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Comparing the Efficacy of Cognitive-Behavioral Play Therapy and Narrative Therapy on Aggression and Assertiveness of Students with an Educable Intellectual Disability

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Abstract

The present study aimed to compare the efficacy of cognitive-behavioral play therapy and narrative therapy on aggression and assertiveness of students with an educable intellectual disability. This study followed a quasi-experimental research design with a pre-test, post-test, and a control group. The statistical population included all students with an educable intellectual disability enrolled in Tabriz elementary schools, of whom 45 male students were randomly assigned to two experimental and one control groups (15 per group) using convenience sampling. The Shahim Aggression Questionnaire for Elementary School Students (2006) and the Gmbryl and Ritchie's Assertiveness Questionnaire (1975) were used to collect data. After the pre-test, one of the experimental groups received a play therapy program while the other group received narrative therapy. Afterward, all the groups sat for a post-test. Moreover, although the control group did not receive any therapy, they were required to participate in pre-and post-tests and complete the questionnaires. The covariance analysis revealed a significant difference in aggression and assertiveness between cognitive-behavioral play therapy, narrative therapy and the control groups (0.001). Narrative therapy was more effective at reducing aggression than cognitive-behavioral play therapy, with an effect size of 69%. Additionally, narrative therapy was more effective than play therapy at increasing assertiveness, with an effect size of 74%. Thus, narrative therapy and cognitive-behavioral play therapy can be used in conjunction to alleviate psychological problems in students with educable intellectual disabilities.

Keywords: Aggression, Assertiveness, Cognitive-behavioral play therapy, Intellectual disability, Narrative therapy

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Introduction

One of the most critical psychological, psychiatric, and educational discussions has focused on children's behavioral problems in recent decades. Nowadays, problems associated with diseases and disabilities linked with intellectual disabilities are regarded as chronic in human societies. The birth of a child with an

intellectual disability presents parents with new and increased challenges. Behavioral and communication difficulties have been reported far more frequently in children with intellectual disabilities than in typically developing children. In intellectual disability, undesirable emotional reactions and behavioral problems occur at a rate four or five times that of normal individuals (Daan et al., 2021; Harris et al., 2018). Therefore, psychological studies are critical in light of the emotional-social difficulties encountered by children and adolescents with intellectual disabilities (Geiger, Pigelman, & Feniger, 2020). Individuals with disabilities account for 13% of the total population, of which 3% are classified as individuals with intellectual disabilities (Afrouz, 2013), with 85% of such individuals being students with intellectual disabilities who are educable (Halahan & Wakafman, 2007).

It was previously believed that children with intellectual disabilities were incapable of learning and should be housed in separate and special settings and centers. However, attitudes and beliefs have shifted in the modern era (Johnson et al., 2017; Mansell, 2012; Wu et al., 2020). Some of certain behavioral and social problems among children with intellectual disabilities result from others' reactions to these children, while others are a result of their failure to live up to others' expectations (Seif Naraqi & Naderi, 2015). According to Oliver et al. (2020) as well as Jolanda et al. (2006), these children and adults develop behavioral problems due to their weak relationships with peers, lack of confidence, running away, theft, aggressive behaviors, and anti-social behaviors.

Intellectual disability is classified into four categories: mild, average, severe, and chronic. Individuals with an IQ of 55–70 are classified as having a mild disability, those with a 40–54 IQ as a moderate disability, those with a 25.39 IQ as a severe disability, and those with an IQ of less than 25 as a chronic intellectual disability (Santrak, 2008). Intellectual disability is defined by deficiencies in mental abilities such as reasoning, problem-solving, planning, abstract thinking, education-based learning, and experience-based learning. These inadequacies result in impairments in adaptive function, including the inability to meet personal independence criteria and social responsibility in certain spheres of life, including communication, social interaction, academic function, job function, and personal independence at home or in social situations (American Psychiatric Association, 2015).

