



The Effect of the Therapy Program with Stories on the Emotional Management Skills of Children with Speech and Language Disorders

Seda Kılıç^a & Sema Büyüktaşkapu Soydan^{*b}

* Corresponding author

E-mail: sema.soydan@erbakan.edu.tr

a. Ph.D. Student, Child Development Department, Gazi University, Ankara, Turkey

b. Department of Preschool Education, Faculty of Education, Necmettin Erbakan University, Konya, Turkey

Article Info

Received: October 23, 2022

Accepted: December 5, 2022

Published: December 25, 2022

 10.46303/tpicd.2022.14

How to cite

Kılıç, S. & Büyüktaşkapu Soydan, S. (2022). The Effect of the Therapy Program with Stories on the Emotional Management Skills of Children with Speech and Language Disorders. *Theory and Practice in Child Development*, 2(2), 1-24.

<https://doi.org/10.46303/tpicd.2022.14>

Copyright license

This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International license (CC BY 4.0).

ABSTRACT

The aim of this study is to examine the effect of the therapy with stories program on the emotional management skills of children with speech and language disorders. The study, in which a single group pre-test and post-test experimental design without control group was used, was conducted with 14 children aged 5-8 years with speech and language disorders. There are 9 stories (3 anger, 3 sadness, 3 anxiety) prepared by the researcher in the therapy with stories program. The prepared stories were read to the children three times and the program was completed in 14 weeks. In the program, the strategies of asking questions and drawing pictures were used along with using figures while reading therapeutic stories. Before and after the application, Children's Emotional Management Skills Anger, Sadness and Worry Scales and semi-structured interview forms were applied to mothers. The obtained data were analyzed with the Wilcoxon Signed Ranks test. As a result of the research, the therapy program with stories increased the ability of children with speech and language disorders to cope with anger, sadness and anxiety; It has been found to be effective in suppressing and reducing the use of unregulated expression. According to the mother's observations, it was determined that the therapy program with stories decreased the unregulated expression of anger, sadness and anxiety in children with speech and language disorders, and increased their coping skills. In addition, while 10 children provided emotional regulation with parental support before the program, it was seen that 4 children provided emotional regulation with parental support after the program. According to these results, it can be said that the therapy program with stories is effective in helping children with speech and language disorders gain the ability to manage their emotions and control their emotions without parental support.

KEYWORDS

Therapy with stories; children; speech disorder; language disorder; sadness; anxiety; emotion management.

INTRODUCTION

Language disorders, seen in approximately 7% of children, are expressed as difficulties in acquiring receptive or expressive language and using language (Bishop et al., 2017; Norbury et al., 2017). The difficulties that children experience in using receptive and expressive language lead them to experience high levels of emotional difficulties (GohKokYew & O'Kearney, 2014). Since children with language disorders have more problems especially in recognizing and regulating emotions, it is emphasized that they may experience reactive externalization problems (van den Bedem et al., 2020), that they are more likely to use maladaptive strategies such as worrying and externalizing and that this situation creates important risk factors for depressive symptoms (van den Bedem et al., 2018). For this reason, especially the parent and peer social interactions and the emotional self-regulation abilities are negatively affected (Forrest et al., 2020; St Clair et al., 2019). Besides, due to the language disorders they experience, their interaction with the environment is limited from an early age and this creates a basis for children with speech and language disorders, to experience communication and emotional problems (GohKokYew & O'Kearney, 2014). As a matter of fact, researches reveal that children with language and speech disorders experience problems in recognizing, expressing and regulating emotions. (Bakopoulou & Dockrell, 2016; Brinton et al., 2015; Jones et al., 2014; Kayhan Aktürk & Ünsal, 2019; Löytömäki et al., 2019; Ntourou et al., 2013; van den Bedem et al., 2018, 2020). There are also studies showing that children who stutter have lower levels of understanding, regulation, emotional regulation skills and emotional reactivity compared to their normally developing peers (Karrass et al., 2006; Jones et al., 2014; Kayhan Aktürk & Ünsal, 2019). In addition, other studies reveal that children with speech and language disorders experience higher levels of emotional problems such as internalizing disorders, social anxiety, problem behaviour, academic, behavioural, social difficulties, peer relationships, problems with self-esteem, depressed mood, and anxiety. (Brinton et al., 2015; Bakopoulou & Dockrell, 2016; Özkanç, 2017; Bishop et al., 2017; Curtis et al., 2018; Lloyd-Esenkaya et al., 2020).

It has been determined that the fact that individuals with language disorders have problems in emotional regulation, is increasing the intensity and severity of stuttering (Arnold et al., 2012), but that the use of emotional regulation strategies during speaking is reducing the level of stuttering (Arnold et al., 2011). Choi et al., (2016), have found in their study that less stuttering was experienced when emotional stress decreased and that the stuttering severity increased when it increased. It makes it difficult for children with high emotional reactivity and low emotional regulation skills to control stuttering while it also causes stuttering to persist (Karrass et al., 2006). Negative emotions and the inability to control these emotions are expressed as risk factors for chronic stuttering. (AydınUysal&Özdemir, 2019). In the light of this information, it is thought that it is very important to support the ability of children with language and speech disorders to control their emotions in terms of both their social-emotional and language development.

However, it is seen that the programs in the studies on emotional regulation are mostly given to school-age children and adolescents with normal development. (Aktürk, 2016; Buharalı, 2020; Demir & Gündoğan, 2018; Durmuşoğlu Saltalı, 2010; Gülgez & Gündüz, 2015; Gültekin, 2014; Kayılı, 2015; Kuzucu, 2006; Sarıçalı, 2020; Uğur Ulusoy, 2018; Topal 2021; Yılmaz, 2020). However, it is seen that these programs are offered to children in pre-school classes through activities or are implemented in the school environment for large groups (Aktürk, 2016; Bulut-Serin & Genç, 2011; Canpolat & Atici 2017; Duran & Eldeleklioğlu, 2005; Gedik et al., 2018; Kelleci et al., 2014; Öz & Aysan, 2012; Uğur Ulusoy, 2018). However, it is unclear whether the same emotional regulation programs will be effective since children with language and speech disorders have different experiences and even trauma experiences than children with normal development. In addition, there is no evidence for the effectiveness of programs prepared for children with normal development or specially prepared intervention programs in supporting the emotional regulation skills of children with language and speech disorders. For this reason, methods that can be effective in supporting the emotional regulation skills of children with language and speech disorders, have been investigated.

In the literature review, it is seen that therapy with stories comes to the forefront in supporting children whose emotional development is at risk. Therapy with stories is a therapy method in which stories appealing to both the conscious and subconscious of children are told using metaphors. Usually, there is a moment when the individual finds himself in the story and the gaining of insight begins here. Therefore, it is very effective in communicating with resistant children. Metaphor and therapeutic stories, which are effective in reaching the child's world, help the child make sense of the world by changing their feelings, thoughts and behaviours and show that change is possible (Pernico, 2021). In this way, it empowers and heals children against their difficulties by gaining them a perspective on their traumatic experiences in their past lives (Brandell, 1984; Burns, 2002; Burrows, 2014; Carlson & Arthur 1999; Cook et al., 2004; Holyoake, 2013; Kagan, 1982).

