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The effectiveness of emotion-oriented therapy on the symptoms of oppositional defiant disorder and anxiety symptoms of male Adolescents with oppositional defiant disorder

Arezoo. Ahmadi[1]*, Minoo. Bakhtiyarzade[2], Zahra. Barvarz Kocheghale[3] & Mohammad. Samadi[3]

1. ***Corresponding Author:** M.A in clinical psychology, Ayatollah Amoly Branch, Islamic Azad University, Amoly, Iran
2. M.A, clinical psychology, Roudhen Branch, Islamic Azad University, Roudhen, Iran
3. M.A, clinical psychology, Isfahan University, Iran

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Corresponding Author's Info
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arezoooahmadi@gmail.com

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ABSTRACT

Background and Aim: One of the major problems of adolescents who are involved in oppositional defiant disorder is anxiety; Anxiety, with a prevalence of about 2-5%, means severe and extreme fear of situations where there is a possibility of analyzing a person's behavior and fear of his negative evaluation in social situations; Therefore, the aim of the present study was to investigate the effectiveness of emotion-oriented therapy on the symptoms of oppositional defiant disorder and anxiety symptoms of adolescent boys with oppositional defiant disorder. **Methods:** In terms of purpose, the current research was of applied type and the method of conducting it was quasi-experimental with a pre-test and post-test design with an experimental group and a control group and a two-month follow-up period. Therefore, the statistical population of the study included all male children who referred to a private counseling center in the 11th district of Tehran due to the symptoms of oppositional defiant disorder. 30 people were selected by available sampling and randomly assigned to an experimental group (15 people) and a control group (15 people). Then, the emotion-oriented treatment package taken from Greenberg and Geller (2012) was implemented on the experimental group. In order to collect the data, the research tool included the Achenbach Adolescent Behavioral Problems Scale (YSR) and the Anxiety Questionnaire (SAS). The subjects of both groups completed the questionnaires at the beginning of the research, and then the experimental group received emotional therapy, while the control group did not receive any intervention. In the descriptive part, frequency distribution tables were used, and in the inferential part of data analysis, mixed variance analysis with repeated measurements and Bonferroni's post-hoc test and SPSS software version 26 were used. **Results:** The F-value and the significance level of the obtained value were calculated in the variables of symptoms of oppositional defiant disorder (F = 8.21 and P = 0.004) and anxiety (F = 8.09 and P = 0.004). Therefore, it can be concluded that the intervention used in this research, that is, emotion-oriented therapy as an independent variable, significantly caused changes in the dependent variables (symptoms of oppositional defiant disorder and anxiety). This means that the changes made in the dependent variables were caused by the implementation of emotional therapy. Moreover, the results of the post-hoc test indicated the stability of the effectiveness of emotion-oriented therapy on the research variables. **Conclusion:** Based on the available findings, it can be concluded that emotion-oriented therapy can be useful for the treatment of those suffering from the symptoms of oppositional defiant disorder and reducing their anxiety.

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Introduction

The concern in the field of adolescent mental health and its impact on psychological and behavioral development and functions has increased significantly with the increase in the prevalence of mental disorders among adolescents in recent years (Abdollahi Bagharabadi, 2018). One of the disorders that has a negative impact on the mental health of adolescents is oppositional defiant disorder (Liu, Chang, and Lee, 2021), which is one of the most common causes of referral of adolescents to psychotherapy and counseling clinics. (Faramarzi, Abedi, and Ghanbari, 2012). This disorder may start at the age of 3, but it usually starts at the age of 8. In fact, the age of onset is usually between 8 and 12 years, and its prevalence before puberty is higher in boys (Sadock, 2015). Barclay (2013) states that "oppositional defiant disorder is a stable pattern of negativity, disobedience, stubbornness, hostility and defiance towards authority figures" (Barclay, 2013). Signs and symptoms of oppositional defiant behavior can be a gateway to other psychiatric disorders in adulthood (Sentivanay & Balazs, 2018). Also, the prognosis of oppositional defiant disorder is unfavorable. It is associated with an increased risk of conduct disorders, substance abuse, antisocial personality disorders, and anxiety disorders (Folino, 2011), eating disorders, schizophrenia, and mania (Kim-Cohen et al., 2003) in the future (Pazhunia et al., 2019). This disorder is characterized by a pattern of anger/irritability, stubborn/disobedient behavior, or revenge-seeking behavior that is displayed during interactions with at least one person other than a sibling. (Arias, Aguayo, and Navas, 2021).

