

Comparing the Effectiveness of Attachment-Centered Theraplay and Child-Parent Relationship Play Therapies on Emotion Regulation in Children with Separation Anxiety Disorder

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ABSTRACT

Background and Aim: The child-centered communication that is provided in special game sessions makes child therapy a desirable therapeutic tool for parents belonging to different cultures. This study aimed to compare the effectiveness of attachment-centered play therapy and parent-child relationship-based play therapy on the emotional regulation of children with separation anxiety disorder. **Methods:** The current quasi-experimental research was conducted using a pretest-posttest-follow-up method with two experimental groups and one control group. The statistical population of this research included all mother-child pairs of five to six-year-old girls and boys with separation anxiety who were registered in preschool centers or kindergartens in the 4th district of Tehran in the academic year of 2022-2023. Among them, 45 people were selected by the available sampling method and randomly assigned to two experimental groups (15 people in each group) and one control group (15 people). The experimental group of attachment-centered play therapy was trained for 8 sessions of 60 minutes, and the experimental group of play therapy based on the parent-child relationship was trained for 10 sessions of 2 hours. The tools used in the current research included emotional regulation (Shields and Cicchetti, 1995). The analysis of the information obtained from the implementation of the questionnaire was done through SPSS-v24 software in two descriptive and inferential sections (variance analysis with repeated measurements). **Results:** The findings related to the within-group factor showed that the calculated F value for the effect of the phases (pre-test, post-test, and follow-up) was significant at the 0.05 level for emotion regulation scores ($F=2.9$). The results indicated that both interventions used in this research could significantly improve the emotional regulation of children with separation anxiety disorder. **Discussions:** The results demonstrated that both training programs, utilizing specialized techniques of each intervention, were able to effectively promote empathy with the child and respond to the child's needs while providing emotional regulation, which in turn enhanced the mother's ability and competence.



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Background and Aim

Anxiety disorder is one of the most common disorders of childhood and adolescence (Sadeghi, M., Akbari Charmahini, S., Bahrami, A., & Seyed Mousavi, P., 2022; Battaglia, M., 2015). According to the DSM-5, in children, the prevalence rate is estimated to be about 4% for ages 6 to 12 months. The prevalence of this disorder decreases from childhood to adolescence and adulthood, and is highest in children younger than 12 years (Sayed Andy, M., Najafi, M., & Rahimian Boger, E., 2021; Carr, A., & Pendry, P., 2021). Separation anxiety disorder is one of the most common childhood anxiety disorders. According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, the main feature of separation anxiety disorder is the presence of excessive and inappropriate fear or anxiety when separated from home or from people to whom the child is dependent. Their reaction is to the extent that it is disproportionate to the expected development for their age (Bulbena-Caber, A., 2019; Feriante, J., Torrico, T., & Bernstein, B., 2023).

Several studies also indicate that children with separation anxiety disorder have difficulty regulating emotions, especially their negative emotions (Hurrell, K., Housing, F., & Hudson, J., 2017; Silvers, J., 2022). Emotion regulation is the appropriate management of emotional activities in order to achieve effective social functioning, which includes the creation, maintenance, and change of the occurrence, intensity, or duration of internal emotional states and the physiological reactions associated with them (Shafii Tabar, M., Akbari Charmahini, P., & Movalii Yisravali, M., 2019). Emotional regulation is one of the aspects of mood that plays an important role in predicting coping with psychological maladjustments (Esmailian, N., Tahmasian, K., Dehghani, M., & Mutabi, F., 2015). Children with depression and anxiety disorders face cognitive distortions in fully understanding their emotions and thoughts (Álvarez, N. et al., 2022). Lack of emotional regulation is associated with many psychological disorders (Miu, A. et al., 2022). Negative emotions can be one of the underlying causes of dysfunction among children and adolescents (Qiu, C., & Shum, K., 2022). In fact, negative emotionalization is a fundamental component of internalizing and externalizing disorders in childhood. Children with internalizing disorders experience intense sadness, depression, anxiety, and fear (Wang, X., 2022).

