



EFFECTIVENESS OF COGNITIVE BEHAVIORAL PLAY THERAPY (CBPT) IN REDUCING ANXIETY SYMPTOMS AMONG CHILDREN: A QUALITATIVE RESEARCH STUDY

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ABSTRACT

Childhood anxiety disorders are a very rampant problem that can cause the deterioration of emotional, social, and academic performance in case of unmanaged cases. Cognitive Behavioral Play Therapy (CBPT) is a variation of CBT to play-based interventions which would be developmentally appropriate to children 5-10 years old. The search of 11 journal articles published in 2015-25 was conducted with the assistance of Google Scholar, PubMed, and ResearchGate to identify the articles that were included in the systematic review based on the PRISMA 2020 guidelines. The outcomes have always shown that CBPT was effective in the suppression of the different kinds of anxiety; like generalized anxiety, social anxiety, separation anxiety, medical/surgical anxiety, and internalizing anxiety. These secondary benefits included improvement in emotional regulation, capacity to cope, control in attention and adaptive functioning. CBPT practiced in a school, clinical, and hospital setting, as well as in special population that had a restricted verbal ability. The combination of cognitive, behavioral and play based approach that CBPT applies proved to provide more extensive and sustained outcomes compared to the one component intervention such as relaxation, distraction, or emotion-based play. Many studies utilized smaller experimental samples, which is common in intervention-based psychological research, mixed protocols and a short follow up. Overall, CBPT appears to be a multifaceted, developmentally sensitive, and prospective intervention of childhood anxiety, needing closer research to be perfected and enhance the final results and the overall generalizability.

Keywords: *Cognitive Behavioral Play Therapy, Childhood Anxiety, Emotional Regulation, Copying Skill, Play Based Intervention.*

INTRODUCTION

One of the most prevalent classes of mental health conditions in childhood and a critical developmental and population health concern is the anxiety disorders. Epidemiological studies show that the incidence of anxiety disorders in children is high throughout the entire globe and, additionally, untreated, it can influence the emotional condition, social networks, and academic achievements in a negative manner (Polanczyk et al., 2015; Lawrence et al., 2019). The symptoms of anxiety tend to appear during the timeframe of 5 to 10 years, which is a developmental stage during which students face greater academic demands, more peers, and in general, greater emotional awareness and self-regulation (Muris et al., 2018; Gee et al., 2021). Children of this age are more evaluation sensitive, socially comparative and performance expectant and can add to the anxiety symptoms (Adeeb et al., 2027).

These are some of the common forms of anxiety experienced in childhood and include; anxiety disorder generalized, social anxiety disorder, separation anxiety disorder, school-related anxiety and medical/procedural anxiety. Such circumstances can have a profound negative affect on daily functioning and lead to avoidance behavior, emotional distress, poor peer relationship and poor academic engagement. As it has been demonstrated, in longitudinal studies, childhood anxiety disorders may persist into adolescence and adulthood, unaddressed, thereby promoting the possibility of chronic anxiety, depressive disorders and other psychopathological states (Asselmann et al., 2018; Creswell et al., 2021). Thus, it is crucial to

intervene early in the process of removing negative symptoms in the long-term view, such as inefficient emotional regulation, withdrawal, poor performance at school, and comorbid psychiatric disorders (Wehry et al., 2015; Higa-McMillan et al., 2016).

The treatment of childhood anxiety disorders has been vastly assessed as treated through Cognitive Behavioral Therapy (CBT) as the initial, evidence-based intervention. Numerous randomized controlled trials and meta-analyses indicate that it is effective in reducing symptoms of anxiety and its overall functioning in children (James et al., 2015; Kendall et al., 2016; Walter et al., 2020). CBT has a goal of arresting maladaptive orientation to thought and avoidance and encouraging adaptive orientation to coping, problem-solving and emotional regulation. Despite its high level of empirical grounding, the traditional CBT protocol is anchored on verbal communication, abstract cognition and metacognition. It is possible that these thinking demands cannot be developed within the abilities of the young children of the age of 5 to 10 years who still develop their language use, abstract cognition, and self-reflective capabilities (Kendall and Peterman, 2015; Hirschfeld et al., 2020). As a result, young children may fail to use or even exploit the conventional CBT interventions.