Intellectual disability, or, in other words, the development of intellectual abilities, is not a new concept, and there will always be some individuals in society who are abnormal in terms of mental activities. Since the dawn of human society, the subject of individuals who are unable to adapt to society has been debated in scientific circles (Milanifar, 2017). Intellectual disabilities are defined by the American Association on Mental Retardation (2002) as inefficiency or disability in mental performance, adaptive behaviors, and practical, social, and intellectual skills that manifest before the age of 18.

According to the literature, children with intellectual disabilities exhibit various behavioral problems, with aggression being the most prevalent (Seif Naraqi & Naderi, 2015). These incompatible behaviors and emotional disturbances had a detrimental effect on the children and their families.

For many years, psychologists have considered the importance of aggression during childhood. As one of the emotional components, aggression is now considered a growing injury in schools that lack adequate social-emotional education, which contributes to its prevalence (Hojati, 2019). Aggression is defined as deliberate harmful behavior that has the potential to cause harm to others and their property. Aggression is a pattern of behavior in which the individual seeks to harm himself or herself and others (Coie & Dodge, 1998). The intention is critical in this type of definition. This means that harmful behavior is considered aggression if it is committed with the intent of causing harm to others or oneself (Benjamin, 2016). Children's aggressive behavior is a pervasive problem in societies that must be addressed in all societies. It results in aggressive individuals being shunned by peer groups. Effective solution research has posed significant challenges for experts and theorists (Nissimov-Nahum, 2009).

Moreover, students with intellectual disabilities frequently struggle with assertiveness skills due to their difficulties. Assertiveness is viewed as a social skill because it enables individuals to maintain emotional health (Guven, 2010). Assertive individuals can state their rights, needs, and opinions without causing unnecessary anxiety or concern and do so openly and honestly while respecting the rights of others. Assertiveness is defined by the ability to express emotions without fear, demonstrate oppositional behaviors, be candid, accept admiration and praise for oneself, approve of others, inhibit reactive behavior, accept criticism, insist on logical demands, responsibility, mutual respect, pay attention to the dignity of an audience, to wish human rights for oneself and others, and to be happy (Ataiee et al., 2019). At first, difficulties with assertiveness manifest in the range of severe shyness; then, aggressive behaviors become more frequent, and the condition progresses to a social anxiety disorder or avoidant personality disorder (Rashidi & Moqadam, 2018). Students with intellectual disabilities

frequently struggle with their assertiveness skills. Inefficiency, school-aversion behaviors, failure to succeed in school and on the job, dropout, depression, low self-esteem, loneliness, and social anxiety are all consequences of lacking assertiveness skills (Ataiee et al, 2019).

Because these groups of individuals have such different circumstances and are thus difficult to assist, the methods used to assist them should be diverse and unique. Numerous educational programs have been proposed to help children with intellectual disabilities develop their social skills (Wu et al, 2020). Additionally, various therapeutic methods have been proposed to treat aggressive behavior, and to educate children and adolescents with intellectual disabilities about adaptation and assertiveness, including play therapy (Ashuri & Abedi, 2020; Ashuri & Yazdanpour, 2018; Ziyaie Minab, 2019), narrative therapy (Dabiryan & Heydari-Sharaf, 2019; Hassani, 2020), art therapy (Amiri & Amiryan, 2016; Ghasemzadeh et al., 2020) and music therapy (Alipour, 2019; Rezaiee, 2019).

Given that play can benefit a child's development, it may be effective for children with intellectual disabilities. Play therapy (PT) may be helpful for children who are easily distracted. Furthermore, it has been used to treat most growth-related neurological disorders (Druz, 2009). One of the most popular play therapy approaches for children is Group Play Therapy Training with a Cognitive-Behavioral Approach. This approach emphasizes children's participation in the therapy process, which should be operationalized by paying attention to subjects such as self- and other-control, dominance, responsibility for behavior change, and the acquisition of social skills (Ashuri & Yazdani, 2018). Group play therapy training combined with a cognitive-behavioral approach helps smooth the path to sociability for students with intellectual disabilities, allowing them to participate in society as suitable and healthy individuals who are immune to deviant behaviors.