Therefore, one of the major problems of adolescents who are involved in oppositional defiant disorder is anxiety. Anxiety, with a prevalence of about 2-5%, means severe and extreme fear of situations where there is a possibility of analyzing a person's behavior and fear of negative evaluation in social situations (American Psychiatric Association, 2016). Anxiety is the third most common psychological disorder and a debilitating disorder that has a chronic and continuous process and often begins in childhood or early adolescence due to the experience of mistreatment and adversity and spreads in youth and adulthood (Sadock, 2015). However, estimates of the prevalence of anxiety disorders in children and adolescents vary widely, but it is estimated that the lifetime prevalence of anxiety disorders in children and adolescents is around 15 to 20 percent (Zu et al., 2019). An important point that can double the importance of paying attention to anxiety during adolescence is that many of them may have suffered from anxiety for years (Amiralsadat Hefshanjani et al., 2022) but have not been identified and, therefore, have not been treated. Perhaps the reason for this is that adolescents with anxiety do not show problems as openly as adolescents with conduct disorders. Therefore, teachers and parents cannot recognize these problems and only when these problems are severe and have more external symbols, they can be recognized by teachers and parents (Ahlen, Vigerland, and Qadri, 2018).

One of the treatments whose effectiveness has been proven in different situations is emotional therapy (Omrani et al., 2022). This treatment, which is a combination of experimental and systemic treatment, is closely related to the reduction of psychological problems in people (Minai, 2022). This therapy includes methods based on activating certain emotions that are established in an empathic communication context. This approach assumes that helping clients change the way they abuse their emotions and access them in a purely caring and empathic relationship leads to changes in emotional schemas (Dehnavi, Sadeghi, & Sepahvand, 2020). The process of emotion-centered therapy, which is implemented in an individual way, is determined by three stages of attachment and awareness, recall and discovery, and emotional reconstruction in eight steps. These three stages overlap, and throughout the treatment, the client is viewed as an expert on his experience and the therapist as a guide and facilitator for the client's goals (Zwack & Greenberg, 2020). In emotion-centered therapy, it is believed that the way people organize and process emotional experiences and the interaction patterns they create and strengthen themselves have led to their helplessness (Greenman & Johnson, 2013).

According to the mentioned materials, adolescence is a period in which dealing with all kinds of problems and mental disorders is very important. Also, oppositional disobedience disorder is one of the disorders that appeared in this period and if it is not addressed at a young

age, it will cause many problems and abnormalities in the future. Emotion-oriented therapy is one of the therapeutic methods whose effectiveness has been proven in numerous studies, but its effect has not been studied in relation to the symptoms of oppositional defiant disorder and anxiety in adolescents with oppositional defiant disorder. Therefore, this study was conducted with the aim of investigating the effectiveness of emotion-oriented therapy on the symptoms of oppositional defiant disorder and anxiety symptoms of adolescent boys with oppositional defiant disorder.

Method

In terms of the purpose of the present study, it was a semi-experimental study with a pre-test and post-test design with an experimental group and a control group and a two-month follow-up period. Therefore, the statistical population of the study included all male adolescents who had referred to the Education and Training Counseling Center of Isfahan due to the symptoms of oppositional defiant disorder. 30 people were selected by available sampling and randomly assigned to an experimental group (15 people) and a control group (15 people). Then, the emotion-oriented treatment package taken from Greenberg and Geller (2012) was implemented on the experimental group. In order to collect data, the research tool included Achenbach's experience-based measurement system-Adolescent Behavioral Problems Self-Assessment Form (ASEBA-YSR) and Anxiety Questionnaire (SAS). The subjects of both groups completed the questionnaires at the beginning of the research, and then the experimental group received emotional therapy, while the control group did not receive any intervention.

