

Original Article

The effectiveness of play therapy with life skills approach on separation anxiety syndrome in preschool children

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Abstract

Introduction: The aim of this study was to investigate the effect of play therapy with life skills approach on reducing separation anxiety syndrome in preschool children.

Materials and Methods: The statistical population of this study was all the leading preschool students with separation anxiety disorder in Mashhad city-Iran in the academic year of 2018-2019. Based on Cochran's formula, 30 children were selected by the convenient sampling method and were randomly divided into two groups of experimental (n= 15) and control (n= 15). The Separation Anxiety Scale (Hahn et al. 2003) was used to collect information. The experimental group was also trained in play therapy with a life skills approach based on Vernon model (2006) in 10 ninety-minute sessions. Data analyzed through Multivariate analysis of covariance.

Results: The results showed that there was a significant difference between two groups in score of separation anxiety syndrome and its components in the post-test stage ($P < 0.05$).

Conclusion: The findings of the present study showed that play therapy with a life skills approach can be used to reduce separation anxiety syndrome in preschool children.

Keywords: Life skills, Play therapy, Preschool children, Separation anxiety

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Introduction

The mentally healthy community depends on the health of the smaller components of that community, such as assemblies, groups, and

families. Families have a significant impact on mental health because a family itself is a small community, and any positive or negative changes in it have a direct and significant effect on the

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large human community. Also, children's mental health can lead to the development and success of society in the long run (1). Anxiety is an unpleasant feeling and emotion caused by a person's perception of stress or physical changes in the body. Symptoms of anxiety occur at different levels. Anxiety at the psychological and behavioral level can be defined as anger, emotional instability, hypersensitivity, destructiveness, hyperactivity, attention deficit, and movement disorders. Anxiety is accompanied by physiological indicators such as changes in heart rate, hypertension, respiratory crises, paleness, dry mouth, and muscle tension at the physiological level. Besides, the symptoms of physical disorders are a mask for hiding anxiety, so whenever we encounter headaches, stomachaches, or other digestive disorders, the severity of which may vary based on different variables, we should consider the possibility of an anxiety condition (2). Separation anxiety is one of the most common anxiety disorders in childhood. The distinctive feature of this disorder is unrealistic and extreme anxiety about separation or anticipation of separation from the main attachment symbols, especially parents. Children with this disorder are afraid that someone close to them will be injured during the separation and in their absence or that something terrible will happen while away from their important caregivers. These children have trouble going to bed and insist on sleeping in their parents' room or asking one of their parents to sleep in their room. They often need someone to stay with them until they are asleep. Otherwise, they will go to their parents' or siblings' bed, and if they are not allowed to do so, they may sleep behind the door of their rooms. Separation nightmares are also common in young children with separation anxiety disorder. Some symptoms of separation anxiety appear naturally in early childhood and are part of the child's normal development, but when the distress is severe, it persists until later in childhood, and the diagnosis of separation anxiety disorder is made. In other words, the main point in diagnosing this disorder is the disproportion of the child's anxiety during separation, according to his/her age and developmental stage. Fear of separation can even interfere with daily activities such as going to school or participating in age-related activities

(3). So far, many studies have been done on separation anxiety disorder, such as Mohammadpour study on 30 children with a separation anxiety disorder. The results showed that this therapeutic intervention had a significant effect to reduce symptoms of separation anxiety disorder (3). Also, Seyedmousavi, Ghanbari, and Mazaheri concluded that attachment-based intervention affects increasing maternal sensitivity and reducing the negative representations of the child as well as the symptoms of separation anxiety in children (4).

Today, psychotherapists use a variety of therapies such as cognitive-behavioral therapy, family therapy, and play therapy to treat separation anxiety disorder. One of the approaches that seem to be useful and effective in treating separation anxiety disorder is playing therapy training with a life skills approach. Playing connects the child's inner thoughts with their outer world and allows him/her to control foreign objects.

Play allows the children to express their experiences, thoughts, feelings, and desires that are threatening to them. Playing for the child is like words for adults and means expressing feelings, establishing relationships, describing experiences, revealing desires, and self-actualization (5).

Group play therapy is a natural link between two effective treatments. Group play therapy provides children with a psychosocial process to grow and learn about themselves and others. Group play therapy is a psychological and social process in which children learn about themselves by communicating in the playroom. Group play therapy provides the therapist with the opportunity to help children learn to resolve conflicts. The overall goals of group play therapy intervention are to help participate in learning, self-control, responsibility, expression of feelings, respect, acceptance of oneself and others, and improvement of high-risk behaviors (5).