A cognitive-behavioral approach to play therapy training has been developed based on behavioral-cognitive, feelings, emotions, and mental pathology and interventions. Children are assisted in participating in changing their behavior and coping with their problems through this approach (Muro et al., 2006). Play therapy is a structured approach that enables us to communicate effectively with children, observe their inner world, and assist them in communicating effectively and deeply with themselves and others. They also can match their mental and emotional worlds with those of others through play therapy (Barimani et al., 2018). This type of play therapy employs self-regulation techniques and attachment management techniques such as positive reinforcement, shaping, extinction, and modeling to reduce behavioral and adaptive problems. Children can express their positive and negative emotions and abreact to them through group play therapy training using a cognitive-behavioral approach. Through play therapy, therapists teach children with academic, social, and emotional difficulties to demonstrate adaptive behaviors (Laavsani et al., 2018).

Narrative therapy (NT) is another psychological intervention technique utilizing indirect methods to train various skills in students with intellectual disabilities. A narrative or story is a literary text used for educational or therapeutic purposes, resulting in significant psychological outcomes. Children may become familiar with their unconscious pronouns through narrative therapy, and it aids them in overcoming their psychological difficulties (Bettelheim, 1975). The training materials and advice contained in narratives are understandable and meaningful for children. As a result, generalizing and applying them to similar situations increases their effectiveness.

Moreover, narrative therapy enables an effective outflow of thoughts and ideas. Indeed, narrative therapy increases children's consciousness improving communication quality and effectiveness (Darvish et al., 2020). Most scientists believe narrative therapy is a viable treatment option for children who suffer from behavioral disorders, anxiety, or emotional difficulties. Narrating is considered an effective technique for modifying, adapting, and controlling emotions that should be developed beginning in childhood (Fallahi & Karimi, 2016).

Along with other therapeutic modalities, narrative therapy is one of the psychological therapies that teaches children how to cope with the absence of a loved one, fear, and anxiety. It modifies their behavior and instills hope in them through subtle and intriguing methods (Ghasemi et al., 2019). The narrative establishes an environment in which a child can empathize with the characters and use his or her imagination to solve problems (Roshan, 2017). While narrative therapy may benefit typically developing children, it may also benefit children with special needs, which shows the reason why narrative therapy and play therapy are incorporated into therapeutic programs for students with intellectual disabilities. Given the importance placed on developing adaptive skills, assertiveness, and behavioral problems including aggression, in training and educating children with intellectual disabilities, play, and narrative therapies have the potential to play a significant role in this area. Additionally, conducting scientific and controlled research on the effectiveness of non-pharmacological methods and pharmacological and psychiatric services can be considered a practical step

toward promoting the culture of referring to a psychologist. Thus, the present study investigated the efficacy of cognitive-behavioral play therapy and narrative therapy on aggression and assertiveness of students with the educable intellectual disability.

Method

Design

This study adopted an applied and quasi-experimental design in which a pre-posttest design with a control group was used to examine and compare the effects of the two mentioned therapies on aggression and assertiveness in students with educable intellectual disabilities.

Participants

The population consisted of all educable students with intellectual disabilities in Tabriz special schools in 2020-2021. To this end, 45 female and male primary school participants were enrolled as the sample size using a convenience sampling method and were randomly assigned to three groups (play therapy=15 participants, narrative therapy=15 participants, and control group=15 participants) based on the inclusion criteria. The following criteria were used to determine inclusion: a) Attendance at fourth, fifth, or sixth elementary special schools; b) An IQ of 50-70 as determined by their academic file; and c) An inclination to participate in the study. The Exclusion criteria included: a) The use of stimulant medications; b) Concurrent participation in other interventions; c) Hearing, visual, and motor problems associated with disorders such as hyperactivity; and d) Missing more than two sessions.

