Gadjah Mada Journal of Professional Psychology (GamaJPP)
Journal Homepage: https://jurnal.ugm.ac.id/gamajpp
Email : gamajpp.psikologi@ugm.ac.id
e-ISSN 2407-7801 (Online)

Gadjah Mada Journal of Professional Psychology (GamaJPP) Vol **10**, No 2 (2024), 105–113
doi:10.22146/gamajpp.95515

Cognitive-Behavioral Play Therapy for Preschool Children with Anxiety Disorder Symptoms Related to Moral and Religion: A Single Case Study

Annisa Nur Harwiningtyas and Kwartarini Wahyu Yuniarti*

Faculty of Psychology, Universitas Gadjah Mada, Indonesia
***Author for correspondence:** Email: kwartarini_psy@ugm.ac.id

(Received 13 April 2024; revised 1 July 2024; accepted 1 July 2024; published 27 September 2024)

Abstract

Anxiety disorder in children requires attention due to its comorbidity with depression. Proper management of this condition is essential. This single case study research explored the effectiveness of cognitive-behavioral play therapy in treating a 6-year-old girl attending an Islamic school who exhibited symptoms of religious anxiety. The client attended a total of 8 intervention sessions. The assessment process involved interviews, observations, and psychological tests, including CPM, Bender-Gestalt, and SCARED for Parents. Pre and post-intervention results, measured using the SCARED for Parents and unstructured interviews, indicated a reduction in anxiety symptoms, improved coping mechanisms, and changes in maladaptive thinking.

Keywords: case study; children religious anxiety; cognitive-behavioral play therapy; scrupulosity

Anxiety disorder is a condition where someone experiences excessive fear and anxiety that affect their physical condition. Anxiety is often characterized by excessive worry and fear, negative beliefs, avoidance of certain objects or situations, and physical symptoms, e.g., heart palpitations, shortness of breath, excessive sweating, and chest or stomach pain (Hill et al., 2016). The onset of anxiety may start in childhood (American Psychiatric Association, 2013). Based on the DSM-5, several anxiety disorders that can occur in childhood include Posttraumatic Stress Disorder (PTSD), separation anxiety, selective mutism, somatization disorder, specific phobia, panic disorder, and Obsessive-Compulsive Disorder (OCD) (American Psychiatric Association, 2013).

Several factors can cause anxiety symptoms in children. These include genetic, personality, parent-child interactions, neurological problems, and traumatic events (Vallance & Fernandez, 2016). A study on genetic factors by Waszczuk et al. (2013) showed that a predisposition to anxiety can predict the emergence of anxiety disorders in children. Additionally, children with fearful and shy temperaments tend to be at risk for anxiety disorders (Buss & Kiel, 2013). Klitzing et al. (2015) in their literature review also stated that anxiety displayed by parents, especially mothers, during parenting can affect how children regulate their emotions. Feeling anxious is normal for a child during their development process. Moreover, children aged 5-12 years are generally afraid of things that are considered threats, e.g., certain types of animals, pain or accidents, ghosts or images of foreign creatures, criminals, or kidnappers (Fliek et al., 2019). However, excessive and disproportionate reactions that impact daily life can lead to anxiety disorders (Méndez et al., 2022). Additionally, although part of the development process, anxiety in children can still be comorbid with depressive disorders (Cummings et al., 2014). Therefore, this condition needs attention so it can be properly managed.

In addition to fear caused by certain types of animals, ghosts, or criminals, children can also experience fears related to religion (Peris & Rozenman, 2015; Stevens & Smith-Schrandt, 2023). This fear related to religion is called scrupulosity (Stevens & Smith-Schrandt, 2023). Scrupulosity is often accompanied by compulsive behavior, making it a subtype of OCD (Greenberg & Huppert, 2010). Children with scrupulosity may fear God, worry about sin, fear going to hell, and have other intrusive thoughts related to morals (Abramowitz et al., 2017; Peris & Rozenman, 2015). Peris and Rozenman (2015) further explained that the cognitive development of children, who are not yet able to think abstractly, becomes the risk factor for scrupulosity. This immature ability to think abstractly impacts children's understanding of religious rules, leading them to believe these rules are absolute truths that must always be followed. This belief is then manifested in compulsive behavior. However, anxiety related to these moral rules can be managed with certain intervention approaches.

Anxiety intervention in children can be done through pharmacotherapy and psychotherapy. Literature reviews of randomized controlled trials indicate that Cognitive-Behavioral Therapy (CBT) provides a positive response in treating children with anxiety (Bhatia & Goyal, 2018; Bystritsky et al., 2013; Howes Vallis et al., 2020). CBT is also effective in helping individuals with anxiety related to scrupulosity (Abramowitz & Hellberg, 2019; Huppert & Siev, 2010; Siev et al., 2017). Providing CBT to children

with anxiety can help them identify and challenge thoughts that make them fearful and anxious, face and regulate anxiety and physiological responses, and break avoidance behavior patterns. This enables children to better handle anxiety-inducing situations (Read et al., 2013). CBT for children is also adjusted and modified to suit their developing cognitive capacity ("Treatment of anxiety and depression in the preschool period", n.d.).

One form of CBT given to children in the therapy process is CBPT or cognitive-behavioral play therapy. CBPT is an adaptation of CBT developed for preschool children (Dasari & Knell, 2015). The goal of therapy remains focused on correcting cognitive errors in children and teaching coping skills. However, the entire therapy process is carried out using games, video recordings, or stories with cartoons. CBPT is also known to be effective in reducing anxiety symptoms in children (James et al., 2020).