Given the prevalence and long-term effects that separation anxiety has on the child, their family, and their life, therapists and researchers are searching for effective therapeutic interventions and methods to prevent these problems in children. According to research, several methods have been used to improve this disorder; one of the most prominent and effective of these methods is play therapy, the effectiveness of which has been confirmed many times (Money, R., Wilde, S., & Dawson, D., 2021; Eruyar, S., & Vostanis, P., 2020). The inability and lack of skills in expressing emotions, especially negative ones, endanger the child's mental health. The child is able to express their emotions through play (Chang, Y., Kim, B., & Youn, M., 2021). In the process of play therapy, the child expresses their emotions in the form of behaviors and selected experiences. In play therapy, toys are like the child's words, and play is the child's language (Norris, V., & Lender, D., 2020).

Play therapy, like other therapeutic methods, has its limitations despite its benefits. There are reports of a lack of cooperation and participation from the family in the treatment process, which leads to the inability to apply the results of the therapy room to the child's real-life environment (Sundberg, B., Ollersjö, H., Nilsson, K. et al., 2020). Due to these problems, play therapy based on the parent-child relationship emerged, which is a combination of play therapy and filial therapy. The basic principles and skills of child-centered play therapy include reflective listening, recognizing and responding to children's emotions, setting therapeutic boundaries, building self-esteem in children, and organizing the necessary play sessions with children on a weekly basis, using a set of special toys. Parents learn to create a non-judgmental, understanding, and accepting environment that promotes parent-child communication (Kim, T., & Jeon, A., 2019).

Another of these play therapies is attachment-oriented play therapy, which focuses on the parent-child relationship and aims to meet the needs of children by empowering parents to recognize and be responsive to those needs, allowing the parent and child to interact with each other (Hinic, K., & Kowalski, M., 2019). Research has shown that attachment-oriented play therapy has been able to reduce children's separation anxiety by increasing maternal sensitivity, leading to a reduction in the child's negative representations through restorative interactions (Sadeghi, M., Akbari Charmahini, S., Bahrami, A., & Seyed Mousavi, P.,

2022). The results of the study by Mohammadipour, Zarei, and Sotoudeh (2017) indicate the effectiveness of attachment-oriented intervention in improving the parent-child relationship and reducing symptoms of separation anxiety. Yazdanipour, M., Ashuri, M., & Abedi, A. (2019) showed that child therapy programs and attachment-oriented play therapy can play an important role in reducing children's anxiety. Smithee, G., & Yang, F. (2021) found that attachment-oriented play therapy emphasizes reducing the anxiety of both child and mother and increasing their intimacy, and is effective in reducing behavioral problems, psychological symptoms, and externalizing and internalizing disorders in children (Salo, S., 2020; Coleman, A., & Hong, R., 2023).

Therefore, the child-centered relationship provided in special play sessions makes child therapy a desirable therapeutic tool for parents of different cultures (Landreth, G., 2002). Considering the advantages and disadvantages of both methods and the paucity of research in this field, as well as the importance of treating separation anxiety disorder due to its high prevalence rate in childhood, it is crucial to select effective methods that save time and money. The present study aims to compare the effectiveness of these two therapeutic methods on emotional regulation in children with separation anxiety disorder.

