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The Impact of Cognitive-Behavioral Play Therapy on Children's Anxiety Levels: A Systematic Review

Hacer ALEMDAR¹, Aysel KARACA², Dilek KONUK ŞENER²,
Sultanberk HALMATOV³

¹ Duzce University, Vocational School of Healthcare Services, Department of Medical Services and Techniques

² Duzce University, Faculty of Health Sciences, Department of Nursing

³ Bilecik Sheyh Edebalı University, Faculty of Humanities and Social Sciences, Department of Psychology

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ABSTRACT

Objective: This study aims to systematically investigate the effect of Cognitive Behavioral Play Therapy (CBPT), a specific form of play therapy, on children's levels of anxiety. **Materials and Methods:** The research focused on studies involving CBPT published within the last decade. Various databases were searched, including Web of Science, Cochrane, PubMed, Scopus, Google Scholar, and ULAKBİM. Following the PRISMA process, eight studies that met the established criteria were included in the review. **Results:** The researchers included various study designs in this review, including randomized controlled trials (n=4), experimental study designs (n=1), quasi-experimental study designs (n=2), and one case report (n=1). Among these, in the randomized controlled trials, experimental, and quasi-experimental studies, CBPT was conducted over 8-12 sessions held once a week. **Conclusion:** This systematic review study provides valuable insights into the effectiveness of CBPT in reducing anxiety levels in children. The findings suggest that this therapeutic approach has a positive impact on children's mental health by alleviating anxiety. This contribution to the literature is expected to pave the way for further research in the field of child mental health, helping to address and understand anxiety-related issues in children more comprehensively.

Keywords: Cognitive Behavioral Play Therapy, Child, Anxiety.

Bilişsel Davranışçı Oyun Terapinin Çocukların Kaygı Düzeyine Etkisi: Sistematik İnceleme

ÖZ

Amaç: Bu çalışma oyun terapi çeşitlerinden biri olan Bilişsel Davranışçı Oyun Terapi'nin (BDOT) çocukların kaygı düzeyine etkisinin sistematik olarak incelenmesini amaçlamaktadır. **Gereç ve Yöntem:** Bu çalışma sistematik derleme niteliğinde olup, araştırmanın yapılması ve raporun hazırlanmasında "Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA)" protokolü takip edilmiştir. Araştırmalara Haziran-Ağustos 2023 tarih aralığında; Web of Science, Cochrane, PubMed, Scopus, Google Scholar ve ULAKBİM veri tabanlarında İngilizce "cognitive behavioral play therapy", "child" ve "anxiety"; Türkçe "bilişsel davranışçı oyun terapi", "çocuk", "anksiyete" ve "kaygı" anahtar kelimelerle tarama yapılarak ulaşılmıştır. Tarama sonucunda tam metnine ulaşılabilen ve dahil edilme kriterlerine uyan 8 çalışma inceleme kapsamına alınmıştır. **Bulgular:** Çalışma kapsamına alınan araştırmalar; randomize kontrollü (n=4), deneysel çalışma tasarımı (n=1), yarı deneysel çalışma tasarımı (n=2) ve olgu sunumu (n=1) şeklindedir. Randomize kontrollü, deneysel ve yarı deneysel çalışmalarda deney gruplarına haftada birer kez olmak üzere 8 ila 12 oturumluk, Bilişsel Davranışçı Oyun Terapi seansı uygulanmıştır. **Sonuç:** Bu sistematik incelemede değerlendirilen araştırmaların sonucunda Bilişsel Davranışçı Oyun Terapi'nin çocukların kaygı düzeyini azaltmada etkili bir role sahip olduğu görülmüştür. Bu çalışmanın çocuk ruh sağlığı ile ilgili ileride yapılacak olan araştırmalara ışık tutması açısından literatüre önemli bir katkı sağlayacağı düşünülmektedir.

Anahtar Kelimeler: Bilişsel Davranışçı Oyun Terapi, Çocuk, Anksiyete, Kaygı.