This study aimed to test the effectiveness of CBPT in the case of a 6-year-old child with anxiety related to the fear of sinning and hell. A single case study enables the researchers to understand more about the dynamics of the problem and the intervention process provided. Cognitive-behavioral play therapy is intended to help children identify incorrect thought patterns and manage anxiety arising from their experiences. It is hoped that the results of this study can increase knowledge regarding interventions for children with anxiety and become a reference for practitioners handling similar cases.

1. Methods

1.1 Research Design

This research was a single case study. The single case study method was chosen to examine the specific case in more detail (Morley, 2017). Informed consent was obtained from the parents before the study proceeded. Then, an assessment was conducted using interviews, observation, and psychological tests. An intervention plan was then prepared based on the assessment results and administered to the participant. The data obtained were compared descriptively and qualitatively to observe changes after the treatment.

1.2 Case Description

The participant in this research was a 6-year-old girl from a Muslim family (in this study will be referred to by her pseudonym "Popi"). Both of Popi's parents were elementary school teachers at Islamic schools. The participant was also sent to an Islamic kindergarten close to her home. At school, Popi was known for her diligent involvement in religious competitions and almost always received acknowledgments ("stars") during lessons.

Popi's mother took her to the community health center because she complained of chest pain. The general practitioner then referred her to the psychology clinic. According to the mother, after receiving a lesson from the teacher about obedience to God and the consequences of disobedience, the participant often complained of chest pain. She would also cry and sob while apologizing, a condition that lasted for one week after the lesson. This case is interesting due to its uniqueness, highlighting the anxiety of a child who was afraid of sinning and going to hell.

1.3 Assessment

Assessments were conducted using interviews, observations, and psychological tests to explore and understand problems. Table 1 provides detailed information on the types of assessments used.

The assessment results indicated that Popi experienced chest pain whenever she remembered her past mistakes, especially after hearing a story from a teacher about apologizing for wrongdoings and obedience to God, with the notion that disobedience and sin would lead to hell. After receiving this lesson, Popi recalled and reflected on her mistakes, believing she would go to hell for her actions, which triggered anxiety and fear.

Popi's chest pain often appeared suddenly, occurring almost daily and recurring 2-3 times a day. When experiencing chest pain, the participant would cry and sob. She would tell her mother about her past mistakes and apologize. Eventually, the chest pain would subside.

Based on the SCARED results for parents, the participant showed indications of anxiety related to symptoms of panic and generalized anxiety. Additionally, the Bender-Gestalt test results indicated that the participant was shy and easily afraid, leading to withdrawal. These findings were consistent with observation results. During the CPM, Popi demonstrated a tendency toward perfectionism, as evidenced by her effort to match the size of the box in the CPM alternative answers with the larger picture box. This tendency toward perfectionism was further confirmed by an interview with Popi's mother, who stated that her daughter felt the need to receive stars from the teacher for daily achievements. The participant's mother clarified that neither she nor her husband pressured the child, but Popi herself felt compelled to earn these stars.

1.4 Formulation

The psychological dynamics of Popi's problems were explained using the cognitive-behavioral approach case formulation for scrupulosity. Popi first experienced the issue after receiving a lesson about apologizing after making a mistake and obeying God. After receiving the learning material, Popi remembered the mistakes she had made in the past. Every time she recalled those mistakes, she felt anxious and her chest hurt. The anxiety and chest pain only subsided after the participant began to recount her mistakes to her mother and apologize. The lesson conveyed by the teacher about obeying God, sinning if one did not repent, and going to hell for sinning became doctrine. Doctrine can foster adherence to a rule, especially if it is conveyed by an authority figure (Abramowitz et al., 2017). The teacher became a figure who had authority over Popi, so the lesson material conveyed became a belief that was strongly held by her. As a result, when Popi remembered her mistakes, it triggered fear and anxiety. The same feelings also arose when the participant woke up late and accidentally missed the dawn prayer. Beck (2011) explained that the way an individual views and interprets a situation can affect how emotions are felt and the behavior or physical conditions manifested. In childhood, interpretations that become maladaptive beliefs can be caused

Table 1
Assessment Activities

Methods	Objective	Target	Implementation	
			Meeting	Location
Aloanamnesis Interview	To understand the participant's grievances and problems.	Participant	2x	Psychology Clinic at Community Health Center
Aloanamnesis Interview (with mother)	To understand the participant's grievances and problems.	Participant's mother	3x	Participant's Home
CPM	To assess the participant's cognitive ability. The test result was required to determine whether the participant experienced difficulty in information processing.	Participant	1x	Participant's Home
Bender-Gestalt Test	To assess emotional development and detection.	Participant	1x	Participant's Home
Screen for Child Anxiety-Related Disorders (SCARED) for Parents	To examine indicators of anxiety.	Participant's parents	1x	

by their developmental period (Knell, 2009). Based on the cognitive development theory postulated by Piaget as cited in Santrock (2018), children aged 2-7 years have just transitioned from the preoperational development stage toward concrete operational. At the preoperational stage, children's ability to process information is still limited to concrete events that they face and they are not yet able to process abstract information (Pereira et al., 2012). In this case, the participant considered her perceived sinfulness and being sent to hell for failing to repent as concrete situations. She believed that she would go to hell if she failed to repent for past mistakes or would go to hell if she did not worship on time. This understanding ultimately created a cognitive bias, which turned into a cognitive distortion, causing excessive fear that was manifested in chest pain.