Research Methods

The present research employs a quasi-experimental method, utilizing a pre-test-post-test design with a control group and follow-up. The statistical population consists of all mother-child pairs aged five to six years, both girls and boys, with separation anxiety, who were registered in preschool centers or kindergartens in Tehran during the academic year 2022-2023. An available sampling method was used, and the selected individuals were then randomly assigned to experimental and control groups. To determine the sample size, considering the experimental nature and the necessity of implementing the intervention, 45 mother-child pairs were selected based on specific entry and exit criteria. The entry criteria included: children aged five to six years; meeting the diagnostic criteria for separation anxiety according to the DSM-5 as diagnosed by a therapist; scoring one standard deviation above the average on the SAAS-P questionnaire (the score must be at least above 90); and mothers having a minimum education level of a diploma. Exit criteria included: absence from more than two sessions; severe marital problems; mothers with emotional or mental disorders; and receiving other concurrent treatments for the child's separation anxiety. The 45 mother-child pairs were randomly assigned to three groups: experimental group 1 (Attachment-Oriented Play Therapy), experimental group 2 (Relationship-Based Play Therapy), and a control group. Convenience sampling was used to select the centers that agreed to cooperate. Among the mother-child pairs suspected of having separation anxiety disorder, mothers completed the parent version of the Separation Anxiety Scale (Han et al., 2003). Following this, a clinical interview was conducted to confirm the child's separation anxiety diagnosis. After the assessment, 45 mother-child pairs who met the diagnostic criteria for separation anxiety participated in the study, with consent from the mothers. They were randomly assigned to three experimental groups. Initially, the Emotional Regulation Questionnaire was completed by the mothers. In experimental group 1, the attachment-based play therapy intervention was conducted according to the established protocol, while experimental group 2 received the relationship-based play therapy intervention. No intervention was performed in the control group. After the interventions concluded, all participants completed the questionnaires again two months later. The results were analyzed statistically to confirm or reject the hypotheses, and conclusions were drawn at the end of the study.

Research Tools

The Emotion Regulation Questionnaire for Children: Emotion Regulation Checklist was designed by Shields and Cicchetti (1995) to assess emotional regulation in children aged 5 to 12 years and consists of 24 items rated on a Likert scale (1 = never, 2 = sometimes, 3 = often, and 4 = almost always). The checklist can be answered by adults who are well acquainted with the child, such as parents, caregivers, or teachers, and includes two subscales: Emotional Regulation and Negativity. The eight-item Emotional Regulation subscale assesses adaptive regulation, including socially appropriate emotional expression, empathy, equanimity, and emotional understanding. Higher scores indicate a superior capacity to modulate emotional arousal, keeping the individual at an optimal level of interaction with the environment (Shields and Cicchetti, 1998). The construct and discriminant validity of this scale

were examined by Shields and Cicchetti (1998), and both scales were reported to be satisfactory, with the two scales significantly correlated. Shields and Cicchetti (1998) reported alpha coefficients for the internal consistency of the entire test and the Emotional Regulation and Instability and Negativity subscales as 0.89, 0.83, and 0.96, respectively. The results of the study by Shafii Tabar, M., Akbari Charmahini, P., & Movalii YisraVali, M. (2019) regarding the psychometric properties of the Persian version of this checklist indicate its appropriate and acceptable validity and reliability. The total Cronbach's alpha in the present study was 0.91 for this scale.

Research Procedures

Attachment-oriented Play Therapy Sessions

Attachment-Oriented Play Therapy, implemented in Experimental Group 1, was held once a week for each mother-child pair individually over eight intervention sessions, each lasting one hour. This intervention package was adapted for the first time by researchers based on the principles of attachment theory and a new combination of several attachment-oriented approaches, including therapeutic games and positive parenting from the package (Seyed Mousavi and Tahmassian, 2019). In each session, tasks and games were designed for the mother and child based on the principles of the play therapy package, and training was provided to increase maternal insight and sensitivity, which the mother was encouraged to implement at home. The overall goal of the mother-child play sessions, emphasizing the four main dimensions of structure, challenge, fun, and care, is to enhance enjoyable, positive, empathetic, and responsive interactions between mother and child, ultimately providing corrective experiences for them.

Table 1. Attachment Oriented Play Therapy sessions

Session	Content for Each Session
Session 1	The initial interview focused on the mother-child relationship and attachment. Empathic rapport was established, and maternal insight was assessed. The session process was explained to the mother, and her perspective on her child's anxious behaviors was discussed.
Session 2	The mother was provided with information and training about attachment theory and its principles. Following this explanation, the mother and child participated in an introductory game.
Session 3	In this session, intervention games commenced. The verbalization of child behavior and the examination of parental representations in the mother-child relationship took place.
Session 4	Play skills with the child were practiced alongside the mother. The free play session at home commenced, focusing on training in empathy skills to address the child's anxiety.
Session 5	Play skills with the child were practiced alongside the mother. This session included increased maternal insight, a review of free play processes at home, and the provision of feedback and modeling.
Session 6	Mother-child play was conducted, along with feedback and a review of barriers to sensitive maternal behavior. The session included an exploration of the parental representation of the mother-child relationship and modeling techniques to reinforce exploratory behaviors and enhance understanding of anxious behavior.
Session 7	Mother-child play, increasing maternal responsiveness: reflective activity is taught.
Session 8	Mother-child play, along with a review of previous sessions and everything that had been taught, was conducted by the mother with feedback from the therapist.