Studies reveal that metaphorical stories contribute to improving children's traumatic experiences and problems (Burns, 2002; Burns, 2019; Burrows, 2014; Carlson & Arthur, 1999; Cook, 2004; Davis; 2019; Levine, 1980; Painter et al., 1999; Painter, 1997; Pernico, 2021; Rhue & Lynn, 1991). In the light of this information, it can be said that the therapy technique with stories can be effective on the emotional management skills of children with language and speech disorders whose emotional development is at risk due to their traumatic experiences. Therefore, the main purpose of this research is; to examine the effect of the therapy program with stories on the emotional management skills of children with speech and language disorders. For this purpose, the following hypotheses were tested.

- The therapy program with stories increases the anger management skills of children with language and speech disorders.
- The therapy program with stories increases the management skills of your children who have language and speech disorders.

- The therapy program with stories increases the anxiety management skills of children with language and speech disorders.

METHOD

Model of the Research

This research was designed with an experimental model. One of the experimental models, the "Single group pre-test-post-test experimental design without a control group" model was used. In the pre-test-post-test without a control group, the group or groups are pretested before the experimental study. As a result of the experimental study, the same measurement tool is applied as a post-test (Sönmez & Alacapınar, 2014).

Study group

The study group consists of 14 children (4 children of 5 years, 6 children of 6 years, 2 children of 7 years, 2 children of 8 years), 2 girls and 12 boys, between the ages of 5 and 8, who have language and speech disorders. In addition, the mothers of children with speech and language disorders participated in the study in order to collect qualitative data on children. Because it was determined in the studies, conducted in the literature, that children with speech and language disorders have problems with emotional management and that these children should be supported (Bakopoulou & Dockrell 2016; Brinton et al., 2015, Jones et al., 2014; Kayhan Aktürk & Ünsal, 2019; Löytömäki et al., 2019; Ntourou et al., 2013; van den Bedem et al., 2020; van den Bedem et al., 2018), children with speech and language disorders were included in this study. Due to the inclusion of children with speech and language disorders in the study, the study group was determined by the purposeful sampling method. The purposeful sampling method is the inclusion of people with certain characteristics in the sample by the researcher. (Demir, 2014).

Data Collection Tools

Emotional Management Scales in Children: Anger, Sadness and Worry/Child Forms

In the study, the Child Emotional Management Scales: Anger, Sadness and Worry/Child Forms, which are used to determine children's anger, sadness and anxiety emotional management skills, were developed by Zeman et al. (2001), Zeman et al. (2010). The psychometric data in the original version of the anger and sadness scales were obtained from 227 children aged 9-12 years (Zeman et al., 2001) and from 214 children aged 6-12 years for the anxiety scale (Zeman et al. 2001). A validity and reliability study adapted into Turkish was carried out by Soydan et al. (2021) for children between 5-8 years. These scales were developed to evaluate anger, sadness and anxiety emotional management skills based on the children's self-report.

The original version of the BASC-Child Form Anger Scale consists of 11 items, the original version of the BASC-Child Form Sadness Scale consists of 12 items and the original version of the BASC-Child Form Anxiety Scale consists of 10 items. All three scales consist of three sub-dimensions: (1) suppression, (2) unregulated expression, and (3) coping. The suppression sub-dimension refers to the suppression of emotional experiences (for example, "I hide my

anger/sadness/anxiety"). The unregulated expression sub-dimension assesses the inappropriate expression of the emotion experience (for example, "When I am angry, I attack what makes me angry"), the coping sub-dimension assesses the appropriate expression of the emotional experience (for example, "I can control my crying when I am sad and go about my business"). The scales are scored on a three-point Likert scale as (1=never, 2=sometimes, 3=often). The sub-dimensions are evaluated by scoring within themselves. The scores obtained from the sub-dimensions show that the emotional management skill is used more. There is only one reverse-coded item on the anxiety scale.

The Anger Scale Fit Values were found as $\chi^2/sd=1,484$, RMSEA=0,038, SRMR=0,017, IFI=0,990, CFI=0,990, GFI=0,968 and TLI=0,987, the Sadness Scale Fit Values were found as (χ^2/sd)=2,274, RMSEA=0,061, SRMR=0,025, IFI=0,945, CFI=0,950, GFI=0,944, TLI=0,928 and the Anxiety Scale Goodness of Fit Values were found as (χ^2/sd)=2,500, RMSEA=0,067, SRMR=0,018, IFI=0,981, CFI 0,981, GFI=0,959, TLI=0,973. The Turkish adaptation of the scale was carried out by Soydan and Kılıç (2022). The validity information of the scale is as follows. The Principal Component Analysis results revealed a three-factor structure that explained 72,991% of the variance for the anger scale. The Anger Suppression Subscale consists of four items (the Eigenvalue=2,680, the Alpha Coefficient=0,843 and the Explained Variance 24.368%); the Unregulated Anger Expression Subscale consists of three items (the Eigenvalue=2,987, the Alpha Coefficient=0,893 and the Explained Variance 27,154%); The Anger Coping Subscale consisted of five items (the Eigenvalue=2,362, Alpha Coefficient=0,831 and the Explained Variance 21,469%). The Principal Component Analysis results revealed a three-factor structure that explained 59,074 percent of the variance for the sadness scale. The Sadness Suppression Subscale consists of four items (the Eigenvalue=2,305, the Alpha Coefficient=0,727 and the Explained Variance 19,207); The Unregulated Sadness Expression Subscale consists of three items (the Eigenvalue=2,130, the Alpha Coefficient=0,725 and the Explained Variance 17,750%); The Coping with Sadness Subscale consists of five items (the Eigenvalue=2,654, the Alpha Coefficient=0,800 and the Explained Variance 22,117%). The Principal Component Analysis results revealed a three-factor structure that explained 80,544% of the variance for the anxiety scale. The Anxiety Suppression Subscale consists of four items (the Eigenvalue=2,654, the Alpha Coefficient=0,800 and the Explained Variance 22,117%); the Unadjusted Anxiety Expression Subscale consists of three items (the Eigenvalue=2,130, the Alpha Coefficient=0,725 and the Explained Variance 17,750%); the Coping with Anxiety Subscale consisted of five items (the Eigenvalue=2,305, the Alpha Coefficient=0,727 and the Explained Variance 19.207) (Soydan et al., 2021).

Parent Interview Form

Before the therapy with stories program is implemented, semi-structured interviews were conducted in order to determine children's emotion management skills (In which situations does your child experience feelings of anger/sadness/anxiety?; What are the situations that anger/sadden/make your child anxious the most?) and in order to determine the development

of the therapy with stories program on children's emotional management skills (Is there any situation where your child hides or does not show his anger/sadness/anxiety, if so, can you give an example?; How does your child physically express anger/sadness/anxiety?; How does your child express anger/sadness/anxiety verbally; Does your child need your support to calm down in anger/sadness/anxiety/or does he/she calm down on his/her own?; How long does it take for your child to calm down with your support?; How long is your child's self-soothing time?).