Cognitive distortions in individuals with scrupulosity are also formed by Thought-Action Fusion (TAF) (Albińska, 2022). TAF is an excessive thought that is equated with a certain action (Cougle et al., 2012). TAF refers to two types of cognitive distortions: the belief that thinking about sin is the same as sinning (moral TAF) and the belief that thinking about something negative will increase the likelihood of the related event occurring (likelihood TAF) (Abramowitz et al., 2017). In Popi's case, the cognitive distortion she had was moral TAF, namely the belief that her actions that had violated God's rules would put her in hell. The violation was related to her mistakes in the past or when she was late for prayer because she woke up late or fell asleep. The cognitive distortions were also related to the anxiety tendency of the participant. It is known that the emergence of cognitive distortions in children is closely related to anxiety tendencies (Pereira et al., 2012). Popi's vulnerability to anxiety influenced the way she perceived her behavior, namely her disobedience and negligence in worship. Interpretations of her past behaviors then incited cognitive distortions such as, "I was wrong," "I sinned," "I will go to hell if I don't apologize," and "If I wake up late and don't pray, I will sin."In addition to the anxiety tendency, the participant's perfectionism contributed to the emergence of anxiety and maladaptive conditions.

The chest pain felt by Popi could be caused by her inability to regulate feelings and thoughts. Fear and anxiety often cause physical pain in children because they are not yet able to regulate themselves (Jungmann et al., 2022; Serra Giacobo et al., 2011). Agarwal and Rohatgi (2023) in their review also stated that somatization complaints in children are generally a sign of emotional and psychological stress. Therefore, the condition of the participant, who was still unable to regulate emotions properly when feeling anxious and afraid due to her thoughts, finally manifested as physical symptoms, namely chest pain. This condition can be explained using the CBT case formulation model for scrupulosity by Abramowitz and Jacoby (2014).

1.5 Intervention Plan

The intervention used in the study was Cognitive-Behavioral Play Therapy (CBPT). The intervention aimed to help the participant manage cognitive distortions and improve coping skills. The cognitive distortion in question was the belief that she was guilty or sinful and would go to hell.

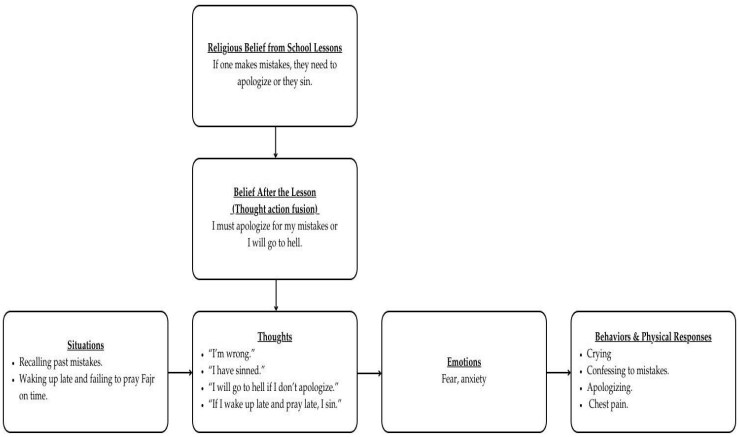
CBPT combines the CBT approach with play therapy (Dasari & Knell, 2015). It emphasizes the active involvement of children in the therapy process so that they can change their behavior (Knell & Dasari, 2006). These techniques are delivered through games (Shelby & Campos, 2011), such as stories, doll games, arranging pictures, or drawing.

Three activities were carried out in this therapy process: cognitive restructuring, somatic management, and parent psychoeducation. Each session lasted 60 minutes and was provided by the researcher. The somatic management stages were conducted in three sessions: 1) psychoeducation of anxiety and body reactions using images, 2) identification of physical reactions to emotions using images and situations that cause anxiety, and 3) relaxation exercises using visualization and identifying alternative behaviors by choosing images.

The cognitive restructuring stages were conducted in four sessions: 1) identification of thoughts by looking at images and listening to short stories, 2) identification of situations, thoughts, feelings, and behaviors by arranging images to form a story, and 3) challenging thoughts by playing with dolls.

Psychoeducation for parents was conducted twice: 1) explaining the dynamics of the participant's problems,

Figure 1
Scrupulosity CBT Model



and 2) psychoeducation regarding assistance during the intervention.

At the last meeting, a termination session was conducted by reviewing the intervention process and creating relapse prevention with participants and parents. A more detailed explanation regarding this can be seen in Table 2.

1.6 Data Analysis

Data analysis was conducted to assess the effectiveness of the therapy by comparing participant condition data before and after the intervention. The techniques used included comparing interview data, observations throughout the intervention sessions, and SCARED scores for parents. The results of the analysis are described qualitatively to evaluate the impact of the therapy provided.

2. Results

2.1 Intervention Implementation

The eight intervention sessions were carried out well, although there were some changes and adjustments in the process due to the conditions at the time of the intervention. The total intervention lasted for almost 2.5 months because it was interrupted by Popi's religious and school activities.

In session 1, the researcher provided an explanation of the dynamics and psychoeducation to the parents of the participant. The parents attentively followed the explanation given by the researcher regarding the causes of Popi's problems and the efforts that parents could make when their children felt anxious again. The parents also asked for further information on other ways to help their child relax. The researcher suggested that parents could share similar experiences that were almost identical to Popi's stories.

In session 2, the parents said that Popi was enthusiastic about doing activities with the researchers to the point of not wanting to take a nap. However, in the middle of the intervention, the participant showed signs of boredom even though she was still willing to follow along well. The researcher confirmed this with the participant, who responded that she was bored with the intervention model given. Popi also expressed a preference for a process that included games and not just explanations. Despite this, the client understood the intervention given in session 2, e.g., recognizing various emotions, understanding what anxiety is, and identifying the body reactions triggered anxiety.

