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The Effect of Cognitive-Behavioral Play Therapy on Emotion Regulation and Separation Anxiety: A Quasi-Experimental Study in Elementary-School Children in Isfahan

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ABSTRACT

Background and Objective: Emotion regulation and separation anxiety are some of the problems faced by elementary-school students. This study aimed to investigate the effectiveness of cognitive-behavioral play therapy (CBPT) on emotion regulation and separation anxiety of elementary-school children in Isfahan.

Methods: This quasi-experimental study was conducted using a pretest-posttest design with a control group. The statistical population included all male elementary-school students in Isfahan, Iran in 2020. Using the convenience sampling method, 30 students were selected and divided into experimental and control groups (n= 15 per group). The experimental group underwent eight sessions (one 30-minute group session per week) of CBPT, while the control group received no intervention. The research tools included the Cognitive Emotion Regulation Questionnaire (CERQ) and the Separation Anxiety Assessment Scale-Parent version (SAAS-P). Data were analyzed using the analysis of covariance in SPSS 22 software.

Findings: The participants included 30 elementary-school students, aged 9.12±1.35 years old. The mean ± SD of the post-test scores of emotion regulation and separation anxiety in the CBPT group was 58.26±1.96 and 45.26±1.08 and was 52.26±1.96 and 76.33±2.67 for the control group. The results indicated that CBPT improved emotion regulation and reduced separation anxiety in elementary-school students (P= 0.001).

Conclusion: It can thus be concluded that play therapy with a cognitive-behavioral approach can mitigate anxiety and improve emotion regulation in elementary-school students.

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Introduction

Intraventricular hemorrhage (IVH) Children's health is of utmost importance in every society, and attention to this issue ensures their mental and physical health and helps them play their social role better [1, 2]. Emotion regulation is one of the problems faced by the majority of children. It involves strategies adopted during distress to control one's emotions [3]. Emotions can play a constructive role in problem-solving, information processing, and decision-making [4]. Still, it is not always beneficial, and most often, it should be regulated and managed. Research shows that people's capability of cognitive-emotional regulation can play a key role in their adjustment to stressful life events [5]. Different studies have demonstrated that emotion regulation affects the way emotion is experienced and manifested [6, 7, 8]. Mental health is the outcome of an interaction between the use of certain types of emotion regulation strategies and an accurate evaluation of the stressful situation [9, 10]. The use of some emotion regulation strategies affects people's experience of negative life events. One such strategy is play therapy [11].

Anxiety is another psychological problem experienced by elementary-school students. This emotion bears a negative feeling and encompasses a sense of concern about the possible hazard [12]. Separation anxiety is a type of anxiety that can characterize anxiety disorders when it starts during childhood [13, 14]. Zarafshan et al. [15] reported a prevalence of 17% among children aged 2-4 years old. In studies by Cartwright-Hatton et al. [16] on the prevalence of anxiety disorders among children under the age of 12, they found that the prevalence of each disorder is reported quite differently in studies, ranging from 2.6% to 41.2%, and separation anxiety disorder is the most prevalent anxiety diagnosed in this age group. Based on the report by Lewinsohn et al. [17], three-fourths of children who avoid school suffer from separation anxiety. If timely measures are not taken for treatment, these children may suffer from severe secondary anxiety and demonstrate disorders such as social phobia, agoraphobia, and panic. Therefore, it is essential to pay attention to therapeutic methods, especially in pre-school years.

The cognitive-behavioral approach regards anxiety as the outcome of incorrect early interpretations [18]. Cognitive-behavioral therapies try to integrate objectivity, evaluation, and assessment on the one hand, and involve the role of memory and cognition in information reconstruction and interpretation on the other hand [19, 20]. Children need play in any situation. Playing confers numerous benefits and values upon children. During play, children perceive phenomena, understand relationships, feel comfortable, and use it as a tool for communication, exchange, experimenting, and mastery over external realities [21]. The benefits of play therapy for children include fostering competence and capabilities, refinement, emotional release, role-playing, imagination, symbolic education, establishing and promoting relationships and attachment, positive emotion, and overcoming the fears experienced when growing up [22]. With its therapeutic role, play provides an opportunity for children to release their concerns and dissatisfaction with the environment and express their emotions [23, 24].

In recent years, researchers have attempted to add play therapy to the list of the most effective and widely used treatment methods to treat a wide range of pediatric disorders and problems. It is a frequently applied and well-known method used by psychologists for several decades to treat a wide range of disorders and problems, and its effectiveness has been confirmed [25, 26]. Evidence suggests the effectiveness of play therapy intervention in mitigating children's anxiety [25, 27]. Given the paucity of studies on elementary-school students with separation anxiety, this study aimed to investigate the effectiveness of CBPT on emotion regulation and separation anxiety of elementary-school children in Isfahan city in 2020.