Sorumlu Yazar / Corresponding Author: Hacer ALEMDAR, Duzce University, Vocational School of Healthcare Services, Department of Medical Services and Techniques, Duzce, Turkey

E-mail: haceretin@duzce.edu.tr

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INTRODUCTION

According to Article 1 of the United Nations Convention on the Rights of the Child, adopted by the United Nations General Assembly on November 20, 1989, "every human being under the age of eighteen years is considered a child" (UNICEF, 2004). The period of childhood under the age of eighteen is characterized by physical, cognitive, linguistic, and socio-emotional development, during which numerous experiences and skills are acquired (Karoğlu & Ünüvar, 2017), (Ateş & Hızlı Sayar, 2023). Throughout this process, children's mental, physical, and social competencies during critical periods lead to continuous change and development in their mental well-being, influenced by environmental factors (Yılmaz & Türkleş, 2015). Variables such as the geographical region, culture, and family structure in which a child resides play a significant role in developing their mental well-being. Nurturing a mentally healthy childhood involves identifying risk factors during this phase and taking necessary measures, which is of utmost importance for society's mental health in the future (Fidan, 2011). Child mental well-being can be defined as a state of well-being that involves the developmental ability of an individual within the age range of 0 to 18 to utilize their capabilities, cope with life's challenges, be productive and effective, and exhibit appropriate cognitive, emotional, and behavioral attributes relevant to their developmental stage. Many psychological disorders that originate during childhood persist throughout life and carry significant importance (Terzioğlu et al., 2023). Mental disorders emerging during this period can lead to increasing functional impairment in the child as time progresses, potentially resulting in enduring detrimental effects in adulthood (Aktepe et al., 2010).

In childhood, anxiety is an emotional response that is recognized as a normal part of the developmental process, characterized by tension, fear, worrisome thoughts, and alterations in social domains (Çakır & Ertem, 2021). These enduring and pervasive responses can be indicative of an anxiety disorder when avoidance behaviors become prominent (Kaya, 2021). Anxiety disorders can induce disruptions in a child's school environment, family relationships, and social functioning (Göker et al., 2015).

According to the World Mental Health Survey, anxiety disorders have been found to have the highest prevalence among all mental disorders (Auerbach et al., 2018). In line with this, anxiety disorders also hold the top position among the most commonly observed mental disorders during childhood. A meta-analysis conducted by Polanczyk and colleagues in 2015 revealed a global prevalence of 13.4% for mental disorders in children and adolescents, with anxiety disorders ranking first at a rate of 6.5%, surpassing other mental disorders (Polanczyk et al., 2015). Anxiety disorders in children, such as separation anxiety, social phobia, generalized anxiety

disorder, panic disorder, obsessive-compulsive disorder, and specific phobias, manifest in various forms and are predominantly observed within the age range of 6 to 17 years (Nursanaa & Citra Ady, 2020). Children with anxiety and behavioral problems are known to perceive insecure situations as more threatening compared to children without emotional and behavioral issues (Aydın, 2014). In children with anxiety disorders, somatic complaints such as excessive sweating, dizziness, abdominal pain, muscle tension, difficulty breathing, and palpitations, as well as emotional symptoms like sadness, fear, panic, restlessness, and anxiety, are observed. However, behavioral problems tend to be more prominent in these children. Avoidance is one of the behavioral manifestations of anxiety, often seen in problems related to school, health, peers, and family conflicts. Nail biting, thumb sucking, compulsions, and excessive sleeplessness are other behavioral indicators of anxiety (Karakaya & Öztop, 2013). Due to their cognitive, emotional, behavioral, and physiological effects, anxiety disorders negatively impact the family, school, and social functionality of children and, if left untreated, can exacerbate these issues further (Sevi et al., 2016).

While Cognitive Behavioral Therapy (CBT) is the most commonly used therapeutic approach for childhood anxiety disorders, the severity of symptoms, socio-economic disparities, comorbidity, mood, and other behavioral disorders, as well as demographic factors and clinical conditions, need to be taken into consideration. (Hudson, Rapee, Lyneham, McLellan, Wuthrich, & Schniering, 2015). (Sevi Tok, Arkar, & Bildik, 2016). Another treatment approach for childhood anxiety disorders is play therapy applications.

Play is an activity that occupies a significant time and space in the lives of children, contributing to their enjoyment, learning, and growth (Demirer, 2021), (Teke & Sürücü, 2020). Simultaneously, play supports a child's psychomotor, emotional, cognitive, social, personality, and linguistic development, fostering positive behaviors and habits (Koçkaya & Siyez, 2017). Through play, children reveal and confront their problems, attempting to overcome troublesome behaviors with the therapeutic power of play (Küçük et al., 2019). According to the International Association for Play Therapy, play therapy is an interpersonal process that involves using the therapeutic powers of play to facilitate optimal growth and development in clients based on preventing or resolving their psychological distress, in line with a theoretical model (Association for Play Therapy).