In session 3, Popi stated that she still often felt chest pain when remembering her past mistakes. The pain score was 2 out of 5. In session 3, the participant seemed more enthusiastic than before. She was able to recognize her body reactions when she felt anxious, even though it required a little stimulation from the researcher. Popi was also able to recognize situations that made him feel anxious.

In session 4, Popi was confused when asked to do relaxation exercises. After being given a few examples, she was able to follow the session well. After relaxation, she expressed enthusiasm when asked to describe and draw a "Peaceful Place". She was also enthusiastic when asked to choose pictures to fill the Coping Jar. The participant chose pictures of a) telling their mother, b) relaxing, and c) praying/worshipping as coping mechanisms to include in the Coping Jar.

Popi could follow the session 5 well, although she was initially quiet when asked to identify thoughts using pictures. She could identify thoughts after the researcher provided a few clues by asking her to imagine being in the situation depicted in the pictures. Similarly, in session 6, the participant could recognize thoughts, feelings, and body reactions in a short story with pictures provided by the researcher. Although the researcher still gave a few clues based on the available pictures, Popi was able to understand the instructions. In session 5, the parents mentioned that their daughter frequently tried to practice relaxation techniques when she felt anxious.

In session 7, Popi was very enthusiastic when finding out that she would play with dolls. Popi chose the dolls she liked and the doll used by the researcher. When asked what story she wanted to play, Popi said she didn't know. The researcher then suggested a story about a child who was late for prayer, and the participant agreed. In this session, Popi said she was afraid of going to hell because she was being late to worship. The researcher, through the doll, explained that the cleric said if you were late to worship, you were still allowed to pray immediately

Table 2
Intervention Design

Stage	Session	Activity/Agenda	Objective	Expected Outcomes
Parent Psychoeducation	Session 1 Dynamic Explanation and Psychoeducation	1. Explaining the dynamic of the participant's problem to parents 2. Delivering psychoeducation about anxiety in children and how to assist them.	1. Making parents understand the child's problem. 2. Guiding parents on how to assist the participant in dealing with her anxiety.	Parents could recognize the participant's condition when she was anxious and help their child calm herself when the anxiety occurs.
Somatic Management	Session 2 Psychoeducation About Emotion and Anxiety	1. Rapport building with participant. 2. Introducing various emotions through pictures. 3. Explaining anxiety through pictures. 4. Explaining body reactions caused by anxiety through pictures.	1. Making participant feel comfortable in joining the intervention session. 2. Making participant recognize various emotions, including anxiety. 3. Making participant understand anxiety. 4. Making participant understand the impact of anxiety on the body.	1. Participant had an understanding of her condition. 2. Participant had an understanding of her body's reactions to anxiety.
	Session 3 My Body Reactions and Situations That Make Me Anxious	1. Identifying body reactions when experiencing anxiety through pictures. 2. Identifying anxiety-inducing situations.	1. Making participant recognize her own body's reactions when experiencing anxiety. 2. Making participant notice situations that induce anxiety.	1. Participant could recognize her body's reactions when anxious. 2. Participant could understand situations that trigger her anxiety.
	Session 4 Relaxation and Coping Mechanism Exercises	1. Relaxation practice with guided imagery "A Peaceful Place" 2. Drawing "A Peaceful Place" 3. Filling up a Coping Jar with chosen pictures.	Equipping the participant with a coping mechanism to deal with her anxiety.	Participant could use the coping mechanism discussed during the intervention session when feeling anxious.
Cognitive Restructuring	Session 5 Thought Identification	1. Explaining the cause of intrusive thoughts. 2. Identifying intrusive thoughts from a certain situation with pictures.	Making participant recognize thoughts that may occur in a certain situation.	Participant could recognize her thoughts when anxiety occurs.
	Session 6 Identification of Thoughts, Feelings, and Situations	1. Explaining the relationship between thoughts, feelings, and body reactions. 2. Identifying thoughts, feelings, and body reactions through a short story.	Making participant recognize how thoughts, feelings, and body reactions are interconnected.	Participant could recognize the relationship between thoughts, feelings, and body reactions.
	Session 7 Challenging Thoughts	Asking the participant to challenge her thoughts by playing through doll play.	Assisting the participant to have a new understanding of her cognitive distortion.	Participant had a new understanding of situations that induce her anxiety.
	Session 8 Termination	1. Review 2. Relapse Prevention	1. Participant still recalled material delivered in the previous sessions. 2. Participant knew how to manage her anxiety when it occurred. 3. Parents know how to help their child when she is triggered.	Participant and her parents could implement discussion results and techniques taught during the intervention sessions.

pray. Popi responded by acting out a doll that immediately prayed. At the end of the session, Popi's mother mentioned that the participant had complained of chest pain again and explained the trigger. The parents also responded to Popi's story by sharing a similar experience, as suggested by the researcher. From this story, Popi understood that it was okay to make mistakes if one didn't know better yet, as long as they didn't repeat them.

In session 8, the termination session, the researcher reviewed the previous sessions. When asked, Popi was able to answer and practice the techniques she used when she felt anxious. Popi's mother reported that her daughter had not complained of chest pain again. Popi had also begun to adapt to carrying out religious activities without appearing to force herself. However, the researcher advised that if anxiety occurred again, Popi's mother could help her calm down first, validate her feelings, and then ask about thoughts or memories that trigger the anxiety.

Throughout the eight intervention sessions, Popi was very cooperative. The parents were also very cooperative in the process of providing the intervention, which helped in its implementation. The psychoeducation provided was also applied by the parents when the participant began to complain of chest pain and talked about the mistakes she had made.