Play Therapy Sessions Based on Parent-child Relationships

In this play therapy, which was implemented in a group setting, an introductory session was first held with the mothers. In this session, the mothers were introduced to the general principles, goals of the sessions, and the effects of play based on the parent-child relationship. With their agreement and coordination with the clinic, a fixed time was set for weekly sessions. Experimental group number 2 received two-hour play therapy sessions based on the parent-child relationship in ten sessions, held once a week. The content of these training sessions was derived from the Landreth method, focusing on improving parent-child relationships and fostering empathy and acceptance from parents for the child (Bratton et al., 2006). After each session, the mothers received a package containing a summary of the materials taught and homework sheets. To facilitate practice and learning, the new topic was taught

only after reviewing the assignments at the beginning of the next session.

Implementation Method

In order to comply with ethical and professional standards, the researcher obtained voluntary consent from all research subjects to participate in the study, secured a code of ethics from the ethics committee, and ensured the privacy and confidentiality of information. To motivate the members of the control group, the researcher expressed gratitude to all participants assigned to this group and invited them to participate in group or individual sessions for free after completing the training course of the intervention groups. They could also benefit from some educational resources and various training workshops held by the researcher at this center for free or with special discounts after completing the course. If this training proved effective, they would be included in one of the two interventions after the research concluded. Additionally, some participants requested to know the results of their responses to the questionnaire, and a report interpreting the individuals' questionnaire results was provided to them in simple language. To analyze the data of this study, SPSS software version 24 and descriptive and inferential statistical methods (analysis of variance with repeated measures) were utilized.

Table 2. Play Therapy sessions based on the parent-child relationship

Sessions	Content for each session
Session 1	The mothers were introduced and briefly explained their families. The therapist outlined the goals and objectives of the child therapy training, emphasizing that children use play to express their own experiences, reactions, and feelings. The training mainly focused on developing sensitivity to children and providing empathetic responses, which included reflective listening and demonstrating understanding. A video was shown to enhance understanding of reflective listening, followed by role-playing, where one parent acted as the child and the therapist took on the role of the parent to practice empathetic responding. The parents then practiced in pairs. Homework was assigned, which involved identifying the emotions of anger, happiness, sadness, and fear in the child, along with providing reflective responses from the mother for each emotion. The mother was asked to take notes to report on the statements and responses in the next session.
Session 2	The session included reviewing homework and providing further explanations about empathic responding to the mothers. One of the volunteer mothers played the role of her child while the therapist took on the therapist's role. A Play Therapy film was shown to the parents, followed by role-playing by two volunteer parents to practice empathic phrases. Parents were taught 30-minute games for home and given a list of toys they needed, along with brief explanations of why each toy was important and how the mother should respond to the child when using each toy. Homework involved preparing toys, which did not have to be new, and setting a specific time for play at home with the mother. Additionally, mothers were asked to write down their reflective responses to the child's statements for the next session.
Session 3	The assignments from the previous session were discussed, and the mothers presented their reports. Play Therapy skills and the basic principles of setting boundaries for the child were explained. Role plays and a video of a Play Therapy session were shown to the mothers. The focus of this session was to prepare the mothers to conduct their child's first Play Therapy session at home. The mothers were taught the dos and don'ts and given a sheet outlining these guidelines. They were reminded to take notes of each session immediately after the play session and assigned a volunteer mother to film her child's Play Therapy session for presentation at the next session.
Session 4	Each mother reported on the first Play Therapy session with her child, stating the problems she had encountered, and the therapist made suggestions. The mothers reviewed the basic principles of child therapy and concluded with the therapist's help, introducing new points and how to respond to them. The therapist's suggestions were made, creating sensitivity in the mothers to the emotions they had found and playing the role of the therapist in the role of Nader while the mother acted as the child. The recorded video of the volunteer mother was shown to the other mothers, who provided feedback on the video. The therapist taught the parents about boundaries and asked them to write down how to apply these boundaries to their child for the next session. The volunteer mother was assigned to film her child's Play Therapy session for the next session..