Materials

1. Assessment system based on Achenbach's experience - Adolescent Behavioral Problems Self-Assessment Form (ASEBA-YSR): The Achenbach Adolescent Behavioral Problems Self-Report Scale was used to screen adolescents with attention problems. This questionnaire was created by Achenbach in 1991 and was standardized in Iran by Minaei (2005) for adolescent samples. This scale can be answered in 15 minutes for ages 11 to 18 with a minimum education of the fifth grade. This scale includes two parts of competences and syndromes, which will be used in this research for syndromes and the component of attention problems. The syndromes section contains 112 statements and the subjects are not correct according to a three-point scale: (0), partially or sometimes true: (1), completely or mostly true: (2), circle the number that corresponds to their situation (Akbari Zardkhaneh et al., 2018). These scales are: 1- cornering, 2- physical complaints, 3- depression-anxiety, 4- social problems, 5- thinking problems, 6- attention problems, 7- delinquent behavior, 8- aggressive behavior. The component of attention problems in this scale includes questions 1, 4, 8, 10, 13, 17, 41, 61 and 78. The lowest and highest scores in this scale range from 0 to 18, and scores above 8 are considered to indicate a clinical state of attention problems (Bourdin et al., 2013). The adolescent self-assessment scale has satisfactory reliability and validity. The validity of this questionnaire has been examined repeatedly. Burdin et al. (2013) have reported the validity of the scale using the method of factor analysis and the method of principal components, and obtained the reliability of the scale using Cronbach's alpha for all dimensions in the range of 0.59 and 0.86. The correlation coefficient of this scale with Eyseng's adolescent personality questionnaire has been obtained between 0.39 and 0.68. Also, the reliability coefficients of this questionnaire were obtained by Cronbach's alpha method for general problems of 0.85 and 0.93 (Akbari Zardkhaneh et al., 2018).

2. Self-Assessment Anxiety Scale (SAS): The Zung Self-Assessment Anxiety Scale (SAS) was created by William Zung (1971); This scale is widely used to measure general anxiety and anxiety states and is prepared based on physical-emotional symptoms of anxiety; When using this scale, the respondent is asked to answer each of the 20 items based on the agreement of the items with him during the last week. The maximum and minimum score of this questionnaire is 80 and 20. The studies conducted by the creators of the questionnaire on 500 students indicate that the reliability coefficient of the SAS test obtained by Cronbach's alpha method is 0.84. Anxiety self-assessment questionnaire has been used in several studies in Iran, Hakim Javadi et al. (2010) reported the reliability of this scale as 0.67. In Goudarzi et al.'s research (2016), Cronbach's alpha was reported as 0.82, which indicates its high reliability.

3. Emotion-oriented therapy: In the present study, in order to implement emotion-oriented therapy on the experimental group, the protocol presented by Greenberg and Geller (2012) was used, which was presented in 8 sessions of 90 minutes. The summary of the content of emotion-oriented therapy sessions used in the present study is reported in the table below.

Table 1. Content of emotion-oriented therapy sessions taken from Greenberg and Geller (2012)

Session	Content
1	Conducting a pre-test, getting to know and establishing a therapeutic relationship, getting to know the general rules of treatment, evaluating the nature of the problem and relationship, evaluating the clients' goals and expectations from the treatment.
2	Recognizing the negative interactive cycle and creating conditions where clients reveal their negative interactive cycle. Assessing the client's relationship and attachment bond, familiarizing the client with the principles of emotion-oriented therapy and the role of emotions in interpersonal interactions, reconstructing interactions and increasing the client's flexibility.
3	Reshaping the problem in terms of underlying feelings and attachment needs, emphasizing the client's ability to express emotions and show attachment behaviors to the client, informing the client about the effect of their fear and defense structures on cognitive and emotional processes, describing the receiving cycle and the context of attachment
4	Encouragement to identify rejected needs and aspects of self that have been denied. Drawing clients' attention to the way they interact with each other and reflecting their interaction patterns with respect and empathy, expressing attachment needs and identifying denied needs and increasing acceptance
5	Informing people about the underlying emotions and revealing the position of each client in the relationship, emphasizing the acceptance of experiences and patients and new ways of interaction, tracking known emotions, highlighting and re-explaining attachment needs and pointing to their healthy and naturalness.
6	Facilitating the expression of needs and desires and creating emotional conflict, developing the initial emotional experience in the field of attachment and recognizing inner needs and relationships, creating new attachments with a secure bond between clients.
7	Creating new interactive situations between patients and ending old interactive patterns, clarifying the interactive pattern, reminding attachment needs.
8	Strengthening the changes made during the treatment. Highlighting differences between current interactions and past interactions. Forming a relationship based on a safe bond in such a way that discussing problems and searching for solutions does not harm them, evaluating changes and implementing post-examination.

Implementation

The subjects of both groups completed the questionnaires at the beginning of the research, and then the experimental group was subjected to emotional therapy, while the members of the control group did not receive any intervention. After the end of the interventions, both groups completed the questionnaires again, and finally, after the two-month follow-up period, all participants responded to the research measurement tool once again. Analysis of the data obtained from the research was carried out in two descriptive (mean and standard deviation) and inferential sections. In the descriptive part, frequency distribution tables were used, and in the inferential part of data analysis, mixed variance analysis with repeated measurements and Bonferroni's post hoc test and SPSS software version 26 were used.