Various developmental theories have shaped play therapy and can be broadly categorized into Non-Directive (Unstructured) Play Therapy and Directive (Structured) Play Therapy. Among the unstructured forms of play therapy are Psychodynamic Play Therapy, Child-Centered Play Therapy, and

Experiential Play Therapy. On the other hand, Structured Play Therapy includes Filial Therapy and Cognitive Behavioral Play Therapy (Genç & Tolan, 2020). Cognitive Behavioral Play Therapy (CBPT) is a type of psychotherapy that draws on play therapy techniques to aid in the healing process of children with emotional and behavioral problems (Türe & Barut, 2020). Developed by Knell, Cognitive Behavioral Play Therapy is an extension of cognitive behavioral therapy (Knell, 2017). Grounded in the cognitive model of emotional issues, CBPT is a problem-focused, structured, and goal-oriented approach that employs Socratic questioning. It effectively utilizes homework assignments during sessions to establish a therapeutic relationship between the therapist and child, creating an active process (Söylemez & Ayas, 2023). Emphasizing the child's participation in therapy, CBPT focuses on empowerment, control, self-efficacy, and responsibility for one's behavioral change (Teke & Avşaroğlu, 2020). By incorporating cognitive behavioral techniques such as cognitive restructuring, problem-solving, systematic desensitization, role-playing, exposure, relaxation techniques, bibliotherapy, and psychoeducation, Cognitive Behavioral Play Therapy provides an effective

recovery model for children with anxiety (Knell & Dasari, 2006),(Zamani, Tavallaei ve Kahdouei 2020). This study aims to systematically investigate the effect of Cognitive Behavioral Play Therapy, a specific form of play therapy, on children's levels of anxiety.

MATERIALS AND METHODS

Study type

This study is a systematic review, and the "Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA)" protocol was followed to conduct the research and to prepare the review report (Hür, 2021).

Review Strategy

This study reviews the research conducted using Cognitive Behavioral Play Therapy and published in the last ten years (2014-2023). The research was conducted between June and August 2023, using the keywords "cognitive behavioral play therapy," "child," and "anxiety" in English and "bilişsel davranışçı oyun terapi," "çocuk," "anksiyete," and "kaygı" in Turkish on the Web of Science, Cochrane, PubMed, Scopus, Google Scholar, and ULAKBİM databases. The flowchart illustrating the inclusion of studies in this systematic review is presented in Table 1.

Table 1: PRISMA flow chart of the study

Identification		Web of Science (n=13) Scopus (n=21) Cochrane (n=13) PubMed (n=13) Scholar Google (n=88) ULAKBİM (n=104)
Screening	Records screened (n=252)	Records excluded by title, abstract, and duplication (n=237)
Eligibility	Records evaluated for eligibility (n=15)	Excluded records (n=7) <ul style="list-style-type: none"> • Not full text (n=1) • Book chapter (n=1) • Not Turkish or English (n=3) • Patient population unsuitable (n=2)
Included	Topics included(n=8)	

Following the search, eight studies that met the inclusion criteria and had full-text access were included in the review. The inclusion and exclusion criteria are outlined in Table 2. To reduce the potential risk of bias in this systematic review processes such as literature review, article selection, and evaluation were independently conducted by a second researcher.

Ethical considerations

This study is a systematic review, and since it does not have any impact on humans, animals, or any living beings, it was not necessary to obtain ethical approval from an ethics committee.

RESULTS

Review Results

Following a comprehensive search in the Web of Science (n=13), Scopus (n=21), Cochrane (n=13), PubMed (n=13), Google Scholar (n=88), and ULAKBİM (n=104) databases, a total of 252 articles were initially reviewed. Among these articles, 237 were excluded due to not meeting the inclusion criteria in their title and abstract and because of duplication. The remaining 15 studies were evaluated in more detail based on the inclusion criteria, and seven were excluded from the review because they did not meet the inclusion criteria. As a result, eight studies that met the inclusion criteria and had full-text access were included in the systematic review.

Table 2: Criteria for inclusion and exclusion in the study

	Inclusion Criteria	Exclusion Criteria
Language	English/Turkish	Others
Year	2014-2023	Others
Sample type	Children with anxiety	Others
Type of design	Experimental, quasi-experimental, randomized, controlled	Methodological studies, reviews
Publication Type	Research paper	Theses, congress papers, reports, lecture notes, presentations, book chapters
Keyword	"cognitive-behavioral play therapy", "Child" "Anxiety"	

Study Characteristics

Among the eight studies included in the review, 3 were randomized controlled trials, one was a double-blinded randomized controlled trial, one was a case presentation, one was an experimental study, and two were quasi-experimental studies (Table 3). Three of these studies (Atayi et al., 2018; Mehrara et al., 2018; Mohammedinia et al., 2018) were published in 2018; one study by Zamani, Tavallaei, and Kahdouei was published in 2020; two studies (Obiweluzo et al., 2021; Hassani et al., 2021) were published in 2021; one study by Sadeghi, Mousavi, Goudarzi, and Shahsavari was published in 2022, and one study by Egbe et al. was published in 2023. The sample sizes in the eight studies in the review (excluding the case presentation) ranged from 12 to 89, with 223 participants receiving cognitive-behavioral play therapy.