2.2 Intervention Output

From the results of the intervention, there was a change in the participant's anxiety condition, as shown by the results of interviews with parents and participants. The results of the intervention can also be seen through a decrease in the pre-test and post-test scores of the SCARED for parents. For more details, the results of the participant's changes after the intervention sessions can be seen in Table 3 and Table 4.

From the results of the comparison of the SCARED for parents scores, it can be seen that there has been a decrease in scores in all aspects, from an initial score of 37 to 17. The score in the panic disorder aspect, which was initially 12 and indicated panic disorder, has decreased to 4. In the anxiety disorder aspect, the overall score also decreased from 11, indicating generalized anxiety disorder, to 3.

3. Discussion

The single case study provided an evidence that cognitive-behavioral play therapy is effective in reducing anxiety in children with excessive anxiety symptoms. The post-therapy evaluation showed a decrease in anxiety symptoms and an improved ability to recognize and manage anxiety. Additionally, there was an increase in parenting skills related to assisting the child managed her anxiety.

The case in the study showed that the participant felt anxious due to a fear of going to hell. This situation can be understood through the developmental approach, specifically the moral theories of Piaget and Kohlberg. Piaget's theory of moral development as cited in (Garrigan et al., 2018; Heyman & Lee, 2012) explained that children under the age of 8 tend to be in the heteronomous stage, where they feel obliged to obey the rules stated by their elders. Meanwhile, according to Kohlberg and Hersh (1977), Popi was still in the preconventional stage, where children view rules as good or bad based on the consequences, such as punishment or rewards.

Both theories explain how the developmental stages of the participant influenced her perception of the teacher's story at school as a form of standard rules and the concept of going to hell as a form of punishment for breaking those rules. In this case, the teacher's story incited guilt, which was related to the internalization of morals that cause guilt, resulting in fear and anxiety (Thompson, 2022). The limitations in children's developmental stages are known to be risk factors for anxiety related to moral rules (Peris & Rozenman, 2015).

The process of interpreting and internalizing morals in child development is closely linked to their cognitive processes. Children see standard rules as mandatory and believe that disobedience will result in punishment perceive breaking the rules as a threatening situation. The interpretation of a situation as a threat is known to be a predictor of anxiety symptoms in children (Micco et al., 2013). Beck (2001) also explained that the way an individual views and interprets a situation can affect their emotions and the behavior or physical conditions manifested. In this case, Popi perceived that her behaviors, which violated the rules, caused her to sin and could lead her to hell. This situation was interpreted as a threat, leading to cognitive bias. Cognitive bias in children is known to increase anxiety symptoms (Fliek et al., 2019; Stuijfzand et al., 2017). Therefore, the cognitive processing of moral rules can cause bias, which in turn triggers anxiety in children.

The perfectionist tendency seen in Popi was also one of the risk factors for the anxiety. Anxiety about moral rules or scrupulosity is known to mediate the relationship between maladaptive perfectionist tendency and anxiety and depression (Allen & Wang, 2014). In another study, Allen and Wang (2014) also found that maladaptive perfectionist tendency is positively related to scrupulosity. This is because the fear of punishment from God and the worry of sinning are related to helplessness, a marker of the perfectionist tendency. It is also known that the belief that one must meet the standards given to them by others is a factor related to anxiety. Individuals with these beliefs can view small and harmless events as threats, causing excessive stress (Klibert et al., 2015). In Popi's case, she internalized the teacher's lesson as a standard she had to meet. Therefore, when she realized that her past mistakes were not in accordance with the rules she believed in, the memory triggered anxiety.

Cognitive-behavioral play therapy (CBPT) administered to the participant in the study helped her change the cognitive biases. These results are in line with previous studies showing that CBPT is effective in reducing children's anxiety (Mehrara et al., 2019; Rajeswari & Ramesh, 2019). The decrease in anxiety in the participant could occur due to several factors, such as the cognitive restructuring process that helped Popi challenge her thoughts. Children with anxiety who are trained in cognitive restructuring techniques tend to show adaptive cognitive improvements (Ruocco et al., 2018). The cognitive restructuring process in this study was carried out by playing with dolls. The use of dolls in therapy sessions helps children modify their maladaptive thought patterns to be

Table 3
Conditions Before and After the Intervention

Before	After
Chest pain was scored 8	Chest pain was scored 2.
Experiencing anxiety 3 times a day	Experiencing anxiety once or twice a week
Crying and could not be calmed when experiencing chest pain.	Easier to calm down when experiencing chest pain.
Not recognizing anxiety and fear and therefore could not communicate her feelings to parents.	Recognizing anxiety and fear and therefore could communicate her feelings to parents.
Parents did not know how to help Popi when she experienced anxiety.	Parents could help calming Popi by asking her to do relaxation techniques and sharing similar stories so Popi did not let her feelings dragged on.

Table 4
SCARED Scores for Parents Before and After the Intervention

Aspect	Pre-test	Post-test	Cutoff Score
Panic Disorder	12	4	7
Generalized Anxiety Disorder	11	3	9
Separation Anxiety Disorder	6	5	5
Social Anxiety Disorder	7	5	8
Significant School Avoidance	1	0	3
Total Scores	37	17	>25

more adaptive (Dasari & Knell, 2015). This mind modification process helped the participant change her cognitive bias, from the belief that she had sinned and would go to hell, to the understanding that God was all-forgiving and that it was okay if she didn't know better, as long as she didn't repeat the mistake and apologize. This cognitive restructuring process was also carried out in several stages, starting with identifying thoughts, feelings, and physical reactions felt when the participant recalling memories of violating God's rules.

