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Introduction

Separation anxiety is a type of worry and fear in which an individual experiences severe anxiety, stress, and distress regarding separation from or the loss of a significant person (Genovese et al., 2025; Torabi Goodarzi et al., 2024). This anxiety is commonly associated with separation from close relationships such as spouses, family members, friends, and loved ones (Jreisat, 2023;

Comparative Effectiveness of Attachment-Based Play Therapy and Cognitive Behavioral Therapy on Separation Anxiety and Parent-Child Relationship in Children

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ABSTRACT

Objective: This study aimed to compare the effectiveness of ABPT and CBT in reducing symptoms of separation anxiety and improving the parent-child relationship in children diagnosed with SAD.

Methods and Materials: A quasi-experimental design with pre-test, post-test, and one-month follow-up was used. Thirty-six boys aged 6 to 8 years with clinically diagnosed SAD were randomly assigned to three groups: ABPT (n=12), CBT (n=12), and control (n=12). The intervention groups received 10 (ABPT) and 16 (CBT) therapy sessions, respectively. Measures included the Separation Anxiety subscale of the SCARED and the Parent-Child Relationship Scale. Data were analyzed using repeated measures ANOVA and Bonferroni post hoc tests.

Findings: Both ABPT and CBT significantly reduced separation anxiety symptoms and improved parent-child relationship scores compared to the control group ($p<0.01$). The ABPT group showed significantly greater improvement in both outcomes compared to the CBT group ($p<0.05$). These effects were maintained at one-month follow-up.

Conclusion: Both ABPT and CBT are effective interventions for childhood SAD; however, ABPT may offer superior benefits in enhancing emotional bonding and reducing anxiety symptoms. Future research should address intervention dosage and consider broader, more diverse samples.

Keywords: Separation Anxiety, Attachment-Based Play Therapy, Cognitive Behavioral Therapy, Parent-Child Relationship.

Kaviani & Hekmatipur, 2024). Separation anxiety, as a psychological disorder, refers to intense emotions that an individual experiences when faced with separation or the potential loss of a significant person. These emotions include sadness, worry, fear of loneliness, fear of being forgotten, difficulty coping with daily life, and even emotional breakdown (Giani et al., 2021). Separation anxiety disorder (SAD), classified as an anxiety disorder,

is characterized by worry and fear of separation from attachment figures (Demirer & Topan, 2023). The impact of cultural factors on a child's independence and separation from parents is significant, as children in Western cultures typically experience independence earlier than those in other cultures (Karyotaki et al., 2021).

On the other hand, a child's experience of separation anxiety is closely related to their perception of the parent-child relationship (Särnholm et al., 2023). One of the most crucial factors in a child's psychological and social development is the relationship between parents and children, which plays a vital role in a child's growth and overall well-being. Ineffective parenting styles and poor parent-child interaction during childhood contribute to relationship difficulties and increased vulnerability to psychological disorders such as anxiety, behavioral issues, and emotional distress (Abdolali et al., 2023; DiCarlo et al., 2023; Haji Seyed Taghiya Taghavi et al., 2019). A weakened parent-child bond is often due to a lack of parental awareness regarding communication skills with children (Adili Shahrzad et al., 2019). Research indicates a significant correlation between parent-child interaction and a child's emotional and behavioral adjustment throughout early childhood, middle childhood, and adolescence (Daniel et al., 2023). The quality of emotional and psychological interaction between parents and children strongly influences the child's behavior in adulthood (Demirer & Topan, 2023; DiCarlo et al., 2023).

Cognitive-behavioral therapy (CBT) focuses on modifying automatic negative thoughts and impulsivity, which contribute to emotional distress, depression, and anxiety (Fadipe et al., 2023; Fagundo et al., 2014). These sudden negative thoughts can have detrimental effects on an individual's emotional well-being (Giani et al., 2021; Karyotaki et al., 2021). The problem-solving and goal-oriented nature of CBT aims to alter a person's thought patterns, thereby modifying their responses to challenging situations (Karyotaki et al., 2021). Beyond identifying negative thought patterns, CBT incorporates a wide range of strategies to help individuals overcome these thoughts, including journaling, role-playing, relaxation techniques, and mental distraction methods (Lee et al., 2023; Särnholm et al., 2023).