Session 5	The volunteer mother reviewed the recorded video of the play session and monitored it by providing collaborative feedback from other mothers, reviewed the skill of setting limits, repeated the necessary skills in the play session and setting limits through role-playing or showing the video, and coordinated with one of the mothers to videotape her play sessions for presentation at the next session.
Session 6	The video recording of the play session was reviewed and monitored. The mother was taught the concept of giving the child the right to choose. Skills related to the play session and providing the right to choose were taught through role-playing or by showing the film. Coordination was made with one of the mothers to record a video of her play session.
Session 7	The video recording of the volunteer mother's play session was reviewed, monitored, and provided feedback by other mothers under the guidance of the therapist. The mother was taught how to build and strengthen self-esteem in the child, with responses that promote self-esteem demonstrated through role-playing by the therapist and one of the parents in the role of the child. A video of this training was shown to the mothers. Arrangements were made with one of the mothers to record a video of her play session.
Session 8	The therapist reviewed and monitored the video recording of the play session, provided feedback from other mothers, and summarized the session. The therapist also reviewed and taught the material on encouraging rather than praising the child during this session. The therapist and one of the mothers watched the video of the encouragement training and role-played the skill of encouraging along with appropriate responses for parents. Coordination was made with one of the mothers to record a video of the play session to be presented in the next session.
Session 9	The video recording of the play session was reviewed and monitored. Training was provided on using the skills taught from the beginning outside of the play sessions and applying them to real-life situations. The video was shown, and role-playing was conducted to apply these skills in real-life contexts, with the therapist taking on the role of the mother and the mother acting as her child. One of the mothers was arranged to videotape the play session for presentation at the next session.
Session 10	The process of concluding the training course involved reviewing the most important things each parent has learned, revisiting the notes on the initial parent information form, and checking whether the child has changed as much as desired.

Results

The demographic data in this study consisted of a sample of 45 mother-child pairs with children aged 5 to 6 years: 27 girls and 18 boys, randomly selected by gender and educational level. In this study, training was provided only for mothers, and fathers did not receive training. The age and education of the mothers participating in this study ranged from 21 to 41 years, with education levels including 14 mothers with a diploma, 21 with a bachelor's degree, and 10 with a master's degree. Descriptive indicators for meeting the diagnostic criteria for Separation Anxiety, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as diagnosed by the therapist, included obtaining the child's Separation Anxiety score from the SAAS-P questionnaire, which was one standard deviation higher than the mean score of the community anxiety scale norm (the score must be at least above 90). These indicators for the experimental and control groups in the pre-test and post-test stages are given in Table 3.

As can be observed, the mean scores in the Attachment-Oriented Play Therapy group and the Parent-Child Relationship-Based Play Therapy group during the post-test stage indicate a change compared to the pre-test results. According to the findings presented in Table 3, it can be concluded that both Attachment-Oriented Play Therapy and Parent-Child Relationship-Based Play Therapy have effectively increased adaptive emotional regulation and reduced negativity in children diagnosed with Separation Anxiety Disorder. This suggests that both therapeutic approaches facilitated improvements in emotional management and overall behavioral outcomes for the children involved in the study.