Popi was also taught to exercise certain coping strategies to help her regulate anxiety. Providing coping strategies is known to impact children's ability to manage anxiety (Ruocco et al., 2018; Thorne et al., 2013). The coping strategies taught by the researcher included relaxation and guided imagery. Providing relaxation and guided imagery to children is known to help reduce anxiety (Vagnoli et al., 2019). The relaxation and guided imagery process involved inviting the participant to draw a place that makes them feel comfortable and then guiding her to imagine being in that comfortable place. Popi also practiced this technique when they suddenly felt anxious again.

Parents were involved in the therapy process to support the participant's therapy. Involving parents in the therapy process is crucial (Dasari & Knell, 2015). It is known that parental involvement in therapy sessions can help reduce anxiety symptoms (Breinholst et al., 2021). This may be because parental involvement helps parents better understand the child's situation and condition, fostering empathy and acceptance of the child's condition (Öztekin & Genundefined Dogan, 2023). Additionally, parents can help explain the same concepts expressed by the therapist. After the therapy session, parents reported being better able to understand the child's situation and condition.

Popi's parents were also involved by practicing several techniques suggested in the sessions, such as active listening, inviting their child to relax together, and sharing similar experiences they had faced. The self-disclosure process was recognized by parents as helping children see the violations and punishments in a new light. The openness and support of parents during the pre-assessment, assessment, and intervention sessions were also protective factors for the participant as explained by Negreiros and Miller (2014), who found that parents'attitude in the counseling and therapy process determines the effectiveness of treatment for children with anxiety (Negreiros & Miller, 2014). The reassurance and validation provided by parents can help relieve anxiety in children (Simpson et al., 2018). Therefore, this is an important note in Popi's process of managing anxiety.

3.1 Research Limitations

This research had several limitations. Even though there was a reduction in anxiety symptoms and an increase in coping skills, there was no post-intervention monitoring. Additionally, there was no follow-up research to assess the long-term impact of the intervention. Monitoring and follow-up would provide valuable data and evaluations for further research. Future research should also consider the timing of the intervention as it greatly influences the process. In this study, the participant had refused to undergo counseling because she felt tired after school, which required the researcher to delay the session so that the participant would willingly undergo the therapy.

4. Conclusion

The results of this study indicate that cognitive-behavioral play therapy is effective in reducing anxiety symptoms in children. This therapy helps children identify anxious thoughts and symptoms, and improves their coping skills. Additionally, the cognitive restructuring process carried out through doll play helps children develop more adaptive thoughts. Providing psychoeducation to parents further supports the therapy process as it influences how parents respond to their child's condition and situation. Parents' openness and willingness of to be involved in the intervention are crucial in managing anxiety in children.

4.1 Suggestions

Future studies should include monitoring and follow-up notes after the intervention to assess its long-term impact on the child. The timing of the intervention also needs careful consideration, as it significantly affects the child's mood during therapy. Additionally, using more varied play media is recommended to prevent boredom in the child participant. The research protocol can be carried out more systematically for further development. It is also

recommended to develop the protocol for a group setting for experimental research design.

5. Declaration

5.1 Acknowledgments

The researcher would like to thank the Faculty of Psychology of Universitas Gadjah Mada, Cangkringan Community Health Center, and all other parties for the opportunity research opportunity.

5.2 Funding

The research was funded using the researcher's personal funds.

5.3 Contribution Author's

The assessment process, preparation of the intervention, and writing of the research manuscript were carried out by the first author under the supervision and guidance of the second author.

5.4 Conflict of Interest

The authors declare no conflict of interest in research, writing research results, and/or publishing this research.

5.5 Orcid ID

Annisa Nur Harwiningtyas https://orcid.org/0009-0001-1997-3916
Kwartarini Wahyu Yuniarti https://orcid.org/0000-0002-1488-5909

References

Abramowitz, J. S., & Hellberg, S. N. (2019). Scrupulosity. Elsevier Inc. https://doi.org/10.1016/B978-0-12-816563-8.00005-X

Abramowitz, J. S., & Jacoby, R. J. (2014). Scrupulosity: A cognitive-behavioral analysis and implications for treatment. *Journal of Obsessive-Compulsive and Related Disorders*, *3*, 140–149. https://doi.org/10.1016/j.jocrd.2013.12.007

Abramowitz, J. S., McKay, D., & Storch, E. A. (2017). *The wiley handbook of obsessive compulsive disorders*. Wiley. https://doi.org/10.1002/9781118890233

Agarwal, V., & Rohatgi, K. (2023). Identification and management of somatic symptoms and emotional disturbance. *Journal of Indian Association for Child and Adolescent Mental Health*, *19*(1), 47–52. https://doi.org/10.1177/09731342231178622

Albińska, P. (2022). Scrupulosity – cognitive-behavioural understanding of religious/moral obsessive-compulsive disorder. *Psychiatria i Psychologia Kliniczna*, *22*(1), 25–39. https://doi.org/10.15557/pipk.2022.0004

Allen, G. E. K., & Wang, K. T. (2014). Examining religious commitment, perfectionism, scrupulosity, and well-being among lds individuals. *Psychology of Religion and Spirituality*, *6*(3), 257–264. https://doi.org/10.1037/a0035197

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed).

Beck, J. S. (2001). *Cognitive behavior therapy: Basics and beyond (2nd ed.)* Guilford Publications.