The Cognitive Behavioral Play Therapy (CBPT) was developed to correct these developmental deficits by applying the general concepts of CBT into the developmentally appropriate therapeutic play. One of the primary forms of communication and learning of children is play, and natural meaningful environment where a child can engage in expressing emotions, processing experience, and behaving in a new way (Landreth, 2017; Bratton et al., 2021). CBPT integrates structured play to offer the essential aspects of CBT, namely, storytelling, role-playing, board games, art activities, and simulated scenarios. They include cognitive restructuring, the gradual exposure to feared stimuli, the relaxation training, behavior modeling, and the learning of coping and problem-solving skills, as well as the decrease in the number of times an abstract verbal reasoning is used (Knell and Dasari, 2016; Reddy and Szabo, 2019; Ray et al., 2022).

The symbolic play and mediated interaction enable the children to externalize their fears and practice the adaptive responses and feel that they have control over the anxiety provoking situations. To illustrate the point the stressful real-life scenario can be simulated with the assistance of toys or puppets which implies that the therapeutic role of cognitive reframing and behavioral experimentation can be presented by the therapists during the play (Javaid et al., 2024). This would enhance the extent of engagement, emotional safety as well as therapeutic alliance, which would be critical in accomplishing effective treatment outcomes among younger children.

The evidence on the effectiveness of the CBPT in the growing number of manifestations of anxiety in childhood is impressive. They have demonstrated that the levels of generalized anxiety symptoms decrease, and both coping and adaptive behavior strategies become better as well following an intervention using CBPT (Mohammadnia et al., 2018; Azizi et al., 2020). Such positive effects on therapy might be long-lasting, and children might keep getting the positive emotional regulation and stress management (Mohammadnia et al., 2019; Baggerly et al., 2020). The other outcomes indicate a reduction in physiological arousal and avoidance behaviors, which leads to the conclusion that CBPT can treat not only the behavioral but also the somatic aspect of anxiety (Ghodousi et al., 2017; Stulmaker and Ray, 2019).

CBPT has also been associated with developmental benefits besides the amelioration of the symptoms. It is documented that the attentional control, self-regulation, and executive functioning have enhanced and that CBPT may be linked with the strengthening of cognitive and emotional skills to make individuals resilient over the long term (Azizi et al., 2020; Khodabakhshi-Koolaei et al., 2021). These results of particular importance are, specifically,

in the context of the executive functioning significance in academic performance and emotional adjustment.

CBPT has also been found to be effective among the young and special population. A study of preschool-aged children revealed that the effect of CBPT on major symptoms of anxiety in children with age 57 years was significant, which supports the relevance of the CBPT as primary intervention (Zamani et al., 2020; Luby et al., 2022). In addition, CBPT was also discovered to be helpful in children with post-speech and language impairments who, in their turn, may not receive traditional orally intensive therapies (Mehrrara et al., 2018; Yadegari et al., 2021). CBPT has proven to be able to reduce procedural and hospitalization anxiety, as well as help children adapt better to invasive medical procedures or new medical procedures in a medical setting (Rajeswari et al., 2019; Li et al., 2023).

Positive outcomes in the therapy of social anxiety have also been noted, and the findings of the research have suggested that the suppressions of symptoms remain long-lasting in the future (Atayi et al., 2018; Obiweluzo et al., 2021; Donovan et al., 2024). CBPT is also more supported in the separation anxiety and more generalized internalizing problems, and other studies have found that it is diverse and can be applied to a wide range of clinical presentations and diverse cultural contexts (Sadeghi et al., 2022; Schleider et al., 2023; Pourmohamadrezaj-Tajrishi et al., 2025).