Methods

This quasi-experimental study was conducted using a pretest-posttest design with a control group. The study population included all the male elementary-school students aged 9-10 years in Isfahan, Iran in 2020. A sample of 30 was selected

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via convenience sampling from those visiting Chatr-e Nili counseling center in Isfahan city, and divided into two experimental and control groups (n= 15 per group). Chatr-e Nili counseling center started its activity in Isfahan in 2006. This association is managed by a number of psychologists and psychotherapists and the purpose of this association is to protect the rights of injured or vulnerable children. In the present study, G*power software was used to calculate the sample size (power=0.95, α=0.05). The inclusion criteria were: the parents of the students had at least a middle school education, written consent for participation in research by parents, no mental illness and no simultaneous psychological or pharmaceutical treatment for the students. The exclusion criteria were: more than two absences from the treatment sessions and reluctance to continue the treatment process.

First, the university's approval was received so that the counseling center would collaborate with the researcher. After visiting Chat-re Nili counseling center, children with separation anxiety and problems with emotion regulation were identified. The identification of these children was done with the advice of the counseling center staff and based on the data of the separation anxiety assessment scale. A sample of children having both problems who were willing to participate in the study was chosen, and the participants were divided into two experimental and control groups. Both groups completed the pre-test questionnaires. Since the children were 9-10 years, their parents were asked to fill out the questionnaires based on the children's performance. Then, the experimental group received CBPT for eight sessions (two 30-minute sessions a week) [28]. Table 1 presents the title, objectives, and content of the educational sessions) [28]. The intervention sessions were conducted at Chat-re Nili counseling center by the first author who had received specialized courses and workshops. No treatment intervention was offered to the control group; they were placed on the waiting list. Finally, both groups completed the post-test questionnaires. The respondents were ensured that the information provided in the questionnaire would remain confidential. For ethical considerations, the researchers received written consent from the parents for participation in the research. Also, at the end of the study, to observe ethical considerations, the control group received a course of CBPT. The study was approved by the Ethical Committee of Payame Noor University.

Instruments

The Cognitive Emotion Regulation Questionnaire

The Cognitive Emotion Regulation Questionnaire [29] is an 18-item questionnaire assessing cognitive emotion regulation strategies in response to threatening and stressful life events on a five-point scale from 1 (never) to 5 (always) via the following nine sub-scales: self-blame, blaming others, rumination, catastrophizing, putting into perspective, positive refocusing, positive reappraisal, acceptance, and refocusing on planning. The scores of each subscale ranged from 2 to 10, with higher scores indicating more use of that cognitive strategy. Cognitive emotion regulation strategies in this questionnaire are divided into two general categories of adaptive and maladaptive strategies. The sub-scales of putting into perspective, positive refocusing, positive reappraisal, acceptance, and refocusing on planning constitute adaptive strategies, whereas self-blame, blaming others, rumination, and catastrophizing makeup maladaptive strategies [30]. Besharat and Bazzazian [31], reported an alpha Cronbach coefficient of 0.85 for the questionnaire. In this study, Cronbach's alpha was 0.82 for the questionnaire.

The Separation Anxiety Assessment Scale

This scale was developed by Hahn in 2006. This 34-item scale has a parent and a child version, each measuring specific dimensions of childhood separation anxiety based on the DSM-IV diagnostic criteria. The parent form is a 34-item tool completed by the parent. There is no time limit to completing this scale. The respondents report the frequency of the symptoms of separation anxiety on each item based on a four-point scale from 1 (never) to 4 (all the time). The four main dimensions of this scale include fear of being alone, fear of abandonment, fear of physical illness, and worry

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about calamitous events. It also encompasses two research-related sub-scales of the frequency of calamitous events and a safety signal index [32]. Talaienejad [33] reported an alpha Cronbach coefficient of 0.86 for the scale. In this study, the reliability of the questionnaire was found to be 0.90 using Cronbach's alpha coefficient.

Statistical analysis

Data were analyzed by descriptive and inferential statistics, such as mean, standard deviation, and analysis of covariance. The Bonferroni post hoc test was utilized to investigate the difference between the means of emotion regulation and separation anxiety among the pre-test and post-test phases. SPSS version 22.0 was further used to analyze the data. The significance level of the research was considered to be α=0.05.