Table 3. Mean and standard deviation of Emotional Regulation by measurement stage in groups

Group	Variable	Index	Pre-Test	Post-Test	Following
Play Therapy Attachment Oriented	Adaptive Emotional Regulation	Average Standard Deviation	13.33 2.53	15.80 2.01	15.80 2.21

Play Therapy based on the parent-child relationship	Adaptive Emotional Regulation	Average Standard Deviation	14.07 1.91	15.60 1.92	15.53 2.45
Control	Adaptive Emotional Regulation	Average Standard Deviation	3.13 2.17	12.53 2.95	13.00 2.70
Play Therapy Attachment Oriented	Negativity	Average Standard Deviation	28.67 4.70	24.67 4.58	26.00 3.30
Play Therapy based on the parent-child relationship	Negativity	Average Standard Deviation	29.07 4.33	26.93 5.06	27.60 4.91
Control	Adaptive Emotional Regulation	Average Standard Deviation	29.20 3.76	28.67 3.90	28.93 3.85

Table 4. Mixed ANOVA test of Emotional Regulation scores with Greenhouse-Geiser criterion

Variable	Statistical Indicator Factors	SS	df	MS	F	Sig	Eta coefficient
Adaptive Emotional Regulation	Intragroup	43.60	1.70	25.66	9.02	0.001	0.18
	Group test interaction*	114.90	1.69	68.02	10.39	0.001	0.20
	Intergroup	136.71	2.00	68.36	5.90	0.01	0.22
Negativity	Intragroup	42.76	3.40	12.58	4.42	0.01	0.17
	Group test interaction*	47.41	3.38	14.03	5.14	0.02	0.19
	Intergroup	140.33	2.00	70.16	5.58	0.01	0.21

The results of Table 4 show that, in relation to the within-group factor, the F value calculated for the effect of stages (pretest, posttest, and follow-up) is significant at the 0.05 level for Emotional Regulation scores ($F = 9.02$, $p < 0.05$) and ($F = 4.42$, $p < 0.05$). As a result, there is a significant difference between the mean scores of pretest, posttest, and follow-up Emotional Regulation scores in the three stages of pretest, posttest, and treatment follow-up. The results of the Bonferroni post hoc test, which was calculated to examine the difference between the means in the treatment stages, showed that there is a significant difference between the Emotional Regulation scores in the pretest and posttest stages and in the pretest and follow-up stages ($P < 0.05$). There is also no significant difference between the Emotional Regulation scores in the posttest phase compared to the follow-up phase, indicating that the Emotional Regulation scores in the follow-up phase did not change significantly compared to the posttest phase ($P < 0.05$). According to the results of Table 4 regarding the interaction of the factors of stages and group, the F value calculated for the effect of stages (pretest, posttest, and follow-up) between the three groups of Attachment-Oriented Play Therapy, Parent-Child Relationship-Based Play Therapy, and Control is significant at the 0.05 level for Emotional Regulation ($P < 0.05$). As a result, there is a significant difference between the mean scores of pretest, posttest, and follow-up Emotional Regulation in the three groups. According to the results of Table 4 for the between-group factor, the F value calculated at the 0.05 level for Emotional Regulation is significant ($P < 0.05$). As a result, there is a significant difference between the overall mean scores of Emotional Regulation in the three groups: Attachment-Oriented Play Therapy, Parent-Child Relationship-Based Play Therapy, and the control group. The results of the Bonferroni post hoc test were calculated to examine the difference between the means in the three groups. The results are shown in Table 5.

Table 5. Results of the Bonferroni post hoc test for pairwise comparison of mean scores in the three groups.

Variable	Comparison groups	Difference in averages	Standard error	Significance level achieved
Adaptive Emotional Regulation	Attachment Oriented Play Therapy - Play Therapy based on the parent-child	0.20	0.85	0.97

		relationship		
	Play Therapy Attachment Oriented-Control	3.27	0.85	0.001
	Play Therapy based on the parent-child relationship-Control	3.07	0.85	0.001
	Attachment Oriented Play Therapy - Play Therapy based on the parent-child relationship	-2.27	1.66	0.17
Negativity	Attachment-based Play Therapy- Control	-4.00	1.66	0.01
	Play Therapy based on the parent-child relationship-Control	-3.73	1.66	0.02

From the results in Table 5, it can be concluded that the methods (Attachment-Oriented Play Therapy and Parent-Child Relationship-Based Play Therapy) had a significant effect on Emotional Regulation scores compared to the control group ($P < 0.05$). Additionally, the amount of change in the Attachment-Oriented Play Therapy group and the Parent-Child Relationship-Based Play Therapy group did not differ significantly ($P < 0.05$).