Results

The demographic findings of the present study showed that the mean (standard deviation) age of the control group members was 15.28 (1.56) years and the experimental group members was 16.85 (2.15) years.

Table 2. Descriptive findings of experimental and control groups' scores

Variable	Group	Stage	Mean	SD
ODD	Exp.	Pre-test	7.15	0.69
		Post-test	5.23	0.73
		Follow-up	5.15	0.65
	Control	Pre-test	7.37	0.99
		Post-test	7.16	0.81
		Follow-up	7.29	0.92
Anxiety	Exp.	Pre-test	54.59	6.61
		Post-test	47.82	6.70
		Follow-up	47.50	6.79
	Control	Pre-test	55.80	6.70
		Post-test	54.99	7.16
		Follow-up	55.76	6.90

According to the results reported in the table above, no noticeable change was observed in the scores of the research variables in the control group, but in the experimental group, the average scores of the symptoms of oppositional defiant disorder and anxiety decreased intuitively. To test the significance of the effectiveness of emotion-oriented treatment on the experimental group, multivariate analysis of variance with repeated measurements in three stages has been used. For this purpose, the required prerequisites must be checked first.

Table 3. Results of normal distribution of scores and homogeneity of variances test

Variable	Shapiro-wilk		Levene		Box's M	
	Statistics	sig	F	Sig.	F	Sig.
ODD	0.960	0.499	0.301	0.80	1.19	0.030
Anxiety	0.966	0.512	0.344	0.73	1.33	0.027

According to the results reported in the above table, the Shapiro-Wilk test shows the normality of the data. Also, based on the results of Levene's test, the condition of homogeneity of variance is established and finally Mbox test also confirms the covariance matrix. Therefore, it is allowed to use the method of multivariate variance analysis with three-step repeated measurements.

Table 4. Mixed variance analysis with repeated measurements in the three stages of pre-test, post-test and follow-up with the variables of oppositional defiant disorder and anxiety in two experimental and control groups

Variable	Source	SS	Df	MS	F	sig	Eta^2
ODD	Intercept	9823.44	1	9823.44	150.66	0.000	0.69
	Group	49.41	1	49.41	8.21	0.004	0.38
	Error	95.15	30	3.17			
Anxiety	Intercept	39512.81	1	39512.81	183.16	0.000	0.71
	Group	241.84	1	241.84	8.09	0.004	0.37
	Error	872.72	30	29.09			

According to the table above, the F value and significance level were obtained in the variables of symptoms of oppositional defiant disorder (F = 8.21 and P = 0.004) and anxiety (F = 8.09 and P = 0.004). It can be concluded that the intervention used in this research, that is, emotion-oriented therapy as an independent variable, significantly caused changes in the dependent variables (symptoms of oppositional defiant disorder and anxiety). This means that the changes made in the dependent variables were caused by the implementation of emotional therapy.

Table 5. The results of pairwise comparison of means based on Bonferroni's post hoc test

Stage	Pre-test – Follow-up			Pre-test – Follow-up			Pre-test – Follow-up		
Variable	Mean diff	SE	Sig.	Mean diff	SE	Sig.	Mean diff	SE	Sig.
ODD	0.34	0.43	0.95	1.07	0.48	0.00	1.10	0.48	0.00
Anxiety	1.16	2.22	0.89	6.97	2.34	0.00	6.86	2.30	0.00

The results of the above table show that the difference between the mean scores of the follow-up and post-test stages is not significant, while the scores of both stages are significantly different from the scores of the pre-test stage. Hence, it can be concluded that emotion-oriented treatment in the post-test stage significantly changed the symptoms of oppositional defiant disorder and anxiety, and at the same time, this effect on the variables of the experimental group was stable in the follow-up stage.

Conclusion

The present study was conducted with the aim of investigating the effectiveness of emotion-oriented therapy on the symptoms of defiant disorder and anxiety symptoms of adolescents with oppositional defiant disorder. The results of data analysis using analysis of variance with repeated measures showed that this method of treatment had a significant effect on the symptoms of defiant disorder and anxiety symptoms of adolescents with symptoms of oppositional defiant disorder. According to the results of Bonferroni's post hoc test, this effect was stable in the follow-up phase. The results of this research were consistent with the results of the following studies: Minaei (2022), Omrani et al. (2022), Barclay (2013), Zwack and Greenberg (2020), Jones (2018), Timulak et al. (2017), O'Brien et al. (2019) and Elliott and Shahar (2017).