Bhatia, M., & Goyal, A. (2018). Anxiety disorders in children and adolescents: Need for early detection. *Journal of Postgraduate Medicine*, *64*(2), 75–76. https://doi.org/10.4103/jpgm.jpgm_65_18

Breinholst, S., Walczak, M., Christiansen, B., & Esbjørn, B. (2021). A therapist-guided parent-delivered self-help group for anxiety disorders in children: An effectiveness study. *31*(2), 105–113. https://doi.org/10.1016/j.jbct.2020.11.008

Buss, K. A., & Kiel, E. J. (2013). Temperamental risk factors for pediatric anxiety disorders. In *Pediatric anxiety disorders* (pp. 47–68). Springer New York. https://doi.org/10.1007/978-1-4614-6599-7_3

Bystritsky, A., Khalsa, S. S., Cameron, M. E., & Schiffman, J. (2013). Current diagnosis and treatment of anxiety disorders. *Pharmacy and Therapeutics*, *38*(1), 30–57. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3628173/

Cougle, J. R., Purdon, C., Fitch, K. E., & Hawkins, K. A. (2012). Clarifying relations between thought-action fusion, religiosity, and obsessive-compulsive symptoms through consideration of intent. *Cognitive Therapy and Research*, *37*(2), 221–231. https://doi.org/10.1007/s10608-012-9461-8

Cummings, C. M., Caporino, N. E., & Kendall, P. C. (2014). Comorbidity of anxiety and depression in children and adolescents: 20 years after. *Psychological Bulletin*, *140*, 816–845. https://doi.org/10.1037/a0034733

Dasari, M., & Knell, S. M. (2015). Cognitive-behavioral play therapy for children with anxiety and phobias. In H. G. Kaduson & C. E. Schaefer (Eds.), *Short-term play therapy for children* (3rd, pp. 25–52). The Guilford Press.

Fliek, L., Roelofs, J., van Breukelen, G., & Muris, P. (2019). A longitudinal study on the relations among fear-enhancing parenting, cognitive biases, and anxiety symptoms in non-clinical children. *Child Psychiatry & Human Development*, *50*(4), 631–646. https://doi.org/10.1007/s10578-019-00868-7

Garrigan, B., Adlam, A. L., & Langdon, P. E. (2018). Moral decision-making and moral development: Toward an integrative framework. *Developmental Review*, *49*, 80–100. https://doi.org/10.1016/j.dr.2018.06.001

Greenberg, D., & Huppert, J. D. (2010). Scrupulosity: A unique subtype of obsessive-compulsive disorder. *Current Psychiatry Reports*, *12*(4), 282–289. https://doi.org/10.1007/s11920-010-0127-5

Heyman, G. D., & Lee, K. (2012). Moral development: Revisiting kohlberg's stages. In A. M. Slater & P. C. Quinn (Eds.), *Developmental psychology: Revisiting the classic studies* (pp. 164–175). Sage Publications Ltd.

Hill, C., Waite, P., & Creswell, C. (2016). Anxiety disorders in children and adolescents. *Paediatrics and Child Health*, *26*(12), 548–553. https://doi.org/10.1016/j.paed.2016.08.007

Howes Vallis, E., Zwicker, A., Uher, R., & Pavlova, B. (2020). Cognitive-behavioural interventions for prevention and treatment of anxiety in young children: A systematic review and meta-analysis. *Clinical Psychology Review*, *81*, 101904. https://doi.org/10.1016/j.cpr.2020.101904

Huppert, J. D., & Siev, J. (2010). Treating scrupulosity in religious individuals using cognitive-behavioral therapy. *Cognitive and Behavioral Practice*, *17*, 382–392. https://doi.org/10.1016/j.cbpra.2009.07.003

James, A. C., Reardon, T., Soler, A., James, G., & Creswell, C. (2020). Cognitive behavioural therapy for anxiety disorders in children and adolescents. *Cochrane Database of Systematic Reviews*, *2020*(11). https://doi.org/10.1002/14651858.cd013162.pub2

Jungmann, S. M., Wagner, L., Klein, M., & Kaurin, A. (2022). Functional somatic symptoms and emotion regulation in children and adolescents. *Clinical Psychology in Europe*, *4*(2). https://doi.org/10.32872/cpe.4299

Klibert, J., Lamis, D. A., Naufel, K., Yancey, C. T., & Lohr, S. (2015). Associations between perfectionism and generalized anxiety: Examining cognitive schemas and gender. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *33*(2), 160–178. https://doi.org/10.1007/s10942-015-0208-9

Klitzing, K. v., Dohnert, M., Kroll, M., & Grube, M. (2015). Mental disorders in early childhood. *Deutsches Arzteblatt international*. https://doi.org/10.3238/arztebl.2015.0375

Knell, S. M. (2009). Cognitive behavioral play therapy: Theory and applications. In *Blending play therapy with cognitive behavioral therapy: Evidence-based and other effective treatments and techniques* (pp. 117–133). John Wiley & Sons,Inc..

Knell, S. M., & Dasari, M. (2006). Cognitive-behavioral play therapy for children with anxiety and phobias. In *Short-term play therapy for children* (2nd, pp. 22–50). The Guilford Press.

Kohlberg, L., & Hersh, R. H. (1977). Moral development: A review of the theory. *Theory Into Practice*, *16*(2), 53–59. https://doi.org/10.1080/00405847709542675

Mehrara, M., Ghaffari, Z., Mohammadian Ghezelghabr, R., Ghavasi, F., & Fatemizadeh, M. (2019). The effectiveness of

cognitive-behavioral play therapy on pain tolerance and trait-state anxiety among children with leukemia cancer in isfahan city. *International Journal of Applied Behavioral Sciences*, *5*(2), 22–27. https://doi.org/10.22037/ijabs.v5i2.21652

Méndez, F. J., Orgilés, M., Espada, J. P., García-Fernández, J. M., & Essau, C. A. (2022). Editorial: Anxiety disorders in childhood and adolescence: Psychopathology, assessment, and treatment. *Frontiers in Psychology*, *13*. https://doi.org/10.3389/fpsyg.2022.930299

Micco, J. A., Hirshfeld-Becker, D. R., Henin, A., & Ehrenreich-May, J. (2013). Content specificity of threat interpretation in anxious and non-clinical children. *Cognitive Therapy and Research*, *37*, 78–88. https://doi.org/10.1007/s10608-012-9438-7

Morley, S. (2017). *Single case methods in clinical psychology: A practical guide* (1st). Routledge.

