. Through storytelling, children can be guided to discover their abilities in interpersonal communication and to identify their thoughts and feelings. So that the child can achieve emotional compatibility by recognizing his / her positive and negative emotions and feeling and controlling the feelings about himself / herself and others. By gaining emotional compatibility, the individual gradually adjusts his or her behavior to fit into the existing culture and the reactions that a person exhibits to the social environment for considering the social environment due to their conformity to social norms and their acceptance from them and bases his or her behavior. The play also has an intrinsic motivation and is a free and enjoyable activity that one actively performs. The play is accompanied with reality escaping, especially in iconic games. Children can better control their environment through play and build the foundation by discovering the environment and practicing motor skills that they can later effectively interact with older people. Moreover, by doing this, they learn to know themselves better and to use their capacities in more appropriate ways. By acquiring skills through play, children can turn them into habits and practices. Play helps develop interests, values and motivation. In the play therapy experience, the individual is given a safe place to try himself and express himself through the game. Play therapy offers a great opportunity for children with ODD to empty their energy and excitement in an appropriate and fully practical way (such as organized or exploratory games that require creativity) and more importantly in productive interaction with other children. In

addition to helping the child identify his / her cognitive distortions, play teaches him / her to replace incompatible thinking with compatible thinking.

It was found about the effect of narrative therapy and play therapy on attention and concentration according to Table 9 that the effect of play therapy in increasing the attention and concentration of students was more than narrative therapy. It can be said on explaining this finding that story and play can affect the compatibility of individuals so they can reduce one's anxiety. According to the theory of attention control, anxiety interferes with the control of attention and prevents the involvement of the central coordinator in working memory.

SUMMARY

Therefore, controlling anxiety prevents its interference with the attention process. Because in games, one is actively involved physically, mentally, or both, the amount of one's activity exceeds the narrative therapy that is associated with imagery alone. It means that the involved person in the play is physically involved in the game in addition to the visualization, and this contributes to the coordination of the organs rather than to the story, which is accompanied only by the individual's visualization of the characters and independent events of the story.

Due to the limited facilities and capabilities of the researcher, this study was conducted on eighth grade female students with ODD. Therefore, caution should be exercised when generalizing the findings to other students. Limitations of this study include lack of control over cultural and social variables and lack of follow-up period to evaluate the continuity of the intervention program. According to the results, narrative therapy and play therapy can neutralize the effect of risk factors by increasing behavioral inhibitory factors and cause adolescents to move on a positive growth path. It should be noted that these methods are inexpensive and affordable, and can be used after training in any needed time and places. Accordingly, the results of this study can be an effective aid to curriculum designer in the area of reading, teachers, students, and parents. Given the effectiveness of play therapy, it is recommended that the content of this program be held in the form of workshops for students. It is suggested that teachers make the lessons more enjoyable for students to increase their activity and engage students in the learning process in an active way.

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