Instruments

The following instruments were used in the current study:

The Aggression Questionnaire for Elementary School Students

Shahim (2006) developed this scale to assess aggression. The Likert scale was used to score this scale (rarely=1, once a month=2, once a week=3, most days=4). The lowest possible score is 21, while the highest possible score is 84. This scale contains 21 items divided into three subscales: physical aggression (7 items), relationship aggression (8 items), and verbal-reaction aggression (6 items). This scale is typically answered by teachers. Shahim (2006) calculated the overall reliability of the scale using Cronbach's alpha as .91 and its subscales including physical aggression (.85), relationship aggression (0.89), and verbal-reaction aggression (.83). The validity of this scale was determined using factor analysis with a principal axis and rotation of items, which revealed three significant factors, each of which could account for 59% of the variance (Vahedi et al., 2008).

Assertiveness Scale

This scale was developed by Gmbryl and Ritchie (1975). It is composed of four major components, some of which have been altered to reflect Iran's unique culture. As a result, this scale contains 22 items. Each question describes a situation in which examinees must express their concerns in response to a question. Items were scored on a five-point scale, with "I am upset very much often" scoring 1, "I am upset often" scoring 2, "I am usually upset" scoring 3, "I am upset infrequently" scoring 4, and "I am never upset" scoring 5. The participants mark one of the options. High scores indicate a strong sense of assertiveness and vice versa. This scale includes questions about rejecting demands, expressing personal constraints, initiating social interactions, expressing positive feelings, adapting to and accepting criticism, accepting differences from others, assertiveness in specific situations, and negative feedback. Gmbryl and Ritchie (1975) demonstrated the scale's reliability using Cronbach alpha as .81 (Bahrami, 1996; as cited in Fardid & Dortaj, 2018).

Materials

Also, in Play Therapy, the book entitled "blending play therapy with cognitive-behavioral therapy," translated by Ramazani (2009), another book entitled "101 favorite play therapy techniques" by Kaduson and Schaefer (2022), as well as the study of Ashuri and Yazdanipour (2018) related to behavioral-cognitive play therapy training program were used.

In Narrative Therapy, materials were selected from the book on narrative therapy entitled "the role of narrative in the change of personality and life" by (Erikson, 2019), as well as Roshan's book (2017) entitled "Storytelling: How to use stories to help children solve life problems".

Procedure

With the permission of the Tabriz education and training organization and in collaboration with the principal, teachers, and supervisors of students with intellectual disabilities, the Shahim Aggression Questionnaire (2006) for primary students and Gmbryl and Ritchie (1975) Assertiveness Scale were implemented with the

assistance of teachers. Following that, one of the groups was randomly assigned to play therapy, another to narrative therapy, and the third as a control group. The first group received eight 45-minute sessions of behavioral-cognitive play therapy based on the materials provided in Ramazani (2009) book "blending play therapy with cognitive-behavioral therapy", Kaduson and Schaefer's (2022) book titled "101 favorite play therapy techniques" as well as a study conducted by Ashuri and Yazdanipour (2018) on a behavioral-cognitive play therapy training program.

The second group received eight 45-minute sessions of narrative therapy based on a narrative therapy book entitled "role of narrative in personality and life change" (Erikson, 2019), the storytelling book of Roshan (2017), and a study conducted by Ghasemi, Tehranizadeh, and Mardoukhi (2018). The third group, designated as the control group, received no intervention. Then, following training, identical questionnaires were distributed to the three groups (Table 1).

Table 1.
Play Therapy Sessions

Session	Contents
1	Introducing the therapist to children, creating a safe and comfortable environment, and encouraging and enhancing relationships through play and drawing.
2	Taking into account feelings and identifying the four primary emotions (sadness, anger, happiness, and fear) and their facial and non-verbal expressions, the importance of expressing emotional experiences correctly, and developing self-control skills through the use of an image of a mannequin, play dough, pantomime, and role-playing.
3	Training and identification of behaviors, thoughts, and emotions through crayons, colorful papers, and coloring practice of the world to differentiate thought from emotion.
4	The relationship between behaviors, thoughts, and emotions is reinforced through group Lego play, geometric shapes, and positive affirmations.
5	Training in cognitive errors and negative thoughts, including aggression, in cognitive reconstruction methods through drawing and puppetry and modeling to replace negative thoughts with positive ones.
6	Identifying adaptive behaviors and practicing adaptive responses through ball and bucket play (videos of life skills-the song of hospitality etiquette) and musical chairs.
7	Cooperation and self-esteem building, increased confidence, and assertiveness in public through the use of a double puppet show, news reading play, and playing with animals.
8	Training mental relaxation and exercising diaphragm relaxation through blowing bubbles, playing songs, and rewarding students.