Despite such encouraging findings, CBPT literature has limitations. In the majority of instances, the limited size of the sample, low geographic and cultural diversity, discrepancy in intervention regimes, and relatively short instances of follow-up are also characteristics of studies (Bratton et al., 2015; Ray et al., 2020). In addition, a significant portion of the research is also founded on quasi-experimental studies and non-standardized outcomes, limiting the cross-study comparability and generalizability (Creswell et al., 2018; Kendall et al., 2020). These methodological concerns are pointing to the necessity to perform systematic and rigorous reviews that can summarize the empirical data on the effectiveness of CBPT in the recent past, with a special emphasis on secondary outcomes, such as emotional regulation, coping skills, and developmental functioning.

Though the economic data on traditional CBT as an effective intervention approach of handling childhood anxiety has long held its own, there has been an increase in research specifically on structured CBPT interventions has been gradually bearing fruit in the recent past to positive effect. Alemedar et al. (2024) performed a systematic review of eight existing empirical studies, which were published within the past decade but reported about the problem of CBPT collections as randomized control trials, quasi experimental studies, and case reports. The review concluded that the CBPT interventions (usually 8-12 sessions per week) showed positive effects several times on anxiety symptoms in children that confirms the possible relevance of CBPT as a legitimate way of care that is consistent in terms of development.

Competitive research is also a reflection of the superior works of CBPT. A comparative study conducted between cognitive behavioral play therapy and resilience based play therapy among children aged 68 years undergoing dental treatment was found to have greater influence on the anxiety reduction and emotional express and executive functioning as compared to resilience based play therapy. It implies that more developmental effects than anxiety symptom elimination can be accomplished by incorporation of cognitive behavioral variables into the play.

Rationale for the Study

Although there is existing empirical evidence that the CBPT is an effective method in the management of childhood anxiety, the scientific evidence available on the effectiveness of the

treatment method is patched together. The available literature is highly diverse in terms of characteristics of the sample, aspects of anxiety subtypes, intervention procedures, study outcomes and the quality of the study. Furthermore, the majority of CBPT research studies consider the intervention as a treatment itself, and has little concern on how it can be implemented as a complementary or supplemental program in the larger mental health care systems.

The current activities in the psychotherapy research have become more focused on integration, ethical practice, cultural awareness and sustainability of long term interventions. Nevertheless, at no time are these dimensions addressed in CBPT research. Oddly enough, ethical and safety-related consideration, cultural relevance, and the specifications of the participants, long-term outcomes, the strengths and limitations of the methodology and across studies are subject to lapses. These holes are sensible and therefore a synthesis in a methodical way will be justified.

Objectives

- To summarize the existing research data on the efficiency of Cognitive Behavioral Play Therapy (CBPT) in diminishing the symptoms of anxiety in children aged 5 to 10 years.
- To contrast the efficacy of CBPT with other treatment techniques implemented in childhood anxiety, based on past research.
- To examine the diverse range of study variables explored by CBPT studies including nature of anxiety, child characteristics, nature of interventions and measurements.
- In order to make general patterns, similarities and differences of the results of various studies on the foundations of types of anxiety, sample size, topic of CBPT outcome.

METHOD

Study Design

The present research adopted the qualitative research design where the PRISMA 2020 guidelines were applied in order to compile the available empirical evidence of the CBPT efficacy in child anxiety. The qualitative narrative synthesis was conducted because the study designs, outcome measure, and interventions protocols were heterogeneous.