Process

After receiving education in therapy with stories, the literature on therapy with stories and the stories whose effectiveness was determined were examined. For the therapy with stories program, some stories were prepared by the researchers; some of them were prepared by adapting ready-made stories. The prepared stories; were presented to the expert opinion of two child development specialists, two psychologists and bilingual speech therapists in order to examine the suitability for children's development, suitability for individual differences, the suitability of metaphors that will attract children's attention and of metaphors for children's cognitive level. The stories, which were prepared with the arrangements made according to the suggestions of the experts, were given their final form. In this direction, a total of 9 stories, three stories about anger, three stories about sadness and three stories about anxiety were prepared. The first story read about anger, sadness, anxiety, has been prepared in order to gain perspective on the problem; the second story has been prepared to gain emotional management skills with an external intervention; and the third story has been prepared to gain emotional management skills with an internal intervention. In the stories, for each emotion, strategies are given for emotional management skills. Distraction strategies are given for anger by calming down, with breathing exercises, by sharing emotions and with a favourite activity; Strategies are given for sadness by crying, sharing feelings and seeking help from an adult; Strategies are given for anxiety by breathing exercises, sharing emotions, and accepting the experienced emotion. Metaphorical stories are told with the straight narrative method. Because it is an eclectic intervention, figures are used while telling the stories. In order for children to share their feelings about the story; it is important to give the child the opportunity to share their feelings with the questions "What did you feel? What did this story make you feel? What did you imagine while listening to the story?" (Davis, 1989; Liu, 2017; Teber, 2020). After the metaphorical storytelling, children were asked to draw pictures about the story (Pearce & Pearce, 1998; Pernico, 2021; Teber, 2020). A total of 9 stories, 3 for each relating to the feelings of anger, sadness and anxiety, were told. Each story was told 3 times and the program lasted 14 weeks in total. The Children's Emotional Management Skills Scale was implemented on the children as a pre-test before the therapy with stories program was implemented. After the implementation phase of the therapy with stories program was completed, the same measurement tool was applied again as a post-test.

Data Analysis

The SPSS.24 package program was used in the analysis of quantitative data. Non-parametric tests were preferred because the sample group was less than 20 children. The Wilcoxon Signed Ranks test, one of the non-parametric tests, was used to determine the differences between the scale and the sub-dimension scores before and after the therapy program.

In order to determine the emotional problems experienced by the children in the communication process with the mothers of the children participating in the therapy program and to prepare an intervention program suitable for the needs of the children; in order to determine the emotional management skills of children before the program and in order to determine the effects of the therapy program on children's emotional management skills after the program, semi-structured interviews were conducted twice in total. The interviews were transcribed as they were, without any changes. The Deductive Analysis Method was used in the analysis of qualitative data (Teddlie & Tashakkori, 2009). In the analysis, predetermined themes were applied and the data depending on the themes determined on the basis of the literature were analysed (Teddlie & Tashakkori, 2009). During the interviews conducted with the mothers before the program, it was seen that children have communication problems and two sub-themes "problems arising from the source related to this theme" and "problems arising from the receiver" were determined (Öztürk, 2019). In the study, the sub-themes "suppression", "unregulated expression" and "coping" were determined under the theme of "emotional processes experienced by children" to determine the emotional management skills of children (Zeman et al., 2010; Zeman et al., 2001). The children's emotional management skills were examined within the framework of these themes. In order to keep the identity of the participants confidential, codes such as A1 and A2 were used in the answers of the mothers.

Ethical Issues

Before starting the research process, permission was obtained from the Scientific Research Ethics Committee of KTO Karatay University (number: 41901325-050.99, date: 18.12.2020). Families of children with speech and language disorders were informed about the therapy program with stories. In addition, information was given about the pre-test and post-tests to be applied. Children whose families gave consent were included in the study.

FINDINGS

Findings Related to Emotional Problems Experienced by Children with Speech and Language Disorders

As a result of the interviews about the problems experienced by children with language and speech disorders, it was determined that the children had emotional problems while communicating. The problems that children experience while communicating are analysed in two separate sub-themes, caused by the source and the receiver.

Source-related problems

According to the determined themes, one of the communication problems experienced by children is the problems arising from the source. In the interviews, 7 of the mothers stated that the communication problems experienced by the children were caused by the source, which is one of the basic elements of the communication process (Öztürk, 2019). The expressions of the mothers are as follows:

A.1: "When he/she can't speak, he/she will get upset because he/she can't explain."

A.2: "He/She gets worried when he/she can't speak in situations where he/she doesn't feel safe, when he/she has difficulties (when he/she stutters, can't pronounce the words correctly)."

Receiver-related problems

According to the determined themes, one of the communication problems experienced by children is the problems arising from the receiver. 7 of the mothers stated that the communication problems experienced by the children were caused by the receiver, which is one of the basic elements of the communication process. The expressions of the mothers are as follows:

A.6: "When he/she is not understood when he/she is telling his/her problem, he/she will get very upset when he/she will notice it."

A.7: "He/She will get very angry if someone interrupts him/her and if he/she feels he/she is not being listened to."

A.11: "Sometimes he/she gets angry when other people ask what he/she is talking about when he/she is not understood."

A.9: "He/She gets very angry when he/she is interrupted and not listened to."

Findings Obtained from Children on the Effectiveness of the Therapy Program with Stories

The Analysis Results in Table 1 show that there is a significant difference between the Pre-test and Post-test scores of the children's Anger Scale Suppression Sub-dimension ($z=-3,305$, $p<0,001$). Considering the Rank Average and the Rank Totals of the scores, it is seen that the Post-test scores of 14 out of 14 children decreased compared to the Pre-test scores. The Anger Scale shows that there is a significant difference between the Pre-test and the Post-test scores of the Unregulated Expression Subscale ($z=-3,208$, $p<0,001$). Considering the Rank Average and the Rank Totals of the scores, it was observed that the Post-test score of 13 of 14 children decreased compared to the Pre-test score, and 1 person did not change. The Coping Sub-dimension of the Anger Scale shows that there is a significant difference between the Pre-test and the Post-test scores ($z=-3,314$, $p<0,001$). Considering the Rank Average and the Rank Totals of the scores, it was observed that the Post-test scores of 14 children increased compared to the Pre-test scores. According to these results, it can be said that the Therapy Program with Stories is effective in increasing the ability of children with language and speech disorders to

cope with anger; and is effective in suppressing the feeling of anger and reducing the use of an unregulated expression.

Table 1. Wilcoxon Test Results for the Comparison of the Anger Scale Pre-Test Post-Test Total Scores

	Pre-Test- Post-Test	n	Rank Avera ge	Rank Total	Z	P
UNREGULATE D EXPRESSION	Negative Rank	13 ^a	7,00	91,0 0		
	Positive Rank	0 ^b	0,00	0,00	-3,208 ^b	0,001*
	Equal	1 ^c				
p<0,05						
COPING	Negative Rank	0 ^a	0,00	0,00		
	Positive Rank	14 ^b	7,50	105,0 0	-3,314 ^b	0,001*
	Equal	0 ^c				
p<0,05						
SUPPRESS	Negative Rank	14 ^a	7,50	105, 00		
	Positive Rank	0 ^b	0,00	0,00	-3,305 ^b	0,001*
	Equal	0 ^c				
p<0,05						

Table 2. Wilcoxon Test Results for the Comparison of the Sorrow Scale Pre-Test Post-Test Total Scores

	Pre-test- Post-test	n	Rank Average	Rank Total	Z	P
UNREGULATE D EXPRESSION	Negative Rank	12 ^a	7,46	89,50		
	Positive Rank	1 ^b	1,50	1,50	-3,100^b	0,002*
	Equal	1 ^c				
						p<0,05
COPING	Negative Rank	0 ^a	0,00	0,00		
	Positive Rank	14 ^b	7,50	105,00	-3,306^b	0,001*
	Equal	0 ^c				
						p<0,05
SUPPRESS	Negative Rank	14 ^a	7,50	105,00		
	Positive Rank	0 ^b	0,00	0,00	-3,311^b	0,001*
	Equal	0 ^c				
						p<0,05

The Analysis Results in Table 2 show that there is a significant difference between the Pre-test and Post-test scores of the children's Sadness Scale Suppression Sub-dimension ($z=-3,311$, $p<0,001$). Considering the Rank Average and the Rank Totals of the scores, it is seen that the Post-test scores of 14 out of 14 children decreased compared to the Pre-test scores. The Sadness Scale Unregulated Expression Sub-dimension shows that there is a significant difference between the Pre-test and the Post-test scores ($z=-3.100$, $p<.002$). Considering the Rank Average and the Rank Totals of the scores, it was observed that the Post-test score of 12 of 14 children decreased compared to the Pre-test score, and 1 person did not change. The Coping Sub-dimension of the Sadness Scale shows that there is a significant difference between the Pre-test and the Post-test scores ($z=-3,306$, $p<0,001$). Considering the Rank Average and the Rank Totals of the scores, it was observed that the Post-test scores of 14 children increased compared to the Pre-test scores. According to these results, it can be said that the Therapy Program with

Stories is effective in increasing the ability of children with language and speech disorders to cope with sadness; and is effective in suppressing the feeling of sadness and reducing the use of an unregulated expression.