Both attachment-based play therapy and cognitive-behavioral play therapy are innovative therapeutic

approaches that integrate cognitive, behavioral, emotional, and social skills, significantly enhancing children's psychological and emotional well-being. By emphasizing active engagement between the therapist and the child, these methods improve the child's sense of competence and emotional regulation (Setiawan et al., 2020). Over time, children in these therapies learn that greater functionality and adaptability contribute to more positive self-beliefs, enhancing their confidence in performing daily tasks while modifying their cognitive, behavioral, and emotional responses in social interactions. Research by Fadipe et al. (2023) demonstrated that online cognitive-behavioral therapy significantly improves quality of life in adults with depression (Fadipe et al., 2023). Similarly, Di Carlo et al. (2023) found that CBT interventions focusing on parent-child interaction yielded positive therapeutic outcomes (DiCarlo et al., 2023). Moreover, Daniel et al. (2023) reported that child-centered play therapy and rhythmic interaction improved emotional regulation in children with autism (Daniel et al., 2023).

Given the prevalence and impact of separation anxiety disorder in children, it is essential to explore effective therapeutic interventions that address both cognitive and behavioral aspects of the disorder. Identifying key factors that contribute to symptom improvement can facilitate future research and preventive strategies, thereby reducing the incidence and spread of the disorder in society. To date, no study in Iran has simultaneously compared the effectiveness of attachment-based play therapy and cognitive-behavioral play therapy on separation anxiety, parent-child relationships, emotional regulation, and quality of life in children with separation anxiety disorder. This gap in research justifies the need for further investigation. Therefore, the primary research question is: "Is there a significant difference between the effectiveness of attachment-based play therapy and cognitive-behavioral play therapy in reducing separation anxiety symptoms and improving the parent-child relationship in children with separation anxiety disorder?"

Methods and Materials

Study Design and Participants

This study is classified as applied research in terms of its objective and cross-sectional in terms of data

collection. The research method was a quasi-experimental pre-test, post-test design with a control group and a two-month follow-up. The statistical population of this study included all first-grade male students who visited the Psychological Disorders Treatment Center in Gorgan during the 2023-2024 academic year. 45 students were randomly assigned to two experimental groups of 15 participants each and one control group of 15 participants.

The inclusion criteria were: obtaining a score above 8 on the Birmaher et al. (1999) Separation Anxiety Questionnaire (Birmaher et al., 1999), indicating moderate severity; being male; having been diagnosed with separation anxiety disorder within the past month by a psychologist; no history of severe psychiatric disorders as confirmed by a psychologist through clinical interviews; no severe physical or psychological illnesses as diagnosed by a psychologist or psychiatrist; no obligation to take prescribed medications as determined by a psychiatrist; and obtaining parental consent for participation in the study. The exclusion criteria were: failure to meet any of the inclusion criteria at any stage of the intervention; incomplete completion of questionnaires; absence in more than two therapy sessions; and unwillingness to continue participation.

The sample size for the experimental and control groups was determined using G-Power software, considering a test power of 0.85, an effect size of 0.40, a probability value of 0.05, and a degree of freedom of 3 for the three groups, resulting in a total of 45 participants.

At the beginning of the field process, preliminary consultations were conducted with experts and university faculty members to receive feedback on the research methodology. After obtaining official approvals from the university's research department and the Psychological Disorders Treatment Center in Gorgan, therapy sessions were conducted twice weekly (on alternating days for each experimental group). Following agreements for participation, informed consent was obtained from the parents of the children as a commitment to attending the sessions. Before the intervention, a pre-test was administered to both experimental groups and the control group. After the intervention, a post-test was conducted for all groups using the research questionnaires, while the control group received no intervention.

Instruments

The Separation Anxiety Questionnaire (Birmaher et al., 1999) consists of 41 items measuring five anxiety disorders: panic disorder or physical symptoms (13 items), generalized anxiety disorder (9 items), separation anxiety disorder (8 items), social anxiety disorder (7 items), and school avoidance (4 items). The cutoff score for total anxiety disorders is greater than 25, and specific cutoff scores were defined for each subscale: scores above 7 for panic disorder, 9 for generalized anxiety, 5 for separation anxiety, 8 for social anxiety, and 3 for school avoidance. Responses are rated on a three-point Likert scale ("Completely true = 2," "Somewhat true = 1," and "Completely false = 0"). The construct and content validity were confirmed by the developers, with Cronbach's alpha reliability ranging from 0.78 to 0.87. In Iran, Aryapouran (2017) validated the content and construct validity, obtaining a Cronbach's alpha of 0.86. In the present study, only the separation anxiety subscale was used.