Table 2.
Narrative Therapy Sessions

Session	Contents
1	Introducing and communicating a positive relationship, stating group rules, regulating cognitive emotions, becoming acquainted with and naming inner feelings (story of the lion, mouse using the book of "new feelings"), and planning questions related to the story.
2	Harassing others, empathizing with others, expressing behaviors that irritate others, identifying their consequences, becoming acquainted with the negative consequences of maladaptive behaviors and their pathology (the story of Hassan Kachal and the son of people, and the playground is like a jungle), formulating questions related to the story.
3	Getting angry, managing emotions and feelings, a child's familiarity with impulsive behaviors, aggression, anger management training (the story of an angry cat, a tiny mouse, and the snake bully), and planning questions related to the story.
4	Social skills development, social adaptation, and compliance with cooperation rules (the owl and woodpecker story, planning questions related to the story).
5	Self-esteem and assertiveness training (the story of the emperor's new clothes, the story of a father and son, the story of You Can), story-related planning questions.
6	Intrapersonal relationship training, adaptive behaviors (the story of Sara and life skills), and story-related planning questions.
7	Paper and pencil activities such as paper wars, storytelling, and role-playing based on problem identification.
8	Developing story-related questions and responses, summarizing sessions, and rewarding students.

The data were analyzed using descriptive statistics, such as dispersion and central tendency, graphs, and frequency using SPSS software and the hypotheses were tested using multivariate covariance analysis.

Findings

Forty-five male students in the fourth, fifth, and sixth grades were included in the statistical sample. After adjusting for pre-test effects, the participants' assertiveness and aggression levels in three groups (play therapy, narrative therapy, and the control) were compared using multivariate covariance analysis. Prior to conducting hypothesis testing, pre-assumptions tests are conducted. Initially, descriptive data on the mean and standard deviation (SD) of pre-and post-test of assertiveness and aggression variables were analyzed and presented in Table 3. According to Table 3, there is a difference in the mean of the dependent variables between the experimental groups. The experimental groups benefit from these differences in both variables compared to the control group. Prior to performing the covariance test, pre-assumptions are validated. The Shapiro-Wilk test is used to determine the normality of the scores on aggression and assertiveness.

Table 3.

Mean and Standard Deviation of Assertiveness and Aggression as well as their Subscales, in the Experimental (Play Therapy (PT) and Narrative Therapy (NT)) and the Control (C) Groups during Pre- and Post-Tests

Groups	Tests	Mean	SD	N
PT	Pre-test	8.60	۲/۸۲	15
PT	Post-test	7.33	۱/۲۹	15
NT	Pre-test	13.73	٦/۸٤	15
NT	Post-test	9.80	۳/٦۸	15
C	Pre-test	6.84	۳/٦۸	15
C	Post-test	8.27	۳/٦۷	15
PT	Pre-test	9.13	۲/٦۹	15
PT	Post-test	8.27	۱/۰۳	15
NT	Pre-test	16.73	۷/٥۸	15
NT	Post-test	11.47	٤/۷۹	15
C	Pre-test	9.80	٤/۰۳	15
C	Post-test	9.80	٤/۰۳	15
PT	Pre-test	11.27	٤/۲٦	15
PT	Post-test	8.07	۲/٦٥	15
NT	Pre-test	14.80	٤/۹٦	15
NT	Post-test	9.53	۳/۳۷	15
C	Pre-test	9.60	۳/۳٥	15
C	Post-test	10.13	۳/۳۷	15
PT	Pre-test	29	۷/۷٦	15
PT	Post-test	23.67	۳/۹٦	15
NT	Pre-test	45.27	۱۸/۰۱	15
NT	Post-test	30.80	۱۱/۳۰	15
C	Pre-test	27.87	۹/٥٦	15
C	Post-test	28.20	۹/٤٥	15
PT	Pre-test	80.73	۱۰/٦۹	15
PT	Post-test	92	۷/٤۲	15
NT	Pre-test	79.40	۸/۳۸	15
NT	Post-test	96.60	۸/۱۰	15
C	Pre-test	81.07	۱۱/۰٦	15
C	Post-test	81.20	۱۱/۱۲	15