Table 1. The cognitive-behavioral play therapy educational sessions

Sessions	Objective	Content
Session 1	Getting to know one another	Familiarizing the participants with the objectives and rules of the group, and explaining the activities of each session
Session 2	Using the tactile sense and sensory integration, encouraging the participants to express their opinions in the group	Activities such as jumping, shredding, and squeezing clay, and expressing one's feelings when performing these
Session 3	Using the tactile sense and sensory integration, body parts' interaction, using the help of the body parts to receive insight and awareness from others, enabling the children to project their feelings onto the created shapes	Memorizing the alphabet song
Session 4	Using tactile senses and sensory integration, helping children narrate their story and participate in it by using the created shapes	Making clay figures showing the child's feelings
Session 5	Identifying one's feelings and becoming aware of others' feelings	The child explaining these feelings
Session 6	Using an imaginary play to encourage the team to talk to one another, the projection of feelings, thoughts, dreams, and capabilities on imaginary (animal) characters	Memorizing the poems written in the book
Session 7	Goals of the sixth session	Making clay figures expressing the child's feelings
Session 8	Projecting the children's feelings, needs, and dreams on the play characters (animal puppets), familiarity with opposite character poles (weak/dominated vs. strong/domineering), evaluating the outcome of the characters' behaviors that give children an insight into their own actions	The child narrating a story about the figure

Results

The participants included 30 elementary-school students. The demographic variables of the parents of children are shown in Table 2. In the experimental group, the post-test scores of emotion regulation increased compared to the pre-test scores but remain almost constant in the control group. Besides, the mean score of separation anxiety in children in the experimental group decreased compared to the control group. Table 3 presents the mean and standard deviation (SD) of studied variables in the experimental and control groups in the pre-test and post-test phases. According to Table 4, the CBPT created a significant difference between the mean post-test of emotion regulation and separation anxiety scores of the two groups

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(P=0.001). Therefore, the mean emotion regulation scores were increased by the CBPT with an effect size of 0.52. Moreover, the mean separation anxiety scores were reduced by the CBPT with an effect size of 0.87.

The mean difference of anxiety was -19.66 between the experimental and control groups. Moreover, the mean difference of separation anxiety was 31.13 between the experimental and control groups. This finding indicated that CBPT affected separation anxiety and emotion regulation in elementary-school students (P=0.001) (Table 5).

Table 2. Demographic variables of the parents of children

Variable		Experimental group		Control group		Total	
		Frequency	Percent	Frequency	Percent	Frequency	Percent
Mother's education level	Middle school education	7	23.33	7	23.33	14	46.67
	High school education	5	16.67	4	13.33	9	30.00
	College education	3	10.00	4	113.33	7	23.33
Father's education level	Middle school education	8	26.67	7	23.34	15	50.00
	High school education	3	10.00	4	13.33	7	23.33
	College education	4	13.33	4	13.33	8	26.67
Maternal employment status	Housewife	9	30.00	13	43.33	22	73.33
	Employed	6	20.00	2	6.67	8	26.67
Economic status of the family	Poor	5	16.67	7	23.33	12	40.00
	Medium	6	20.00	4	13.33	10	33.33
	Good	4	13.33	4	13.33	8	26.67

Table 3. Mean and standard deviation (SD) of the dependent variable in experimental and control groups in pre-test and post-test

Dependent variable	Phase	Experimental group	Control group	Experimental group	Control group
		Mean±SD	Mean±SD	Mean±SD	Mean±SD
Emotion regulation	Pre-test	50.82±2.11	51.47±2.08	50.82±2.11	51.47±2.08
	Post-test	58.26±1.96	52.26±1.96	58.26±1.96	52.26±1.96
Separation anxiety	Pre-test	76.20±2.52	77.06±2.50	76.20±2.52	77.06±2.50
	Post-test	45.26±1.08	76.33±2.67	45.26±1.08	76.33±2.67

Table 4. Results of analysis of covariance on the post-test score of separation anxiety

Variables	Source	SS	df	MS	F	P	η2	Power
Emotion regulation	Pre-test	1066.53	1	1066.53	36.72	0.001	0.57	1.00
	Group	871.40	2	435.70	30.00	0.001	0.52	1.00
Separation anxiety	Pre-test	699.43	1	699.43	18.02	0.001	0.40	0.98
	Group	7463.06	2	3731.53	192.22	0.001	0.87	1.00

Table 5. Bonferroni post-hoc test for pairwise comparison of the emotion regulation in the post-test phase

Variable	Groups	Mean difference	SE	P	95% CI	
					Lower limit	Lower limit
Emotion regulation	CBPT - Control	-19.66	3.63	0.001	12.43	27.33
Separation anxiety	CBPT - Control	31.13	2.28	0.001	26.90	36.25
Emotion regulation	CBPT - Control	-19.66	3.63	0.001	12.43	27.33
Separation anxiety	CBPT - Control	31.13	2.28	0.001	26.90	36.25