The Parent-Child Relationship Questionnaire (Pianta, 2011) consists of 33 items measuring three subscales: conflict (items 2, 3, 4, 7, 12, 14, 17, 19, 21, 23, 24, 25, 26, 27, 28, 31, 32, 33), closeness (items 1, 5, 6, 8, 10, 13, 16, 29, 30), and dependency (items 9, 11, 15, 18, 20, 22). Responses are rated on a five-point Likert scale (5 = "Strongly agree" to 1 = "Strongly disagree"). The construct and content validity were confirmed by the developers, with Cronbach's alpha reliability ranging from 0.75 to 0.80. In Iran, Ebarshi et al. (2009) validated the questionnaire, with Cronbach's alpha reliability ranging from 0.71 to 0.78.

Intervention

The Attachment-Based Play Therapy (ABPT) program, based on Booth and Jernberg's (2009) model and validated by Yazdanipour et al. (2021), was delivered over 10 weekly sessions, each lasting 45 minutes. In Session 1, the therapist established a safe and trusting therapeutic environment and conducted a pre-test to assess the child's emotional regulation and behavioral functioning. In Session 2, the child learned to differentiate between desirable and undesirable behaviors through guided play. Session 3 focused on identifying and naming emotions using expressive activities, with parents observing to understand their

child's emotional language. In Session 4, role-play scenarios were introduced to help the child practice socially appropriate emotional responses. Session 5 shifted therapeutic techniques into the home, with parents applying learned strategies under therapist supervision. Session 6 reinforced parental involvement by encouraging positive attention and required parents to submit reports or video clips of structured home-based activities. Session 7 used structured play to enhance consistency and reinforce behavioral boundaries between child and parent. In Session 8, teamwork and participation were encouraged through interactive games that emphasized engagement and positive reinforcement. Session 9 introduced competitive and nurturing role-play exercises to build self-confidence and emotional balance. The final session (Session 10) reviewed progress, reinforced learned techniques, encouraged continued practice at home, and included a post-test to measure therapeutic outcomes.

The Cognitive-Behavioral Therapy (CBT) intervention, adapted from Kendall's (1994) Coping Cat program, consisted of 16 structured sessions of 45 minutes each, aimed at reducing anxiety in children. In Session 1, the therapist established rapport, explained therapy goals, and identified anxiety-provoking situations. Session 2 involved teaching the child to recognize emotions and physical signs of anxiety, which was expanded in Session 3 by introducing the physiological symptoms of stress. Session 4 included a parental meeting to engage caregivers in the therapeutic process. In Session 5, the child learned diaphragmatic breathing and relaxation strategies, which were complemented in Session 6 with techniques to identify

and understand anxious self-talk. Session 7 focused on modifying anxious thoughts and developing effective problem-solving skills, while Session 8 introduced reward systems and self-evaluation to increase motivation. In Session 9, a second parental meeting provided feedback on progress and reinforced parental roles. Session 10 introduced exposure to mildly anxiety-provoking situations, allowing the child to apply coping techniques. Sessions 11 and 12 gradually increased exposure to moderate-anxiety contexts, followed by Sessions 13 and 14, which tackled high-anxiety scenarios under therapeutic support. In Session 15, the child faced their most severe anxiety trigger and reviewed their therapeutic journey. The final session (Session 16) provided closure, reinforced strategies learned, and prepared the child for independent management of anxiety.

Data Analysis

Descriptive statistics, including frequency, mean, and standard deviation, were used in the analysis. To analyze the obtained data, a mixed repeated-measures ANOVA was conducted using SPSS version 18.

Findings and Results

In this section, descriptive findings, including the mean and standard deviation of pre-test, post-test, and follow-up scores, are presented for the reduction of separation anxiety symptoms and parent-child relationship among children with separation anxiety disorder in the three groups: experimental (CBT and ABT) and control.