The Levene test was used to determine the homogeneity of variance within groups of variables. Also, the Box's M test was used to determine the homogeneity of variable covariance matrices. Additionally, to test the study Hypothesis, indicating a difference in the effectiveness of behavioral-cognitive play therapy and narrative therapy for students with intellectual disabilities in terms of aggression and assertiveness, the multivariate covariance analysis was used, presented in Table 4.

Table 4.

Comparison of the Mean Assertiveness and Aggression of the Experimental and Control Groups through a Multivariate Covariance Test

Test	value	F	DF	Error DF	Sig	Eta
Pillai's trace	0.93	6.15	8	56	0/001	0.46
Wilks' lambda	0.15	10.22	8	54	0/001	0.60
Hotelling's Trace	7.72	15.36	8	53	0/001	0.70
Roy's Largest Root	4.59	32.19	4	28	0/001	0.82

According to Table 4, there was a significant effect after adjusting for pre-test effects and control variables using multivariate covariance. The mean assertiveness and aggression scores in the experimental and control groups were significantly different in the post-test for at least one of the aggression subscales (physical, relationship, reactive) and assertiveness. The independent variable effect accounted for 60% of the

experimental and control groups' variance according to the Eta value. As a result, the study hypothesis was confirmed.

Table 5.
The Effects of Univariate Covariance on the Mean Aggression Scores of the Experimental and the Control Groups

Dispersion	Sum of Squares	DF	Mean of Squares	F	Sig	Eta
Physical aggression	34.46	2	17.23	8.31	0/001	0.35
Relationship aggression	44.42	2	22.21	8.53	0/001	0.36
Reactive aggression	121.74	2	60.87	34.51	0/001	0.69

According to Table 5, there was a difference in aggression and its subscales between the group receiving play therapy, narrative therapy and the control group. Comparing the mean difference in the two groups, narrative therapy and play therapy, and the control group in terms of aggression using the Bonferroni post hoc test revealed that the narrative therapy had the most significant effect on reducing aggression.

Table 6.
The Effects of Univariate Covariance on the Mean of the Aggression Scores of the Experimental and the Control Groups

Dispersion	Sum of Squares	DF	Mean of Squares	F	Sig	Eta
Assertiveness	1688.89	2	844.44	43.31	0.001	0.74

According to Table 6, there was a difference in assertiveness between the experimental groups, i.e. play therapy and narrative therapy, and the control group. Comparing the mean difference in assertiveness between the two groups of narrative therapy and play therapy and the control group using the Bonferroni post hoc test revealed that narrative therapy demonstrated a higher level of assertiveness than the other two.

Discussion

This study aimed to compare the efficacy of behavioral-cognitive play therapy and narrative therapy on aggression and assertiveness in capable-of-learning students with intellectual disabilities. The results indicated a difference in the efficacy of the two therapies with respect to physical, relationship, and reactive aggression and assertiveness which is consistent with the findings of Ahmadi (2018), Hosseinzadeh (2018), and Sadeq (2020). Due to their exceptional characteristics, exceptional children exhibit particular behavioral, educational, social, and biological characteristics. One of the primary needs of these individuals, including children, is a requirement for support (Malekshahi et al., 2019). The results also indicated that narrative therapy is more effective at increasing assertive. This finding is in accordance with those of Hassani (2020), Dabiryan and Heydari-Sharif (2019), Moenirad and Mohammadi (2019), Vahid (2017), Kyarci (2016), Ajdari and Mostafaiee (2018), Sadeqi Sabet (2013), Jepajepav et al. (2020), Anat et al. (2020), and Daniel (2019). In line with our research, these studies demonstrated the efficacy of narrative therapy training in enhancing the adaptation, social, and communication skills of children and reducing behavioral issues.