Group play therapy training can be more effective when life skills are taught in that format. The World Health Organization considers life skills to include a person's ability to behave positively and adaptable to others, enabling him/her to meet daily challenges and needs effectively. The most important life skills include problem-solving, decision-making, creative and critical

thinking, effective communication, interpersonal skills, empathy, self-awareness, and coping with unpleasant emotions and stress (6).

In this line, Ghodrati and Ghodrati studied on the effectiveness of life skills training through play on students' behavioral problems. Based on the results, teaching life skills through play effectively reduced behavioral problems (7). Also, Dhingra and Chauhan stated that play therapy training with a life skills approach is useful on the social adjustment of preschool children (6). Therefore, this study aimed to investigate the effect of play therapy with a life skills approach on separation anxiety syndrome in preschool children.

Materials and Methods

The statistical population of this study was all the leading preschool students with separation anxiety disorder in Mashhad city-Iran in the academic year of 2018-2019. Based on Cochran's formula, 30 students were selected by the convenient sampling method and were randomly divided into two groups of experimental ($n=15$) and control ($n=15$). Inclusion criteria included obtaining a cut-off score for separation anxiety disorder in the parents' version of the Child's Symptoms Questionnaire, the child attending kindergarten during the study period, aged 6-7 years, parents agreeing to participate in treatment, and not receiving psychological or medical treatment six months before the study. The exclusion criteria included the parents' divorce, the mental illness of the parents, the presence of chronic and debilitating physical illnesses in the child, and the presence of a disorder (mood, attention deficit hyperactivity disorder, and behavioral disorders) in the child.

It should also be noted that since preschool children could not answer the questionnaires themselves, mothers were asked to complete the questionnaires. During the intervention, the control group did not receive an intervention.

Research instrument

A) *Separation Anxiety Scale*: This scale was designed by Hahn et al. and it had two versions of parent and child. In this study, the parent version was used (8,9). The parent form of this scale is a 34-item tool completed by a parent.

The method of answering this questionnaire is in the form of a four-point Likert scale (never= 1, sometimes= 2, most of the time= 3, and always= 4). This questionnaire has four main subscales and two subsidiary subscales which are: fear of being alone (items 7, 13, 19, 24, and 30), fear of abandonment (4, 12, 20, 25, and 33), fear of physical illness (2, 8, 17, 27 and 31) and worry about calamitous events (3, 9, 14, 21 and 26). Also, this scale measures the two research subscales frequency of calamitous events (items 5, 11, 16, 23, and 29) and safety signals index (items 1, 6, 10, 15, 18, 22, 28, 32, and 34) (9). In Iran, Mofrad et al., obtained Cronbach's alpha coefficients of the child version of this instrument for the total score and subscales of fear of being alone, fear of abandonment, fear of physical illness, and worry about calamitous events equal to 0.94, 0.93, 0.90, 0.82, 0.83, respectively (10).

In this study, the group play therapy training method with a life skills approach was performed on the experimental group in 10 ninety-minute sessions based on the model of Vernon et al. to reduce separation anxiety. The summary of sessions is presented in Table 1 (11).

Table 1. Summary of group play-therapy training sessions with the life skills approach of Vernon et al.

Session	Content of sessions
First	Familiarizing members with each other, group rules and self-awareness exercises; familiarity with group rules, goals, and group structure; self-introduction using structured activities such as (this is me, who I am and how I act); the task of this meeting was to present a worksheet to get acquainted with their positive points.
Second	Familiarity with the concept of self-growth; familiarity of members with their strengths and weaknesses; providing "I can, they can, I'm important, kids like me ..." activities; the task of this session was to compare themselves with a friend or family member and mention their abilities.
Third	Continuing self-growth activities; not humiliating oneself because of limitations and weaknesses; presenting the activity "It was just a mistake that I made"; the task of this session was to draw a picture of a mistake they had recently made and to find ways to make amends.
Fourth	Familiarity with the concept of emotional development and different types of emotions; providing "Great Feelings-Bad Feelings-How I Feel" activities; the task of this session was to fill in the worksheets of hypothetical situations and paste the positive emotional labels.
Fifth	Teaching the management of emotions such as anxiety, anger, and sadness; providing "fighting anxiety, grief solutions, and anger management" activities; this session assignment was to fill in the hypothetical situation worksheets and paste the negative emotional labels.