Table 1

Mean and Standard Deviation of Pre-Test and Post-Test Scores for Emotion Regulation in the Experimental and Control Groups

Dependent Variable	Group	Pre-Test		Post-Test		Follow-Up	
		Mean	SD	Mean	SD	Mean	SD
Separation Anxiety	Experimental (ABT)	10.69	1.32	4.88	0.95	4.84	1.29
	Experimental (CBT)	10.87	1.69	6.93	2.23	6.87	2.15
	Control	10.67	1.68	10.56	1.59	10.49	1.55
Parent-Child Relationship	Experimental (ABT)	61.93	7.95	100.33	20.37	100.80	16.38
	Experimental (CBT)	62.07	7.42	84.60	16.95	85.07	18.09
	Control	62.27	6.82	62.60	7.90	63.07	8.40

As shown in Table 1, the mean pre-test scores of separation anxiety in the two experimental groups (CBT and ABT) and the control group were approximately equal. However, in the post-test, the mean scores of

separation anxiety in the experimental groups (CBT and ABT) were significantly different from the mean scores of the control group. Additionally, follow-up results indicate the continued effects of both interventions

compared to the control group. Similarly, the pre-test mean scores of the parent-child relationship in the experimental and control groups were nearly identical. However, in the post-test, the mean scores of the parent-child relationship in the experimental groups (CBT and

ABT) significantly differed from the control group. Follow-up data in Table 3 also demonstrate this pattern. To examine the assumption of normality, the Shapiro-Wilk normality test was performed.

Table 2

Shapiro-Wilk Test Results for the Study Variables

Dependent Variable	Stage	ABT Group	Significance	CBT Group	Significance	Control Group	Significance
Separation Anxiety	Pre-Test	0.863	0.026	0.933	0.306	0.908	0.128
Separation Anxiety	Post-Test	0.931	0.282	0.908	0.128	0.919	0.188
Separation Anxiety	Follow-Up	0.934	0.317	0.931	0.282	0.883	0.052
Parent-Child Relationship	Pre-Test	0.909	0.129	0.952	0.559	0.903	0.107
Parent-Child Relationship	Post-Test	0.908	0.128	0.893	0.075	0.925	0.226
Parent-Child Relationship	Follow-Up	0.903	0.105	0.899	0.093	0.932	0.289

As shown in Table 2, the Shapiro-Wilk test statistics for the pre-test, post-test, and follow-up scores of separation anxiety and parent-child relationship in children with separation anxiety disorder were not significant in any group, indicating that the distribution of variables is normal. Additionally, the results of Box's test showed that the significance level ($df = 1, F = 1.500$) was 0.086, suggesting the assumption of homogeneity of variances is met. The results of Levene's test further

indicated that the assumption of homogeneity of variance is satisfied ($p > 0.05$). Mauchly's sphericity test also confirmed the assumption of sphericity. Given the non-significant results from Mauchly's sphericity test, the assumption of variance homogeneity across the three time points is confirmed. The results of the repeated-measures ANOVA for within-group and between-group factors are summarized in the following table.

Table 3

Summary of Repeated-Measures ANOVA (Mixed) for Grouping, Treatment Phases, and Interaction Effects

Variable	Source of Change	SS	df	MS	F	P-value	Effect Size
Separation Anxiety	Group	325.822	2	162.911	26.123	0.01	0.554
	Time	251.335	1	251.335	187.133	0.01	0.817
	Group* Time	125.473	2	62.737	46.711	0.01	0.690
Parent-Child Relationship	Group	14242.059	2	7121.030	23.165	0.01	0.525
	Time	9817.778	1	9817.778	102.115	0.01	0.709
	Group*Time	5484.156	2	2742.078	28.520	0.01	0.576

The results in Table 3 indicate that the calculated F-values for the effect of treatment phases (pre-test, post-test, and follow-up) were significant at the 0.01 level. Specifically, significant interaction effects were observed between the groups and treatment phases for separation anxiety and the parent-child relationship. Therefore,

significant differences exist between the mean scores of pre-test, post-test, and follow-up in reducing separation anxiety and improving the parent-child relationship among children with separation anxiety disorder. To further analyze the differences between the treatment phases, a Bonferroni post hoc test was conducted.

Table 4

Bonferroni Post Hoc Test Results for Differences Between Pre-Test, Post-Test, and Follow-Up

Variable	Comparison	Mean Difference	SE	P-value
Separation Anxiety	Pre-Test vs. Post-Test	3.284	0.249	0.001
	Pre-Test vs. Follow-Up	3.342	0.251	0.001
	Post-Test vs. Follow-Up	0.058	0.055	1.000
Parent-Child Relationship	Pre-Test vs. Post-Test	20.422	2.488	0.001

Pre-Test vs. Follow-Up	20.889	2.677	0.001
Post-Test vs. Follow-Up	0.467	0.415	1.000

The results in Table 4 show that there were significant differences between pre-test and post-test scores and between pre-test and follow-up scores in reducing separation anxiety and improving the parent-child

relationship in children with separation anxiety disorder. However, no significant difference was observed between post-test and follow-up, indicating the stability of the treatment effects.