Children with high levels of anxiety due to various reasons such as social phobia, learning disorders, speech disorders, attachment disorders, and medical interventions were included in the samples in the studies.

Different measurement tools were used to determine the anxiety levels of the samples. Specifically, two studies used the Spence Children's Anxiety Scale (SCAS), one used the Connor Social Phobia Inventory, two used the Liebowitz Social Anxiety Scale for Children and Adolescents, one used The Separation Anxiety Assessment Scale, one used the Preschool Anxiety Scale, and one used the Child State-Trait Anxiety Questionnaire.

The studies in the review had different numbers of sessions and intervention durations. In the intervention groups, cognitive behavioral play therapy was administered with sessions lasting between 30 minutes and 60 minutes at least once a week. The shortest intervention duration observed was eight weeks, while the longest was 12 weeks.

It was observed that the age ranges of the groups included in the studies varied between 4 and 18 years old. Details about the studies included in the review and participants can be found in Table 3.

DISCUSSION

This systematic review focused on studies that applied cognitive-behavioral play therapy to children with high anxiety levels for various reasons. The review included eight studies conducted between 2014 and 2023 that met the inclusion criteria. Of these studies, four were randomized controlled trials, one was an experimental study, two were quasi-experimental studies, and one was a case presentation. The samples in these studies consisted of children with high anxiety levels for different reasons.

In the study involving 30 children aged 4-6 with Reactive Attachment Disorder, anxiety scores were measured using the Spence Children's Anxiety Scale (SCAS). Through randomization, 15 children were assigned to the experimental group and 15 to the control group. Fifteen children in the experimental group received Cognitive Behavioral Play Therapy (CBPT), which consisted of 10 sessions, each lasting 40 minutes. After the CBPT intervention, a decrease in anxiety scores was observed (Zamani et al., 2020). In the study involving 178 children aged 6-12 with Stuttering Disorder, anxiety levels were measured using the Liebowitz Social Anxiety Scale for Children and Adolescents before and after the intervention. Through randomization, 89 children were allocated to the experimental group and 89 to the control group. In the experimental group, children received Cognitive Behavioral Play Therapy (CBPT), which consists of 12 sessions, each lasting one hour per week. After the CBPT intervention, a decrease in anxiety scores was observed (Obiweluzo et al., 2021).

Similarly, in the study involving 122 individuals aged 11-18 with Speech Disorder, anxiety was assessed using the Severity Measure. Generalized Anxiety Disorder - Child Age 11-17 and the Liebowitz Social Anxiety Scale for Children and Adolescents. Through randomization, 61 of these individuals received Cognitive Behavioral Play Therapy (CBPT) consisting of 12 sessions, each lasting one hour per week. After the CBPT intervention, a decrease was observed in anxiety scores (Egbe et al., 2023).

Table 3: Characteristics of the studies included in the research.

Characteristics of Included Studies							
	Writers and year	Research Design	Age	Application time	Participants	Evaluation Tools	Results
1	Zamani et al. 2020	Experimental study with pretest-posttest control group	4-6 years	40 minutes a week, Ten sessions CBPT-Group	15 experiments 15 controls	Spence Children's Anxiety Scale (SCAS)	Anxiety score dropped
2	Atayi et al. 2018	A quasi-experimental study with pretest-posttest control group	12-13 years	1 hour per week, Eight sessions CBPT-Group	12 experiments 12 controls	Connor Social Phobia Inventory	
3	Obiweluozo et al. 2020	Randomized controlled study	6-9 years 10-12 years	1 hour per week, 12 sessions CBPT-Group	89 experiments 89 controls	Liebowitz Social Anxiety Scale for Children and Adolescents	
4	Egbe et al. 2022	Randomized controlled study	11-18 years	1 hour per week, 12 sessions CBPT-Group	61 experiments 61 controls	Severity Measure for Generalized Anxiety Disorder for Children Aged 11-17 Liebowitz Social Anxiety Scale for Children and Adolescents	
5	Hassani et al. 2021	Case report	Seven years	Two days a week, Eight sessions CBPT	One case	Preschool Anxiety Scale	
6	Mehrara et al. 2018	Randomized controlled study	9-12 years	1 hour per week, Eight sessions CBPT-Group	15 experiments 15 controls	Child State-trait Anxiety Questionnaire	
7	Sadeghi et al. 2022	A quasi-experimental study with the pretest-posttest control group	9-10 years	30 minutes a week, Eight sessions CBPT-Group	15 experiments 15 controls	The Separation Anxiety Assessment Scale	
8	Mohammadinia et al. 2018	Double-blind randomized controlled	8-10 years	One day per week, Ten sessions CBPT-Group	15 experiments 15 controls	Spence Children's Anxiety Scale	