Sixth	Familiarity with the concept of cognitive development and creative thinking; presenting the activities "they cannot force feelings to you, and what are the solutions and consequences?"; task of the session was to provide a worksheet of communication between thought and feeling.
Seventh	Continuing the cognitive development activities and familiarity with the stages of problem-solving; providing the "Other options - is it reasonable - what is the impact?" activities; assignment of the session was providing a problem-solving worksheet and estimating the outcome.
Eighth	Familiarity with the concept of social development and friendship skills; providing "befriending and keeping friends" activities and friendship facts; homework: practicing the steps of choosing a friend with the help of a parent.
Ninth	Continuation of social development activities; providing "rules of relationships and fights with friends" activities; sessions assignment was to practice problem-solving in the worksheet of the dispute with friends.
Tenth	Browsing sessions; providing a worksheet for sessions and reviewing the activities of a variety of skills of self-awareness, emotional development, cognitive development, and social development; assignment: browsing the worksheet of the sessions.

Ethical points such as confidentiality of personal information and data analysis were generally expressed to the parents, and their written consent was obtained. The data were analyzed using SPSS-22 software using multivariate analysis of covariance (MANCOVA).

Table 2. The descriptive findings of separation anxiety and its components

Variable	Group	Pre-test				Post-test			
		Minimum	Maximum	Mean	SD	Minimum	Maximum	Mean	SD
Fear of being alone	Experimental	11	14	12.66	1.23	9	13	11.53	1.45
	Control	12	14	13.06	0.79	13	15	14.06	1.03
Fear of abandonment	Experimental	10	14	12.46	1.30	9	13	11.60	1.29
	Control	12	14	13.06	0.96	13	15	13.80	0.86
Fear of physical illness	Experimental	7	9	8.33	0.81	5	8	7.26	1.09
	Control	6	9	7.73	1.27	7	11	8.73	1.48
Worry about calamitous events	Experimental	10	13	11.46	1.24	9	13	10.73	1.33
	Control	11	13	12.20	0.86	12	13	12.66	0.48
Frequency of calamitous events	Experimental	12	14	12.93	0.88	11	13	11.86	0.91
	Control	11	14	12.86	1.18	12	15	13.73	1.09
Safety signals index	Experimental	15	18	16.33	1.23	14	16	15.20	0.94
	Control	14	18	16.13	1.55	15	19	16.86	1.68

The results of Table 2 show that in all components of separation anxiety, the mean value in the post-test stage decreased compared to the pre-test stage for the experimental group, while this value for the control group in the post-test stage increased compared to the pre-test

Results

Table 2 shows the descriptive findings of separation anxiety and its components in the experimental and the control group.

stage. Kolmogorov-Smirnov and Levene's tests were used to analyze the normality of data distribution. Based on the results, the normality of data distribution is confirmed ($P > 0.05$), and multivariate analysis of covariance can be used to analyze the data.

Table 3. Results of multivariate analysis of covariance

Effect	Test	Value	F	Degree of freedom	Degree of freedom error	P	Effect size
Group	Pillai's Trace	0.753	11.700 ^a	6	23	0.0001	0.753
	Wilks Lambda	0.247	11.700 ^a	6	23	0.0001	0.753
	Hotelling's Trace	3.052	11.700 ^a	6	23	0.0001	0.753
	Roy's Largest Root	3.052	11.700 ^a	6	23	0.0001	0.753

The results of Table 3 show a significant difference between the experimental and control groups in at least one of the symptoms of separation anxiety in the post-test stage ($P < 0.05$; $F = 11.700^a$). The results of this table also show that play therapy with a life skills approach generally explains 75.3% of the variance in

separation anxiety syndrome. Therefore, the MANCOVA test was performed to determine which of the symptoms of separation anxiety was significantly different between the experimental and control groups in the post-test phase (Table 4).