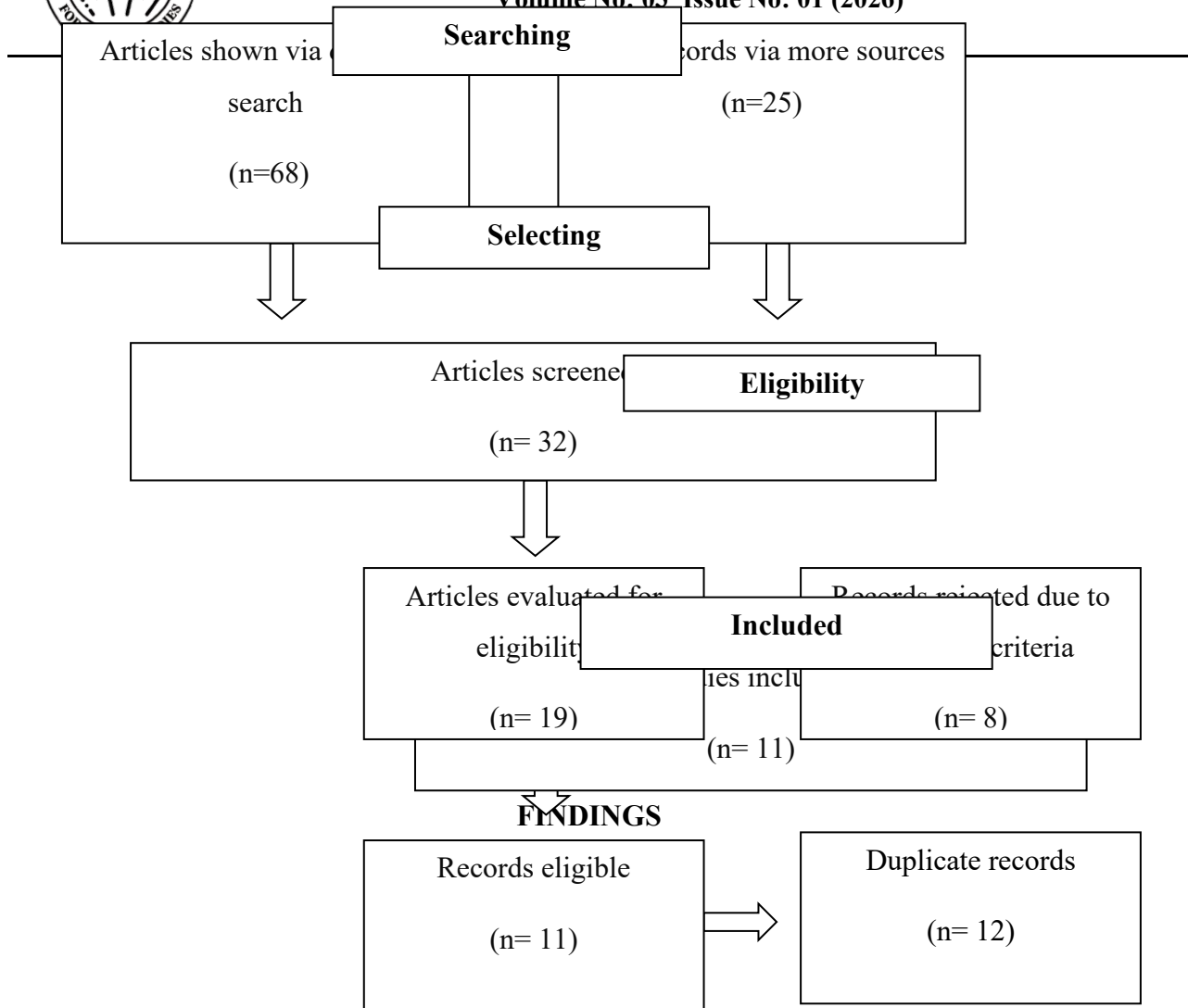
Search Strategy

A qualitative research study was implemented in various electronic databases, such as Google scholar, PubMed and Researchgate where the articles on the effectiveness of Cognitive Behavioral Play Therapy (CBPT) based on childhood anxiety were found. The search was conducted on the combination of the keywords and phrases and contained such terms as the cognitive behavioral play therapy, CBT, play-based CBT, child anxiety, social anxiety, separation anxiety, medical anxiety and emotional control.