Table 3. Wilcoxon Test Results for the Comparison of the Anxiety Scale Pre-Test Post-Test Total Scores

	Pre-test- Post-test	n	Rank Average	Rank Total	Z	P
UNREGULATE D EXPRESSION	Negative Rank	12 ^a	8,42	101,00		
	Positive Rank	2 ^b	2,00	4,00	-3,057 ^b	0,002*
	Equal	0 ^c				
p<0,05						
COPING	Negative Rank	0 ^a	0,00	0,00		
	Positive Rank	14 ^b	7,50	105,00	-3,201 ^b	0,001*
	Equal	0 ^c				
p<0,05						
SUPPRESS	Negative Rank	13 ^a	7,50	91,00		
	Positive Rank	0 ^b	0,00	0,00	-2,276 ^b	0,023*
	Equal	1 ^c				
p<0,05						

The Analysis Results in Table 3 show that there is a significant difference between the Pre-test and the Post-test scores of the children's Anxiety Scale Suppression Sub-dimension ($z=-2,276$, $p<0,023$). Considering the Rank Average and the Rank Totals of the scores, it is seen that the Post-test score of 13 of 14 children decreased compared to the Pre-test score, and 1 person did not change. The Anxiety Scale Unregulated Expression Sub-dimension shows that there is a significant difference between the Pre-test and the Post-test scores ($z=-3,057b$, $p<0,002$). Considering the Rank Average and the Rank Totals of the scores, it was observed that the Post-

test scores of 12 out of 14 children decreased compared to the Pre-test scores. The Coping Sub-dimension of the Anxiety Scale shows that there is a significant difference between the Pre-test and the Post-test scores ($z=-3,201b$, $p<0,001$). Considering the Rank Average and the Rank Totals of the scores, it was observed that the Post-test scores of 14 children increased compared to the Pre-test scores. According to these results, it can be said that the Therapy Program with Stories is effective in increasing the ability of children with language and speech disorders to cope with anxiety; and is effective in suppressing the feeling of anxiety and reducing the use of an unregulated expression.

Findings Obtained from Mothers on the Effectiveness of the Therapy Program with Stories

In this section, qualitative findings related to the semi-structured interviews conducted to determine the anger, sadness and anxiety emotional management skills of children with language and speech disorders before and after the program, are included.

Their opinions on Pre-Application Suppression Behaviour

A.11: "He/She can never hide his/her anger, sadness, anxiety."

A.6: "He/She is very emotional, it is immediately obvious that he/she is sad, angry."

A.3: "He/She gets upset when someone else doesn't understand what he/she's talking about, even though he/she tries not to show it too much, but I understand him/her."

A.5: "When his/her friends at school tell him/her to speak quickly while he/she is speaking slowly, he/she gets very sad but he/she can't say it openly."

Their opinions on Post-Application Suppression Behaviour

A.3: "When someone else didn't understand what he/she was talking about, he/she would get upset but he/she tried not to show it. He/She asked a few questions about this issue and started to express a little that he/she was upset."

A.5: "The other day, while playing outside, he/she said that he/she couldn't understand his friends' speech and that he/she was very angry to them, he/she didn't talk about such things much, he/she usually hid it, I could understand that he/she was upset."

Their Opinions on the Use of Unregulated Expression Before Application

A.6: "He/She hits the person he/she is angry with directly with his/her hand and cries."

A.8: "He/She cries out and shows his/her anger by hurting those around him/her."

A.10: "When he/she gets angry, he/she gets a stroke, he/she wants to hurt those around him/her."

A.2: "He/She stands to the side, looks from afar, pretends to watch TV, covers his/her ears."

Their Opinions on the Use of Unregulated Expressions After Application

A.6: "He/She used to hit directly when he/she was angry, he/she rarely hits now, and then he/she comes back and apologizes."

A.10: "When he/she gets angry, he/she goes to his/her room and does something, and when his/her anger subsides, he/she comes and we talk."

A.8: "He/She paints or does other things when he/she's angry, he/she doesn't cry much, he/she's calmer."

A.2: "He/She used to throw away his/her toys, he/she would damage things when he/she was upset, now he/she was telling his/her brother/sister "toys are not to throw away, otherwise what will we be playing with?", the other day, he/she does not harm the environment even if he/she shouts and cries."

Their Opinions on Coping Before Application

A.9: "He/She tells you what situation made him/her angry."

A.5: "He/She breathes quickly when he/she's angry and prefers to talk after he/she's calmed down."

A.10: "When he/she gets angry, he/she has trouble speaking, starts to stutter, so he/she plays with his/her toys and tells what he/she was angry about after his/her anger subsides."

Their Opinions on Coping After Application

A.4: "When he/she was angry or upset, he/she would start to stutter, his/her speech was incomprehensible, and then he/she got angry and cried more. Now he/she stops, he/she tries to explain by speaking slowly, he/she tells what he/she is angry about, what he/she is upset about."

A.6: "When he/she gets angry, he/she goes to his/her room, sometimes he/she plays games, sometimes he/she looks at books or paints. When his/her anger subsides, I call him/her and we talk, he/she doesn't cry much, we solve it by talking."

A.2: "When we don't support him/her, he/she can't solve his/her own problems. He/She cries more, gets angry, he/she used to cry until we went to him/her, now he/she doesn't cry much, sometimes he/she even asks if we can come and help him/her."

Table 4. *Comparison and Frequencies of the Results Obtained from the Mother Interviews Before and After the Program*

Themes and Sub-Themes	Pre-Test	Post-Test
Emotional Processes Experienced by Children		
Suppression	2	0
Unregulated Expression	10	3
Coping	3	9
Parental Support in the Process of Controlling Children's Emotions		
Emotion Control with Parental Support	10	4
Emotional Self-Control	4	10

When Table 4 is examined; it was determined that according to the mother's observations, the use of the suppression completely disappeared of children who suppressed their anger, sadness and anxiety before the program. While it was reported that 10 children used unregulated expressions in the management of anger, sadness and anxiety before the program, it was reported that 3 children used unregulated expressions after the program. While 3 children used their coping skills before the program, it was reported that 9 children used their coping skills in the management of anger, sadness and anxiety after the program. According to the qualitative findings of the study, it can be said that the therapy program with stories is effective in reducing the behaviour of suppressing anger, sadness, anxiety and the use of unregulated expression, and increasing the coping skills of children with speech and language disorders. In addition, while 10 children provided emotional control with parental support before the program, it is seen that 4 children achieved emotional control with parental support after the program. According to this result, it can be said that the therapy program with stories is effective in reducing the need for parental support in the process of controlling the emotions of children with language and speech disorders, and in increasing the self-control of emotions.