Table 4. Summary of multivariate test results of separation anxiety symptoms in the post-test stage

Source of changes	Dependent variable	Sum of squares	Degree of freedom	Mean of squares	F	P	Effect size
Group	Fear of being alone	48.133	13	48.133	30.173	0.0001	0.519
	Fear of abandonment	38.533	13	38.533	30.536	0.0001	0.522
	Fear of physical illness	16.133	13	16.133	9.437	0.0005	0.252
	Worry about calamitous events	28.033	13	28.033	27.769	0.0001	0.498
	Frequency of calamitous events	26.133	13	26.133	25.526	0.0001	0.477
	Safety signals index	20.833	13	20.833	11.189	0.0002	0.286

The results of Table 4 show significant differences between the experimental and control groups in all symptoms of separation anxiety in the post-test phase, so, play therapy with a life skills approach reduces separation anxiety syndrome in preschool children. The results of this table also show that play therapy with a life skills approach explains 51.9% variance in fear of being alone component, 52.2% variance in fear of abandonment component, 25.2% variance in fear of physical illness component, 49.8% variance in worry about calamitous events component, 47.7% variance in the frequency of calamitous events component, and 28.6% variance in the safety signals index.

Discussion

This study aimed to evaluate the effectiveness of play therapy with a life skills approach on separation anxiety syndrome in preschool children. The results showed that play therapy with a life skill-based approach effectively reduced the symptoms of separation anxiety syndrome in preschool children. The findings are consistent with previous studies by Ghodrati and Ghodrati (6), Sohrani Shegefti (12), Landreth et al. (13), and Gil (14).

To explain these findings, it can be said that since children are not able to express their emotions and feelings due to the low level of abstract thinking, suppression and incompetence between emotions, especially negative ones, happens which endanger the child's mental health. One of the emotional problems that affect children is separation anxiety, which is created in the form of fear of leaving the primary caregiver and causes problems in the field of fear of separation, bad mood, irritability, insomnia, and dependence on specific objects such as dolls, which if not addressed and intervened, can cause severe social disorders in the future (4). Since children cannot express or report their emotional problems accurately, they need more play-based

interventions and treatments that cause emotional outbursts in these children. Play therapy facilitates the development of a secure connection for the child to express him\herself fully. In addition, through play therapy, the child can better learn the educational skills he or she needs. The overall goals of a child-centered group play therapy intervention are to contribute to learning participation, self-control, responsibility, expression of feelings, respect, and acceptance of oneself and others (15).

The results indicate the effectiveness of family-centered play therapy on improving emotional-behavioral problems. Ray et al. research on child-centered play therapy in school showed that play therapy could reduce students' behavioral and emotional problems (16). Ojiambo showed that group play therapy has reduced internalized and externalized behavioral problems (17). Also, Qasemzadeh et al. in a study on 20 children aged 7 to 12 years with separation anxiety, concluded that play therapy intervention with a family-centered approach had a significant effect on improving parenting style and reducing the clinical symptoms of children with separation anxiety (18). Zelli and Nafariyeh studied the effect of cognitive-behavioral play therapy on social anxiety and competence in 30 children referred to Tehran clinics.

The results showed that play therapy increased performance effectively and reduced social anxiety in children (19). One of the important functions of play in the development of children is its therapeutic role. Researchers believe that breaking down a child's resistance, creating competence, creative thinking, refinement, emotional release, role-playing, daydreaming, symbolic education, building and promoting relationship and attachment, positive emotion, and overcoming developmental fears are benefits of play therapy (20). Role-playing games allow the child to vent his/her worries, dissatisfaction with the environment and express his or her

emotions. Play therapy has a psychological purifying role for the child and reduces the severity of failures, and provides useful plans for solving problems (21). Another study assessed the effect of short-term exercise therapy on 65 children aged 7-12 years who experienced the China earthquake.

The results showed a significant decrease in the level of anxiety, phobia and the risk of suicide after treatment (22). Because play therapy is a specialized process in which play capabilities are used to help children and improve their performance to solve problems and achieve growth and development, it is a suitable and more attractive method. In addition, a more effective therapeutic relationship is formed between the child and the therapist, and evidence suggests that this method is effective on children's behavioral, emotional problems. For example, providing great emotional activity can improve children's attachment styles with separation anxiety disorder.

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One of the limitations of this research is the small sample size. It is suggested that future studies be conducted on larger sample sizes. Another limitation is using self-report questionnaires. Also, it is suggested that the effectiveness of treatment programs for other anxiety disorders in preschool children be evaluated.

Conclusion

Play therapy with the life skills approaches by encouraging children to participate in learning and strengthening their acceptance of their problems can encourage them to tolerate separation and thus improve separation anxiety in them. Therefore, this research can highlight the need for counseling centers in kindergartens.

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