According to the semi-experimental study with a pre-test and post-test control group design that examined the effect of cognitive-behavioral play therapy on separation anxiety, the anxiety levels of children were measured using The Separation Anxiety Assessment Scale. In the experimental group of children aged 9-10, Cognitive Behavioral Play Therapy (CBPT) was applied for a total of 8 sessions, each lasting 30 minutes, once a week. It was observed that CBPT reduced anxiety levels as measured by the same scale (Sadeghi et al., 2022).

Similarly, in the semi-experimental study with a pre-test post-test control group design that aimed to determine the effect of CBPT on self-esteem and social anxiety, the Connor Social Phobia Inventory was administered to children aged 12-13 to identify those with high anxiety scores. From the group of 24 children identified, 12 were selected as the experimental group, and they received CBPT for a total of 8 sessions, once a week, each lasting one hour. It was observed that anxiety scores decreased in this group (Atayi et al., 2018).

In the randomized controlled study that examined the impact of CBPT on anxiety and academic achievement in children with learning disabilities, 15 children with high anxiety levels based on the Spence Children's Anxiety Scale (SCAS) were assigned to

the experimental group. They received CBPT for a total of 10 sessions once a week. It was observed that anxiety scores decreased in this group (Mohammedinia et al., 2018). When the literature is reviewed, it can be seen that CBPT applied to children with learning disabilities positively affects sustained attention (Azizi et al., 2020).

Cognitive-behavioral play therapy has been observed to have a reducing effect on aggression in children with attention deficit hyperactivity disorder (Akbari & Rahmati, 2015). Similarly, in one of the studies included in this review, which was a case presentation, a 7-year-old child with attention deficit hyperactivity disorder received individual cognitive-behavioral play therapy sessions lasting 45 minutes twice a week. It was reported that the child's anxiety decreased following the therapy (Hassani et al., 2021).

Various factors such as hospitalization, the course of illness, medical procedures, and the unpredictability of the illness can increase anxiety levels in pediatric patients. In the randomized controlled study conducted in Isfahan in 2018, 30 children with leukemia were divided into 15 experimental and 15 control groups through randomization. After applying CBPT for eight sessions, 1 hour per week, it was reported that the anxiety levels, measured using the

Child State-Trait Anxiety Scale, decreased in the intervention group compared to before the intervention (Mehrra et al., 2018). Similarly, there are studies in the literature indicating that CBPT can reduce preoperative anxiety (Rajeswari et al., 2019). According to the findings of the reviewed studies, cognitive behavioral play therapy (CBPT) appears to be effective in reducing anxiety arising from various reasons, such as social anxiety, separation anxiety, speech disorders, learning disorders, and the process of illness. The strengths of these studies include their randomized controlled and experimental designs and the measurement of anxiety scores before and after the interventions in all studies. It is evident that planning CBPT sessions as individual or group sessions with a minimum of eight sessions, each lasting at least 30-45 minutes, can enhance the effectiveness of the intervention. In light of these findings, it can be stated that CBPT is an appropriate and effective method for clinical use in children with anxiety disorders.

Limitations and strengths of the study

Including only studies conducted in the last decade in this systematic review and excluding languages other than Turkish and English are limitations of the study, while its strength is that it includes randomized controlled and experimental studies.

CONCLUSION

In childhood, anxiety significantly impairs a child's quality of life and can lead to problems in school, family, and peer relationships. Early intervention and treatment of anxiety disorders in childhood are believed to prevent the development of psychiatric disorders in the future. While the evidence obtained from this systematic review suggests that cognitive behavioral play therapy plays an influential role in reducing children's anxiety levels, it is observed that studies in this area are limited given the fact that only eight studies could be included in the review, covering the last ten years of literature. Larger sample sizes and more comprehensive studies are needed. This study is expected to make a significant contribution to the literature by shedding light on future research on child mental health and anxiety disorders in children.

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Conflict of Interest

The author declares no potential conflicts of interest concerning this article's research, authorship, and/or publication.

Author Contributions

Plan, design: HA, AK, DK, SH; **Material, methods and data collection:** HA, AK; **Data analysis and**

comments: HA, AK, DK, SH; **Writing and corrections:** HA, AK, DK, SH.

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