DISCUSSION

Zeman et al. (2001) state that while conducting research on emotional development, it is critical to examine emotions individually, taking into account the specific function of each emotion. Rivers et al. (2006) also state that certain types of emotional regulation strategies can be effective in regulating both anger and sadness, but that some strategies may be effective only for certain emotions. For this reason, the effects of the therapy program with stories on feelings of anger, sadness and anxiety were examined separately.

While the therapy program with stories is effective in suppressing anger emotions and reducing the use of unregulated expression in anger emotions in children with speech and language disorders, it was determined that it increased the ability to cope with anger (Table 1). Findings obtained from interviews with parents also reveal a decrease in suppression and unregulated expression use and an increase in coping skills. In addition, it was determined that the therapy program with stories reduced the need for parental support in the process of controlling the emotions of children with language and speech disorders and that their self-control skills increased.

Davis (2019) stated that the metaphorical story prepared for a 4-year-old child with speech problems helped the child express the angering situation; that the child's behaviour is effective in controlling when the metaphorical story prepared for a boy who shows angry, destructive and aggressive behaviour is combined with other stories and behavioural changes; that the child, who listens to the metaphorical stories prepared for a child, who has suffered many losses many times, changes in his anger behaviours; that an abused child regains emotional health by listening to the metaphorical stories over and over again. It was found that therapeutic storytelling applied to five children with incompatibility and anger management

problems was effective in reducing the frequency and intensity of targeted behaviours in both disharmony and anger control problems (Painter & Laura, 1997); that the therapeutic story prepared for a 10-year-old child with anger management problems was effective in reducing the child's anger expressions (Cook et al., 2004); that the intervention with the storytelling technique to an eight-year-old child who lost a loved one is effective in reducing the feelings of anger (Scaletti & Hocking, 2010). In addition, Burrows (2014) states that in his case study, in which mindfulness and therapeutic story technique was used, the child with behavioural problems and social skills gained insight into behavioural problems and gained the awareness to keep anger and emotions under control. The results of this study support our finding that the therapy program with stories helps children with speech and language disorders gain the ability to manage their anger emotions.

Carlson & Arthur (1999) and Teber (2020) state that therapy with stories is an intervention technique that is complementary to play therapy. Buharalı (2019) stated that child-centred play therapy is effective in improving emotional regulation skills. Sezici (2013) stated that play therapy based on the "Social Cognitive Learning Theory" increases social, emotional and behavioural skills. Topal (2021) stated that the psycho-education program is effective in increasing children's emotional regulation skills. Seay et al. (2003) stated that children's anger control skills increased as a result of the Multi-Component Treatment to Increase Anger Control. Şekerci et al. (2017) stated that the anger control program prepared according to the cognitive behavioural approach is effective in increasing anger control. Kelleci et al. (2014) stated that the anger management program based on cognitive-behavioural techniques decreased the trait anger level of students and increased their ability to express anger appropriately and to control anger. Cenkseven (2003) stated that the anger management skills training program, prepared based on cognitive-behavioural approach, decreased students' anger scores, while it increased their anger control levels. Duran & Eldeleklioğlu (2005) stated that the Anger Control Program, which is based on the cognitive-behavioural approach, decreased the trait anger, anger-in, and anger-out levels of adolescents while it increased the anger control levels of adolescents. Sütçü (2006) stated that the cognitive-behavioural group therapy program decreased the trait anger and anger-out levels of adolescents, while it increased their anger control levels. Gebeş (2011) stated that the cognitive-behavioural Therapy-Based anger control skill training program was effective in decreasing anger and increasing anger control. Dykeman (2000) stated that a cognitive-behavioural-based anger program is effective in increasing anger control in adolescents with behavioural disorders. Gülgez & Gündüz (2015) stated that the Dialectical Behavioral Therapy-based program was effective in decreasing the emotional regulation difficulties of the students. Deffenbacher & Stark (1992) stated that the program they prepared for anger control, which includes cognitive and relaxation coping skills, was effective in decreasing anger suppression. Willner et al. (2002) stated that cognitive-behavioural anger management treatment was effective in decreasing anger in children with learning disabilities. Factor et al. (2019) stated that the Stress and Anger Management Program, a cognitive-

behavioural treatment designed to improve emotional regulation deficits in young children with autism, was effective in increasing the ability to manage anger and anxiety. These research results, which reveal that therapy programs are an effective method for children to gain the ability to manage their anger, support our finding about the effectiveness of the therapy program with stories.

It was determined that the therapy program with stories was effective in suppressing feelings of sadness and reducing the use of unregulated expressions in sadness, while it was increasing the skills of coping with sadness in children with speech and language disorders (Table 2). Findings obtained from interviews with parents also reveal that there is a decrease in suppression and in the use of unregulated expression and that there is an increase in coping skills. In addition, it was determined that the need for parental support in the process of controlling the emotions of children with language and speech disorders of the therapy program with stories decreased and that the self-control increased.

Examining the sadness in children shows that it is a largely neglected emotion, especially compared to other emotions such as anger, shame, and fear (Zeman et al., 2001). Due to the inability to cope with the feeling of sadness and the continuation of the feelings of sadness, causing negative consequences such as depression and anxiety in children (Zeman et al., 2001, it is in the literature mostly seen as intervention studies for the treatment of depression. Kenny & Williams (2007) found that Mindfulness-Based Cognitive Therapy (MBCT) is acceptable to patients and that there is an improvement in the depression scores with a significant proportion of patients returning to normal or near-normal mood levels. It has been determined that the Awareness-Based Cognitive Therapy applied to a depressed group significantly reduced depression and anxiety levels (Eisendrath et al., 2008); and that the Mindfulness-Based Cognitive Therapy Program reduces the depression levels of individuals (Demir, 2015). It is seen that the Psychodrama-Based Group Practice for the depressive symptoms and negative emotions of visually impaired individuals is effective in reducing depressive symptoms and negative emotions. Child-centred Play Therapy applied to homeless children has been found to reduce children's self-esteem, anxiety and depression levels (Baggerly, 2004). The results of this research, which reveal that therapy methods are an effective method in helping children gain the ability to manage their feelings of sadness, support our finding about the effectiveness of the therapy program with stories.

It was determined that the Therapy Program with stories is effective in suppressing the feelings of anxiety and reducing the use of unregulated expression in the feelings of anxiety in children with speech and language disorders and that it increased the skills of coping with anxiety (Table 3). Findings obtained from the interviews with parents also reveal a decrease in suppression and the use of unregulated expressions, and an increase in coping skills. In addition, it was determined that the Therapy Program with Stories decreased the need for parental support in the process of controlling the emotions of children with language and speech disorders and that self-control of emotions increased.