Table 5

Tukey Post Hoc Test for Comparison Between Experimental Groups

Variable	Group Comparison	Mean Difference	SE	P-value
Separation Anxiety	CBT vs. ABT	1.419	0.526	0.01
Parent-Child Relationship	CBT vs. ABT	10.444	1.696	0.01

The results in Table 5 indicate significant differences in reducing separation anxiety and improving the parent-child relationship between the CBT and ABT groups. Given the mean values and effect sizes obtained, the ABT intervention led to more substantial changes, suggesting that ABT was more effective than CBT for this patient group.

Discussion and Conclusion

Based on the research findings, the hypothesis that there is a difference in the effectiveness of attachment-based play therapy and cognitive-behavioral therapy on separation anxiety in children with separation anxiety disorder was confirmed. These findings are consistent with the prior results (Blanco et al., 2019; Chirico et al., 2020; Claes, 2017; Daniel et al., 2023; Davidson & Stagnitti, 2021; DemiRer & Topan, 2023; Goodyear-Brown & Andersen, 2018; Hall, 2015; Hiwale & Ganvir, 2019; Setiawan et al., 2020).

According to the findings, attachment-based play therapy had a greater effect on separation anxiety compared to cognitive-behavioral therapy. This can be explained by the therapy's emphasis on attachment relationships: attachment-based play therapy specifically aims to strengthen the emotional bond between children and their parents (Chirico et al., 2020). This approach is rooted in attachment theory, developed by John Bowlby, which posits that emotional relationships between children and their caregivers have a profound psychological and emotional impact. Strengthening this bond can help reduce separation anxiety, as children feel more secure when apart from their parents (Setiawan et al., 2020). Play therapy

methods typically provide a joyful and informal environment that can help reduce a child's tension and anxiety. In contrast, cognitive-behavioral therapy often involves logical thinking and structured reflection, which may be more challenging for some children. Attachment-based play therapy focuses on strengthening the relationship between the child and the parent or caregiver (Davidson & Stagnitti, 2021). This method helps children feel more secure and connected to their parents, which in turn reduces separation anxiety.

Children often express their emotions and experiences through play. In play therapy, they can depict their feelings about separation and fears in a way that is comfortable for them (Daniel et al., 2023). Play therapy allows children to experience imaginary and safe scenarios where they can gradually overcome their fears, increasing their sense of control and empowerment. This approach provides a safe and supportive environment where children can express their feelings and concerns without judgment (Aldao & Nolen-Hoeksema, 2010). Attachment-based play therapy includes interactive exercises between children and their parents that enhance communication and foster positive interactions (Pickerell et al., 2023). These exercises may include games, storytelling, and joint activities that strengthen the child's sense of security and reduce separation anxiety. This approach also helps children develop emotional skills such as recognizing and expressing emotions, managing anger and anxiety, and interacting effectively with others (Fagundo et al., 2014).

Additionally, attachment-based play therapy reduces tension and anxiety in the parent-child relationship. Reducing tension contributes to psychological well-

being and lowers separation anxiety. This method focuses on establishing a secure attachment between the child and the therapist, which helps children feel more secure and thus reduces their anxiety. Children naturally express their emotions and experiences through play. Play therapy enables children to articulate their feelings in a safe and non-threatening environment, which can significantly alleviate separation anxiety (Davidson & Stagnitti, 2021). Play therapy allows children to experience positive and pleasant separations and reunions, helping to diminish fears associated with separation. Therefore, attachment-based play therapy is likely more effective than cognitive-behavioral therapy in reducing separation anxiety in children due to its focus on attachment relationships, the provision of a safe and supportive environment, interactive exercises, emotional skill development, and reduced tension and anxiety.

Based on the research findings, the hypothesis that there is a difference in the effectiveness of attachment-based play therapy and cognitive-behavioral therapy on the parent-child relationship in children with separation anxiety disorder was also confirmed. These findings align with the prior results (DiCarlo et al., 2023; Espie et al., 2019; Fadipe et al., 2023; Fagundo et al., 2014; Galea et al., 2021; Giani et al., 2021; Karyotaki et al., 2021; Lee et al., 2023; Pickerell et al., 2023; Särnholm et al., 2023; Seiler, 2008; Turner et al., 2016).