Negreiros, J., & Miller, L. D. (2014). The role of parenting in childhood anxiety: Etiological factors and treatment implications. *Clinical Psychology: Science and Practice*, *21*(1), 3–17. https://doi.org/10.1111/cpsp.12060

Öztekin, G. G., & Genundefined Dogan, B. (2023). A play therapy model focusing on parent training: Child-parent relationship therapy. *Psikiyatride Guncel Yaklaşımlar*, *15*(2), 220–229. https://doi.org/10.18863/pgy.1116140

Pereira, A. I. F., Barros, L., & Mendonça, D. (2012). Cognitive errors and anxiety in school aged children. *Psicologia: Reflexão e Crítica*, *25*(4), 817–823. https://doi.org/10.1590/s0102-79722012000400022

Peris, T. S., & Rozenman, M. (2015). Treatment of scrupulosity in childhood obsessive-compulsive disorder. In *Clinical handbook of obsessive-compulsive and related disorders* (pp. 131–147). Springer International Publishing. https://doi.org/10.1007/978-3-319-17139-5_10

Rajeswari, S. R., & Ramesh, M. V. (2019). Effectiveness of cognitive behavioral play therapy and audiovisual distraction for management of preoperative anxiety in children. *International Journal of Clinical Pediatric Dentistry*, *12*(5), 419–422. https://doi.org/10.5005/jp-journals-10005-1661

Read, K. L., Puleo, C. M., Wei, C., Cummings, C. M., & Kendall, P. C. (2013). Cognitive–behavioral treatment for pediatric anxiety disorders. In *Pediatric anxiety disorders* (pp. 269–287). Springer New York. https://doi.org/10.1007/978-1-4614-6599-7_13

Ruocco, S., Freeman, N. C., & McLean, L. A. (2018). Learning to cope: A cbt evaluation exploring self-reported changes in coping with anxiety among school children aged 5–7 years. *The Educational and Developmental Psychologist*, *35*(2), 67–87. https://doi.org/10.1017/edp.2018.8

Santrock, J. W. (2018). *Educational psychology* (6th ed.). McGraw-Hill.

Serra Giacobo, R., Jané, M. C., Bonillo, A., Ballespí, S., & Díaz-Regañon, N. (2011). Somatic symptoms, severe mood dysregulation, and aggressiveness in preschool children. *European Journal of Pediatrics*, *171*(1), 111–119. https://doi.org/10.1007/s00431-011-1495-5

Shelby, J., & Campos, K. G. (2011). Cognitive-behavioral play therapy for traumatized children: Narrowing the divide between ideology and evidence. https://doi.org/10.1002/9781118094792.ch7

Siev, J., Huppert, J. D., & Zuckerman, S. E. (2017). Understanding and treating scrupulosity. In *The wiley handbook of obsessive compulsive disorders* (pp. 527–546). Wiley. https://doi.org/10.1002/9781118890233.ch29

Simpson, D., Suarez, L., Cox, L., & Connolly, S. (2018). The role of coping strategies in understanding the relationship between parental support and psychological outcomes in anxious youth. *Child and Adolescent Social Work Journal*, *35*(4), 407–421. https://doi.org/10.1007/s10560-018-0531-y

Stevens, S., & Smith-Schrandt, H. L. (2023). Scrupulosity obsessive-compulsive disorder in children. *Journal of Psychosocial Nursing and Mental Health Services*, *61*(11), 10–16. https://doi.org/10.3928/02793695-20231011-03

Stuijfzand, S., Creswell, C., Field, A. P., Pearcey, S., & Dodd, H. (2017). Research review: Is anxiety associated with negative interpretations of ambiguity in children and adolescents? a systematic review and meta-analysis. *Journal of Child Psychology and Psychiatry*, *59*(11), 1127–1142. https://doi.org/10.1111/jcpp.12822

Thompson, R. A. (2022). Emotional development and the growth of moral self-awareness. In *The oxford handbook of emotional development* (pp. 554–565). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780198855903.013.40

Thorne, K. J., Andrews, J. J. W., & Nordstokke, D. (2013). Relations among children's coping strategies and anxiety: The mediating role of coping efficacy. *The Journal of General Psychology*, *140*(3), 204–223. https://doi.org/10.1080/00221309.2013.792235

Treatment of anxiety and depression in the preschool period. (n.d.). *52*.

Vagnoli, L., Bettini, A., Amore, E., De Masi, S., & Messeri, A. (2019). Relaxation-guided imagery reduces perioperative anxiety and pain in children: A randomized study. *European Journal of Pediatrics*, *178*(6), 913–921. https://doi.org/10.1007/s00431-019-03376-x

Vallance, A. K., & Fernandez, V. (2016). Anxiety disorders in children and adolescents: Aetiology, diagnosis and treatment. *BJPsych Advances*, *22*(5), 335–344. https://doi.org/10.1192/apt.bp.114.014183

Waszczuk, M., Zavos, H., & Eley, T. (2013). Genetic and environmental influences on relationship between anxiety sensitivity and anxiety subscales in children. *Journal of Anxiety Disorders*, *27*(5), 475–484. https://doi.org/10.1016/j.janxdis.2013.05.008