Discussion

The present study aimed to compare the effectiveness of Attachment-Oriented Play Therapy and Parent-Child Relationship-Based Play Therapy on the emotional regulation of children with Separation Anxiety Disorder. The results showed that the methods (Attachment-Oriented Play Therapy and Parent-Child Relationship-Based Play Therapy compared to the control group) had an effect on Emotional Regulation scores. Also, the amount of change in the Attachment-Oriented Play Therapy group and the Parent-Child Relationship-Based Play Therapy group did not differ significantly. The results of the study are consistent with the findings of Sadeghi et al. (2022) and Yazdanipour et al. (2019). In explaining the effectiveness of Attachment-Oriented Play Therapy on children's emotional regulation, it can be stated that improving the attachment relationship and the elements of Attachment-Oriented Play Therapy promote the child's self-regulation and emotional regulation. A secure mother-child relationship reduces the child's distress and becomes the basis for exploratory behaviors and learning emotional regulation (Hofstra et al., 2023). Children with behavioral disorders have difficulty regulating their emotions, especially negative emotions, and parents of these children have less supportive emotional styles in responding to their children's negative emotions (Money et al., 2021). Due to their low level of abstract thinking, children may struggle to express their emotions and feelings, and they are often not skilled in articulating their negative feelings. The results show that children with depression and anxiety disorders face cognitive distortions in fully understanding their emotions and thoughts (Álvarez et al., 2022). Lack of emotional regulation is associated with many psychological disorders (Miu et al., 2022). Negative emotions can be one of the main causes of dysfunction among children and adolescents (Qiu & Shum, 2022). In fact, negative emotionalization is one of the main components of internalizing and externalizing disorders in childhood. Children with internalizing disorders experience severe sadness, depression, anxiety, and fear (Wang, 2022). Therefore, effective empathy with the child and responding to their needs helps regulate the child's emotions and enhances the mother's ability and competence. Mothers' self-efficacy is related to children's social-emotional regulation issues, such as externalizing behaviors and regulating emotions in society (France et al., 2023). Self-efficacy and maternal attachment styles are important in the formation of attachment and emotional regulation. In relation to secure attachment and interaction with the mother, the child learns to regulate their emotions, express them in an acceptable way, and respond to the emotions of others. Parents who have a secure attachment style are more sensitive to the needs and emotions underlying their child's behavior and emotional experiences. Accordingly, the mother's attachment style can be related to the child's emotional regulation by affecting her level of sensitivity and responsiveness to the child. The child's ability to manage their emotions in appropriate ways ensures success in their

interpersonal relationships; in this way, the child copes with problematic situations and generally becomes psychologically adjusted.

In Play Therapy, there is a harmony between the therapist and the child, creating an intersubjective state where each can feel the other's emotions through shared experiences (Salo et al., 2020). Appropriate responses from the therapist, characterized by full attention to the child, are facilitated by the coordination of the therapist's behavior and emotions with the child's moods, emotions, and needs. This coordination occurs in all sessions, and during the seventh session of the intervention, the therapist aims to align the mother-child interaction by examining obstacles to sensitive maternal behavior. A parent with reflective capacity responds to their child's signals with acceptance and empathy, helping the child learn emotional regulation (Smith & Yang, 2021). Parenting quality and emotional regulation significantly influence the sense of agency and attachment security. The mother's reflective capacity enhances the child's reflective capacity, emotional regulation, sense of agency, and cognitive development. A reflective capacity and maternal insight based on attachment quality enhance parental sensitivity, improve parental behaviors, and enable parents to recognize the child's emotions, mental states, and underlying motivations, thus strengthening the child's self-regulation. The parent's emotional reflection should closely relate to the child's internal states, allowing the child to understand this connection (Tucker et al., 2021). In this intervention, the mother, by increasing her insight, sensitivity, and responsiveness to her child's needs and feelings, helps the child become more aware of their internal experiences, thereby enhancing their self-regulation skills. Appropriate games that incorporate rhythm, pattern, participation, and challenge further enhance the child's ability to regulate and control themselves, providing a sense of security and predictability. By describing and reflecting on the child's feelings, needs, emotions, and behaviors, the mother increases the child's self-esteem and emotional self-awareness, enabling the child to manage feelings of tension during times of distress and danger. Moreover, the results showed that Play Therapy based on the parent-child relationship has an effect on the emotional regulation of children with Separation Anxiety Disorder. This finding is consistent with the results of Hurrell et al. (2017), Silvers (2022), and the research report by Mohammadipour and Sotoudeh (2017), which indicates the effectiveness of Attachment-Oriented interventions in improving the parent-child relationship and reducing symptoms of separation anxiety. Furthermore, it aligns with the research of Smith and Yang (2017), which demonstrated that Attachment-Oriented Play Therapy is effective in reducing anxiety in both children and mothers, increasing their intimacy, and decreasing behavioral problems, psychological symptoms, and both internalizing and externalizing disorders in children.