Pernico (2021) stated that the therapeutic story about anxiety prepared for an active 8-year-old girl was a turning point in therapy and that she decided to try not to worry. There are many studies showing that the Child-Centred Play Therapy (Carlson & Arthur, 1999; Teber, 2020), in which therapeutic stories are used as supportive; is an effective method in reducing the anxiety levels of children in both normally developing and disadvantaged groups. It has been found that Child-centred Play Therapy, reduces the anxiety levels of earthquake survivors (Shen, 2002); homeless children (Baggerly, 2004) and children with high anxiety levels (Stulmaker & Ray, 2015). It has been determined that the Therapeutic play/Game Therapy applied to children aged 6 to 12, who have a fear of medical procedures that will involve liver transplantation, reduces their anxiety levels and fears about medical procedures (Zengin et al., 2020). In addition, it is seen that Child-centred Play Therapy applied to children aged 4-9 with normal development reduces the levels of separation anxiety, social anxiety and generalized anxiety (Temizel, 2019). It has been determined that the Child-centred Play Therapy reduces the anxiety level of children in the 4-6 age group, and reduces the levels of separation anxiety, general anxiety, panic, social phobia, OCD, depression, total anxiety and total anxiety-depression in children aged 8-11 (Demirer, 2021).

It is seen that the Cognitive-Behavioural Therapy, is also used effectively together with the therapy with stories and the child-centred play therapy, in gaining the ability to regulate anxiety. The Emotion-Focused Cognitive-Behavioural Therapy applied to anxious children under the age of 7-13, has been found to cause improvements in children's anxious symptoms, understanding and regulation skills of emotion and general functionality (Suveg et al., 2006). It has been found that the cognitive-behavioural group therapy applied to children with high anxiety levels is effective in reducing children's separation anxiety and social anxiety (Gedik et al., 2018). Sertelin Mercan and Yavuzer (2017) stated that it has been demonstrated that the social skills training integrated with a cognitive-behavioural approach is effective in reducing children's social anxiety and that the drama-based Intermodel expressive art therapy program is effective in reducing the anxiety levels of individuals with an anxiety disorder (Ünlü, 2020). Factor et al. (2019) applied the Stress and Anger Management Program, which is a cognitive-behavioural treatment designed to improve emotional regulation deficits in young children with autism, in children aged between 4-7 years. It has been reported that the children's ability to manage anger and anxiety increased as a result of the program. These research results, which reveal that therapy methods are an effective method in helping children gain the ability to manage their anxiety, support our finding about the effectiveness of the therapy program with stories.

SUGGESTIONS

It has been determined that the therapy with stories used in this study is an effective method that experts working in the field can use while supporting children. In this regard, informative training programs can be organized for child development experts, psychologists, psychological

counsellors, language and speech therapists to use this method in the field. It is recommended to "Child Developmentalists" and "Psychologists" to implement programs in special education and rehabilitation centres to develop emotional management skills of children with speech and language disorders.

This study, which was carried out with children aged 5-8 years, who were diagnosed with speech and language disorders in Konya and attending a special education and rehabilitation centre, will increase the evidence for the effectiveness of Story Therapy with children of different ages, in different risk groups, and in larger samples. Comparative studies to be conducted with the experimental design with the Pre-test-Post-test Control Group, will provide more detailed evidence of the effectiveness of the program. Examining the effect of the program on the speech and language therapy process will make significant contributions to the field.

REFERENCES

- Aktürk, B. (2016). *The effect of game-based psychoeducation program on emotional regulation skill levels of preschool children with divorced families*. [Master Thesis, Melikşah University, Social Sciences Institute, Kayseri].
- Anders-Roqeta, C., Adrian, J. E., Clemente, R. A. & Villanueva, L., (2016) Social cognition makes an independent contribution to peer relations in children with specific language impairment. *Research in Developmental Disabilities*, 49, 277–290.
- Arnold, H. S., Conture, E. G., Key, A. P. F., & Walden, T. (2011). Emotional reactivity, regulation and childhood stuttering: A behavioural and electrophysiological study. *Journal of Communication Disorders*, 44(3), 276–293.
- Aydın Uysal, A., & Özdemir, R. S. (2019). Temperamental characteristics of children who stutter and children who recovered stuttering spontaneously. *Journal of Health Sciences of Turkey Clinics*, 4(2), 117-131.
- Baggerly, J. (2004). The effects of child-centred group play therapy on self-concept, depression and anxiety of children who are homeless. *International Journal of Play Therapy*, 13(2), 31-51.
- Bakopoulou, I., & Dockrell, J. E. (2016). The role of social cognition and prosocial behaviour in relation to the socioemotional competence of primary aged children with specific language impairment. *Research in Developmental Disabilities*, 49–50, 354–370.
- Bishop, D. V. M., Snowling, M. J., Thompson, P. A., Greenhalgh, T., Adams, C., Archibald, L., et al. (2017). Phase 2 of CATALISE: A multinational and multidisciplinary Delphi consensus study of problems with language development: Terminology. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 58(10), 1068–1080.
- Brandell, J. R. (1984). Stories and storytelling in child psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 21(1), 54–62.

- Brinton, B., Fujiki, M., Hurst, N. Q., Jones, E. R. and Spackman, M. P., (2015). The ability of children with language impairment to dissemble emotions in hypothetical scenarios and natural situations. *Language, Speech, and Hearing Services in Schools*, 46, 325–336.
- Buharalı, S. (2020). *The effectiveness of child-centred play therapy in the development of children's social adaptation and emotional regulation levels*. [Master Thesis, Istanbul Arel University, Social Sciences Institute, İstanbul].
- Bulut-Serin, N. and Genç, H. (2011). The Effect of the Anger Management Training Program on Anger Management Skills of Adolescents. *Journal of Education and Science*, 36(159), 236-254.
- Burns, G. W. (2019). *101 therapeutic stories for children and adolescents*. (H. Demirci, Trans.) Nobel Yaşam.
- Burns, M. (2002). Therapeutic storytelling in child and youth care holly. *Journal of Child and Youth Care Work*, 17, 50-65.
- Burrows, L. (2014). Transforming 'The Red Beast' within through mindfulness and therapeutic storytelling: A Case Study. *Australian Journal of Guidance and Counselling*, 23(2), 172–184.
- Canpolat, M. and Atıcı, M. (2017). The Effect of the Anger Control Program on Anger Controlling Skills of Middle School Students. *Turkish Journal of Psychological Counselling and Guidance*, 7, 47, 87-98.
- Carlson, R., and Arthur, N. (1999). Play therapy and the therapeutic use of story. *Canadian Journal of Counselling and Psychotherapy*, 33(3), 212-226.
- Cenkseven, F. (2003). The Effect of the Anger Management Skills Program on Anger and Aggression Levels of Adolescents. *Educational Sciences and Practice*, 2(4), 153-167.
- Choi, D., Conture, E. G., Walden, T. A., Jones, R. M., & Kim, H. (2016). Emotional Diathesis, Emotional Stress, and Childhood Stuttering. *Journal of Speech Language and Hearing Research*, 59(4), 616. Doi:10.1044/2015_jslhr-s-14-0357.
- Cook, J. W., Taylor, L. A., and Silverman, P. (2004). The application of therapeutic storytelling techniques with preadolescent children: A clinical description with illustrative case study. *Cognitive and Behavioural Practice*, 11(2), 243– 248.
- Curtis, P. R., Frey, J. R., Watson, C. D., Hampton, L. H., and Roberts, M. Y. (2018). Language disorders and problem behaviours: A Meta-analysis. *Paediatrics*, 142(2). Doi: 10.1542/peds.2017-3551.
- Davis, N. (1989). The use of therapeutic stories in the treatment of abused children. *Journal of Strategic and Systemic Therapies*, 8(4), 18–23.
- Davis, N. (2019). *Healing stories for children*. (H. Demirci, Trans.). Nobel Yaşam.
- Deffenbacher, J. L., and Stark, R. S. (1992). Relaxation and cognitive-relaxation treatments of general anger. *Journal of Counselling Psychology*, 39(2), 158–167.
- Demir, V. (2014). The Effect of the Mindfulness-Based Training Program on the Depression and Stress Levels of Individuals [Unpublished doctoral thesis, Istanbul Arel University].