Selection of Studies

The screening process was based on the three-stage process to ensure that the strict screening of the researches would be performed. The first was a relevancy filter of all the retrieved records of CBPT and childhood anxiety. The second step involved the abstract review where knowledge of the appropriateness of the studies to inclusion criteria was known. The fourth step was full-text review in which the studies were critically reviewed according to the pre-established eligibility criteria. Before screening, some of the duplicated records were eliminated. The final synthesis only included those studies which had met all the inclusion requirements like the participants, design of the studies, the relevant results that the studies had. This was significant in ensuring that it only factored high quality and relevant studies that were included in the review in order to have a thorough review of the efficacy of CBPT.

Figure 1: PRISMA Flowchart



CBPT was found to be useful in eliminating anxiety symptoms in all the studies included. The symptoms were also improved in the ways of symptom severity and emotional control, coping ability, attentional control, and adaptive behavior.

Table 2: The Characteristics of the included Studies.

Author(s) & Count Year	Country	Sample	Age Range	Anxiety Type	Therapeutic Techniques Used in CBPT	Key Findings	Study Gaps
Ghodousi et al., 2017	Iran	Anxious children	5-10	Physiological anxiety	Guided exposure through play, relaxation training, therapist modeling	Reduced physiological arousal and avoidance	Small sample; short-term assessment

Author(s) Year	& Count ry	Sample	Age Ran ge	Anxiety Type	Therapeu tic Techniqu es Used in CBPT	Key Findings	Study Gaps
Atayi et al., 2018	Iran	School children	7–10	Social anxiety	Social role-play, exposure games, cognitive restructuring Non-verbal play, modeling, relaxation, behavioral coping games Cognitive restructuring via storytelling, play-based exposure, relaxation exercises	Improved social confidence	No long-term follow-up
Mehrara et al., 2018	Iran	Children with speech disorders	6–10	Anxiety symptoms	Emotion-identification games, role-play, behavioral rehearsal Medical play, distraction techniques, cognitive reframing through play	Anxiety reduction	Specialized population
Mohammedini a et al., 2018a	Iran	Children with anxiety	6–10	Generalized anxiety	Attention-training games,	Reduced anxiety; improved coping skills	Small sample; short follow-up
Mohammedini a et al., 2018b	Iran	School children	6–9	Emotional dysregulation	Improved emotional regulation	Limited generalizability; unclear fidelity	
Rajeswari al., 2019	et India	Hospitalized children	5–10	Medical/procedural anxiety	Reduced procedural anxiety	Hospital-only context	
Azizi et al., 2020	Iran	School children	6–10	General anxiety	Improved attention	Limited participant diversity	



Author(s) & Year	Country	Sample	Age Range	Anxiety Type	Therapeutic Techniques Used in CBPT	Key Findings	Study Gaps	
Zamani et al., 2020	Iran	Preschool children	5–7	Early childhood anxiety	self-monitoring play tasks, positive reinforcement	and self-regulation	Narrow age range; limited follow-up	
Obiweluzo et al., 2021	Nigeria	Children who stutter	6–10	Social anxiety	Symbolic play, storytelling, gradual exposure activities	Behavioral rehearsal, exposure play, coping-skills training	Sustained anxiety reduction	Short follow-up period
Sadeghi et al., 2022	Iran	School children	6–10	Separation anxiety	Emotion-focused play, separation-themed exposure, coping games	Reduced separation anxiety	Small sample	
Pourmohamadr eza-Tajrishi et al., 2025	Iran	Children	6–10	Internalizing anxiety	Cognitive restructuring, play-based exposure, emotional regulation tasks	Reduced internalizing symptoms	Limited intervention detail	

It is a systematic literature review, which sums up evidence on effectiveness of Cognitive Behavioral Play Therapy (CBPT) in reducing anxiety among children at the age of 5-10 years. Using the PRISMA 2020 guidelines, 68 records were identified, 17 of them were eliminated by accident, and 51 articles were narrowed down based on the title and abstract. A total of 19 full text articles were assessed as being eligible and 11 articles met all the inclusion criteria and were incorporated in the qualitative synthesis. An evidence-based that is

geographically restricted but still expanding shows that the majority of the studies were conducted in Iran and other studies were conducted in India and Nigeria (Obiweluzo et al., 2021).