According to the findings, attachment-based play therapy had a greater effect on the parent-child relationship compared to cognitive-behavioral therapy. This can be explained by its emphasis on strengthening attachment: attachment-based play therapy is specifically designed to enhance and create a secure attachment between parent and child (Goodyear-Brown & Andersen, 2018). In this type of therapy, parents are encouraged to actively participate in play activities, fostering a deeper emotional connection with their children.

Play serves as a natural means of communication for children. Through play, parents and children can create shared experiences that reinforce positive emotions and enhance emotional closeness (Setiawan et al., 2020). Play therapy helps children develop social and emotional skills. By improving these skills, children can more easily share their emotions with their parents, strengthening their relationship. Play therapy also enables children to

express their emotions and anxieties through play. This process can help parents gain a better understanding of their children's needs and feelings, ultimately improving their relationship (Setiawan et al., 2020). In play therapy, parents learn to be more sensitive to their children's emotional needs, which can strengthen the parent-child bond and deepen attachment.

Attachment-based play therapy specifically focuses on strengthening the emotional connection between children and their parents. Rooted in Bowlby's attachment theory, this approach assumes that emotional bonds between children and their caregivers significantly impact their psychological and emotional well-being. Strengthening this bond can enhance the parent-child relationship, as children feel more secure with their parents (Hiwale & Ganvir, 2019).

This approach provides a safe and supportive environment for children to express their emotions and concerns calmly and without judgment. Such an environment helps children regulate their emotions in a healthier way, improving the parent-child relationship. Attachment-based play therapy includes interactive exercises between children and parents that strengthen communication and positive interactions (Daniel et al., 2023). These exercises—such as playing together, storytelling, and shared activities—help enhance the child's sense of security and improve the parent-child relationship. Play therapy assists parents and children in strengthening their communication skills. Through play, parents learn to respond to their child's emotional needs, while children develop social and communication skills. Engaging in shared play experiences provides parents and children with opportunities to create positive memories together (Demirer & Topan, 2023). These shared experiences enhance emotional bonds and foster a sense of belonging within the family.

Attachment-based play therapy pays greater attention to children's attachment and emotional needs. This focus helps parents develop a better understanding of their child's emotional needs, leading to a stronger relationship (Cano-Mañas et al., 2020). Compared to cognitive-behavioral therapy, which mainly emphasizes changing thought and behavior patterns, attachment-based play therapy prioritizes emotional connections and positive interactions between parents and children. This approach may be particularly effective when

emotional and behavioral issues stem from weak attachment relationships.

The study's findings are limited to children with separation anxiety, which restricts the generalizability of the results to other students and different academic levels. As the study participants were all boys, caution should be exercised when generalizing the findings to female students. The data collection tool was a questionnaire, and while useful, it may have led participants to provide socially desirable responses. Since the study was conducted in Gorgan, cultural and social factors specific to this city may limit the generalizability of the results to other locations. Additionally, the research was conducted as a cross-sectional study, and findings might differ in longitudinal studies. Attachment-based play therapy is an effective method for improving relational and interactive factors, reducing cognitive-behavioral issues through an interactive approach that integrates cognitive improvements during play. The findings of this study provide practical implications for improving psychological, emotional, and social functioning in children with separation anxiety disorder, offering valuable insights for therapists, school counselors, and teachers.

It is recommended that cognitive-behavioral therapy and attachment-based play therapy be implemented consistently and systematically to achieve better outcomes. Collaboration with experts in education and psychology and developing individualized intervention plans can further enhance the effectiveness of these therapies. Educational and counseling centers are encouraged to incorporate cognitive-behavioral therapy and attachment-based play therapy into their intervention programs due to their significant impact on performance and well-being. Cognitive-behavioral therapy, as a short-term, structured, and cost-effective approach, is recommended for improving separation anxiety and parent-child relationships. Additionally, integrative psychotherapeutic models can address some of the limitations of standalone therapies. Future research should explore additional variables, such as socioeconomic status, that influence behavioral outcomes. Similar studies should be conducted in different regions, age groups, and educational levels. Since human behavior is complex and develops over time, longitudinal studies are recommended to gain

more reliable insights. Using multiple assessment methods, such as behavioral observation and structured interviews, alongside questionnaires, is also advised.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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