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Discussion

The present study aimed to investigate the effectiveness of CBPT on emotion regulation and separation anxiety of elementary-school children in Isfahan (Iran). The results revealed that the play therapy educational program with a cognitive-behavioral approach created a significant difference between the mean posttest emotion regulation scores of the two groups. Results of the first hypothesis showed that cognitive-behavioral play therapy improved children's emotion regulation. This finding is consistent with the research results of Chinekesh et al. [23], Akbari et al. [34], and Rointan et al. [35]. Cognitive-behavioral play therapy is designed for children, and specifically for pre-school and early elementary-school children, and focuses on children's participation in the treatment by paying attention to changing their personal behavior [23]. In this method, similar to cognitive-behavioral therapies for adults, it is believed that adaptive behavior results from an interaction between thoughts, feelings, and behavior. Numerous behavioral and cognitive interventions are used in cognitive-behavioral play therapy. Behavioral interventions include regular desensitization, stimulating mental imagery, contingency management, positive reinforcement, shaping, extinction, and modeling [24]. Cognitive-behavioral approaches usually used in cognitive-behavioral play therapy deal with changing behaviors, while cognitive methods deal with changing thoughts. Since it is assumed that maladaptive cognitions lead to fearful and anxious behavior, it is believed that a change in thinking will change behaviors. Therapists help children identify, modify, or construct their cognition; while helping them identify their cognitive distortions, therapists teach them to replace this maladaptive thought with adaptive thought.

Children cannot express their emotions and feelings due to having a low level of abstract thinking ability. Repression and lack of skills for expressing their feelings, especially negative feelings, threaten their mental health. Behavioral disorders cause numerous personal and social problems. Play therapy is a therapeutic method that can mitigate the symptoms of such disorders, thereby decreasing their negative effects on the child's life [36]. Play therapists have classified the goals of play into self-growth, maturity, and communication development. In terms of self-growth, children use play to express their feelings and thoughts, discover their interests, and acquire a sense of control over the environment. As for the process of maturity, play can be used for the growth and development of motor, cognitive, linguistic, and problem-solving skills that enable the child to become aware of the environment. Finally, playing with others and with diverse toys can boost children's social skills and ability to empathize with others. The primary goal of cognitive-behavior play therapy is the identification and alteration of maladaptive thoughts related to the child's emotional problems and behaviors. In this approach, by using play, cognitive changes are indirectly transferred, and more adaptive behaviors are formed in the child.

By targeting factors that improve emotion regulation in children, play therapy helps reduce these problems. During cognitive-behavioral play therapy, children are enabled to learn more positive emotional skills through modeling and positive self-talk via different toys and model the verbal expression of feelings [11]. Moreover, they learn diverse and beneficial cognitive, emotional, and social skills to establish proper communication with others and effectively solve problems. During the treatment sessions, they practice and gain mastery over these skills by performing different activities in relation to other children [25]. As children have more developed receptive than productive language skills, and since play is their natural means of communication, play therapy allows them to communicate the complex beliefs and messages they cannot otherwise express, without any need for developed verbal skills. Through play, they can express their thoughts, feelings, conflicts, and fears; at the same time, their self-awareness, self-esteem, and adjustment skills are enhanced, and their attitude becomes more flexible. This is why play therapy is an effective psychotherapy intervention method for all children from all cultures and helps

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children with a wide range of emotional, social, behavioral, and learning problems, as well as problems due to life stressors.

The results also revealed that the play therapy educational program with a cognitive-behavioral approach significantly reduced the mean post-test scores of separation anxiety in the experimental group. Play therapy with a cognitive-behavioral approach is a well-known method for reducing separation anxiety in children [17]. Regardless of the orientations of different approaches, almost all of them agree that the use of play and its setting helps diagnose and treat children. Play is a major tool that can replace verbal communication. It is children's language and allows them to communicate non-verbally. Play therapy does for children what counseling does for adults. Play can replace verbal communication. Play therapy with a cognitive-behavioral approach provides the child with emotional and behavioral responses to life events [18].

Limitations of the study

Since the present study was performed on boy elementary-school students in Isfahan city, caution should be observed in generalizing the results to other communities in different time and place situations due to different cultural conditions. The assessment of variables was only based on self-reports; if other methods such as interviews or behavior rating were used, vaster and more precise information could be achieved.

Conclusion

This research showed that we can reduce children's anxiety by familiarizing them with their inefficient thoughts, and the use of suitable coping strategies instead of inappropriate behavior by modeling. By using play therapy in kindergartens, children's separation anxiety can be greatly treated. Overall, the results of the present study confirm the effectiveness of play therapy. It is recommended that therapists in counseling centers and other institutes that provide psychological services implement this educational program to improve emotion regulation and reduce separation anxiety of their clients. It is also suggested that classes and workshops be held in educational and cultural centers to increase parents' knowledge in this regard.

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Ethical approval

The study protocol was approved (cod: IR.PNU.REC. 139908) by the Ethics Committee of Payame Noor University. Written informed consent was obtained from all parents.

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Conflict of interest

The authors declare that they have no conflict of interest.

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