Included Studies Characteristics

The studies involved experimental researches and quasi-experimental researches where little randomized controlled trials were involved. The sampled people represented different groups in clinical and school, and special populations, that is, children with speech disorders, children who stutter, and hospitalized children with procedural anxiety (Rajeswari et al., 2019;). CBPT interventions typically entailed 8-12 structured sessions and were based on play-based interventions such as storytelling, role-playing, games, art activities, and guided exposure paired with the concept of cognitive-behavioral (Zamani et al., 2020).

CBPT and Effects of Anxiety Symptoms.

All the studies included exhibited significant changes in the condition of anxiety symptoms positively following the interventions with the help of CBPT. CBPT was observed to be effective in most of the subtypes of anxiety, including generalized anxiety (Mohammedinia et al., 2018a), social anxiety (Atayi et al., 2018;), separation anxiety (Sadeghi et al., 2022), medical or procedural anxiety and internalizing anxiety problems (Pourmohamadreza-Tajrishi et al., 2025). CBT children were less symptomatic, avoided behaviors, and they were more functional in the day at school and social settings (Zamani et al., 2020).

Secondary Outcomes: Affective Control and Cognitive Performance.

Other studies showed positive outcomes in emotional regulation, coping, and cognitive functioning besides the reductions in the symptoms of anxiety. It also led to an increase in emotional regulation among school-aged children following CBPT (Sadeghi et al., 2022). Self-regulation and attentional control also improved, which means the positive results toward executive functioning and adaptive behavior (Azizi et al., 2020). In addition, physiological arousal reductions and behavioral avoidance that have been obtained demonstrated that CBPT is an efficient way of the emotional and somatic components of anxiety (Ghodousi et al., 2017).

Special Populations Effectiveness.

CBPT turned out to be effective with the special and vulnerable. Important anxiety symptoms reductions in children with speech disorders were achieved through CBPT interventions (Mehrara et al., 2018). Similarly, the children who had stuttering had previous reports of reduced social anxiety at follow-up measurements (Obiweluzo et al., 2021). CBPT applied to hospitalized children led to a decrease in medical and procedural anxiety, which proves the versatility of CBPT in a healthcare setting (Rajeswari et al., 2019). These findings emphasize the suitability of CBPT in children that may experience troubles with verbally intensive treatment alternatives.

Between Studies Methodological Weaknesses.

Though all findings of the reviewed research were consistent and positive their observations made it clear that there were several methodological limitations. The primary issues were associated with the limited sample size, short-term follow-ups, and the quasi-experimental designs, which limit the scope of generalizing the findings and interpreting them in the long-term (Atayi et al., 2018). In addition, the cross-studies lacked homogeneity in the interventions protocols and outcome measures reduced the comparability of cross-studies and inadequate reporting of intervention fidelity and cultural matters were found in a number of studies (Azizi et al., 2020;).

In most cases, the findings of this systematic review provide consistent data that CBPT is a highly effective and developmental intervention that could be applied to minimize the level of

anxiety symptoms among children between the ages of 5 and 10 years. In addition to reducing the symptoms, CBPT appears to promote emotional regulation, coping, attentional control, and adaptive functioning. As much as the available evidence base is favorable to the clinical utility of CBPT, further large-scale randomized controlled clinical trials with incorporation of standardized outcome measures and long-term follow-ups are needed to support the inferences on its effectiveness and sustainability.

DISSCUSSION

It is a systematic review that reported on the effectiveness of Cognitive Behavioral Play Therapy (CBPT) in removing the symptoms of anxiety in children aged between 5-10 years. The discourse is organized in respect to the ends of study and it combines the empirical data with the developmental theory and the literature at hand.