In explaining the obtained findings, it can be said that emotion-oriented therapy, by emphasizing and marking negative behaviors, thoughts and emotions step by step, identifies people's incompatible emotions and finally tries to change them with methods and techniques. Since this treatment pays a lot of attention to unresolved and unaccepted emotions (Minai, 2022), it was able to play a significant role in reducing the symptoms of oppositional defiant disorder and anxiety in adolescents with oppositional defiant disorder. Also, in this treatment, students learn how to identify the range of emotions of themselves and others, and how to adjust and manage it. One of the things that is observed in the majority of students with high anxiety is intense negative emotions. Also, these people usually have feelings of shame and embarrassment and anger due to not appearing in society. Some of the incompatible emotions in these people can be changed through identification, expression and replacement. People are taught to identify their emotions and be able to label them, which is very helpful in identifying maladaptive emotions. During the sessions, the therapist with the empathy he has with the client helps his sense of trust and causes the unexpressed and suppressed emotions to come to life, which can be used to induce the feeling of being accepted and heard to the client through timely reflection. Also, by using techniques such as validation, it is shown to the therapist that their emotional responses are acceptable, which shows them that they can express blocked experiences away from judgment and blame (Minai, 2022). Therefore, it seems that emotion-oriented therapy has been able to reduce anxiety and symptoms of oppositional defiant disorder in the participants of the experimental group.

In further explanation of the findings of the current research, it can be mentioned that the emotion-oriented approach is a combination of humanistic, attachment and cognitive perspectives. Strategies such as recognition, focus on emotions, emphasis on positive emotions, emotional reconstruction, finding solutions and creating and creating new meanings and good relationships are used in this approach in a wide and diverse manner (Dehnavi et al., 2020). Due to the fact that most of the emotions have an emotional state, with training and using special intervention methods, this approach can change and modify the positive and negative emotions of people (Omrani et al., 2022). In other words, since the emotion-oriented approach focuses on emotions and emotions, it has based its treatment on the self-development and balance of the individual, and through positive self-restraint, it tries to self-regulate the individual and his emotional system. In therapy sessions, he widely uses therapeutic methods to express new feelings (Davodi et al., 2019). The emotion-oriented approach makes clients aware that they cannot change certain events in their lives and that there are a series of issues that are out of their control. However, they can learn to change the way they cope and react to that event. Therefore, with the help of this treatment, one can control the way and attitude of the person towards the reality of oppositional defiant disorder and the recognition of emotions related to it (Tahri et al., 2020) and thus reduce the symptoms of oppositional defiant disorder and anxiety. Since cognition, emotion, emotion and behavior are completely in interaction with each other, emotion-oriented strategies by controlling attention and the cognitive consequences of emotion change the performance of cognitive systems and then regulate emotion. Emotions occur before behaviors and optimize a person's adaptation to the needs of the physical and social environment; Therefore, excitement, by harmonizing mental, biological and motivational processes, stabilizes the person's situation with the environment, and while equipping him with special and efficient

answers appropriate to the problems, ultimately causes his physical and social survival (Davoudi et al., 2019).

According to the results obtained in this research, it is suggested that emotional therapy be studied in different situations and for other disorders, especially personality and behavioral disorders. It is also suggested to the experts to use the techniques used in this treatment method in clinical situations and to hold educational workshops to teach emotional therapy.

The present study had limitations that make it necessary to observe the aspects of caution in using its results and generalizing them, and also confirm or reject the obtained results by repeating similar studies. Among these limitations was the existence of only one follow-up stage in order to check the stability of emotional therapy. Another limitation of the research is the use of a self-report questionnaire as a tool to collect data, there is always a percentage of error, especially when the statistical sample of the research includes adolescents with psychological or behavioral disorders. In addition, the purposeful sampling method also reduces the reliability of the obtained results. Therefore, it is suggested to the researchers to investigate the effectiveness of emotion-oriented therapy for teenagers with coping disorder and other disorders, especially behavioral disorders, in their future studies, considering different variables as well as different statistical communities. Also, according to the obtained results, it is suggested to the clinical specialists of children and adolescents to use emotion-oriented techniques in the treatment, and finally workshops to teach these techniques to the therapists.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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