To explain our findings, Erikson (2019) referred to 'a story' as a healing medium through which children's problems can be alleviated, emphasizing the importance of matching children with characters or situations that allow them to explore their own and others' emotions. A narrative or story is a literal text that can be used for educational or therapeutic purposes and contains psychological messages as well. Exposing children to their unconscious enables them to cope with psychological difficulties (Bettelheim, 1975). Narrative therapy is an indirect method of educating and training children and adolescents. Storytelling has a significant impact on children's lives because lessons can be understood through the lens of a story, and children assume the role of the story hero through matching and modeling, thereby developing adaptive, communicative, and social skills.

Intellectual disabilities affect children's adaptive and communication skills. Children with intellectual disabilities have difficulty communicating with their peers and exhibit incompatible behaviors that elicit inappropriate responses from others. As a result, this

study attempted to indirectly improve students' social adaptive skills and assertiveness through narrative therapy and storytelling skills by selecting appropriate stories with a therapeutic purpose.

Conclusion

This study aimed to compare and contrast the efficacy of play therapy and narrative therapy in reducing aggression and assertiveness in students with intellectual disabilities. The present study indicated that narrative and play therapy as behavioral-cognitive educational methods result in an outflow of thoughts, ideas, matching, modeling, and expressing feelings. The results revealed that these therapies can help children with intellectual disabilities improve their communication, social adaptive, and assertiveness skills and reduce their psychological and behavioral problems. Intellectual disability at birth or during the growth stages increases children's stress and mental injuries as well as the stress and mental injuries of their families and society. As a result, we can become involved in the worlds of these children through play therapy and narrative therapy and assist them.

Play therapy and narrative therapy help children overcome behavioral and emotional difficulties and develop their creativity, social, adaptive, and communication skills at home, school, and community. It will make significant contributions to the psychology community and the educational organization for exceptional students. It is anticipated that societies and supportive institutions will be able to mitigate their problems and economic difficulties using the therapies.

Given the importance of developing adaptive and assertive skills in children's education with intellectual disabilities, play and narrative therapies can play a key role. Furthermore, it can be a practical step toward demonstrating the efficacy of non-pharmaceutical methods via scientific and controlled research, pharmaceutical therapies, and psychiatric services. These interventions may be appropriate and desirable for educable students with intellectual disabilities, thereby improving their lives. Practically, the findings of this study will provide helpful information to counsellors, psychologists, educators, and parents of children with intellectual disabilities. The findings of this study may pave the way toward solving children with intellectual disabilities' aggression and assertiveness issues.

Like all studies, this study had some limitations. It only examined male students with intellectual disabilities in the elementary fourth, fifth, and sixth grades in Tabriz. The sample size was small and it was conducted using the convenience sampling technique. Additionally, due to time constraints, we could not guarantee the success of post-hoc tests. As a result, the findings of this study should be interpreted cautiously. Furthermore, it is suggested that future research utilizes female and male students of various grades and compares their results to those of our study. Moreover, larger sample size should be chosen and detailed post hoc tests be performed. It is proposed that additional research be conducted on the effects of behavioral-cognitive play therapy and narrative therapy on other subgroups of children with special needs. Since play therapy and narrative therapy have been shown to improve students' communicative, adaptive and social skills in numerous studies, including ours, it can be claimed that play and narrative therapies are effective therapeutic methods and can be viable alternatives to more conventional methods.

Conflicts of Interest

The authors declare that there is no conflicts of interest.

Ethical Considerations

The research's necessity was explained to the participants' parents during an introduction session to address ethical concerns. They signed a consent form authorizing their children to participate in the study. They ensured that the results, their names, and their children's names would remain confidential and that the research findings would be reported collectively to protect personal information and not violate participants' privacy when providing it to psychologists and experts. The Islamic Azad Tabriz ethics committee approved the study under the code IR.IAU.TABRIZ.REC.1400.019.

Conflicts of Interest

No conflicts of interest declared.

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