The First objective was to perform a synthesis of research rates of effectiveness of CBPT to eliminate anxiety among children. The study found that CBPT had meaningful effects in the reduction of all the various subtypes of anxiety such as generalized anxiety (Mohammedinia et al., 2018a), social anxiety (Atayi et al., 2018; Obiwel uzo et al., 2021), separation anxiety (Sadeghi et al., 2022), medical/procedural anxiety (Rajeswari et al., 2019), and internalizing problems (Pourmohamadreza These findings support the hypothesis that CBPT

CBPT integrates the cognitive-behavioral principles into play-based CBT exercises that involve storytelling, role-play, art, and guided exposure that assist children to safely experience emotions, practicing adaptive behaviours and gradually getting used to anxiety causing situations (Landreth, 2017; Reddy& Szabo, 2019). The current developmental adaptation is consistent with the previous research that structured, age-based interventions are more interactive and effective to young children compared to verbally intensive interventions (James et al., 2015).

The second objective of this systematic review was to critically compare the Cognitive Behavioral Play Therapy (CBPT) to other therapeutic treatments that are applied in the studies incorporated in this systematic review. Even though all the studies were premised on the reduction of anxiety, the treatment plans differed on the structure, intensity, and theoretical combination. These strengths of CBPT as a developmentally-focused intervention are revealed in the provided comparison.

Various articles involved one or limited interventions such as relaxation training, distraction or non-directive play. Indicatively, Ghodousi et al. (2017) and Rajeswari et al. (2019) used the relaxation and distraction-based play in the control of the physiological arousal and procedural anxiety. Even though the above methods worked well in reducing the immediate anxiety responses, they emphasized more on the somatic symptoms and were not always efficient in reducing the maladaptive cognitions and avoidance behaviors that led to anxiety in Mohammedinia et al. (2018b) and Sadeghi et al. (2022). In both Mohammedinia et al. (2018b) and Sedeghi et al. (2022), emotion-related activities were grounded in emotional expression, identification, and regulation, which made them a priority. These treatment methods resulted in improved emotional awareness and control, but were non-systematic with regard to cognitive restructuring and exposure that limits its efficacy in regard to the enduring anxiety-based thought patterns.

The most common ones in the works that discussed both social anxiety and communication disorders were social skills-based and behavioral rehearsal, particularly in children with speech disorders or stuttering (Mehrara et al., 2018; Obiweluzo et al., 2021). They were these methods, which were effective in reducing the performance related anxiety through modeling and practice, but were more effective in focusing the situational anxiety

instead of generalized or internalizing anxiety symptoms as associated with the symptoms. They were administered through use of narrative storytelling, role-play, behavioral rehearsal, relaxation, and coping-skills training based on the play based cognitive restructuring techniques, guided exposure, and behavioral rehearsal (Mohammedinia et al., 2018; Atayi et al., 2018; Zamani et al., 2020; Pourmohamadreza -Tajrishi et al., 2025). The multimodal design made CBPT intervene simultaneously in cognitive distortions, emotional dysregulation, physiological arousal and avoidance behaviors.

However, CBPT demonstrated a broader and more far-ranging range of outcomes, including reduced level of anxiety, and a positive outcome in coping and attentional control and adaptive functioning in school, social and clinical environments, compared to lonely procedures. It is important to mention that CBPT, too, was more adapted to children with low verbal skills because the therapeutic change was reached via symbolic and experiential play and, not via the use of abstract verbal processing.

Overall, the comparison of all the incorporated studies demonstrates that the other means of treatment also play their role in the anxiety reduction, but CBPT is more developmentally sensitive and holistic. Its cognitive, behavioral, emotional, and play based aspects render it a more appropriate choice compared to single type of interventions; it can be discussed as effective as the main treatment mode of anxiety in children.