- Demir, V. (2015). The Effect of the Mindfulness-Based Cognitive Therapy Program on the Depressive Symptom Levels of Individuals. *Journal of Psychology Studies*, 35(1), 15- 26.
- Demir, V. and Gündoğan, N. (2018). The Effect of the Mindfulness-Based Cognitive Therapy Program on Reducing Emotional Regulation Difficulties of University Students. *Ege Journal of Education*, 19(1), 46-66.
- Demirer, E. (2021). Investigation of the Effect of Child-Centred Play Therapy on the Level of Anxiety in Children. *Academic Platform Journal of Education and Change*, 4(1), 91-110.
- Duran, Ö. and Eldeleklioğlu, J. (2005). Investigation of the Effect of the Anger Control Program on Adolescents Aged Between 15-18. *Gazi University, Journal of the Education Faculty*, 25(3), 267-280.
- Durmuşoğlu Saltalı, N. (2010). *The Effect of the Emotional Education on the Emotional Skills of Pre-school Children*. [Doctoral Thesis, Selçuk University, Institute of Social Sciences, Konya].
- Dykeman, B. (2000). Cognitive-Behaviour treatment of expressed anger in adolescents with conduct disorders. *Gale Academic*, 121, 2, 298.
- Eisendrath, S. J., Delucchi, K., Bitner, R., Fenimore, P., Smit, M., and McLane, M. (2008). Mindfulness-Based Cognitive Therapy for Treatment-Resistant Depression: Pilot Study. *Psychotherapy and Psychosomatics*, 77(5), 319-320.
- Factor, R. S., Swain, D. M., Antezana, L., Muskett, A., Gatto, A. J., Radtke, S. R., and Scarpa, A. (2019). Teaching emotion regulation to children with autism spectrum disorder: Outcomes of the stress and anger management program (STAMP). *Bulletin of the Menninger Clinic*, 83(3), 235-258.
- Forrest, C.L., Gibson, J.L., Sarah, L., Halligan, S.L. and Michelle C.S. (2020). A cross-lagged analysis of emotion regulation, peer problems, and emotional problems in children with and without early language difficulties. *Evidence From the Millennium Cohort Study*, 63, 1227-1239. https://doi.org/10.1044/2020_JSLHR-19-00188
- Gebeş, H. (2011). *The Effect of the Anger Control Education Supported by Peer Education on Anger Controlling Skills of High School Students*, [Master Thesis, Çukurova University, Social Sciences Institute, Adana].
- Gedik, Z., Gökkaya, F. and Tekinsav Sütçü, S. (2018). The Effectiveness of a School-Based Cognitive Behavioural Group Therapy Program for Anxious Children: Pilot Study. *Uludağ University, Faculty of Arts and Sciences, Journal of Social Sciences*, 19(34), 91-121.
- GohKokYew, S., and O’Kearney, R. (2014). Early language impairments and developmental pathways of emotional problems across childhood. *International Journal of Language & Communication Disorders*, 50(3), 358–373.
- Gülgez, Ö. and Gündüz, B. (2015). The Effect of the Dialectical Behaviour Therapy-Based Emotional Regulation Program on Reducing Emotional Regulation Difficulties of University Students. *Çukurova University. Journal of the Faculty of Education*. 44(2), 191- 208.

- Gültekin, D. (2014). *The Effect of Creative Drama Education on the Social-Emotional Development of 60-72 Months Old Children*. [Master Thesis, İnönü University, Institute of Education Sciences, Malatya].
- Holyoake, D.-D. (2013). Once upon a time there was an angry lion: using stories to aid therapeutic care with children. *Nursing Children and Young People*, 25(7), 24–27.
- Jones, R. M., Conture, E. G., and Walden, T. A. (2014). Emotional reactivity and regulation associated with fluent and stuttered utterances of preschool-age children who stutter. *Journal of Communication Disorders*, 48, 38–51.
- Kagan, R (1982). Storytelling and game therapy for children in placement. *Child Care Quarterly*, 11, 280-290.
- Karrass, J., Walden, T. A., Conture, E. G., Graham, C. G., Arnold, H. S., Hartfield, K. N., and Schwenk, K. A. (2006). Relation of emotional reactivity and regulation to childhood stuttering. *Journal of Communication Disorders*, 39(6), 402–423
- Kayhan Aktürk, Ş. & Ünsal, E. M. (2019). Comparison of the Emotional Regulation Skills of School-Age Children with and without Stuttering: Preliminary findings. *Journal of Language Speech and Swallowing Studies*, 2(2), 104-120.
- Kayılı, G. (2015). *The Effect of the Montessori Method Supported by the Social Skills Training Program on Understanding the Emotions and Social Problem-Solving Skills of Kindergarten Children*. [Doctoral Thesis, Selçuk University, Social Sciences Institute, Konya].
- Kelleci, M., Avcı, D., Erşan, E., and Doğan, D. (2014). The Effect of the Anger Management Program Based on Cognitive Behavioural Techniques on the Anger and Assertiveness Levels of High School Students. *Anatolian Journal of Psychiatry*, 15, 296-303.
- Kenny, M.A., and Williams, J.M. G. (2007). Treatment-resistant depressed patients show a good response to mindfulness-based cognitive therapy. *Behaviour Research and Therapy*, 45, 617–625.
- Kuzucu, Y. (2006). *The Effect of a Psycho-Educational Program for Recognizing and Expressing Emotions on the University Students' Emotional Awareness Levels, Their Tendency to Express Emotions and Their Psychological and Subjective Well-Being*. [Doctoral Thesis, Ankara University, Institute of Education Sciences, Ankara].
- Levine, E. S. (1980). Indirect suggestion through personalized fairy tales for treatment of childhood insomnia. *American Journal of Clinical Hypnosis*, 23(1), 57–63.
- Liu, X. (2017). *Exploring the value of culturally adapted therapeutic stories as a tool for intervention in Chinese primary schools*. [Doctoral Thesis, The University of Sheffield Faculty of Social Science School of Education].
- Lloyd-Esenkaya, V., Russell, A .J., and Clair, M. C. S. (2020). What are the peer interaction strengths and difficulties in children with developmental language disorder? A systematic review. *International Journal of Environmental Research and Public Health*, 17(9), 3140.