In the present explanation, it should be noted that Play Therapy based on the parent-child relationship can increase the skills of parents and, subsequently, those of children. In the process of this training, parents can achieve a favorable understanding and acceptance of the child's behavior, as well as their psychological and cognitive conditions. This improves parenting styles and restores emotional relationships between parents and children. As a result, many behaviors such as anxiety, impulsivity, and aggression in children are reduced (Lindo et al., 2016). This process can lead to an improvement in emotional regulation in children with slow cognitive rhythms by reducing psychological damage. Meanwhile, creating a non-judgmental, accepting, and mutually understanding atmosphere for the child during play leads to improved relationships with parents and a reduction in the child's destructive psychological tensions. This process also increases the child's psychological, cognitive, and emotional skills and, accordingly, improves their emotional regulation. Furthermore, children with slow cognitive rhythms often have difficulty expressing, processing, and managing their feelings and emotions (Flannery et al., 2016). Therefore, the child can express their feelings and emotions during play, which plays an important role in increasing emotional regulation. It can also be said that in Play Therapy based on the parent-child relationship, great emphasis is placed on identifying the child's feelings and emotions (Cooper et al., 2020). Accordingly, children with slow cognitive rhythms recognize their various emotions and learn the contexts of their occurrence, as well as how to manage these emotions. Improving these skills is accompanied by an increase in emotional regulation in these children. The way the child is treated (verbal and nonverbal reflection and empathy with the child) during Play Therapy based on the parent-child relationship also leads to learning to express feelings and emotions correctly. Correctly expressing emotions can reduce the emotional instability of children with slow cognitive rhythms and increase their emotional regulation by improving self-awareness, emotion

management, and emotional flexibility. Another confirmation of Play Therapy based on the parent-child relationship is encouragement. Encouragement leads to the formation of positive feelings and emotions in children, as children with slow cognitive rhythms are often blamed for their inability to control emotions and the behaviors that arise from them. This process allows Play Therapy based on the parent-child relationship to reduce negative emotions, increase emotional self-awareness, enhance the management and correct expression of emotions in these children, and enable them to demonstrate appropriate emotional expression in the face of environmental, academic, and family challenges.

The limitations of this study include the use of convenience sampling due to limited facilities and the difficulty of conducting extensive research. Additionally, some environmental variables, such as economic status and unfortunate events, which could have affected the results of this study, were not controlled. Another limitation was the lack of an equipped playroom and insufficient equipment. Having an equipped playroom and access to more complete and high-quality toys would likely have led to better results.

Among the research suggestions is that these Play Therapy methods be implemented using a random sampling method to ensure a more representative sampling approach. It is recommended that this research design be conducted within the community and include a sample of fathers. Additionally, it is suggested that Attachment-Oriented Play Therapy and Play Therapy based on the parent-child relationship be studied specifically in mothers who have children with special behavioral problems.

Ethical Considerations

Compliance with Ethical Guidelines

This article is the result of the researcher's research activity, during which participants were informed and consented to participate. To comply with research ethics, the principle of confidentiality was strictly observed.

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This research did not have a sponsor, and all costs were covered by the researcher.

Authors' Contribution

Only one researcher participated in conducting this study.

Conflict of Interest

The results of this research are presented transparently, and this study did not entail any conflict of interest for the authors.

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