The third objective was to explore the breadth of the variables under research in CBPT. The articles included also revealed that CBPT has been effectively applied in the situation of different types of anxieties, including generalized anxiety, social anxiety, separation anxiety, medical/procedural anxiety, and internalizing anxiety (Mohammedinia et al., 2018; Sadeghi et al., 2022; Rajeswari et al., 2019; Pourmohamadreza-Tajrishi et al., 2025). CBPT was appropriate in both normal and special populations (including, but not limited to, children with speech disorders [Mehrara et al., 2018]) and in children who stutter (Obiweluzo et al., 2021) and the hospitalized children (Rajeswari et al., 2019). These findings underscore the adaptability of CBPT to other contexts of a clinical and developmental environment. The secondary outcomes were the enhancement of emotional control, coping styles, attentional control, and self-regulation that were reported in various studies (Azizi et al., 2020; Mohammedinia et al., 2018b; Sadeghi et al., 2022). Moreover, the reduction in the physiological arousal and behavioral avoidance is also a symptom of the success of CBPT in treating not only emotional but also the somatic aspects of anxiety (Ghodousi et al., 2017).

The fourth objective was to locate patterns and variation in studies. The general tendency was that CBPT leads to the considerable reduction in the anxiety symptoms and psychosocial functioning of 5-10-year-old children. However, small samples, quasi-experiments, variable intervention regimes, and short follow-ups were methodological differences (Mohammedinia et al., 2018; Atayi et al., 2018). Most of the studies were conducted in Iran, and very few studies were conducted in India or Nigeria, which raises a question of generalization to other cultures (Azizi et al., 2020; Obiweluzo et al., 2021).

Despite these inadequacies, the intersection of the findings is that CBPT is a good and viable intervention in development. It provides the children with the tool of cognitive restructuring, exposure, and skills training, in the natural setting of play, which would be beneficial both in the short term, reducing the symptoms, and in the long term, providing emotional stability (Landreth, 2017; Reddy & Szabo, 2019). Additional research should fill in the gaps in research on methodology, standardization of interventions procedures, use of culturally diverse groups, and also, long-term follow-up evaluation should be used to enhance the generalizability and long-term feasibility of the results.

Conclusion



Overall, this systematic review implies that CBPT is an effective, flexible and developmentally appropriate intervention as far as anxiety reduction in children aged 5-10 years is concerned. It is not only an effective reliever of the core symptoms of anxiety but also improves the second-order psychosocial outcomes such as emotional regulation, coping, attention, and adaptive functioning. Even though it is promising, methodological concerns point towards the need to perform rigorous, large-scale, randomized control research studies to strengthen the evidence base around CBPT and inform its application in different clinical and educational practices (Alemdar et al., 2024; Kendall and Peterman, 2015).

Limitations

On the one hand, despite the positive outcomes, globally, there exist several limitations. To start with, majority of the studies involved were small and of quasi-experimental designs where there is no statistical power and no conclusive causal findings can be drawn. Second, the use of short follow-up or no follow-up was common and the results of the CBPT in terms of its sustainability were difficult to evaluate across the studies. This discrepancy reduced the cross-study comparability and reduced the potential of performing meta-analytic synthesis. Fourth, the cultural generalizability is jeopardized due to geographic concentration of the studies particularly in Iran. The cultural differences in play, communication of emotion, and the therapeutic interaction may play a role in the outcome, but was not explicitly discussed, and this factor did not allow a further examination of how, and why CBPT leads to its outcomes. The implication of such limitations is that caution should be taken when generalizing findings to the population and settings.

Future Suggestions

In the future, the quality-regulated randomized controlled studies with larger and more diverse sample sizes should be the focus of the research to strengthen evidence-based CBPT. Use of standardised intervention manuals and validated outcome measures should be used in order to boost consciousness, comparability and replication. The relevance of the use of long-term follow-ups is relevant in order to establish whether the treatment is durable and how the preventive potential of early CBPT can be established. The change mechanisms such as emotional regulation, cognitive restructuring, behavioral exposure in the play situations should be researched further. A research study about the applicability of CBPT in more mental health settings like in schools and pediatrics would inform the practice applicability. Additionally, the cultural adaptability, ethical issues and competency of the therapists would also be discussed to ensure that there is fidelity and effectiveness. It is recommended that the clinicians and educators should consider CBPT as a potential early intervention particularly when dealing with younger children or children with limited verbal skills; further research is also undertaken to streamline this intervention to make it sustainable and evidence based.

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