- Löytömäki, J., Ohtonen, P., Laakso, M., and Huttunen, K. (2019). The role of linguistic and cognitive factors in emotion recognition difficulties in children with ASD, ADH Dor DLD. *International Journal of Language & Communication Disorders*, 55(2), 231-242.
- Norbury, C. F., Vamvakas, G., Gooch, D., Baird, G., Charman, T., Simonoff, E. and Pickles, A., (2017). Language growth in children with heterogeneous language disorders: a population study. *Journal of Child Psychology and Psychiatry*, 58, 1092– 1105.
- Ntourou, K., Conture, E. G., and Walden, T. A. (2013). Emotional reactivity and regulation in preschool-age children who stutter. *Journal of Fluency Disorders*, 38(3), 260–274.
- Öz, A. and Aysan, S.(2012).The Effect of Anger Management Education on the Anger Coping and Assertiveness Skills of School Counsellors. *Mehmet Akif Ersoy University Journal of the Social Sciences Institute* , 6,52-69.
- Özkazanç, C. N. (2017). *Evaluation of Pre-School Social Skills and Development Problems with Developmental Language Speech Disorder and Personal Development*. [Master Thesis, Işık University, Social Sciences Institute, Istanbul].
- Öztürk, G. (2019). *Status and Behaviour-Based Communication Problems Faced by Primary School Teachers with Management*. [Master Thesis, Yeditepe University, Institute of Education Sciences, Istanbul].
- Painter, L. T., Cook, J. W., and Silverman, P. S. (1999). The Effects of therapeutic storytelling and behavioural parent training on noncompliant behaviour in young boys. *Child & Family Behaviour Therapy*, 21(2), 47–66.
- Painter, L. T. (1997). *Effects of therapeutic storytelling and behavioural parent training on the problem behaviours of children and on parental stress*. University of Montana.
- Pearce, W.B. and Pearce, K.A. (1998). Transcendent storytelling: Abilities for systemic practitioners and clients. *Human Systems*, 9, 167-185.
- Pernico, P. (2021). *Metaphorical stories for child therapy*. (M. Baloğluand Ş. Kesici, Tr.). Yeni Kapı Publications.
- Rhue, J. W., and Lynn, S. J. (1991). Storytelling, hypnosis and the treatment of sexually abused children. *International Journal of Clinical and Experimental Hypnosis*, 39(4), 198–214.
- Rivers, S. E., Brackett, M. A., Katulak, N. A., & Salovey, P. (2006). Regulating anger and sadness: an exploration of discrete emotions in emotion regulation. *Journal of Happiness Studies*, 8(3), 393–427.
- Sarıçalı, Z. E. (2020). *The Effect of the Emotional Regulation Program on Emotional Regulation Strategies of Pre-Adolescents*. [Doctoral Thesis, Anadolu University, Institute of Education Sciences, Eskişehir].
- Scaletti, R., and Hocking, C. (2010). Healing through storytelling: An integrated approach for children experiencing grief and loss. *New Zealand Journal of Occupational Therapy*, 57(2), 66-71.
- Seay, H. A., Fee, V. E., Hollowy, K.S. and Giesen, J.M. (2003). A multicomponent treatment package to increase anger control in teacher referred boys. *Child and Family Behaviour*

Therapy. 25(1), 1-18.

- Şekerci, Y. G., Terzi, H., Kitiş, Y., Okuyan, C. B. (2017). The Effect of the Anger Control Program Applied to Eighth Grade Students According to the Cognitive Behavioural Approach. Dokuz Eylül University, *Electronic Journal of the Faculty of Nursing*. 10(4), 201-207.
- Sertelin Mercan, Ç. and Yavuzer, H. (2017). The Effect of Social Skills Training integrated with the Cognitive-Behavioural Approach on the Social Anxiety Level of Adolescents. *Electronic Journal of Social Sciences*, 16(63), 1187-1202.
- Sezici, E. (2013). *The Effect of Play Therapy on Social Competence and Behaviour Management in Pre-School Children*. [Doctoral Thesis, Marmara University, Health Sciences Institute, İstanbul].
- Shen, Y. J. (2002). Short-term group play therapy with Chinese earth quake victims: Effect on anxiety, depression and adjustment. *International Journal Play Therapy*, 11(1), 43-63.
- Soydan, S., & Kılıç, S., Acar, A. (2022). An Adaptation Study of the Anger-Sadness-Anxiety Emotional Management Scales in Children Aged Between 5-10 Years into Turkish. *New Dimensions in Educational Sciences without Borders*. Chapter 3.
- Sönmez, V. Alacapınar, F.G. (2014). *Örneklendirilmiş Bilimsel Araştırma Yöntemleri*. Ankara: Anı yayıncılık
- St Clair, M.C., Forrest, C.L., Kok Yew, S.G., and Gibsons, J.L. (2019). Early risk factors and emotional difficulties in children at risk of developmental language disorder: A population cohort study. *Journal of Speech, Language, and Hearing Research*, 62, 2750–2771.
- Stulmaker, H. L. and Ray, D. C. (2015). Child-centred play therapy with young children who are anxious: A controlled trial. *Children and Youth Services Review*, 57, 127-133. Doi: 10.1016/j.childyouth.2015.08.005.
- Suveg, C., Kendall, P. C., Comer, J.S., and Robin, J. (2006). Emotion-focused cognitive-behavioural therapy for anxious youth: A multiple-baseline evaluation. *Journal of Contemporary Psychotherapy*, 36(2), 77–85. Doi:10.1007/s10879-006-9010-4.
- Teber, M. (2020). *Therapy with Stories*. [PowerPoint Slide]. Course notes
- Teddle, C. and Tashakkori, A. (2009) *Foundations of Mixed Methods Research: Integrating Quantitative and Qualitative Approaches in the Social and Behavioral Sciences*. Sage, London.
- Temizel, B. (2019). *The Effect of the Child-Centred Play Therapy on the Anxiety Levels in Children Aged between 4-9: A Retrospective Study*. [Master Thesis, Üsküdar University, Social Sciences Institute, İstanbul].
- Topal, H. (2021). *The Effect of Emotional Regulation Psychoeducational Programs Applied to Primary School Children and Their Mothers on Emotional Regulation Skills of Children*. Doctoral Thesis, Çukurova University, Social Sciences Institute, Adana.

- Uğur Ulusoy, R. (2018). *The Examination of the Effect of the Family Participation Education Program Prepared for Emotional Regulation Skills for Pre-School Children*. Master Thesis, Karabük University, Health Sciences Institute, Karabük.
- Ünlü, A.G. (2020). *Application and Evaluation of the Drama-Based Intermodal Expressive Art Therapy in Anxiety Disorder Cases*. Master Thesis, Gazi University, Institute of Education Sciences, Ankara.
- van den Bedem, N. P., Dockrell, J.E., van Alphen, P.M., and Rieffe, C. (2020). Emotional competence mediates the relationship between communication problems and reactive externalizing problems in children with and without developmental language disorder: A longitudinal study. *International Journal of Environmental Research and Public Health*, 17(16), 6008.
- van den Bedem, N.P., Dockrell, J.E., van Alphen, P.M., deRoos, M., Samson, A.C., Harjunen, E.L., and Rieffe, C. (2018). Depressive symptoms and emotion regulation strategies in children with and without developmental language disorder: A longitudinal study, *International Journal of Language & Communication Disorders*, 53(6), 1110-1123.
- Willner, P., Jones, J., Tams, R., and Green, G. (2002). A randomized controlled trial of the efficacy of a cognitive-behavioural anger management group for clients with learning disabilities. *Journal of Applied Research in Intellectual Disabilities*, 15(3), 224-235.
- Yılmaz, H. (2020). *The Development of the Pre-school Emotional Regulation Scale and the Predictive Effects of Mothers' Emotional Regulation Difficulties on Children's Emotional Regulation Skills*. [Doctoral Thesis, Marmara University, Institute of Education Sciences, Istanbul].
- Zeman, J. L., Cassano, M., Suveg, C. & Shipman, K. (2010). *Initial validation of the children's worry management scale.*, 19(4), 381–392.
- Zeman, J., Shipman, K., and Penza-Clyve, S. (2001). Development and Initial Validation of the Children's Sadness Management Scale. *Journal of Nonverbal Behaviour*, 25(3), 187-205.
- Zengin, M., Yayan, E. H., and Düken, M. E. (2020). The effects of a therapeutic play/play therapy program on the fear and anxiety levels of hospitalized children after liver transplantation. *Journal of Peri Anaesthesia Nursing*. 36 (1), 81-85